

---

## **Table of Contents**

**State/Territory Name: Idaho**

**State Plan Amendment (SPA) #: 19-0001-A**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Page with like 179 Form data
- 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



Western Division - Regional Operations Group

---

June 12, 2019

Dave Jeppesen, 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 19-0001-A

Dear Mr. Jeppesen:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number 19-0001-A. This is the MACPro companion SPA to ID 19-0001, Cost of Living Adjustments. This technical amendment adds to the MACPro system Idaho's non-MAGI methodologies and its current state plan coverage of mandatory and optional eligibility groups.

This SPA is approved effective January 1, 2019. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Idaho State Plan.

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

Sincerely,

David L. Meacham  
Deputy Director

Enclosure

cc:  
Matt Wimmer, Administrator

# ID - Submission Package - ID2019MS0002O - (ID-19-0001-A) - Eligibility

- Summary
- Reviewable Units
- Versions
- Correspondence Log
- Compare Doc Change Report
- Analyst Notes
- Review Assessment Report
- Approval Letter
- Transaction Logs
- News
- Related Actions**

CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	ID2019MS0002O	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	ID
<b>SPA ID</b>	ID-19-0001-A	<b>Region</b>	Seattle, WA
<b>Version Number</b>	6	<b>Package Status</b>	Approved
<b>Submitted By</b>	Teresa Martin	<b>Submission Date</b>	3/20/2019
<b>Package Disposition</b>		<b>Approval Date</b>	6/12/2019 1:55 PM EDT
<b>Priority Code</b>	P2		



## Western Division - Regional Office Group

June 12, 2019

Dave Jeppesen  
Director  
Idaho Department of Health and Welfare  
P.O. Box 83720  
Boise, ID 83720

Re: Approval of State Plan Amendment ID-19-0001-A

Dear Dave Jeppesen:

On March 20, 2019, the Centers for Medicare and Medicaid Services (CMS) received Idaho State Plan Amendment (SPA) ID-19-0001-A. This is the MACPro companion SPA to ID-19-0001. This technical amendment adds to the MACPro system Idaho's non-MAGI methodologies and its current state plan coverage of mandatory and optional eligibility groups.

We approve Idaho State Plan Amendment (SPA) ID-19-0001-A on June 12, 2019 with an effective date(s) of January 1, 2019.

Name	Date Created
No items available	

If you have any questions regarding this amendment, please contact Janice Adams at (206) 615-2541 or [janice.adams@cms.hhs.gov](mailto:janice.adams@cms.hhs.gov).

Sincerely,  
David L. Meacham  
Deputy Director

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00020 | ID-19-0001-A

### Package Header

<b>Package ID</b>	ID2019MS00020	<b>SPA ID</b>	ID-19-0001-A
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/20/2019
<b>Approval Date</b>	6/12/2019	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

**State/Territory Name:** Idaho

**Medicaid Agency Name:** Idaho Department of Health and Welfare

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00020 | ID-19-0001-A

### Package Header

**Package ID** ID2019MS00020  
**Submission Type** Official  
**Approval Date** 6/12/2019  
**Superseded SPA ID** N/A

**SPA ID** ID-19-0001-A  
**Initial Submission Date** 3/20/2019  
**Effective Date** N/A

### SPA ID and Effective Date

**SPA ID** ID-19-0001-A

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	1/1/2019	new
Non-MAGI Methodologies	1/1/2019	new
Mandatory Eligibility Groups	1/1/2019	ID-13-0020
Optional Eligibility Groups	1/1/2019	ID-13-0020
Individuals in Institutions Eligible under a Special Income Level	1/1/2019	ID-18-0002

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00020 | ID-19-0001-A

### Package Header

<b>Package ID</b>	ID2019MS00020	<b>SPA ID</b>	ID-19-0001-A
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/20/2019
<b>Approval Date</b>	6/12/2019	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** Update State COLA amounts for 2019.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$0
Second	2020	\$0

#### Federal Statute / Regulation Citation

42 CFR 435.1011 MOE for mandatory state supplement  
42 CFR 435.1012 MOE for optional state supplement  
42 CFR 435.1005-300 Institutional Need Standard  
435.1006 - Optional state supplements

#### Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00020 | ID-19-0001-A

### Package Header

<b>Package ID</b>	ID2019MS00020	<b>SPA ID</b>	ID-19-0001-A
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/20/2019
<b>Approval Date</b>	6/12/2019	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00020 | ID-19-0001-A

## Package Header

<b>Package ID</b>	ID2019MS00020	<b>SPA ID</b>	ID-19-0001-A
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/20/2019
<b>Approval Date</b>	6/12/2019	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited



# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00020 | ID-19-0001-A

## Package Header

<b>Package ID</b>	ID2019MS00020	<b>SPA ID</b>	ID-19-0001-A
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/20/2019
<b>Approval Date</b>	6/12/2019	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

**One or more Indian health programs or Urban Indian Organizations furnish health care services in this state**

- Yes  
 No

**This state plan amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations**

- Yes  
 No

- The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, prior to submission of this SPA

**Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:**

**Solicitation of advice and/or Tribal consultation was conducted in the following manner:**

- All Indian Health Programs

<b>Date of solicitation/consultation:</b>	<b>Method of solicitation/consultation:</b>
10/15/2018	Letter was sent to all tribes

- All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

**The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.**

Name	Date Created	
Idaho SPA #19-0001 Submission_Tribal Notice	3/7/2019 2:37 PM EST	

**Indicate the key issues raised (optional)**

- Access  
 Quality  
 Cost  
 Payment methodology  
 Eligibility  
 Benefits  
 Service delivery  
 Other issue

# Medicaid State Plan Eligibility

## Income/Resource Methodologies

### Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00020 | ID-19-0001-A

#### Package Header

<b>Package ID</b>	ID2019MS00020	<b>SPA ID</b>	ID-19-0001-A
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/20/2019
<b>Approval Date</b>	6/12/2019	<b>Effective Date</b>	1/1/2019
<b>Superseded SPA ID</b>	new User-Entered		

#### A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

1. SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

#### B. Additional information (optional)

# Medicaid State Plan Eligibility

## Income/Resource Methodologies

### Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS0002O | ID-19-0001-A

#### Package Header

<b>Package ID</b>	ID2019MS0002O	<b>SPA ID</b>	ID-19-0001-A
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/20/2019
<b>Approval Date</b>	6/12/2019	<b>Effective Date</b>	1/1/2019
<b>Superseded SPA ID</b>	new		
	User-Entered		

The state will apply the methodologies as described below, and consistent with 42 CFR 435.601, 435.602, and 435.831.

#### A. Basic Financial Methodology

1. The state applies the income and resource methodologies of the SSI program when determining eligibility for a population based on age (65 or older) or having blindness or a disability, with the exceptions described below in B. through G.
2. The state applies the financial methodologies of either the SSI program or the AFDC program in effect as of July 16, 1996 (whichever is most closely related) when determining eligibility for a population based on age (as a child), pregnancy, or status as a caretaker relative, with the exceptions described below in B. through G.

#### B. Use of Less Restrictive Methodologies

1. The state elects to apply income and/or resources methodologies that are less restrictive than those used under the cash assistance programs, in accordance with 42 CFR 435.601(d).

Yes

No

2. The less restrictive income and resource methodologies are described on the RU for each applicable eligibility group.

# Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00020 | ID-19-0001-A

## Package Header

<b>Package ID</b>	ID2019MS00020	<b>SPA ID</b>	ID-19-0001-A
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/20/2019
<b>Approval Date</b>	6/12/2019	<b>Effective Date</b>	1/1/2019
<b>Superseded SPA ID</b>	new User-Entered		

## C. Financial Responsibility of Relatives

1. In determining financial eligibility for an individual, the state does not include income and resources from anyone other than the individual's spouse, and for individuals under age 21 or who have blindness or disability, the individual's parent.

a. The state includes the income and resources of a spouse or parent only when they are living with the individual in the same household, except as follows:

i. In the case of spouses who are age 65 or older or who have blindness or disability and who share the same room in a Medicaid institution, the state:

- (1) Considers these couples either as living together or as living separately for the purpose of counting income and resources, whichever is more advantageous to the couple.
- (2) Considers these couples as living separately for the purpose of counting income and resources.

ii. Where applicable, the state determines income and resource eligibility consistent with the spousal impoverishment rules of section 1924 of the Act, as described in the Resource Assessment and Eligibility reviewable unit.

b. In the case of individuals under age 21 for whom AFDC is the most closely related cash assistance program, the income and resources of parents and spouses are included only if the individual would have been considered a dependent under the state's approved AFDC state plan in effect as of July 16, 1996.

# Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00020 | ID-19-0001-A

## Package Header

<b>Package ID</b>	ID2019MS00020	<b>SPA ID</b>	ID-19-0001-A
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/20/2019
<b>Approval Date</b>	6/12/2019	<b>Effective Date</b>	1/1/2019
<b>Superseded SPA ID</b>	new User-Entered		

## D. Family Size

1. The family size of an individual for whom the SSI income and resource methodologies are used (as described in section A) includes the persons identified below:

- a. The individual applying, or
- b. If the individual lives together with his or her spouse, the individual applying and the spouse, or
- c. If the individual lives together with his or her parent(s) and the individual is under 21 or has blindness or a disability, the individual applying and the parent(s).

