

# Children's Health Insurance Program Eligibility

## Children's Health Insurance Program Eligibility: General Information

State/Territory name: Idaho

Transmittal Number:

### General Information:

Submission Title:

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

ID CHIP Establish 2101(f) Group - Title XXI SPA action 3

## Children's Health Insurance Program Eligibility: File Management Summary

State/Territory name: Idaho

Transmittal Number:

| Type of SPA                | Form Code | Form Name  | Uploaded? |
|----------------------------|-----------|--|-----------|
| MAGI Eligibility & Methods | CS7       | Eligibility - Targeted Low-Income Children   | no        |
| MAGI Eligibility & Methods | CS8       | Eligibility - Targeted Low-Income Pregnant Women   | no        |
| MAGI Eligibility & Methods | CS9       | Eligibility - Coverage From Conception to Birth  | no        |
| MAGI Eligibility & Methods | CS10      | Eligibility - Children Who Have Access to Public Employee Coverage                                 | no        |
| MAGI Eligibility & Methods | CS11      | Eligibility - Pregnant Women Who Have Access to Public Employee Coverage                           | no        |
| MAGI Eligibility & Methods | CS12      | Eligibility - Dental Only Supplemental Coverage  | no        |
| MAGI Eligibility & Methods | CS13      | Eligibility - Deemed Newborns  | no        |
| MAGI Eligibility & Methods | CS15      | MAGI-Based Income Methodologies  | no        |
| MAGI Eligibility & Methods | CS16      | Other Eligibility Criteria - Spenddowns  | no        |
| XXI Medicaid Expansion     | CS3       | Eligibility for Medicaid Expansion Program   | no        |
| Establish 2101(f) Group    | CS14      | Eligibility - Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards | yes       |
| Eligibility Processing     | CS24      | General Eligibility - Eligibility Processing   | no        |
| Non-Financial Eligibility  | CS17      | Non-Financial Eligibility - Residency  | no        |
| Non-Financial Eligibility  | CS18      | Non-Financial Eligibility - Citizenship  | no        |
| Non-Financial Eligibility  | CS19      | Non-Financial Eligibility - Social Security Number   | no        |

| Type of SPA               | Form Code | Form Name  | Uploaded? |
|---------------------------|-----------|--|-----------|
| Non-Financial Eligibility | CS20      | Non-Financial Eligibility - Substitution of Coverage             | no        |
| Non-Financial Eligibility | CS21      | Non-Financial Eligibility - Non-Payment of Premiums              | no        |
| Non-Financial Eligibility | CS23      | Non-Financial Requirements - Other Eligibility Standards         | no        |
| Non-Financial Eligibility | CS27      | General Eligibility - Continuous Eligibility                     | no        |
| Non-Financial Eligibility | CS28      | General Eligibility - Presumptive Eligibility for Children       | no        |
| Non-Financial Eligibility | CS29      | General Eligibility - Presumptive Eligibility for Pregnant Women | no        |

**Children's Health Insurance Program Eligibility: Tribal Input**

State/Territory name: Idaho

Transmittal Number:

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 |  |
|---------------|--|

Indian Health Programs

|                        |  |
|------------------------|--|
| Indian Health Programs |  |
|------------------------|--|

Urban Indian Organization

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

| Document  |
|---|
| Please provide a short description of this support document:<br>Tribal Solicitation letter ACA Eligibility & EHB SPAs |
| <b>Uploaded Document Name:</b><br>Legal Notice - ACA Eligibility and EHB SPAs.pdf                                     |

Indicate the key issues raised in Indian consultative activities:

Access

Summarize Comments

Summarize Response

Quality

Summarize Comments

Summarize Response

Cost

Summarize Comments

Summarize Response

Payment methodology

Summarize Comments

Summarize Response

Eligibility

Summarize Comments

Summarize Response

Benefits

Summarize Comments

Summarize Response

Service delivery

Summarize Comments

Summarize Response

Other Issue

**Children's Health Insurance Program Eligibility: Summary Page**

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.

**Type of SPA:**

- MAGI Eligibility & Methods
- XXI Medicaid Expansion
- Establish 2101(f) Group
- Eligibility Processing
- Non-Financial Eligibility

**Proposed Effective Date**

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

**Federal Statute/Regulation Citation**

Section 2101(f) of the ACA and 42 CFR 457.310(d)

**Federal Budget Impact**

This SPA has a budget impact.

