IDAHO DEPARTMENT OF
HEALTH & WELFARE

BRAD LITTLE – Governor
DAVE JEPPESEN – Director

OFFICE OF THE DIRECTOR
450 West State Street, 10th Floor
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE 208-334-5500
FAX 208-334-6558

February 15, 2019

David Meacham
Associate Regional Administrator
Division of Medicaid and Children's Health Operations
M/S RSX-200
701 Fifth Ave., Ste 1600
Seattle, WA 98104

Dear Mr. Meacham:

The State of Idaho is submitting the following Medicaid state plan amendments to add coverage for adults, with incomes at or below 133% of the federal poverty level, effective January 1, 2020:

1. Transmittal #19-0007, modifying the eligibility groups covered by Idaho to add the adult group
2. Transmittal #19-0004, specifying adults in this group, without special health needs, have access to the benefits within Idaho's Basic Plan Alternative Benefit Package
3. Transmittal #19-0005, specifying adults in this group, with special health needs, have access to the benefits within Idaho's Enhanced Plan Alternative Benefit Package
4. Transmittal #19-0006, describing Idaho's eligibility procedures for identification of the adult group for purposes of securing the Federal Medical Assistance Percentage (FMAP) for the adult group

These changes are submitted in accordance with §56-267 of Idaho Code, as established in 2018 by Idaho's Proposition 2, certified by the State Board of Canvassers and Governor Little on November 20, 2018. Governor Little has recommended funding for this coverage in his budget, which is currently being considered by the Idaho Legislature. We will keep you informed as the funding discussion proceeds in the Idaho legislature and let you know when funding is approved.

Tribal solicitation has been completed for these amendments. Please see the attached Tribal Representative Notification Letter. This letter was mailed, e-mailed, and posted to the Medicaid-Tribes website on December 17, 2018. We received multiple comments, which are included as an attachment to this letter.

The State has initiated its public noticing process prior to the submittal of these amendments. A copy of the public notice is attached. We will take any public comments or feedback we receive under consideration and provide them to CMS as we work through the review and approval process.

Idaho appreciates your review of these changes, and anticipates your approval of these amendments. Please direct any questions regarding the SPA's to Matt Wimmer, Administrator for the Division of Medicaid at (208) 364-1804 or matt.wimmer@dhw.idaho.gov.

Sincerely,

DAVE JEPPESEN
Director

Enc:

Medicaid Eligibility

State Name: Idaho

OMB Control Number: 0938-1148

Transmittal Number: ____ - __ - _____

Eligibility Groups - Mandatory Coverage
Adult Group

S32

1902(a)(10)(A)(i)(VIII)
42 CFR 435.119

The state covers the Adult Group as described at 42 CFR 435.119.

(●) Yes ( ) No

[■] **Adult Group -** Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.

[✓] The state attests that it operates this eligibility group in accordance with the following provisions:

[■] Individuals qualifying under this eligibility group must meet the following criteria:

[■] Have attained age 19 but not age 65.

[■] Are not pregnant.

[■] Are not entitled to or enrolled for Part A or B Medicare benefits.

[■] Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.

Note: In 209(b) states, individuals receiving SSI or deemed to be receiving SSI who do not qualify for mandatory Medicaid eligibility due to more restrictive requirements may qualify for this eligibility group if otherwise eligible.

[■] Have household income at or below 133% FPL.

[■] MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

[■] There is no resource test for this eligibility group.

[■] Parents or other caretaker relatives living with a child under the age specified below are not covered unless the child is receiving benefits under Medicaid, CHIP or through the Exchange, or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

(●) Under age 19, or

( ) A higher age of children, if any, covered under 42 CFR 435.222 on March 23, 2010:

[■] Presumptive Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

(●) Yes ( ) No

[■] The presumptive period begins on the date the determination is made.