2. The family size of an individual for whom the AFDC income and resource methodologies are used (as described in section A.), includes the persons who would have been included in the family under the state's July 16, 1996 AFDC state plan, except where the state has elected to use the MAGI-like methodologies (as described in section E).

3. The state defines family size for one or more of the following FPL eligibility groups to include others beyond those identified in D.1. and D.2.

- Yes
- No

# Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00020 | ID-19-0001-A

## Package Header

<b>Package ID</b>	ID2019MS00020	<b>SPA ID</b>	ID-19-0001-A
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/20/2019
<b>Approval Date</b>	6/12/2019	<b>Effective Date</b>	1/1/2019
<b>Superseded SPA ID</b>	new		
	User-Entered		

## E. Use of MAGI-like Methodologies

1. The state uses MAGI-like methodologies for one or more populations for whom the most closely related cash assistance program would be the AFDC program in effect as of July 16, 1996.

- Yes
- No

2. The election to use MAGI-like methodologies is described on the RU for each applicable eligibility group.

3. The MAGI-like methodology is consistent with 42 CFR 435.603(b) through (f) with respect to definitions, household income, and definition of household, except:

a. The agency elects to use the MAGI definition of parent when considering the financial responsibility of relatives, which includes natural or biological parents, as well as adopted parents and stepparents.

- Yes
- No

b. Less restrictive methodologies can be used, as described in section B.

c. The financial responsibility requirements for relatives are applicable, as described in section C.

d. The countable income deductions for the medically needy are applicable, when the MAGI-like methodologies are applied to the medically needy, as described in section F.

## Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00020 | ID-19-0001-A

### Package Header

<b>Package ID</b>	ID2019MS00020	<b>SPA ID</b>	ID-19-0001-A
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/20/2019
<b>Approval Date</b>	6/12/2019	<b>Effective Date</b>	1/1/2019
<b>Superseded SPA ID</b>	new		
	User-Entered		

### F. Countable Income Deductions for the Medically Needy

In determining countable income for individuals who are age 65 or older or who have blindness or a disability, the state deducts:

1. Amounts that would be deducted in determining eligibility under SSI.
2. The highest amounts that would be deducted in determining eligibility for optional state supplements if these supplements are paid to all individuals who are receiving SSI or would be eligible for SSI except for their income.

## Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00020 | ID-19-0001-A

### Package Header

<b>Package ID</b>	ID2019MS00020	<b>SPA ID</b>	ID-19-0001-A
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/20/2019
<b>Approval Date</b>	6/12/2019	<b>Effective Date</b>	1/1/2019
<b>Superseded SPA ID</b>	new		
	User-Entered		

### G. Additional Information (optional)



# Medicaid State Plan Eligibility

## Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00020 | ID-19-0001-A

### Package Header

<b>Package ID</b>	ID2019MS00020	<b>SPA ID</b>	ID-19-0001-A
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/20/2019
<b>Approval Date</b>	6/12/2019	<b>Effective Date</b>	1/1/2019
<b>Superseded SPA ID</b>	ID-13-0020		
	System-Derived		

### Mandatory Coverage

**A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:**

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Qualifying Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

# Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00020 | ID-19-0001-A

## Package Header

<b>Package ID</b>	ID2019MS00020	<b>SPA ID</b>	ID-19-0001-A
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/20/2019
<b>Approval Date</b>	6/12/2019	<b>Effective Date</b>	1/1/2019
<b>Superseded SPA ID</b>	ID-13-0020		
	System-Derived		

**B. The state elects the Adult Group, described at 42 CFR 435.119.**

Yes  No

**C. Additional Information (optional)**

## Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

# Medicaid State Plan Eligibility

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00020 | ID-19-0001-A

### Package Header

<b>Package ID</b>	ID2019MS00020	<b>SPA ID</b>	ID-19-0001-A
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/20/2019
<b>Approval Date</b>	6/12/2019	<b>Effective Date</b>	1/1/2019
<b>Superseded SPA ID</b>	ID-13-0020		
	System-Derived		

### A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals. \*

Yes  No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
















#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

TN#: ID-19-0001-A

Approved: 6/12/19

Effective: 1/1/19

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00020 | ID-19-0001-A

### Package Header

<b>Package ID</b>	ID2019MS00020	<b>SPA ID</b>	ID-19-0001-A
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/20/2019
<b>Approval Date</b>	6/12/2019	<b>Effective Date</b>	1/1/2019
<b>Superseded SPA ID</b>	ID-13-0020		
	System-Derived		

