

Children's Health Insurance Program Eligibility

Children's Health Insurance Program Eligibility: General Information

State/Territory name: Idaho
 Transmittal Number: ID-13-0016

General Information:

Submission Title:

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

ID CHIP MAGI Eligibility & Methods (XXI SPA action 1)

Children's Health Insurance Program Eligibility: File Management Summary

State/Territory name: Idaho
 Transmittal Number: ID-13-0016

| Type of SPA | Form Code | Form Name | Uploaded? |
|----------------------------|-----------|--|-----------|
| MAGI Eligibility & Methods | CS7 | Eligibility - Targeted Low-Income Children | yes |
| 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 | yes |
| 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 | no |
| 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: ID-13-0016

- 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: Tribal Solicitation letter - EHB & Eligibility (ACA SPAs) |
| Uploaded Document Name: 13-269 Tribal letter - EHB & Eligibility (ACA SPAs).pdf |

Indicate the key issues raised in Indian consultative activities:

- Access
- Summarize Comments

| | | |
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| <input type="checkbox"/> | 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.

ID-13-0016

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

2102(b)(1)(B)(v) of SSA and 42 CFR 457.310,315 and 320

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 19, 2013



CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

Separate Child Health Insurance Program Eligibility - Targeted Low-Income Children

CS7

2102(b)(1)(B)(v) of the SSA and 42 CFR 457.310, 315 and 320

Targeted Low-Income Children - Uninsured children under age 19 whose household income is within standards established by the state.

The CHIP Agency operates this covered group in accordance with the following provisions:

Age

Must be under age 19.

Income Standards

Income standards are applied statewide. Yes

Are there any exceptions, e.g. populations in a county which may qualify under either a statewide income standard or a county income standard? No

Statewide Income Standards

Begin with lowest age range first.

Please note that the lower bound for CHIP eligibility should be the highest standard used for Medicaid poverty-level children for the same age group or groups entered here.

| | From Age | To Age | Above (% FPL) | Up to & including (% FPL) | |
|---|----------|--------|---------------|---------------------------|---|
| + | 0 | 6 | 141 | 185 | X |
| + | 6 | 19 | 133 | 185 | X |

Age ranges may overlap. If there is an overlap, provide an explanation. Include the age ranges for each income standard that has overlapping ages and the reason for having different income standards.

Age ranges do not overlap.

Special Program for Children with Disabilities

Does the state have a special program for children with disabilities? No

PRA Disclosure Statement



CHIP Eligibility

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.

V.20130709



CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

Separate Child Health Insurance Program MAGI-Based Income Methodologies

CS15

2102(b)(1)(B)(v) of the SSA and 42 CFR 457.315

- The CHIP Agency will apply Modified Adjusted Gross Income methodologies for all separate CHIP covered groups, as described below, and consistent with 42 CFR 457.315 and 435.603(b) through (i).

In the case of determining ongoing eligibility for enrollees determined eligible for CHIP 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 the state covers pregnant women, 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 just 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 for the remaining months of the current calendar year and family size.

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

- Include a prorated portion of the 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 457.315 and 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.

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.

- The CHIP Agency certifies that it has submitted and received approval for the conversion for all separate CHIP covered group income standards to MAGI-equivalent standards.

An attachment is submitted.

PRA Disclosure Statement



CHIP Eligibility

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.

RECEIVED
AUG 06 2013
DIV. OF MEDICAID

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

AUG 01 2013

Paul Leary
Division Administrator for Medicaid
State of Idaho, Department of Health and Welfare
450 West State Street PTC Building, 10th Floor
Boise, ID 83705

Paul
Dear Mr. Leary:

Thank you for submitting Part I of your state's Modified Adjusted Gross Income (MAGI) Conversion Plan for eligibility in 2014. Your state selected option 1 - Survey of Income and Program Participation (SIPP) data conversion plan. This letter is to notify you that the Centers for Medicaid & Medicare Services (CMS) is formally approving Part 1 (conversions for eligibility) of your plan.

As a next step, your state will need to submit a state plan amendment (SPA) to:

- 1) Identify the minimum and maximum MAGI-equivalent standards for relevant eligibility groups; these will go into the State Plan to memorialize the minimum and maximums that will be relevant for any future eligibility changes the state might make.
- 2) Select the MAGI-based income standard that will apply beginning January 1, 2014 for each MAGI eligibility group.
 - a. For adults the state may select any income standard between the minimum and the maximum converted levels.
 - b. For children, because of Maintenance of Effort (MOE), the eligibility income standard will be at least the standard under the state plan on March 23, 2010 as converted (until at least October 1, 2019) when the MOE provision for children expires).

The specific MAGI-Based Eligibility Group state plan amendment documents (.pdf formatted) are enclosed with this letter. We strongly encourage states to submit all of their MAGI-Based Eligibility Group .pdf documents at the same time to facilitate a coordinated and expedited review process.

Page 2 – Mr. Paul Leary

Medicaid and CHIP eligibility State Plan Amendment pages can be accessed through the Medicaid Model Data Lab (MMDL), available at: <http://157.199.113.99/MMDL/faces/portal.jsp>. The MMDL system has automatically generated emails from "Form Support" which have been emailed to you with your **user name** and **password** over the last several weeks. Please contact your SOTA representative if you have any questions about using the SPA process to document the results of your state's MAGI conversion plan.

CMS will be providing more information about completing Part 2 (conversions related to FMAP claiming) of the Conversion Plan in the coming weeks.

