



Region 10
2201 Sixth Avenue, MS/RX 43
Seattle, Washington 98121

FEB 09 2011

Richard Armstrong, Director
Department of Health and Welfare
Towers Building – Tenth Floor
Post Office Box 83720
Boise, Idaho 83720-0036

RE: Idaho State Plan Amendment (SPA) Transmittal Number 10-020

Dear Mr. Armstrong:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 10-020. This amendment exempts Medicare cost-sharing benefits paid under the Medicare Savings Program from estate recovery under Section 1917(b)(1) of the Social Security Act and in compliance with Section 115 of the Medicare Improvement for Patients and Providers Act of 2008 (MIPPA).

This SPA is approved effective October 1, 2010.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Janice Adams at (206) 615-2541 or janice.adams@cms.hhs.gov.

Sincerely,

Barbara K. Richards
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

cc: Leslie Clement, Administrator, Idaho Department of Health and Welfare

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 10-020	2. STATE IDAHO
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE October 1, 2010	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 1917 (b)(1)(B) of the Social Security Act	7. FEDERAL BUDGET IMPACT: N/A FFY 2011 - zero (P+I) FFY 2012 - zero (P+I)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 4.17 Section A, pages 53 and 53a. (P+I) 53-a-1 (P+I)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): 4.17 Section A, pages 53 and 53a, 53a-1 (P+I)

10. SUBJECT OF AMENDMENT:
Idaho is requesting this amendment to our State Plan to update the limitations on Estate Recovery in accordance with the new federal guidelines surrounding cost sharing and dual-eligibles. Medicare Savings Program Eligible, MIPPA Section 115 (P+I)

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:
13. TYPED NAME: Leslie M. Clement	Leslie M. Clement, Administrator Idaho Department of Health and Welfare Division of Medicaid PO Box 83720 Boise ID 83720-0036
14. TITLE: Administrator	
15. DATE SUBMITTED: 12-20-10	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: DECEMBER 20 2010	18. DATE APPROVED: FEB 09 2011
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: OCT 01 2010	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Barbara K. Richards	22. TITLE: Associate Regional Administrator
23. REMARKS: Division of Medicaid & Children's Health	

2/1/2011 - Pen & Inc changes authorized by the state.
2/8/2011 - Pen & Inc changes authorized by the state.

Revision: HCFA-PM-95-3 (MB)
May 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: IDAHO

Citation (s)

42 CFR 433.36 (c)
1902 (a) (18) and
1917 (a) and (b) of
The Act

4.17 Liens and Adjustments or Recoveries

(a) Liens

X

The State imposes liens against an individual's real property on account of medical assistance paid or to be paid

The State complies with the requirements of section 1917 (a) of the Act and regulations at 42 CFR 433.36 (c)-(g) with respect to any lien imposed against the property of any individual prior to his or her death on account of medical assistance paid or to be paid on his behalf.

X

The State imposes liens on real property on account of benefits incorrectly paid.

X

The State imposes TEFRA liens 1917 (a) (1) (B) on real property of an individual who is an

inpatient of a nursing facility, Immediate Care Facility for the Intellectually Disabled (ICF/ID), or other medical institution, where the individual is required to contribute toward the cost of institutional care all but a minimal amount of income required for personal needs.

The procedures by the State for determining that an institutionalized individual cannot reasonably be expected to be discharged are specified in Attachment 4.17-A. (NOTE: if the state indicates in its State Plan that it is imposing TEFRA liens, then the State is required to determine whether an institutionalized individual is permanently institutionalized and afford these individuals notice, hearing procedures, and due process requirements.)

X

The State imposes liens on both real and personal property of an individual after the individual's death.

TN No.: 10-020
Supersedes TN: 95-012

Approval Date:
FEB 09 2011

Effective Date: 10-1-2010

Revision: HCFA-PM-95-3 (MB)
May 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: IDAHO

Citation (s)

42 CFR 433.36 (c)
1902 (a) (18) and
1917 (a) and (b) of
The Act

(b) Adjustments or Recoveries

The State complies with the requirements of section 1917 (b) of the Act and regulations at 42 CFR 433.36 (h)-(i).

Adjustments or recoveries for Medicaid claims correctly paid are as follows:

- (1) For permanently institutionalized individuals, adjustments or recoveries are made from the individual's estate or upon sale of the property subject to a lien imposed because of medical assistance paid on behalf of the individual for services provided in a nursing facility, (ICF/ID), or other medical institution.
 - X Adjustments or recoveries are made for all other medical assistance paid on behalf of the individual.
- (2) The State determines "permanent institutional status" of individuals under the age of 55 other than those with respect to whom it imposes liens on real property under §1917 (a) (1) (B) (even if it does not impose those liens).
- (3) For any individual who received medical assistance at age 55 or older, adjustments or recoveries of payments are made from the individual's estate for nursing facility services, home and community-based services, and related hospital and prescription services.
 - X In addition to adjustments or recovery of payments for services listed above, payments for services listed above, payments are adjusted or recovered for other services under the State Plan as listed below:

All other services under the State Plan, for individual's age 55 and over, except for Medicare cost-sharing identified at 4.17 (b)(3) (continued).

Revision: HCFA-PM-95-3 (MB)
May 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: IDAHO

Citation (s)

42 CFR 433.36 (c)
1902 (a) (18) and
1917 (a) and (b) of
The Act

4.17 (b) Adjustments or Recoveries

(3) (Continued)

Limitations on Estate Recovery - Medicare Cost Sharing:

- (i) Medical assistance for Medicare cost sharing is protected from estate recovery for the following categories of dual eligibles: QMB, SLMB, QI, QDWI, QMB+, SLMB+. This protection extends to medical assistance for four Medicare cost sharing benefits: (Part A and B premiums, deductibles, coinsurance, co-payments) with dates of service on or after January 1, 2010. The date of service for deductibles, coinsurance, and co-payments is the date the request for payment is received by the State Medicaid Agency. The date of service for premiums is the date the State Medicaid Agency paid the premium.
- (ii) In addition to being a qualified dual eligible the individual must also be age 55 or over. The above protection from estate recovery for Medicare cost sharing benefits (premiums, deductibles, coinsurance, co-payments) applies to approved mandatory (i.e., nursing facility, home and community-based services, and related prescription drugs and hospital services) as well as optional Medicaid services identified in the State plan, which are applicable to the categories of duals referenced above.