### B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy. \*

Yes  No

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00020 | ID-19-0001-A

### Package Header

<b>Package ID</b>	ID2019MS00020	<b>SPA ID</b>	ID-19-0001-A
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/20/2019
<b>Approval Date</b>	6/12/2019	<b>Effective Date</b>	1/1/2019
<b>Superseded SPA ID</b>	ID-13-0020		
	System-Derived		

### C. Additional Information (optional)

Effective January 1, 2019, Idaho no longer covers the Medicaid eligibility group for individuals who qualify on the basis of receiving optional state supplement payments (1902(a)(10)(A)(ii)(XI)) 42 CFR 435.232 and 435.434).

### Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS0002O | ID-19-0001-A

Individuals who are in medical institutions for at least 30 consecutive days who are eligible under a special income level.

#### Package Header

<b>Package ID</b>	ID2019MS0002O	<b>SPA ID</b>	ID-19-0001-A
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/20/2019
<b>Approval Date</b>	6/12/2019	<b>Effective Date</b>	1/1/2019
<b>Superseded SPA ID</b>	ID-18-0002		
	User-Entered		

The state covers Individuals in Institutions Eligible under a Special Income Level in accordance with the following provisions:

#### A. Characteristics

**Individuals qualifying under this eligibility group must meet the following criteria:**

1. Have been in a medical institution for at least 30 consecutive days.
2. Have income at or below a standard described in section D.



# Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS0002O | ID-19-0001-A

## Package Header

<b>Package ID</b>	ID2019MS0002O	<b>SPA ID</b>	ID-19-0001-A
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/20/2019
<b>Approval Date</b>	6/12/2019	<b>Effective Date</b>	1/1/2019
<b>Superseded SPA ID</b>	ID-18-0002		
	User-Entered		

## B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes  
 No

# Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00020 | ID-19-0001-A

## Package Header

<b>Package ID</b>	ID2019MS00020	<b>SPA ID</b>	ID-19-0001-A
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/20/2019
<b>Approval Date</b>	6/12/2019	<b>Effective Date</b>	1/1/2019
<b>Superseded SPA ID</b>	ID-18-0002		
	User-Entered		

## C. Financial Methodologies

1. In calculating household income, the methodologies of the most closely related cash assistance program are used, except that disregards are not applied.
2. In calculating household resources, the methodologies of the most closely related cash assistance program are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
3. Less restrictive methodologies are used in calculating countable resources.

- Yes  
 No

The less restrictive resource methodologies are:

- Resources from household members are disregarded.  
 Resources of parents are disregarded.

**Description:** no deeming of resources to child is done

- A specified type of resource is disregarded:

Name of resource type:	Description:
Personal Property	Personal property will be excluded for up to 6 months (3 months with an optional 3 month extension) as long as the individual makes reasonable efforts to sell the resource at current market value.
The principal balance of an income-producing sales contract	The principal balance will be excluded as a resource but the income produced from this contract will be counted in the eligibility calculation.
real property	Real property that cannot be sold without undue hardship will be excluded as a resource to the individual.

# Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS00020 | ID-19-0001-A

## Package Header

<b>Package ID</b>	ID2019MS00020	<b>SPA ID</b>	ID-19-0001-A
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/20/2019
<b>Approval Date</b>	6/12/2019	<b>Effective Date</b>	1/1/2019
<b>Superseded SPA ID</b>	ID-18-0002		
	User-Entered		

## D. Income Standard Used

The income standard for this group is:

- 1. 300% of the SSI Federal Benefit Rate (FBR) for an individual
- 2. Other lower income level

## Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS0002O | ID-19-0001-A

### Package Header

<b>Package ID</b>	ID2019MS0002O	<b>SPA ID</b>	ID-19-0001-A
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/20/2019
<b>Approval Date</b>	6/12/2019	<b>Effective Date</b>	1/1/2019
<b>Superseded SPA ID</b>	ID-18-0002		
	User-Entered		

### E.Resource Standard Used

The resource standard for this group is the one used for the most closely-related cash assistance program.

# Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | ID2019MS0002O | ID-19-0001-A

## Package Header

<b>Package ID</b>	ID2019MS0002O	<b>SPA ID</b>	ID-19-0001-A
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/20/2019
<b>Approval Date</b>	6/12/2019	<b>Effective Date</b>	1/1/2019
<b>Superseded SPA ID</b>	ID-18-0002		
	User-Entered		

## F.Additional Information (optional)

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 0938-1188. 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.

*This view was generated on 6/12/2019 2:28 PM EDT*