### **Table of Contents**

**State/Territory Name: Idaho** 

State Plan Amendment (SPA) #: ID-13-0013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) SPA Summary Form
- 3) Approved SPA Pages

The complete title XXI state plan for Idaho consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below. The following approved templates are in addition to, or replace sections of the state's posted current state plan. The attached approval letter(s) explain how these templates fit into that state plan.

Link to state title XXI state plans and amendments: <a href="http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html">http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html</a>

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop: S2-26-12 Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

DEC 1 2 2013

Matt Wimmer CHIP Director Department of Health and Welfare P.O. Box 83720 Boise, ID 83720-0036

Dear Mr. Wimmer:

I am pleased to inform you that your Title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) ID-13-0013 submitted on September 13, 2013 and related to Modified Adjusted Gross Income (MAGI) Eligibility has been approved with an effective date of January 1, 2014.

#### Non-Financial Eligibility:

SPA number ID-13-0013 is approved to clarify the state's non-financial eligibility policies on residency; citizenship; social security numbers; substitution of coverage, non-payment of premiums, and continuous eligibility. Copies of the approved state plan pages are attached and these approved pages supersede sections of Idaho's current state plan as laid out below:

New State Plan Page	Impact on Current State Plan Section
CS17: Non-Financial Eligibility – Residency	Section 4.1.5
CS18: Non-Financial Eligibility – Citizenship	Section 4.1.0; 4.1-LR; 4.1.1-LR
CS19: Non-Financial Eligibility – Social Security	Section 4.1.9.1
Number	
CS20: Non-Financial Eligibility – Substitution of	Section 4.4.4
Coverage	
CS21: Non-Payment of Premiums	Section 8.7
CS27: General Eligibility – Continuous Eligibility	Section 4.1.8

Your Title XXI project officer is Victoria Collins. She is available to answer questions concerning these amendments and other CHIP-related issues. Ms. Collins' contact information is as follows:

Centers for Medicare & Medicaid Services Center for Medicaid & CHIP Services Mail Stop: S2-01-16 7500 Security Boulevard Baltimore, MD 21244-1850 Telephone: (410) 786-2176 Facsimile: (410) 786-5882

E-mail: Victoria.Collins@cms.hhs.gov

If you have questions or wish to discuss this determination further, please contact Ms. Carol Peverly, Associate Regional Administrator (ARA) in our Seattle Regional Office. Ms. Peverly's address is:

Centers for Medicare & Medicaid Services Division of Medicaid and Children's Health Operations 2201 6<sup>th</sup> Ave, Suite 801 Seattle, WA 98121

Congratulations on the approval of your SPA. We look forward to continuing to work with you and your staff toward the approval of your remaining MAGI Eligibility SPAs. If you have additional questions, please contact Ms. Linda Nablo, Director of the Division of State Coverage Programs, at (410) 786-5143.

We look forward to continuing to work with you and your staff.

Sincerely,

Eliot Fishman Director

cc: Ms. Carol Peverly, ARA, CMS Region X, Seattle

logged in as TONIABROWN(CMS CO Staff) read only mode application rev p01 Children's Health Insurance **Program Eligibility** Home Logout Finder Save Print Help ID.0327.R00.00 - Jan 01, 2014 **Control Panel** Children's Health Insurance Program Eligibility: Summary **General Information** Page **File Management** State/Territory name: Idaho **Transmittal Number: Tribal Input** 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 Summary digit number with leading zeros. The dashes must also be entered. ID-13-0013 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 **Federal Budget Impact** ☑ This SPA has a budget impact. Total budget impact: State Funds: 0.00 Federal Funds: 0.00 Please attach a revised CHIP budget. **Document Subject of Amendment** Please provide a brief summary of SPA changes. Character Count:22 out of 2000 Title XXI SPA action 5 **Signature of State Agency Official** Submitted By: Rachel Strutton



FAQs | Site Map | Contact | Medicaid.gov | CMS.gov



OMB Control Number: 0938-1148

Expiration date: 10/31/2014

## Separate Child Health Insurance Program Non-Financial Eligibility - Residency

**CS17** 

42 CFR 457.320

#### Residency

The CHIP Agency provides CHIP to otherwise eligible residents of the state, including residents who are absent from the state under certain conditions.