Medicaid Eligibility

☒ The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

☒ Periods of presumptive eligibility are limited as follows:

- ○ No more than one period within a calendar year.
- ○ No more than one period within two calendar years.
- ◉ No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
- ○ Other reasonable limitation:

The state requires that a written application be signed by the applicant or representative.

◉ Yes ○ No

- ◉ The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.
- ○ The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

An attachment is submitted.

☒ The presumptive eligibility determination is based on the following factors:

- ☒ The individual must meet the categorical requirements of 42 CFR 435.119.
- ☒ Household income must not exceed the applicable income standard described at 42 CFR 435.119.
- ☐ State residency.
- ☐ Citizenship, status as a national, or satisfactory immigration status.

☒ The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.

List of Qualified Entities — S17

A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:

- ☒ Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- ☐ Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act
- ☐ Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990

Medicaid Eligibility

- ☐ Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- ☒ Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)
- ☐ Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)
- ☐ Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs
- ☐ Is a state or Tribal child support enforcement agency under title IV-D of the Act
- ☐ Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act
- ☐ Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act
- ☐ Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)
- ☐ Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
- ☐ Other entity the agency determines is capable of making presumptive eligibility determinations:

☑ The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

An attachment is submitted.

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.

V.20160722

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

The Department of Health and Welfare is giving public notice of an impending change to the Idaho Medicaid State Plan. The Department assures these changes are in compliance with 42 CFR §440.386, 42 CFR§ 440.345 and with the provisions of section 5006(e) of the ARRA of 2009.

Medicaid has solicited input from Idaho's Tribal representatives regarding these changes in compliance with section 5006(e) of the American Recovery and Reinvestment Act of 2009 and its Tribal Consultation Policy. The Department also assures that individuals under twenty-one (21) years of age, pursuant to EPSDT, may receive additional services if determined medically necessary and prior authorized by the Department.

PROPOSED STATE PLAN CHANGES

The Department intends to submit four State Plan Amendments (SPA)'s on or before February 18, 2019, described as follows:

- Modifications to covered eligibility groups under Idaho Medicaid to add the Adult Group
- Adding the Adult Group, as a covered eligibility groups to Idaho's Basic Plan Alternative Benefit Package for adults
- Specifying that adults in this group, with special health needs have access to the benefits within Idaho's Enhanced Plan Alternative Benefit Package
- Adding plan pages describing Idaho's eligibility procedures for identification of the adult group for purposes of securing the Federal Medical Assistance Percentage (FMAP) for the adult group.

The effective date of these changes is January 1, 2020.

No public hearings have been scheduled at this time.

PUBLIC COMMENT

The Department is accepting written comments regarding these SPA's until March 22, 2019 to allow ample time for comment, due to the advanced effective date. Any person wishing to review the changes, call Cindy Brock at (208) 364-1983, or email the request to: cindy.brock@dhw.idaho.gov.

Written comments may also be sent to and reviewed by the public at the following address:

Bureau of Medical Care
Division of Medicaid
Department of Health and Welfare
3232 Elder Street
Boise, Idaho 83705
Phone (208) 364-1983

IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RUSSELL S. BARRON – Director

MATT WIMMER - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-5747
FAX: (208) 364-1811

December 17, 2018

Dear Tribal Representative:

In accordance with section 1902(a)(73)(A) of the Social Security Act regarding the solicitation of advice prior to the submission of any Medicaid State Plan Amendment (SPA) or 1915(b) waiver amendment likely to have a direct effect on Indians, Indian Health Programs, or Urban Indian Organizations, the Idaho Department of Health and Welfare (Idaho Medicaid) seeks your advice on the following matter.

Purpose

Idaho Medicaid is complying with Idaho Code §56-267, as certified into law on November 20, 2018. This statute directs the Department to add healthcare coverage under the Medicaid State Plan for individuals from the age of nineteen (19) up to the age of sixty-five (65) with Modified Adjusted Gross Income less than or equal to one hundred thirty-three (133%) of the federal poverty level, who are not otherwise eligible for coverage under the Medicaid State Plan, in accordance with section 1902(a)(10)(A)(i)(VIII) and 1902(14) of the Social Security Act.

