



State of Idaho
DEPARTMENT OF HEALTH AND WELFARE
Division of Medicaid

PHILIP E. BATT
Governor
LINDA L. CABALLERO
Director
DEEANNE MOORE
Administrator

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(208) 334-5747
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June 9, 1998

Nancy Goetschius
Division of Integrated Health Systems
Health Care Financing Administration
Mail Stop C3-18-26
7500 Security Boulevard
Baltimore, MD **21244-1850**

Subject: State Children's Health Insurance Program, Final Submission

Dear Ms Goetschius:

As requested in my conversation with Debbie Chang last week, we have made a correction to the reference to covered children in the Idaho Title XIX state plan for Children's Health Insurance. She also requested that we add to our guidance document, attached, that this has been in effect since October 1, 1997.

It is our understanding from Ms. Chang that Idaho has now satisfied all of Mr. Fenton's concerns regarding our CHIP program, and that it is now approvable. Therefore, this state plan correction and guidance document are not being submitted in draft and the 90-day approval period continues with this submission.

Thank you for the opportunity to work with you on this project.

Sincerely,

DEEANNE MOORE
Administrator

DM/jtg



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Guidance for Determining Eligibility under the Idaho Children's Health Insurance Program

Individuals applying for benefits under the Children's Health Insurance Program complete an application for assistance (provided to HCFA on May 27, 1998). The application completed is the same application used for all public assistance programs in Idaho. Self Reliance Specialists determine and verify information in exactly the same manner **as** they do for all applicants -- such **as** countable income and resources, residence, citizenship requirements, etc. If an individual is determined to be eligible for regular Medicaid (under the rules in effect June 1, 1997), the individual is enrolled in the applicable Medicaid program. If the family income exceeds the income limits or the age of the child exceeds those covered by Medicaid on June 1, 1997, then eligibility for the Children's Health Insurance Program will be determined.

One of the first issues looked at is whether or not the child has other creditable health insurance coverage. If an individual has insurance coverage available, the Self Reliance Specialist must send insurance information to the Division of Medicaid in Central Office for a determination on whether or not the insurance meets the Health Insurance Portability and Accountability Act definition of "creditable."

- > If the determination by the Division of Medicaid is that the insurance is not creditable and all other eligibility criteria are met, the child is enrolled in CHIP.
- > If the determination by the Division of Medicaid is that the insurance is creditable, there is a presumption that eligibility is denied and the family is notified of this decision. Only at this point is a "good cause" or "hardship" determination made: upon request, the Self Reliance Specialist must then consider whether there is a hardship situation or extenuating circumstances. The reason for the decision on hardship are specified and documented and are subject to the quality assurance process. An appeal to a neutral hearing officer is always available.

Self Reliance Specialists make the hardship decision based on the individual family's circumstances including:

- 1) The composition of the family involved;
- 2) The total gross income of the family;
- 3) The actual, necessary living expenses for the family;
- 4) Any other extenuating expenses the family may have such **as** for the care of an elderly relative, support of extended family members, unusual child care needs and attendant costs; and
- 5) The cost of the premium, and any changes in that cost or availability of coverage.

There are no waiting periods for someone who has lost access though no fault of their own. Families may reapply for benefits at any time. There is no requirement to purchase coverage in the open market. This guidance has been in effect since October 1, 1997.



