



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
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June 30, 2014

Carol J.C. Peverly
Associate Regional Administrator
Division of Medicaid and Children's Health Operations
Mail Stop RX-200
701 Fifth Avenue, Suite 1600
Seattle, WA 98104

Dear Ms. Peverly:

Enclosed is Idaho's State Plan Amendment TN #14-011, regarding a change in the parameters surrounding the approval of Pre-Existing Medical Expenses (PEME) to be considered when setting the Share of Cost for an individual. We are requesting a proposed effective date of July 1, 2014.

This change requires updates to the following document:

Supplement 3 to Attachment 2.6-A page 1

The changes in this SPA provide definition and timeframe parameters for qualifying pre-existing medical expenses. The number of requests received is few and we expect to see some requests approved at higher amounts and some approved at lower amounts due to these changes. Overall, our best estimate is that the changes will result in a neutral fiscal impact.

Tribal solicitation was requested for this SPA. Please see the attached Tribal Representative Letter. This letter was mailed, e-mailed and posted to the Medicaid-Tribes website with a specified due date for any feedback.

Please direct questions regarding this State Plan Amendment to Camille Mongelli, Self-Reliance Medicaid Program Manager at (208) 334-5969, or by e-mail at MongelliC@dhw.idaho.gov.

Sincerely,

DENISE CHUCKOVICH
Deputy Director

DC/rs
Enc.

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 14-011	2. STATE IDAHO
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE July 1, 2014
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION: Social Security Act section 1902(r)(1)(A)(ii) 42 CFR 435.832	7. FEDERAL BUDGET IMPACT: FFY14 = \$0 (zero) FFY15 = \$0 (zero)
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 3 to Attachment 2.6-A , page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Supplement 3 to Attachment 2.6-A, page 1
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10. SUBJECT OF AMENDMENT:
Adjusted to increase parameters around allowable expenses and timeframes in which to report pre-existing expenses.

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Lisa Hettinger, Administrator Idaho Department of Health and Welfare Division of Medicaid PO Box 83720 Boise ID 83720-0009
13. TYPED NAME: Denise Chuckovich	
14. TITLE: Deputy Director	
15. DATE SUBMITTED:	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED:
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME:	22. TITLE:
23. REMARKS:	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: IDAHO

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL
OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

The deductions for medical and remedial care expenses that were incurred as the result of imposition of a transfer of assets penalty period are limited to zero.

The deductions for medical and remedial care expenses are limited to the equivalent of three times the monthly private pay nursing home rate at the time of application.

The deductions for medical and remedial care expenses are limited to those medically necessary expenses incurred by the participant for the participant.

The deductions for medical and remedial care expenses are allocated in monthly amounts based on repayment agreements made with the providers and are contingent on payments being made per the agreement.

The deductions for medical and remedial care expenses are limited to those incurred within the three months prior to the receipt of Medicaid.

The deductions for Medical and Remedial care expenses are limited to the duration of the payment agreement. Once payment has been satisfied for the approved expense, the deduction will end.

The request for medical and remedial care expenses must be made prior to final benefit determination.