A child is considered to be a resident of the state under the following conditions:

- A non-institutionalized child, if capable of indicating intent and who is emancipated or married, if the child is living in the state and:
  - 1. Intends to reside in the state, including without a fixed address, or
  - 2. Has entered the state with a job commitment or seeking employment, whether or not currently employed.
- A non-institutionalized child not described above and a child who is not a ward of the state:
  - 1. Residing in the state, with or without a fixed address, or
  - 2. The state of residency of the parent or caretaker, in accordance with 42 CFR.435.403(h)(1), with whom the individual resides.
- An institutionalized child, who is not a ward of the state, if the state is the state of residence of the child's custodial parent or caretaker at the time of placement, or
- A child who is a ward of the state regardless of where the child lives, or
- A child physically located in the state when there is a dispute with one or more states as to the child's actual state of residence.

If the state covers pregnant women, a pregnant woman is considered to be a resident under the following conditions:

- A non-institutionalized pregnant woman who is living in the state and:
  - 1. Intends to reside in the state, including without a fixed address, or if incapable of indicating intent, is living in the state, or
  - 2. Entered with a job commitment or seeking employment, whether or not currently employed.
- An institutionalized pregnant woman placed in an out-of-state-institution, as defined in 42 CFR 435.1010, including foster care homes, by an agency of the state, or
- An institutionalized pregnant woman residing in an in-state-institution, as defined in 42 CFR 435.1010, whether or not the individual established residency in the state prior to entering the institution, or
- A pregnant woman physically located in the state when there is a dispute with one or more states as to the pregnant woman's actual state of residence.

The state has in place related to the residency of children and pregnant women (if covered by the state):

TN: ID-13-0013-CS17 Effective Date: January 1, 2014 Approval Date: December 12, 2013



One or more interstate agreement(	. No
A policy related to individuals	n the state only for educational purposes. No

#### 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.

TN: ID-13-0013-CS17

Effective Date: January 1, 2014\*

Approval Date: December 12, 2013



OMB Control Number: 0938-1148 Expiration date: 10/31/2014

	parate Child Health Insurance Program on-Financial Eligibility - Citizenship	CS18
Sec	ctions 2105(c)(9) and 2107(e)(1)(J) of the SSA and 42 CFR 457.320(b)(6), (c) and (d)	
Ci	tizenship	
1	The CHIP Agency provides CHIP eligibility to otherwise eligible citizens and nationals of the United States and certain non-cit including the time period during which they are provided with reasonable opportunity to submit verification of their citizenship national status or satisfactory immigration status.	
	The CHIP Agency provides eligibility under the Plan to otherwise eligible individuals:	
	Who are citizens or nationals of the United States; or	
	Who are qualified non-citizens as defined in section 431 of the Personal Responsibility and Work Opportunity Recond Act (PRWORA) (8 U.S.C. §1641), or whose eligibility is required by section 402(b) of PRWORA (8 U.S.C. §1612(b)) an prohibited by section 403 of PRWORA (8 U.S.C. §1613); or	
	Who have declared themselves to be citizens or nationals of the United States, or an individual having satisfactory immistatus, during a reasonable opportunity period pending verification of their citizenship, nationality, or satisfactory immistatus consistent with requirements of 1903(x), 1137(d), and 1902(ee) of the Act, and 42 CFR 435.406, 407, 956 and 457.3	igration
	The reasonable opportunity period begins on and extends 90 days from the date the notice of reasonable opportunity is rec by the individual.	eived
	The agency provides for an extension of the reasonable opportunity period if the individual is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency needs more time to complete the verification process.	Yes
	The agency begins to furnish benefits to otherwise eligible individuals during the reasonable opportunity period on a date earlier than the date the notice is received by the individual.	Yes
	The date benefits are furnished is:	
	• The date of application containing the declaration of citizenship or immigration status.	
	C The date the reasonable opportunity notice is sent.	
	Other date, as described:	
	The CHIP Agency elects the option to provide CHIP coverage to otherwise eligible children up to age 19, lawfully residing in the United States, as provided in Section 2107(e)(1)(J) of the SSA (Section 214 of CHIPRA 2009, P.L. 111-3).	No
	The CHIP Agency elects the option to provide CHIP coverage to otherwise eligible pregnant women, lawfully residing in the United States, as provided in Section 214 of CHIPRA 2009, P.L. 111-3. The state may not select this option unless the state also elects to cover lawfully residing children. A state may not select this option unless the state also covers Targeted Low-Income Pregnant Women.	No

TN: 13-0013-CS18

Effective Date: January 1, 2014

Approval Date: December 12, 2013 Page 1 of 2



#### 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.

TN: 13-0013-CS18

Effective Date: January 1, 2014

Approval Date: December 12, 2013 Page 2 of 2



TN: 13-0013-CS19

### **CHIP Eligibility**

OMB Control Number: 0938-1148 Expiration date: 10/31/2014

Separate Child Health Insurance Program **CS19** Non-Financial Eligibility - Social Security Number 42 CFR 457.340(b) Social Security Number As a condition of eligibility, the CHIP Agency must require individuals who have a social security number or are eligible for one as determined by the Social Security Administration, to furnish their social security number, or numbers if they have more than one The CHIP Agency requires individuals, as a condition of eligibility, to furnish their social security number(s), with the following exceptions: Individuals refusing to obtain a social security number (SSN) because of well established religious objections, or Individuals who are not eligible for an SSN, or Individuals who are issued an SSN only for a valid non-work purpose. The CHIP Agency assists individuals, who are required to provide their SSN, to apply for or obtain an SSN from the Social Security Administration if the individual does not have or forgot their SSN. The CHIP Agency informs individuals required to provide their SSN: By what statutory authority the number is solicited; and How the state will use the SSN. The CHIP Agency provides assurance that it will verify each SSN furnished by an applicant or beneficiary with the Social Security Administration, not deny or delay services to an otherwise eligible applicant pending issuance or verification of the individual's SSN by the Social Security Administration and that the state's utilization of the SSNs is consistent with sections 205 and 1137 of the Social Security Act and the Privacy Act of 1974. The state may request non-applicant household members to voluntarily provide their SSN, if the state meets the requirements below. The state requests non-applicant household members to voluntarily provide their SSN. When requesting an SSN for non-applicant household members, the state assures that: At the time such SSN is requested, the state informs the non-applicant that this information is voluntary and provides information regarding how the SSN will be used; and The state only uses the SSN for determination of eligibility for CHIP or other insurance affordability programs, or for a purpose directly connected with the administration of the state plan.

**PRA Disclosure Statement** 

Effective Date: January 1, 2014 Approval Date: December 12, 2013

Page 1 of 2



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.

TN: 13-0013-CS19 Effective Date: January 1, 2014 Approval Date: December 12, 2013



OMB Control Number: 0938-1148

Expiration date: 10/31/2014

Separate Child Health Insurance Program
Non-Financial Eligibility - Substitution of Coverage

CS20

457.310(b)(2) and (b)(3), 457.320(a)(9) and 2110(b)(1)(C) of the SSA

#### Substitution of Coverage

The CHIP Agency provides assurance that it has methods and policies in place to prevent the substitution of group health coverage or other commercial health insurance with public funded coverage. These policies include:

■ Substitution of coverage prevention strategy:

