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State/Territory Name: Idaho

State Plan Amendment (SPA) #: 15-0002

This file contains the following documents in the order listed:

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- 2) CMS 179/Summary Page
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, WA 98104



Division of Medicaid & Children's Health Operations

November 25, 2015

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

RE: Idaho State Plan Amendment (SPA) Transmittal Number 15-0002-MM

Dear Mr. Armstrong:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 15-0002-MM. This SPA transitions the state from the Federally Facilitated Marketplace to a State-Based Marketplace. This SPA also updates the single state agency's delegation of appeals and determinations in accordance with the Affordable Care Act.

This SPA is approved effective January 1, 2015.

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

Sincerely,

A black rectangular redaction box covering the handwritten signature of David L. Meacham.

Digitally signed by David L. Meacham -S
DN: c=US, o=U.S. Government, ou=HHS,
ou=CMS, ou=People,
0.9.2342.19200300.100.1.1=200004185
8, cn=David L. Meacham -S
Date: 2015.11.25 10:17:13 -08'00'

David L. Meacham
Associate Regional Administrator

Enclosure

cc:

Lisa Hettinger, Division of Medicaid
Matt Wimmer, Division of Medicaid

Medicaid State Plan Eligibility: Summary Page (CMS 179)

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-15-0002

Proposed Effective Date

01/01/2015 (mm/dd/yyyy)

Federal Statute/Regulation Citation

1902(e)(14) 42

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2015	\$ 0.00
Second Year	2016	\$ 0.00

Subject of Amendment

This State plan amendment (SPA), ID 15-0002, supersedes ID 13-0019, except for the AG certification and the organizational chart. The approval package for ID 15-0002 include A1-A3 (6 pages). ID 15-0002 supersedes the following ID 13-0019 pages; A1-A3 (7 pages), statement related to MOA HHS appeals entity. However, the AG certification and the organizational chart from ID 13-0019 remain in effect.

Governor's Office Review

- Governor's office reported no comment**
- Comments of Governor's office received**

Describe:

- No reply received within 45 days of submittal**
- Other, as specified**

Describe:

Signature of State Agency Official

Submitted By: **Dea Kellom**
Last Revision Date: **Nov 24, 2015**
Submit Date: **Mar 18, 2015**



Medicaid Administration

State Name:

OMB Control Number: 0938-1148

Transmittal Number: ID - 15 - 0002

Expiration date: 10/31/2014

State Plan Administration Designation and Authority

A1

42 CFR 431.10

Designation and Authority

State Name:

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Name of single state agency:

Type of Agency:

- Title IV-A Agency
- Health
- Human Resources
- Other

Type of Agency

The above named agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

The single state agency supervises the administration of the state plan by local political subdivisions.

Yes No

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

An attachment is submitted.

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

Yes No



Medicaid Administration

Waivers of the single state agency requirement have been granted under authority of the Intergovernmental Cooperation Act of 1968.

The waivers are still in effect.

Yes No

Enter the following information for each waiver:

Remove

Date waiver granted (MM/DD/YY):

The type of responsibility delegated is (check all that apply):

- Determining eligibility
- Conducting fair hearings
- Other

Name of state agency to which responsibility is delegated:

Describe the organizational arrangement authorized, the nature and extent of responsibility for program administration delegated to the above named agency, and the resources and/or services of such agency to be utilized in administration of the plan:

The Single State Agency (DHW) delegates Medicaid eligibility and services fair hearings and operational procedures to the Idaho Office of Attorney General(OAG). The OAG will conduct fair hearings and carry out operational aspects of the fair hearings process including the following activities: receive requests; send appropriate notifications to all parties; process, monitor and retain all documentation related to fair hearings; retain and train hearing officers; participate in quality assurance activities and provide reports as specified in the Memorandum of Agreement between the two agencies. The DHW retains final decision making authority.

The methods for coordinating responsibilities among the agencies involved in administration of the plan under the alternate organizational arrangement are as follows:

The DHW and the OAG have executed a Memorandum of Agreement which serves as the primary coordination tool between the agencies.

DHW assures they will establish an oversight process to monitor the Office of the Attorney General for:

- Compliance with all relevant Federal and State laws, regulations and policies
- Conflicts of interest
- Confidentiality
- Informing of applicants and beneficiaries of their fair hearing rights, including how to contact the Medicaid agency and how to contact and obtain information about fair hearings from OAG
- Compliance and oversight of the appeals decisions
- Quality and accuracy of the final decisions made by OAG
- Institute corrective action as needed, including but not limited to rescission of the delegated authority

DHW director reserves the right to final review of all decisions with respect to conclusions of law, including interpretation of state or federal policy.

Add



Medicaid Administration

- The agency that administers or supervises the administration of the plan under Title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that portion of this plan related to blind individuals.