Sincerely,

A handwritten signature in black ink that reads "Jennifer Ryan". The signature is written in a cursive style with a horizontal line extending to the right.

Jennifer Ryan
Deputy Director

Enclosure

ENCLOSURE

MAGI-BASED ELIGIBILITY GROUP STATE PLAN AMENDMENT DOCUMENTS

Medicaid MAGI-Based Eligibility Groups - Mandatory

- S25 Parents and Other Caretaker Relatives
- S28 Pregnant Women
- S30 Infants and Children under Age 19
- S32 Adult Group; Individuals Below 133% of the FPL
- S33 Former Foster Care Children up to age 26
- S14 AFDC Income Standard

Optional (only those that apply in state):

- S50 Individuals above 133% of the FPL
- S51 Optional Parents and Caretaker Relatives
- S52 Reasonable Classifications of Children
- S53 Non IV-E Adoption Assistance
- S54 Optional Targeted Low Income Children
- S55 Tuberculosis
- S57 Foster Care Adolescents—Chafee
- S59 Family Planning

CHIP MAGI Eligibility and Methods (only those that apply in state)

- CS3 Title XXI Medicaid Expansion
- CS7 Targeted Low-Income Children
- CS8 Targeted Low-Income Pregnant Women
- CS9 Conception to birth
- CS10 Children with access to public employee coverage
- CS11 Pregnant women with access to public employee coverage
- CS12 Dental only coverage

ID: converted thresholds

Date: June 25, 2013

| Population/Type | Citation | Unit Size | Original Standard | Converted Standard |
|---------------------|---|-----------|-------------------|--------------------|
| Family 1931 | 1931 recipient families | 1 | \$205 | \$233 |
| | | 2 | \$251 | \$289 |
| | | 3 | \$317 | \$365 |
| | | 4 | \$382 | \$439 |
| | | 5 | \$448 | \$515 |
| | | 6 | \$513 | \$590 |
| | | 7 | \$579 | \$666 |
| | | 8 | \$645 | \$741 |
| | | 9 | \$710 | \$816 |
| | | 10 | \$776 | \$892 |
| | | addon | \$65 | \$75 |
| Pregnant women | 1902(a)(10)(A)(i)(IV) mandatory poverty-level related pregnant women covered for pregnancy-related services | | 133% FPL | 148% FPL |
| Children 0-18 | 1902(a)(10)(A)(i) mandatory poverty-level related children aged 0-18 | | 133% FPL | 141% FPL |
| Child 6-18 Pre-CHIP | Child 6-18 Pre-CHIP | | 100% FPL | 107% FPL |

ID: converted thresholds

Date: June 25, 2013

| Population/Type | Disregard Type | Citation | Unit Size | Original Standard | Converted Standard |
|-----------------|---------------------------------|---|-----------|-------------------|--------------------|
| Family 1931 | With time-limited disregards | 1931 recipient families | 1 | \$205.00 | \$248.45 |
| | | | 2 | \$251.00 | \$309.46 |
| | | | 3 | \$317.00 | \$390.47 |
| | | | 4 | \$382.00 | \$470.47 |
| | | | 5 | \$448.00 | \$551.48 |
| | | | 6 | \$513.00 | \$631.48 |
| | | | 7 | \$579.00 | \$712.49 |
| | | | 8 | \$645.00 | \$793.50 |
| | | | 9 | \$710.00 | \$873.50 |
| | | | 10 | \$776.00 | \$954.51 |
| | addon | \$65.00 | \$80.00 | | |
| | Without time-limited disregards | 1931 recipient families | 1 | \$205.00 | \$231.54 |
| | | | 2 | \$251.00 | \$286.71 |
| | | | 3 | \$317.00 | \$361.88 |
| 4 | | | \$382.00 | \$436.05 | |
| 5 | | | \$448.00 | \$511.21 | |
| 6 | | | \$513.00 | \$585.38 | |
| 7 | | | \$579.00 | \$660.55 | |
| 8 | | | \$645.00 | \$735.71 | |
| 9 | | | \$710.00 | \$809.88 | |
| 10 | | | \$776.00 | \$885.05 | |
| addon | \$65.00 | \$74.00 | | | |
| Pregnant women | With time-limited disregards | 1902(a)(10)(A)(i)(IV) mandatory poverty-level related pregnant women covered for pregnancy-related services | | 133.000% FPL | 200.262% FPL |
| | Without time-limited disregards | 1902(a)(10)(A)(i)(IV) mandatory poverty-level related pregnant women covered for pregnancy-related services | | 133.000% FPL | 141.707% FPL |



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 83720-0099
PHONE: (208) 334-5747
FAX: (208) 364-1811

August 2, 2013

Dear Tribal Representative:

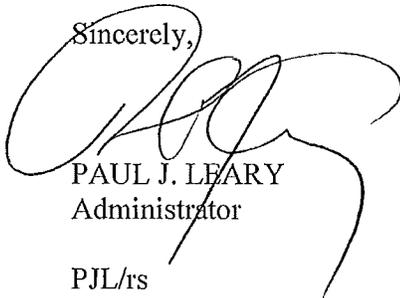
This is to let you know that the Idaho Department of Health and Welfare intends to seek approval from the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services, for multiple state plan amendments to comply with regulations of the Affordable Care Act (ACA). 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 brockc@dhw.idaho.gov by September 2, 2013.

Sincerely,



PAUL J. LEARY
Administrator

PJL/rs