

Medicaid State Plan Eligibility: General Information

State/Territory name: Idaho
Transmittal Number: ID-14-0012

General Information:**Submission Title:**

short (under 100 characters) label used to identify this submission in the web application

APTC 14-0012

Description:

Advanced Premium Tax Credit

Populations Covered:**Mandatory Coverage:**

- Parents and Other Caretaker Relatives
- Pregnant Women
- Infants and Children under Age 19
- Adult Group
- Former Foster Care Children

Options for Coverage:

- Individuals above 133% FPL
- Optional Coverage of Parents and Other Caretaker Relatives
- Reasonable Classification of Individuals under Age 21
- Children with Non IV-E Adoption Assistance
- Optional Targeted Low Income Children
- Individuals with Tuberculosis
- Independent Foster Care Adolescents
- Individuals Eligible for Family Planning Services



Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

MAGI-Based Income Methodologies

S10

1902(e)(14)
42 CFR 435.603

- The state will apply Modified Adjusted Gross Income (MAGI)-based methodologies as described below, and consistent with 42 CFR 435.603.

In the case of determining ongoing eligibility for beneficiaries determined eligible for Medicaid on or before December 31, 2013, MAGI-based income methodologies will not be applied until March 31, 2014, or the next regularly-scheduled renewal of eligibility, whichever is later, if application of such methods results in a determination of ineligibility prior to such date.

In determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.

In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:

- The pregnant woman is counted just as herself.
- The pregnant woman is counted as herself, plus one.
- The pregnant woman is counted as herself, plus the number of children she is expected to deliver.

Financial eligibility is determined consistent with the following provisions:

When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.

When determining eligibility for current beneficiaries, financial eligibility is based on:

- Current monthly household income and family size
- Projected annual household income and family size for the remaining months of the current calendar year

In determining current monthly or projected annual household income, the state will use reasonable methods to:

- Include a prorated portion of a reasonably predictable increase in future income and/or family size.
- Account for a reasonably predictable decrease in future income and/or family size.

Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.

In determining eligibility for Medicaid, an amount equivalent to 5 percentage points of the FPL for the applicable family size will be deducted from household income in accordance with 42 CFR 435.603(d).

Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.

- Yes No



Medicaid Eligibility

The age used for children with respect to 42 CFR 435.603(f)(3)(iv) is:

Age 19

Age 19, or in the case of full-time students, age 21

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Medicaid State Plan Eligibility: Tribal Input

State/Territory name: **Idaho**
 Transmittal Number: **ID-14-0012**

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this State.

This State Plan Amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations.

The State has solicited advice from Indian Health Programs, Urban Indian Organizations, and/or Tribal governments prior to submission of this State Plan Amendment.

Complete the following information regarding any tribal consultation conducted with respect to this submission:

Tribal consultation was conducted in the following manner. States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

Indian Tribes

| Indian Tribes | |
|--|---------------------|
| Name of Indian Tribe: | |
| Coeur d' Alene Tribe | |
| Date of consultation: | |
| 05/02/2014 | <i>(mm/dd/yyyy)</i> |
| Method/Location of consultation: | |
| Hard copy mail, e-mail and website communications. | |
| Name of Indian Tribe: | |
| Kootenai Tribe of Idaho | |
| Date of consultation: | |
| 05/02/2014 | <i>(mm/dd/yyyy)</i> |
| Method/Location of consultation: | |
| Hard copy mail, e-mail and website communications. | |
| Name of Indian Tribe: | |
| Nez perce Tribe | |
| Date of consultation: | |
| 05/02/2014 | <i>(mm/dd/yyyy)</i> |
| Method/Location of consultation: | |
| Hard copy mail, e-mail and website communications. | |
| Name of Indian Tribe: | |
| Northwest Band of teh Shoshone Nation | |
| Date of consultation: | |
| 05/02/2014 | <i>(mm/dd/yyyy)</i> |
| Method/Location of consultation: | |
| Hard copy mail, e-mail and website communications. | |
| Name of Indian Tribe: | |
| Shoshone-Bannock Tribes | |
| Date of consultation: | |
| 05/02/2014 | <i>(mm/dd/yyyy)</i> |
| Method/Location of consultation: | |
| Hard copy mail, e-mail and website communications. | |
| Name of Indian Tribe: | |

Summarize Response

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Eligibility

Summarize Comments

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Summarize Response

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Benefits

Summarize Comments

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Summarize Response

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Service delivery

Summarize Comments

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Summarize Response

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Other Issue



C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

IDAHO DEPARTMENT OF
HEALTH & WELFARE

PAUL J. LEARY - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-5747
FAX: (208) 364-1811

May 2, 2014

Dear Tribal Representative:

This is to let you know that Idaho Medicaid intends to submit a change to our State Plan in order to maintain compliance with our data collection plan for Modified Adjusted Gross Income (MAGI) Medicaid determinations. We intend to submit the change no later than July 7, 2014.

As part of the MAGI based calculations that were introduced as part of the Affordable Care Act, our state plan had the option to include both projected increases and decreases in future income and/or family size to make a determination for either Medicaid coverage or eligibility for an Advanced Premium Tax Credit (APTC) to purchase insurance. In our initial state plan amendment, we only indicated that decreases in income and/or family size would be considered. This was not consistent with our intent, or what was listed in our submission to the Centers for Medicare and Medicaid Services for data collection. With this proposed change to our state plan, the state will use reasonable methods to include a prorated portion of reasonably predictable increases and decreases in future income and/or family size to ensure all families have access to insurance affordability programs based on their situation.

Idaho Medicaid's development of the proposed change will be reviewed as part of the Policy Update at the next quarterly Tribal meeting scheduled for May 8, 2014. Idaho Medicaid is interested in receiving your comments, questions or suggestions relating to this change. Should you have questions about this letter, or the upcoming State Plan Amendment submission, please contact Camille Mongelli, Program Manager, Division of Welfare at (208) 334-5969, or by e-mail at MongelliC@dhw.idaho.gov, prior to June 6, 2014.

Sincerely,

PAUL J. LEARY
Administrator

PJL/rs

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Idaho

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

ID-14-0012

Proposed Effective Date

07/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435.603 MAGI based methodologies

Federal Budget Impact

| | Federal Fiscal Year | Amount |
|-------------|---------------------|---------|
| First Year | 2014 | \$ 0.00 |
| Second Year | 2015 | \$ 0.00 |

Subject of Amendment

Adjust to include both increases and decreases to either projected annual or current monthly household income and/or family size.

Governor's Office Review

Governor's office reported no comment

Comments of Governor's office received

Describe:

Empty text box for describing Governor's office comments.

No reply received within 45 days of submittal

Other, as specified

Describe:

Empty text box for describing other specified details.

Signature of State Agency Official

Submitted By:

Last Revision Date:

Submit Date: