

**NOTICE OF INTENT TO SUBMIT WAIVER AND STATE PLAN
AMENDMENTS
SOLICITATION OF PUBLIC INPUT**

Pursuant to 42 C.F.R. §440.386, the Idaho Department of Health and Welfare Division of Medicaid (Department) provides public notice of its intent to submit a waiver amendment to the Centers for Medicare and Medicaid Services (CMS) for Idaho's Aged and Disabled (A&D) §1915(c) waiver.

Medicaid plans to consult with Idaho Tribal representatives regarding this change in compliance with section 5006(e) of the American Recovery and Reinvestment Act of 2009 during our regularly scheduled quarterly meeting scheduled for February 2020. The Department also assures that individuals under twenty-one (21) years of age, pursuant to Early Periodic Screening, Diagnostic and Treatment services, may receive additional services if determined medically necessary and prior authorized by the Department.

Pursuant to 42 C.F.R. §441.304, public notice of the proposed waiver amendments will be published on **Tuesday, January 28, 2020** in the newspapers of widest circulation in each Idaho city with a population of 50,000 or more and on the Department's website. On **Tuesday, January 28, 2020**, copies of the public notice and the proposed waiver amendment will be made available for public review during regular business hours at all regional Medicaid offices of the Idaho Department of Health and Welfare. The public will be given the opportunity to comment on the proposed Aged and Disabled waiver amendment for a period of at least 30 days.

PROPOSED WAIVER CHANGES

Idaho Medicaid intends to submit an amendment to the Aged and Disabled §1915(c) waiver to the Centers for Medicare and Medicaid Services (CMS) on or before **February 26, 2020** to allow for passive enrollment into the Idaho Medicaid Plus (IMPlus) Program for full dual-eligible individuals in counties with only one participating health plan. Currently there are nine counties with one participating health plan: Adams, Benewah, Clark, Gooding, Jerome, Latah, Shoshone, Valley, and Washington.

In these nine counties, the state will enroll all dual-eligible individuals into the IMPlus Program under the participating health plan, Blue Cross of Idaho. The state will send letters to these individuals to notify them of their enrollment and the option to opt out of the IMPlus Program and remain covered by the Medicaid Fee-for-Service system. These individuals will have (90) days to respond to the state to opt out of the IMPlus before enrollment begins. Individuals enrolled in the IMPlus in these counties may disenroll at any time.

This waiver amendment is a companion to the Public Notice dated December 9, 2019 notifying of the upcoming State Plan Amendment (SPA ID19-0027) to implement passive enrollment. The December 5, 2019 notice referred to Idaho Medicaid Plus incorrectly as the “Medicare Medicaid Coordinated Plan (MMCP)”. The state intends to submit this companion SPA amendment on or before **March 31, 2020** with a requested effective date of **April 1, 2020**.

PUBLIC REVIEW

A copy of the proposed Aged and Disabled §1915(c) waiver amendment will be posted on the Department's website at:

<http://healthandwelfare.idaho.gov/Medical/Medicaid/tabid/123/Default.aspx> no later than **January 28, 2020**.

Copies of the proposed waiver amendments are also available for public review upon request during regular business hours at any regional Medicaid services office of the Idaho Department of Health and Welfare.

LOCATIONS FOR PUBLIC REVIEW OF PROPOSED CHANGES

Regional Medicaid Offices	
Region 1	1120 Ironwood Drive, Suite 102, Coeur D’Alene, ID 83814
Region 2	1118 F Street, Lewiston, ID 83501
Region 3	3402 Franklin Road, Caldwell, ID 83605
Region 4	1720 Westgate Drive, Suite A, Boise, ID 83704
Region 5	601 Pole Line Road, Suite 3 Twin Falls, ID 83301
Region 6	1070 Hiline Rd, Suite 260, Pocatello, ID 83201
Region 7	150 Shoup Avenue, Suite 20, Idaho Falls, ID 83402

PUBLIC COMMENT

The Department is accepting written and recorded comments regarding these waiver amendments for a period of 30 calendar days. **Comments must be submitted by one of the methods below by close of business, Wednesday, February 26, 2020.**

Hand Deliver to: Medicaid Central Office
Idaho Department of Health and Welfare
3232 W. Elder Street
Attn: Jennifer Pinkerton
Boise, ID 83705

Mail to: PO Box 83720
Boise, ID 83720-0036

FAX: (208) 332-7283

Email: Jennifer.Pinkerton@dhw.idaho.gov

The Department will review all comments received prior to submitting the waiver and SPA amendments to CMS. A summary document of the comments received in addition to the Department’s response will be posted online once they have been reviewed and compiled.

Note: Aged and Disabled (A&D) Waiver pages with no proposed changes were omitted from this document.

Request for an Amendment to a §1915(c) Home and Community Based Services Waiver

Main

1. Request Information

- A. The **State of Idaho** requests approval for an amendment to the following Medicaid home and community-based services waiver approved under authority of §1915(c) of the Social Security Act.
- B. **Program Title:**
Aged and Disabled Waiver
- C. **Waiver Number:** ID.1076
Original Base Waiver Number: ID.1076.90.R3A.04
- D. **Amendment Number:**
- E. **Proposed Effective Date:** (mm/dd/yy)

04/01/2020

Approved Effective Date of Waiver being Amended: 10/01/17

2. Purpose(s) of the Amendment

Purpose(s) of the Amendment. Describe the purpose(s) of the amendment:

The purpose of this amendment is to request CMS approval for Idaho Medicaid to launch a passive enrollment process for the Idaho Medicaid Plus Managed Long Term Services and Supports (MLTSS) program in counties where there is only one participating Health Plan. Passive enrollment means that members who are not in an excluded population, and who do not actively opt out of participating, will be enrolled into the Idaho Medicaid Plus with the participating health plan in their county of residence. Participants who do not wish to be enrolled in Idaho Medicaid Plus in passive counties will receive notification of impending enrollment as well as be provided the option to opt out within 90 days by contacting the state. Participants who opt out remain on Fee-For-Service Medicaid. Participants may disenroll at any time thereafter.

3. Nature of the Amendment

- A. **Component(s) of the Approved Waiver Affected by the Amendment.** This amendment affects the following component(s) of the approved waiver. Revisions to the affected subsection(s) of these component(s) are being submitted concurrently (*check each that applies*):

Component of the Approved Waiver	Subsection(s)
<input checked="" type="checkbox"/> Waiver Application	<u>Main 6.I, Attachment #1</u>
<input type="checkbox"/> Appendix A Waiver Administration and Operation	

<input type="checkbox"/> Appendix B Participant Access and Eligibility	
<input type="checkbox"/> Appendix C Participant Services	
<input type="checkbox"/> Appendix D Participant Centered Service Planning and Delivery	
<input type="checkbox"/> Appendix E Participant Direction of Services	
<input type="checkbox"/> Appendix F Participant Rights	
<input type="checkbox"/> Appendix G Participant Safeguards	
<input type="checkbox"/> Appendix H	
<input type="checkbox"/> Appendix I Financial Accountability	
<input type="checkbox"/> Appendix J Cost-Neutrality Demonstration	

B. **Nature of the Amendment.** Indicate the nature of the changes to the waiver that are proposed in the amendment (*check each that applies*):

- Modify target group(s)
- Modify Medicaid Eligibility
- Add/delete services
- Revise service specifications
- Revise provider qualifications
- Increase/decrease number of participants
- Revise cost neutrality demonstration
- Add participant-direction of services
- Other

Specify:

Idaho Medicaid requests authority to add a Passive Enrollment component to Idaho Medicaid Plus in counties where there is only one participating Health Plan. Idaho Medicaid Plus is currently approved as a mandatory enrollment structure under a 1915(b) waiver authority in counties in which there are two participating Health Plans.

Main

6. Additional Requirements

I. **Public Input.** Describe how the state secures public input into the development of the waiver:

The Department continues to engage in extensive outreach efforts to inform stakeholders of this waiver program. The Department has provided opportunities ~~to provide~~allowing public comment on associated deliverables related to continued MMCP/Idaho Medicaid implementation and the introduction of Passive Enrollment for Idaho Medicaid Plus in counties with only one participating Health Plan. Outreach activities include:

1. Recurring meetings with the Personal Assistance Oversight Committee (PAO). The PAO is a subcommittee of the Medical Care Advisory Committee (MCAC). The purpose of the PAO is to plan, monitor, and recommend changes to the Medicaid HCBS waivers and personal assistance programs. Such recommendations would be submitted to the MCAC. The PAO

consists of providers of personal assistance services and Participants of such services, advocacy organizations representing such Participants, and other interested parties. This committee meets quarterly and is open to the public. The changes proposed in this draft waiver amendment will be discussed during the [March 18, 2020](#) PAO meeting.

2. Tribal solicitations were mailed to the Tribal Representatives of the six federally recognized tribes in Idaho on [TBD](#) and solicited verbal and written comments regarding the proposed waiver amendment over the 31-day period beginning [TBD](#) through close of business [TBD](#). Tribal comments were solicited to be received via telephone and email. In addition, ongoing feedback was solicited from Tribal Representatives during the quarterly Tribal Meetings. These proposed program changes to MMCP were discussed during the [February 19, 2020](#) meeting. This tribal notification was also posted on [TBD](#) to the Idaho Medicaid Program & Tribes of Idaho Teamsite located at <https://healthandwelfare.idaho.gov/meditribe/Home/tabid/1331/Default.aspx>.
3. The Department has regular recurring meetings with the Health Plans administering the MMCP [and Idaho Medicaid Plus](#), and the new [Passive Enrollment Policy](#) is a topic of ongoing discussions.

The Department published notices in the newspapers of widest circulation in the state, the Idaho Press Tribune, the Idaho Statesman, the Idaho State Journal, the Post Register, and the Coeur D'Alene Press, soliciting comments regarding ~~the~~ [this](#) proposed Aged and Disabled 1915(c) waiver amendment via mail, email, fax, and telephone from [TBD](#) through close of business on [TBD](#). The Department made the draft A&D waiver amendment available for public review on [TBD](#), in all regional Department of Health and Welfare offices. These materials were also posted on the main Medicaid webpage at <https://healthandwelfare.idaho.gov/Medical/Medicaid/tabid/123/Default.aspx> under "Proposed Changes and Public Notice for Waiver Services."

The Department [DID/DID NOT\(TBD\)](#) receive any comments from Tribal Representatives or the public regarding this draft waiver amendment.

Attachments

Attachment #1: Transition Plan

Check the box next to any of the following changes from the current approved waiver. Check all boxes that apply.

- Replacing an approved waiver with this waiver.
- Combining waivers.
- Splitting one waiver into two waivers.
- Eliminating a service.
- Adding or decreasing an individual cost limit pertaining to eligibility.
- Adding or decreasing limits to a service or a set of services, as specified in Appendix C.
- Reducing the unduplicated count of participants (Factor C).
- Adding new, or decreasing, a limitation on the number of participants served at any point in time.
- Making any changes that could result in some participants losing eligibility or being transferred to another waiver under 1915(c) or another Medicaid authority.

**Making any changes that could result in reduced services to participants.
Specify the transition plan for the waiver:**

Participants who are full dual-eligibles and are receiving services under the Aged and Disabled waiver and reside in a county in which the Department secures approval under a concurrent 1915(b) waiver amendment to operate a mandatory managed care program, have their benefits administered by a participating MCE under the Idaho Medicaid Plus.

All Participants with existing Aged and Disabled waiver services and service providers can retain their existing provider, even if the provider is out of the MCE network, for up to 120 days after transitioning to Idaho Medicaid Plus. The MCE is required to conduct outreach to the provider to attempt to establish a contract or help facilitate a transition to an in-network provider as needed. If a Participant's preferred provider has not established a contract with the MCE after the 120-day transition period has passed, the MCE's Care Specialist will work with the Participant to select an in-network provider. Historically, the MCEs have continued to pay for an out of network provider as long as the provider has already entered into the contracting process.

All participants maintain the same level of service under Idaho Medicaid Plus as under fee-for-service Medicaid.

The Department has developed a new contract with the existing MCEs that currently operate the MMCP to administer the Idaho Medicaid Plus program to expand ID Medicaid Plus coverage to additional counties in Idaho. Medicaid seeks to phase-in implementation of mandatory enrollment in these additional counties. The Department successfully implemented Idaho Medicaid Plus as a pilot program in Twin Falls County in November 2018. After the Department verified that performance benchmarks were met (including continuity of care indicators, claims payment requirements, and outreach activities), Idaho Medicaid Plus expanded to Bannock, Bingham, and Bonneville counties in April 2019, followed by Bonner, Kootenai, and Nez Perce in June 2019. The most recent expansion of Idaho Medicaid Plus occurred in Ada and Canyon Counties in August 2019. Expansion of mandatory enrollment beyond the currently active counties will be contingent upon the Health Plans meeting required performance benchmarks as specified in the contract.

The Department plans to expand the Idaho Medicaid Plus program to the following additional twelve (12) counties effective April 1, 2020: Boise, Boundary, Cassia, Elmore, Fremont, Gem, Jefferson, Madison, Minidoka, Owyhee, Payette, and Power. The Department will send letters to all Participants in these counties who have not opted to enroll in the MMCP. Participants will have 90 days to select a health plan or voluntarily enroll in the MMCP. Participants who do not actively select a health plan for Idaho Medicaid Plus will be auto-assigned using an algorithm in the MMIS, resulting in a 50/50 split between both health plans. Idaho Medicaid Plus effective date for Participants in each of these counties begins April 1, 2020, and Participants will have 90 days to change their health plan. After that 90 days, Participants will only be able to change health plans during Open Enrollment.

The Department plans to expand the MMCP to the following additional twelve counties operating under two health plans effective January 1, 2020: Boise, Boundary, Cassia, Elmore, Fremont, Gem, Jefferson, Madison, Minidoka, Owyhee, Payette, and Power. Additionally, the Department plans to expand to the

following additional nine (9) counties operating under one health plan effective January 1, 2020: Adams, Benewah, Clark, Gooding, Jerome, Latah, Shoshone, Valley, and Washington. The Blue Cross of Idaho is the only operating health plans in these counties and will complete marketing and outreach to the Participants ~~in these counties~~. Participants in these counties can enroll in the MMCP any time after January 1, 2020; the effective date will be ~~the~~ prospective for the first day of the month following enrollment.

Passive Enrollment: On January 1, 2020, Idaho Medicaid mailed letters to dual eligible Participants residing in counties with only one participating health plan (Adams, Benewah, Clark, Gooding, Jerome, Latah, Shoshone, Valley, and Washington) notifying them of their enrollment in Idaho Medicaid Plus effective April 1, 2020. These letters explain that enrollment is voluntary, and if they chose to opt out, they may do so by contacting the Duals Beneficiary Support Specialist at (833) 814-8568 or by returning the opt out form included with the letter. Participants will have 90 days to opt out of Idaho Medicaid Plus and remain on Fee-For-Service coverage in these voluntary counties only. This same process will continue monthly as new Dual Eligible Participants are identified in these counties. Participants who are enrolled in Idaho Medicaid Plus in these counties may disenroll at any time.

The Department continues to notify enrollees of the pending implementation of Idaho Medicaid Plus. Participants will not have an opportunity to request a fair hearing pertaining to enrollment into Idaho Medicaid Plus if they are in a mandatory county under the 1915(b) waiver. Participants will retain the same services and level of service after transitioning to the (b) waiver. Participants are advised of their MCE and State Fair Hearing rights with any adverse benefit determination on the notice of decision letters went by both the state (for termed services when they enroll in a Duals program) and the Health Plan (for approved services upon enrollment in a Duals program), including instances in which individuals are denied the provider of their choice due to the provider not being in the MCE's network. Participants are referred to the Fair Hearing process as outlined in Appendix F-1.