TN: 13-0013-CS20

Effective Date: January 1, 2014

Approval Date: December 12, 2013 Page 1 of 3



	Name of policy	Description	
	Monitoring for Substitution of Coverage	Insurance provided under CHIP does not substitute for coverage under group health plans.	
*		Prior to January 1, 2014, the State required that a child not have had creditable health insurance for the 6 months immediately preceding the application or to determine if the family lost insurance through no fault of the insured such as, financial hardship, unaffordable premiums, loss of employment, or the loss of eligibility for employer sponsored insurance. To monitor its substitution of coverage policy, the State requires applicants to list health coverage for all persons in the household who currently have health insurance, and to include the information on the policy for those that do. The application also contains a question on whether anyone has had health insurance end within the six months prior to application, and asks the applicant to provide a reason for the coverage ending. The trigger point for this policy is at initial application or at eligibility redetermination. Historically, very few applicants did not meet the no fault threshold.	
		As of January 1, 2014, the Department will not require a 6 month period of un-insurance prior to receipt of CHIP. It has been found that the vast majority of applicants are able to meet the no-fault provisions and were provided coverage as of application date.	X
		The Department will continue to monitor the availability of private insurance through the application and eligibility redetermination process, the monitoring of coverage through our third party liability contractor, enforcement of child medical support orders and evaluating Medical billings that might indicate another party liable for an accident or injury.	
		Applicants are informed of the requirement to pursue available coverage resources, including ESI, individual coverage, medical support or third party claims through the application process.	
A waiting	I period during which an individual is in	neligible due to having dropped group health coverage. No	
If the state cove	rs pregnant women, the waiting period	does not apply to pregnant women.	
the state elects to	offer dental only supplemental covera	ge the following assurances apply:	

TN: 13-0013-CS20

Effective Date: January 1, 2014

Approval Date: December 12, 2013 Page 2 of 3



The other coverage exclusion does not apply to children who are otherwise eligible for dental only supplemental coverage as provided in section 2110(b)(5) of the SSA.
The waiting period does not apply to children eligible for dental only supplemental coverage.

#### 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.

V.20130718

TN: 13-0013-CS20

Effective Date: January 1, 2014

Approval Date: December 12, 2013 Page 3 of 3



OMB Control Number: 0938-1148

Expiration date: 10/31/2014

Separate Child Health Insurance Program Non-Financial Eligibility - Non-Payment of Premiums	CS21
42 CFR 457.570	
Non-Payment of Premiums	
Does the state impose premiums or enrollment fees?	Yes
Can non-payment of premiums or enrollment fees result in loss of CHIP eligibility?	No

#### 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.

V.20130709

TN: 13-0013-CS21

Effective Date: January 1, 2014

Approval Date: December 12, 2013 Page 1 of 1



OMB Control Number: 0938-1148 Expiration date: 10/31/2014

Separate Child Health Insurance Program General Eligibility - Continuous Eligibility	
105(a)(4)(A) of the SSA and 42 CFR 457.342 and 435.926	
The CHIP Agency may provide that children who have been determined eligible under the state plan shall remain eligible, regardless of my changes in the family's circumstances, during a continuous eligibility period up to 12 months, or until the time the child reaches an ge specified by the state (not to exceed age 19), whichever is earlier.	
The CHIP Agency elects to provide continuous eligibility to children under this provision. Yes	
For children up to age 19	
C For children up to age	
The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, and ends:	
At the end of the 12 months continuous eligibility period.	-
Exceptions to the continuous eligibility period:	-
The child attains the age specified by the state Agency or age 19.	-
■ The child or child's representative requests voluntary disenrollment.	
■ The child is no longer a resident of the state.	
The Agency determines that eligibility was erroneously granted at the most recent determination or renewal of eligibility because of Agency error or fraud, abuse, or perjury attributed to child or child's representative.	
■ The child dies.	
There is a failure to pay required premiums or enrollment fees on behalf of a child, as provided for in the state plan.	
Other	

### 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.

V.20130717

TN: 13-0013-CS27

Effective Date: January 1, 2014

Approval Date: December 12, 2013