
Table of Contents

State/Territory Name: Idaho

State Plan Amendment (SPA) #: 17-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 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

April 17, 2017

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

RE: Idaho State Plan Amendment (SPA) Transmittal Number 17-0002

Dear Mr. Armstrong:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number 17-0002. This transmittal updates the optional state supplement standards for special income level groups consistent with the published 2017 federal poverty levels.

This SPA is approved effective January 1, 2017.

If there are any questions concerning this approval, please contact me or your staff may contact Janice Adams at janice.adams@cms.hhs.gov or (206) 615-2541.

Sincerely,

Digitally signed by David L. Meacham -S



Date: 2017.04.17 13:12:46 -0700

David L. Meacham
Associate Regional Administrator

Enclosure

cc:
Matt Wimmer, Administrator

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
17-0002

2. STATE
IDAHO

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2017 (P&I)

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:

- ~~42 CFR 435.1010 MOE for mandatory state supplement~~
- ~~42 CFR 435.1011 MOE for mandatory state supplement (P&I)~~
- ~~42 CFR 435.1011 MOE for optional state supplement~~
- ~~42 CFR 435.1012 MOE for optional state supplement (P&I)~~
- ~~42 CFR 435.1005-300 Institutional Need Standard~~
- ~~435.1006 - Optional State supplements (P&I)~~
- **Section 1924 of the Social Security Act**

7. FEDERAL BUDGET IMPACT:

FY17: \$0 (P&I)

FY18: \$0 (P&I)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 2.6-A, page 5
Supplement 6 to Attachment 2.6-A, pages 1 and 1b
Supplement 13 to Attachment 2.6-A, page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Supplement 1 to Attachment 2.6-A, page 5
Supplement 6 to Attachment 2.6-A, pages 1 and 1b
Supplement 13 to Attachment 2.6-A, page 1

10. SUBJECT OF AMENDMENT:

Resource limits / ~~2016~~ Cost of Living Adjustment (COLA)
2017 (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. SIGN: AGENCY OFFICIAL:

13. TYPED NAME:
LISA HETTINGER

14. TITLE:
Deputy Direct ☉

15. DATE SUBMITTED: 1/30/17 January 30, 2017 (P&I)

16. RETURN TO:

Lisa Hettinger, Deputy Direct ☉
Idaho Department of Health and Welfare
Division of Medicaid
PO Box 83720
Boise ID 83720-0009

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
1/30/17

18. DATE APPROVED: 4/17/17

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
01/01/17

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: David L. Meacham

22. TITLE: Associate Regional Administrator

23. REMARKS:

3/13/17: State authorized P&I change to boxes 4, 7 and 15
4/4/17: State authorized P&I change to box 6
4/7/17: State authorized P&I change to box 10

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m) (1) of the Act are as follows:

Based on _____ percent of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
1	\$
2	\$
3	\$
4	\$
5	\$

4. Special Income Level for Institutionalized Individuals

The income eligibility level for aged, blind and disabled individuals who are institutionalized for 30 consecutive days is:

NF/ICF-MR - \$ 2,205- effective 1/1/2017

STATE: IDAHO

Income Limits by Living Situation	
Living Situation	Medicaid Income Limit
Independent: Single Individual Couple	\$768 (\$768-Basic Allowance) \$1,103 (\$1,103-Basic Allowance)
Room and Board	\$913 (\$100 Basic Allowance plus \$813 Room and Board Allowance)
Semi-Independent Group Residential Facility	\$913 (\$349 - Basic Allowance plus \$564 Semi-Independent Group Residential Facility Allowance)
Residential and Assisted Living Facility (RALF) and Certified Family Home (CFH)	Level I \$1,054 (\$100 - Basic Allowance plus \$954 Care Allowance) Level II \$1,121 (\$100 - Basic Allowance plus \$1,021 Care Allowance) Level III \$1,188 (\$100 - Basic Allowance plus \$1,088 Care Allowance)

State: IDAHO
Standards for Optional State Supplementary Payments

Payment Category (Reasonable Classification)	Administered by		Income Level			Income Disregards Employed	
	Federal	State	Gross		Net couple		
			1 person	Couple			1 person
(1)	(2)	(3)	(4)	(5)			
Aged, Blind, Disabled – Living Independently, Including room and board paid to a parent, child or sibling.		X	\$ 2,205	\$ 4,410	\$ 818*	\$ 1,203**	Income disregards of the SSI program. * Includes \$50 special needs allowance described in Supplement 6 to Attachment 2.6-A, page 1.a.
Aged, Blind, Disabled – Room and Board		X	\$ 2,205	\$ 4,410	\$ 913	\$ 1,826	
Aged, Blind, Disabled – Semi-Independent Group Residential Facility		X	\$ 2,205	\$ 4,410	\$ 913	\$ 1,826	
Aged, Blind, Disabled – Residential and Assisted Living Facility and Certified Family Home							**The couple's net income level is equal to the SSI couple's amount.
Level I		X	\$ 2,205	\$ 4,410	\$ 1,054	\$ 2,108	The amount listed also includes the \$50 special needs allowance for each person described in Supplement 6 to Attachment 2.6-A, page 1.a.
Level II		X	\$ 2,205	\$ 4,410	\$ 1,121	\$ 2,242	
Level III		X	\$ 2,205	\$ 4,410	\$ 1,188	\$ 2,376	

State: Idaho

Citation	Condition or Requirement
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Section 1924 Provisions

A. Income and resource eligibility policies used to determine eligibility for institutionalized individuals who have spouses living in the community are consistent with S1924.

B. In the determination of resource eligibility, the State resource standard is the maximum resource allowance permissible under section 1924 of the social security act. The Standard is:

Maximum: \$120,900

Minimum: \$24,180

The maximum monthly maintenance need allowance is \$3,022.50

C. The definition of undue hardship for purposes of determining if institutionalized spouses receive Medicaid in spite of having excess countable resources is described below:

Undue hardship exists where the institutionalized spouse, the community spouse, or the representative of either spouse is able to demonstrate to the satisfaction of the State Agency that the county is not obligated to pay the medical care needs of the institutionalized spouse and that the medical care needs of the institutionalized spouse cannot be met other than by the Idaho Medicaid Program.