State of Idaho
DEPARTMENT OF HEALTH AND WELFARE
Office of the Director

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June 11, 1998

Mr. Robert Reed, Chief
Medicaid Branch
Division of Medicaid and State Operations
HCFA - Region X
2201 Fifth Ave., m/s RX - 43
Seattle, WA 98121-2500

Dear Mr. Reed:

Please accept this Medicaid State Plan transmittal 98-006 from the State of Idaho. We are amending the State Plan, with guidance from Bruce Greenstein of your office, to allow for implementation of our Children's Health Insurance Plan. The new language is contained in the following sections:

Attachment 2.2-A, Page 23c;
Attachment 2.2-A, Page 4a;
Attachment 2.2-A, Page 20;
Supplement 1 to Attachment 2.6-A, Page 1;
Supplement 1 to Attachment 2.6-A, Page 3;
Supplement 8a to Attachment 2.6-A, Page 1;

It is our understanding that approval of the attached pages will enable the State of Idaho to expand Medicaid services to children in the Optional Targeted Low Income category, described in Title XXI, with family incomes at or below 160 percent of the federal poverty level, retroactive to October 1, 1997.

Please contact DeeAnne Moore at (208) 334-5747 if you have any questions about this transmittal.

Sincerely,

LINDA L. CABALLERO
Director

LLC/kl

Attachments



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TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>9 8 - 0 0 6</u>	2. STATE: Idaho
	4. PROPOSED EFFECTIVE DATE ... October 1, 1997	

6. FEDERAL STATUTE/REGULATION CITATION: CFR 440,230(d)	7. FEDERAL BUDGET IMPACT: a. FFY 1998 \$15,883,789 b. FFY _____ \$ _____
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 2.2-A, Page 23c Attachment 2.2-A, Page 4a Attachment 2.2-A, Page 20 Supplement 1 to Attachment 2.6-A, Page 1 Supplement 1 to Attachment 2.6-A, Page 3 Supplement 8a to Attachment 2.6-A, Page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): New page Attachment 2.2-A, Page 4a Attachment 2.2-A, Page 20 Supplement 1 to Attachment 2.6-A, Page 1 Supplement 1 to Attachment 2.6-A, Page 3 Supplement 8a to Attachment 2.6-A, Page 1

10. SUBJECT OF AMENDMENT

Idaho State Child Health Plan under Title XXI of the Social Security Act

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: Bureau of Policy and Operations Division of Medicaid PO Box 83720 Boise, Idaho 83720-0036
13. TYPED NAME: LINDA L. CABALLERO	
14. TITLE: Director, Department of Health & Welfare	
15. DATE SUBMITTED:	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED	18. DATE APPROVED
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME:	22. TITLE:
23. REMARKS:	

Citation

Groups Covered

B. Optional Coverage Other than the Medically Needy
(Continued)

1902 (a) (10) (A)
(ii) (XIV) of the Act

X

20. Optional Targeted Low Income Children who:

- a. are not eligible for Medicaid under any other optional or mandatory eligibility group or eligible as medically needy (without spenddown liability);
- b. would not be eligible for Medicaid under the policies in the State's Medicaid plan as in effect on April 15, 1997 (other than because of the age expansion provided for in §1902(1) (2) (D));
- c. are not covered under a group health plan or other group health insurance (as such terms are defined in §2791 of the Public Health Service Act coverage) other than under a health insurance program in operation before July 1, 1997 offered by a state which receives no Federal funds for the program;
- d. have family income at or below:

200 percent of the Federal poverty level for the size family involved, as revised annually in the Federal Register; or

A percentage of the Federal poverty level, which is in excess of the "Medicaid applicable income level" (as defined in §2110(b) (4) of the Act) but by no more than 50 percentage points.

The State covers: -

~~X~~ All children described above who are under age 19 (18, 19) with family income at or below 160 percent of the Federal poverty level.

_____ The following reasonable classifications of children described above who are under age _____ (18, 19) with family income at or below the percent of the Federal poverty level specified for the classification:

(ADD NARRATIVE DESCRIPTION(S) OF THE REASONABLE CLASSIFICATION(S) AND THE PERCENT OF THE FEDERAL POVERTY LEVEL USED TO ESTABLISH ELIGIBILITY FOR EACH CLASSIFICATION.)

1902(e) (12) of the Act

_____ 21. A child under age _____ (not to exceed age 19) who has been determined eligible is deemed to be eligible for a total of _____ months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above.