Idaho Medicaid must submit multiple policy actions to accomplish this work, which will include State Plan and 1915(b) waiver amendments, as required by the Centers for Medicare and Medicaid Services (CMS). Our policy actions will require documents to support:

- Adding the Adult Group as a covered eligibility group within our existing Basic and Enhanced Alternative Benefit Plans (ABP's)
- Adding the Adult Group as a covered eligibility group within our existing 1915(b) managed care waivers for behavioral health and dental services
- Amending existing State Plan pages to add the Adult Group as a covered population
- Amending existing State Plan pages for hospital presumptive eligibility processes and procedures to add the Adult Group
- Adding a new section of State Plan pages to describe operational procedures the State must follow when determining eligibility to secure the 90/10 federal matching rate for the Adult Group
- Other State Plan pages, as determined through consultation with CMS

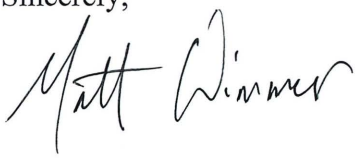
Proposed Effective Date
The Department intends to submit these policy actions to CMS on or before February 19, 2019 with a proposed effective date of January 1, 2020.

Anticipated Impact on Indians/Tribal Health Programs/Urban Indian Organizations (ITU)
We anticipate these policy changes will significantly improve access to Medicaid services for some Idaho resident members of tribes. It will have significant impacts for Tribal Health Programs who serve this population. The Department is dedicated to working in a collaborative effort with the Tribes to address any concerns or questions you may have regarding impacts to your facilities or members.

Comments, Input, and Tribal Concerns
Idaho Medicaid would appreciate any input or concerns that Tribal Representatives wish to share regarding these changes. In order to allow for a timely submission to CMS, please submit any comments for these changes **prior to January 16, 2019** via email to: Cindy.Brock@dhw.idaho.gov.

Idaho Medicaid's development of these policy changes will be shared in more detail and reviewed as part of the Policy Update at the next quarterly Tribal meeting, currently scheduled for February 20, 2019 in Boise, Idaho.

Sincerely,



MATT WIMMER
Administrator

MW/cb

COEUR D'ALENE TRIBE
CHAIRMAN ERNEST L. STENSGAR
P.O. BOX 408
PLUMMER, IDAHO 83851
(208) 686-5803 • Fax (208) 686-8813
chairman@cdatribe-nsn.gov

Sent Via Email

January 16, 2019

Idaho Dept. of Health & Welfare
Division of Medicaid
P.O. Box 83720
Boise, ID 83720

Dear Idaho Department of Health and Welfare:

On behalf of the Coeur d'Alene Tribe, I would like to respectfully express the Tribe's support for the full implementation of the Medicare Expansion Plan, as passed by the Idaho voters this past election.

The Coeur d'Alene Tribe's comments to Idaho Medicaid are as follows:

- The Medicaid expansion will open additional access opportunities for care throughout Idaho.
- The federal government covers 100% of costs for services provided to AIAN Medicaid enrollees through an IHS- or Tribally-operated facility. This 100% matching rate reflects a policy judgment that states should not have to contribute state general funds to the cost of care provided by a federal facility, whether operated by the IHS or on its behalf by a Tribe. In 2016, the Centers for Medicare and Medicaid Services (CMS) released guidance that expands the scope of services considered "received through" an IHS/Tribal facility that may qualify for 100% federal match. Expanding the scope of services that can qualify for 100% federal match provides potential increased savings to states and incentives to increase access to care for AIANs and expand capacity of IHS and Tribal services.
- This expansion will provide additional resources for mental health and substance abuse.
- The Tribe does not support the implementation of additional work requirements, these requirements would impose additional administrative burdens, additional costs, and additional barriers to care. Additionally, many tribal health care facilities have their own work requirements in place.