The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- Medicaid agency
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

Yes No

State Plan Administration	A2
Organization and Administration	

42 CFR 431.10
42 CFR 431.11

Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

The Director of the Idaho Department of Health and Welfare (DHW) is responsible for the oversight of the primary public health agency which oversees all state administered public assistance and human services programs, DHW is organized into eight divisions; Medicaid, Family and Community Services, Behavioral Health, Welfare, Public Health, Licensing and Certification, Operational Services, and Information and Technology.

The administrative and operational functions of Idaho Medicaid are conducted within the Idaho Department of Health and Welfare.

Division of Welfare - Eligibility Determinations

The Division of Welfare is responsible for conducting eligibility determinations for Medicaid and support services. Programs administered by the division include: Child Support, Supplemental Nutrition Assistance Program (SNAP, or Food Stamps), Child



Medicaid Administration

Care, Temporary Assistance for Families in Idaho (TAFI-cash assistance), and Aid to the Aged, Blind, and Disabled (AABD-cash assistance) and several additional programs through contracts with local partner organizations that provide food and assistance for basic supports that include home energy costs, telephone, and home weatherization. This division is responsible for eligibility policy and for review of eligibility hearing decisions issued by the OAG.

The Division of Welfare's central office staff conducts administrative functions, review of fair hearing requests for eligibility, policy development for eligibility determinations and conducts operations for the eligibility determination system. Operational services for eligibility determination are conducted through the Department of Health and Welfare's seven regional offices, as well as field offices.

Division of Medicaid - Medicaid Administration & Operations

The Division of Medicaid is responsible for management of all Medicaid services and claims system operations. This division is responsible for benefits policy and for review of benefits hearing decisions issued by the OAG.

The Deputy Administrator for Policy and Innovations is responsible for Medicaid policy development and compliance, as well as, oversight for the offices of Limited Service Grants and Demonstrations and the Office of Project Management who are tasked with developing new funding opportunities and the implementation of healthcare projects.

The Deputy Administrator for Operation's is responsible for the five bureaus who manage medical assistance to participants. The bureau included in this part of the organization are the Bureau of Long Term Care, the Bureau of Medical Care (includes Pharmacy and Primary Care), Bureau of Developmental Disabilities Services, Bureau of Financial Operations and the Bureau of Systems Management.

- Bureau of Long Term Care – Provides oversight and develops policy for benefits related to long term care and HCBS waivers.
- Bureau of Medical Care – Provides oversight and develops policy for services under medical, dental, pharmacy, primary care case management, CHIP and 1115(a)waivers. This bureau also conducts in house prior authorizations and pre and post-payment reviews for inpatient hospital stays, surgical services, durable medical equipment, ambulance, physical/occupational/speech therapy, and is responsible for monitoring of contracts related to inpatient services, dental, vision, non-emergency transportation, the Pharmacy and Therapeutics Committee, prescription drug purchasing pool and behavioral health and substance use disorder.
- Bureau of Developmental Disability Services – Provides oversight and develops policy for benefits related to developmental and intellectual disability services.
- Bureau of Financial Operations – Provides oversight for the Medicaid budget, conducts financial recovery efforts, oversees and develops reimbursement methodology, conducts data analysis and manages the Electronic Health Records provider incentive program.
- Bureau of Systems Management - Provides daily operational oversight of MMIS system and its vendors. Supports Medicaid providers and state staff who use the MMIS to perform their jobs and manages automation-related Medicaid projects.

Upload an organizational chart of the Medicaid agency.

An attachment is submitted.

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

The executive branch of the State of Idaho consists of the governor, which is an elected position. The governor is responsible for oversight of state agencies. State agency directors/administrators are governor appointed positions. The governor oversees the Idaho Department of Health and Welfare in conjunction with the Health & Welfare Board. The board has an appointed citizen member from each region of the state. Members are appointed by the Governor. Citizen members are the voting members of the board. The board also includes the DHW Director, a representative from the Governor's office, and the chairs of the germane committees from the Idaho Legislature.



Medicaid Administration

The responsibility of the Health and Welfare Board is to promote and protect the public health and well-being of Idaho citizens. Their key functions are to oversee the administrative rules process, oversee IDHW standards of operations and to work in conjunction with the governor and legislature to facilitate the best outcome for the citizens of Idaho.

The Office of the Attorney General has been delegated authority to conduct applicant or beneficiary eligibility and benefit fair hearing process.

Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Add

Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)

Remove

Type of entity that conducts fair hearings:

- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Add

Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

- Yes No

The types of the local subdivisions that administer the state plan under the supervision of the Medicaid agency are:

- Counties
- Parishes



Medicaid Administration

Other

Are all of the local subdivisions indicated above used to administer the state plan?

Yes No

State Plan Administration

A3

Assurances

42 CFR 431.10

42 CFR 431.12

42 CFR 431.50

Assurances

- The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- All requirements of 42 CFR 431.10 are met.
- There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.
- The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

Assurance for states that have delegated authority to determine eligibility:

- There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

Assurances for states that have delegated authority to conduct fair hearings:

- There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).
- When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:

- The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.

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.20141203