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State/Territory Name: Idaho

State Plan Amendment (SPA) #: 19-0001

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



Seattle Regional Operations Group

March 11, 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

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. This SPA updates the spousal impoverishment standards for the special income level groups with the published 2019 federal poverty levels.

This SPA was approved on March 8, 2019, and is 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 or at (206) 615- 2541.

Sincerely,



David L. Meacham
Deputy Director

Enclosure

cc:
Matt Wimmer, Administrator

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

1. TRANSMITTAL NUMBER:
19-0001

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
01-01-2019

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 435.1011 MOE for mandatory state supplement
• 42 CFR 435.1012 MOE for optional state supplement
• 42 CFR 435.1005-300 Institutional Need Standard
• Section 1924 of the Social Security Act
• 435.1006 – Optional state supplements

7. FEDERAL BUDGET IMPACT:
\$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
~~Supplement 1 to Attachment 2.6-A Page 5 (P&I)~~
~~Supplement 6 to Attachment 2.6-A Page 1 and 1-b (P&I)~~
Supplement 13 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 (P&I)~~
~~Supplement 6 to Attachment 2.6-A Page 1 and 1-b (P&I)~~
Supplement 13 Attachment 2.6-A Page 1

10. SUBJECT OF AMENDMENT:
Resource limits / 2019 Cost of Living Adjustment (COLA)

11. GOVERNOR'S REVIEW (*Check One*):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

[Redacted Signature]

13. TYPED NAME:
MATT WIMMER

14. TITLE:
Administrator

15. DATE SUBMITTED: 1/9/19

16. RETURN TO:

Matt Wimmer, Administrator
Idaho Department of Health and Welfare
Division of Medicaid
PO Box 83720
Boise ID 83720-0009

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
1/11/19

18. DATE APPROVED: 3/8/2019

Digitally signed by David L. Meacham

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
1/1/2019

20. SIGNATURE: [Redacted Signature]

21. TYPED NAME:
David L. Meacham

22. TITLE:
Deputy Director, Western Division

Date: 2019.03.11 07:28:18 -07'00'

23. REMARKS:
2/27/19 - State authorized a P&I change to block # 8 and #9.

State: Idaho

Citation

Condition or Requirement

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: \$126,420.00

Minimum: \$25,284.00

The maximum monthly maintenance need allowance is \$3,160.50

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.

TN No.: 19-0001

Approval Date: 3-8-2019

Effective Date: 1-1-2019

Supersedes TN. No.: 18-0002

HCFA ID: 1038/0015P