Total budget impact:

State Funds: \$

Federal Funds: \$

**Subject of Amendment**

Please provide a brief summary of SPA changes.

**Signature of State Agency Official**

Submitted By: Rachel Strutton  
 Date Submitted: Sep 17, 2013



# CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

## Child Health Insurance Program Eligibility - Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards CS14

Section 2101(f) of the ACA and 42 CFR 457.310(d)

### Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards

The CHIP agency provides coverage for this group of children as follows:

- The state has received approval from CMS to maintain Medicaid eligibility for children who would otherwise be subject to Section 2101(f) such that no child in the state will be subject to this provision.

The state assures that separate CHIP coverage will be provided for children ineligible for Medicaid due to the elimination of income disregards in accordance with 42 CFR 457.310(d). Coverage for this population will cease when the last child protected from loss of Medicaid coverage as a result of the elimination of income disregards has been afforded 12 months of coverage in a separate CHIP (expected to be no later than April 1, 2016).

Describe the methodology used by the state to identify and enroll children in a separate CHIP who are subject to the protection afforded by Section 2101(f) of the Affordable Care Act:

- The state has demonstrated and CMS has agreed that all children qualifying for section 2101(f) protection will qualify for the state's existing separate CHIP.
- The state will enroll all children in a separate CHIP who lose Medicaid eligibility because of an increase in family income at their first renewal applying MAGI methods.

The state will enroll children in a separate CHIP whose family income falls above the converted MAGI Medicaid FPL but at or below the following percentage of FPL. The state has demonstrated and CMS has agreed that all or almost all the children who would have maintained Medicaid eligibility if former disregards were applied will be within this income range and therefore covered in the separate CHIP.

% FPL

The state will enroll children in a separate CHIP who are found to be ineligible for Medicaid based on MAGI but whose family income has not increased since the child's last determination of Medicaid eligibility or who would have remained eligible for Medicaid (based on the 2013 Medicaid income standard) if the value of their 2013 disregards had been applied to the family income as determined by MAGI methodology.

- Other.

Describe the benefits provided to this population:

- This population will be provided the same benefits as are provided to children in the state's Medicaid program.
- This population will be provided the same benefits as are provided to children in the state's separate CHIP.
- Other (consistent with Section 2103 of the SSA and 42 CFR 457 Subpart D).

Describe premiums and cost sharing required of this population:

- Cost sharing is the same as for children in the Medicaid program.



# CHIP Eligibility

- Premiums and cost sharing are the same as for targeted low-income children in the state's separate CHIP.
- No premiums, copayments, deductibles, coinsurance or other cost sharing is required.
- Other premiums and/or cost-sharing requirements (consistent with Section 2103(e) of the SSA and 42 CFR 457 Subpart E).

## 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 50 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.



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

August 2, 2013

*Dear Tribal Representative:*

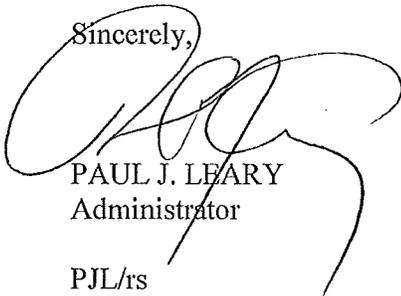
This is to let you know that the Idaho Department of Health and Welfare intends to seek approval from the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services, for multiple state plan amendments to comply with regulations of the Affordable Care Act (ACA). These changes will include

- Confirming already existing coverage of essential health benefits (ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care).
- Updating State Agency information.
- Modifying state plan language and requirements around Medicaid eligibility.

These amendments will apply to both our Title XIX Medicaid State Plan and our Title XXI State Plan. We intend to submit the SPAs no later than October 1, 2013.

Idaho Medicaid's development of these proposed SPA's will be reviewed as part of the Policy Update at the next quarterly Tribal meeting scheduled for August 14, 2013. Idaho Medicaid is interested in receiving your comments, questions or suggestions relating to these changes. Should you have questions about this letter or the upcoming SPA submission, please contact Cindy Brock at 208-364-1983 or by email at [brocke@dhw.idaho.gov](mailto:brocke@dhw.idaho.gov) by September 2, 2013.

Sincerely,



PAUL J. LEARY  
Administrator

PJL/rs