Respectfully,

Ernest L. Stensgar
Chairman,
Coeur d'Alene Tribe

The SHOSHONE-BANNOCK TRIBES

FORT HALL INDIAN RESERVATION
PHONE (208) 478-3700
FAX # (208) 237-0797

FORT HALL BUSINESS COUNCIL
P.O. BOX 306
FORT HALL, IDAHO 83203

January 16, 2019

Matt Wimmer, Administrator,
Division of Medicaid
Idaho Department of Health and Welfare
P.O. Box 83420
Boise, ID 83703

Attn: George Gutierrez, George.gutierrez@dhw.Idaho.gov

RE: SHOSHONE-BANNOCK TRIBES RESPONSE TO PROPOSED CHANGES TO IDAHO MEDICAID PLAN

On behalf of the Fort Hall Business Council, the governing body of the Shoshone-Bannock Tribes (Tribes), I write to offer formal comments to the Idaho Department of Health and Welfare (Idaho Medicaid) on the proposed changes to the Idaho Medicaid State Plan. The Tribes are pleased that our Idaho constituency passed Proposition 1 with a high majority. With its passage, it allows more Tribal members under age 65 who meet the income requirement to enroll in Medicaid coverage (a federal funding source), in accordance with the Centers for Medicare and Medicaid Services' trust responsibility to American Indians and Alaskan Natives (AIAN).

The health and wellbeing of our people is one of the highest priorities for the Tribes. The Tribes have reserved rights as set forth in the Fort Bridger Treaty of July 3, 1868, between the Shoshone-Bannock Tribes and the United States. Since those reserved treaty rights include health services, it is the responsibility of the Health and Human Services and the Indian Health Service (IHS) to ensure adequate health care is available to American Indians who use our health care facility. With the federal delegation to the State of Idaho, the Tribes must communicate with Idaho Health and Welfare to address Medicaid expansion issues.

The Affordable Care Act and CMS recognizes the unique political status of federal recognized tribes which is based on the tribal treaty rights and the federal trust responsibility held by federal agencies to Indian tribes. States are often unfamiliar with the federal-tribal relationships; therefore the Tribes can provide specific training for Idaho Health and Welfare Departmental staff, if so requested.

The Tribes urge Idaho Medicaid to consult directly with the Fort Hall Business Council and Tribal staff to fully understand and consider our input into the amendments that must be developed and submitted to the Centers for Medicare and Medicaid Services (CMS). There are numerous issues to discuss with Idaho to facilitate expanded health and medical care coverage for AIAN in our community and we look forward to effective consultation discussions and developing plans and strategies to improve our health care needs.

Now that the Proposition 2, the Initiative for Medicaid Expansion has passed, Idaho State Legislators will take up the debate on costs and other requirements that might be imposed, such as work requirements. The Tribes do not support any work requirements for Medicare recipients because it is contrary to, and undermines federal treaties and statues that recognizes the political status of federally recognized Indian tribes. Imposing any work requirements on AINA would be detrimental to the Tribal community because it creates unnecessary barriers for state and tribal administrators and would discourage AIAN from applying for Medicaid.

There are several unique benefits to American Indian patients that are directly resulting from Medicaid expansion.