1930A of the Act

_____ 22. Children under age 19 who are determined by a "qualified entity" (as defined in S1920A (b) (3) **(A)**) based on preliminary information, to meet the highest applicable income criteria specified in this plan.

The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

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MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902(r) (2) OF THE ACT*

--- Section 1902(f) State X Non-Section 1902(f) State

An exception to using AFDC income methods exists under Section 1902(r) (2) of the Act for individuals below age 21 for whom public agencies are assuming full or partial financial responsibility and who are in foster homes or private institutions. In addition to the AFDC income disregards, these individuals shall have up to \$70 disregarded from income.

An exception to using SSI income methods exists under Section 1902(r) (2) of the Act for individuals who are applying for coverage as Qualified Medicare Beneficiaries (QMB), and living with a dependent family member. These individuals have an income disregard equal to the difference between the QMB income level and the Federal Poverty Guideline for the relevant family size, whose number includes the individual, the spouse (if any) and the dependent family member(s). A dependent family member is claimed, or could be claimed, as a dependent on the Federal tax return of the QMB or spouse. The family member must be a minor or dependent child, dependent parent or dependent sibling of the QMB or spouse. The dependent family member must live with the QMB.

*More liberal methods may not result in exceeding gross income limitations under section 1903(f).

TN No. _____
Supersedes _____ Approval Date _____ Effective Date _____
TN No. _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Groups Covered
	A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
1902(a)(10)(A)(i)(IV) and 1902(l)(1)(A) and (B) of the Act	8. Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the Federal poverty level who are described in section 1902(a)(10)(A)(i)(IV) and 1902(l)(1)(A) and (B) of the Act. The income level for this group is specified in <u>Supplement 1 to ATTACHMENT 2.6-A.</u> — The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.
1902(a)(10)(A)(i)(VI) and 1902(l)(1)(C) of the Act	9. Children:
1902(a)(10)(A)(i)(VII) and 1902(l)(1)(D) of the Act	a. who have attained 1 year of age but have and not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels. b. born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.
	Income levels for these groups are specified in <u>supplement 1 to ATTACHMENT 2.6A.</u>

TN No: _____
Supersedes TN No. _____ Approval Date _____ Effective Date _____

State: _____

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(e)(3) of the Act 13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in an institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

1902(a)(10)(A)(ii)(IX) and 1902(1) of the Act 14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A:
a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and
b. Infants under one year of age.

TN No. _____
Supersedes _____ Approval Date _____ Effective Date _____
TN No. _____
HCFA ID: 79833

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IDAHO

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

<u>Family Size</u>	<u>Need Standard</u>	<u>Payment Standard</u>	<u>Maximum Payment Amounts</u>
1	\$ 643	The AFDC payment stan-	\$205
2	786	dard is derived by	251
3	991	multiplying the need	317
4	1,196	standard by 32 percent,	382
5	1,401	the rateable reduction	448
6	1,606	percentage in effect as	513
7	1,811	of 7/1/93.	579
8	2,016		645
9	2,221		710
10	2,426		776
Each additional Person	205		65

2. For pregnant women and infants under Section 1902(a)(10)(A)(I)(IV) of the Act, the income eligibility level is 133 percent of the Federal poverty level for pregnant women and infants (as revised annually in the Federal Register) for the size of the family involved.
3. For children under Section 1902(a)(10)(I)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
4. For children under Section 1902(a)(10)(I)(VII) of the Act (children who were born after September 30, 1983, and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the federal poverty level (as revised annually in the Federal Register) for the size family involved.

TN No. _____ Approval Date _____
 Supersedes TN No. _____ Effective Date _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a)(1)(A)(ii)(IX) and 1902(1)(2) of the Act are as follows:

Based on _____ percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent),

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

TN No. _____
Supersedes _____ Approval Date _____ Effective Date _____
TN No. _____

HCFA ID: 7985E