



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

IDAHO DEPARTMENT OF
HEALTH & WELFARE

LISA HETTINGER - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
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PHONE: (208) 334-5747
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February 19, 2015

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

Dear Ms. Peverly:

Enclosed is Idaho's State Plan Amendment TN #15-001, regarding the new 2015 income and resource limits for the State of Idaho effective January 1, 2015. This change requires updates to the following documents:

- Supplement 1 to Attachment 2.6-A, page 5
- Supplement 6 to Attachment 2.6-A, pages 1 and 1b
- Supplement 13 to Attachment 2.6-A, page 1

Tribal input 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. We also discussed this SPA at our most recent meeting with Idaho Tribes on February 5, 2015.

Please direct questions regarding this State Plan Amendment to Callie Harrold, Self Reliance Medicaid Program Specialist at (208) 334-0663, or by e-mail at HarroldC@dhw.idaho.gov.

Sincerely,

LISA HETTINGER
Administrator

LH/tm

Enc.

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:

2. STATE
IDAHO

15-001

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2015

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:

- 42 CFR 435.1010 MOE for mandatory state supplement
- 42 CFR 435.1011 MOE for optional state supplement
- 42 CFR 435.1005-300 Institutional Need Standard
- Section 1924 of the Social Security Act

7. FEDERAL BUDGET IMPACT:

FFY 2014 \$0 (zero dollars)
FFY 2015 \$0 (zero dollars)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 2.6-A, page 5
Supplement 6 to Attachment 2.6-A, pages 1 and 1b
Supplement 13 to Attachment 2.6-A, page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT *(If Applicable)*:

Supplement 1 to Attachment 2.6-A, page 5
Supplement 6 to Attachment 2.6-A, pages 1 and 1b
Supplement 13 to Attachment 2.6-A, page 1

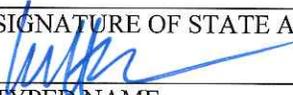
10. SUBJECT OF AMENDMENT:

Resource limits / 2015 Cost of Living Adjustment (COLA)

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:



13. TYPED NAME:

Lisa Hettinger

14. TITLE:

Administrator

15. DATE SUBMITTED:

16. RETURN TO:

Lisa Hettinger, Administrator
Idaho Department of Health and Welfare
Division of Medicaid
PO Box 83720
Boise ID 83720-0009

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

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(1) of the Act are as follows:

Based on _____ percent of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
1	\$
2	\$
3	\$
4	\$
5	\$

4. Special Income Level for Institutionalized Individuals

The income eligibility level for aged, blind and disabled individuals who are institutionalized for 30 consecutive days is:

NF/ICF-MR - \$2,199 - effective 1/1/2015

State: IDAHO
 Standards for Optional State Supplementary Payments

Payment Category	Administered by		Income Level				Income Disregards Employed
	Federal	State	Gross		Net		
(Reasonable Classification)	(2)	(2)	1 person (3)	Couple	1 person (4)	couple	(5)
Aged, Blind, Disabled – Living Independently, Including room and board paid to a parent, child or sibling.		X	\$2,199	\$4,398	\$816*	\$1,200**	Income disregards of the SSI program.
Aged, Blind, Disabled – Room and Board		X	\$2,199	\$4,398	\$911	\$1,822	* Includes \$50 special needs allowance described in Supplement 6 to Attachment 2.6-A, page 1. a.
Aged, Blind, Disabled – Semi-Independent Group Residential Facility		X	\$2,199	\$4,398	\$1,052	\$2,104	**The couple's net income level is equal to the SSI couple's amount. The amount listed also includes the \$50 special needs allowance for each person described in Supplement 6 to Attachment 2.6-A, page 1. a.
Level I		X	\$2,199	\$4,398	\$1,119	\$2,238	
Level II		X	\$2,199	\$4,398	\$1,186	\$2,372	
Level III		X	\$2,199	\$4,398			

STATE: IDAHO

Income Limits by Living Situation		Medicaid Income Limit
Living Situation		
Independent: Single Individual Couple		\$766 (\$766-Basic Allowance) \$1,100 (\$1,100-Basic Allowance)
Room and Board		\$911 (\$100 Basic Allowance plus \$811 Room and Board Allowance)
Semi-Independent Group Residential Facility		\$911 (\$349 - Basic Allowance plus \$562 Semi-Independent Group Residential Facility Allowance)
Residential and Assisted Living Facility (RALF) and Certified Family Home (CFH)		Level I \$1,052 (\$100 - Basic Allowance plus \$952 Care Allowance) Level II \$1,119 (\$100 - Basic Allowance plus \$1,019 Care Allowance) Level III \$1,186 (\$100 - Basic Allowance plus \$1,086 Care Allowance)

State: Idaho

Citation

Condition or Requirement

Section 1924 Provisions

A. Income and resource eligibility policies used to determine eligibility for institutionalized individuals who have spouses living in the community are consistent with S1924.

B. In the determination of resource eligibility, the State resource standard is the maximum resource allowance permissible under section 1924 of the social security act. The Standard is:

Maximum: \$119,220

Minimum: \$23,844

The maximum monthly maintenance need allowance is \$2,980.50

C. The definition of undue hardship for purposes of determining if institutionalized spouses receive Medicaid in spite of having excess countable resources is described below:

Undue hardship exists where the institutionalized spouse, the community spouse, or the representative of either spouse is able to demonstrate to the satisfaction of the State Agency that the county is not obligated to pay the medical care needs of the institutionalized spouse and that the medical care needs of the institutionalized spouse cannot be met other than by the Idaho Medicaid Program.



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January 13, 2015

Dear Tribal Representative:

This letter is to inform you that Idaho Medicaid intends to submit a State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS). The amendment includes the 2015 Cost of Living Adjustment (COLA) increase and change in resource limits.

Idaho is required to adjust its resource and income limits based on COLA and other federal guidance and is submitting a SPA based on this guidance. Idaho Division of Welfare's development of this SPA will be reviewed as part of the Policy Update at the next quarterly Tribal meeting scheduled for February 5, 2015.

Idaho Medicaid is interested in receiving your comments, questions or suggestions relating to these changes. Should you have questions about this letter or comments about the upcoming SPA submission, please contact Callie Harrold, Aid for the Aged, Blind and Disabled (AABD) Program Specialist, at 334-0663, or HarroldC@dhw.idaho.gov, by February 3, 2015.

Sincerely,

LISA HETTINGER
Administrator

LH/tm