- It would help eligible Tribal members ensure they are getting the health care and specialty services they need, which are not currently covered by either IHS or tribal Purchased and Referred Care (PRC) funds.
- Since the federal government covers 100% of costs for services provided to AIAN Medicaid enrollees through an IHS- or Tribally-operated facility, there would be no cost to the State of Idaho. This alleviates 100% of Idaho's responsibility to allocate state general funds to meet the cost of care provided to the cost of care at federal health care facilities, operated either by tribes or the Indian Health Service. In 2016, the Centers for Medicare and Medicaid Services (CMS) released guidance that expands the scope of services considered "received through" an IHS/Tribal facility that may qualify for 100% federal match. Expanding the scope of services that can qualify for 100% federal match provides potential increased savings to states and incentives to increase access to care for AINA and expand capacity of IHS and tribal services.
- The approval of Medicaid Expansion will assist in reducing the persistent disparities in health care and medical services for AIAN. Many of our patients rely upon direct care provided by IHS, and the high uninsured rate is a significant barrier to obtaining health care for both physical and behavioral needs.
- As the 2014 statistics indicate, our unemployment rate of 23.8% on the Fort Hall Reservation, this Medicaid expansion would provide more coverage to more AIAN patients. It would help cover health care gaps in employer-provided insurance, which would provide more access to more health care services and providers, beyond what IHS provides, due to limited federal funding. It also provides a key financing source for both IHS and tribal providers.
- There is no cost to eligible Tribal members to enroll in Medicare. Eligible Tribal members do not have to pay premiums or enrollment fees if they are eligible to receive care from our clinic (or an Indian health care provider). In addition, eligible Tribal

members do not have to pay any cost sharing, like deductibles, co-insurance, or copayments for any Medicaid service from any Medicaid provider if they have ever received a service or referral from our clinic (or an Indian Health Care Provider). This expanded funding source would stretch limited funding and provide more efficient use of PRC funds and of our Tribal facilities. The ripple effect extends to increasing revenue to our Tribal clinics because it would cover the costs of eligible patient health care costs, and allows us to allocate PRC funds to provide for additional specialized health care services.

- We have had to prioritize medical care services due to limited funding, but we would be able to go from Priority 1 to Priority 2, or even lower. This would allow for PRC to approve referrals based on medical needs and not based on limited funding. Tribal patients often resort to "seasonal sickness" based on the fiscal year, knowing if referrals are necessary to wait until October when funding is available for non-emergency referrals.
- As we indicated previously, the Tribes would receive more third party revenue, which allows the Tribes to expand health care services to cover new services we have not been able to provide to our community. For example, the Tribes would be able to hire family nurse practitioners to provide direct services to our patients. Turning to see other positive examples of Medicaid expansion in other states and tribes, potential opportunities include: possibly new benefits of non-emergency medical transport, new coverage for long-term care, expansion of pharmacy benefits, expansion of mental health coverage, care coordination services, and expanded provider networks compared to pre-existing programs
- One major misunderstanding at the State level is if services are accessed through IHS or an approved care coordination agreement, the federal government will pay 100% of the billed cost with no fiscal impact to Idaho. Medicaid and its recent expansion provide critical access to a broader array of services and providers.
- To better understand the significance of Medicaid expansion benefits to tribes, we can cite the State of Montana's experience in overcoming their health care disparities for the Montana tribal health care. With Medicaid expansion, a new payment source is available to tribes and IHS to combat mental health and substance use issues on reservations. Prior to Medicaid expansion, the State of Montana's General fund and limited federal dollars was unable to provide adequate services, and Montana tribes suffered tremendously with substance abuse, and a lack of sufficient mental health care. Now, for the first time, Medicaid provides a payment source for care for substance use disorders and mental illness. Medicaid is an important source of health care coverage for American Indians in Montana. Instead, a majority of American Indians receive health care through the IHS.

The Tribes appreciate the efforts to engage in meaningful consultation with the Tribes to improve the healthcare of our Tribal communities and ensure for the safety of our people, both men, women and children. As we identify in this letter, there are many benefits to Medicaid expansion, and we welcome working directly with Idaho to develop amendments that will address AIAN needs in the Idaho Plan amendments to be submitted to CMS. We invite you to come to Fort Hall and talk to Tribal leadership directly to better understand the importance and benefits of Medicaid expansion for our Tribal people and community. For more information,

please contact Ann Jim, Tribal Health and Human Services Director, at Ann.Jim@sb-thhs.com, or call her at 208-478-3744.

Respectfully,

Lalil Edmo (for)

Nathan Small, Chairman
Fort Hall Business Council
Shoshone-Bannock Tribes