

IDAHO FACT SHEET

Official Program Name:	Value-Based Reform
State:	Idaho
Date Originally Approved:	May 19, 2006
Date Implemented:	July 1, 2006
Date Expires:	Not Applicable
DRA Sections Used:	6044, 6014, 6021, 6011, 6012, 6016, 6083
Last Update Date:	May 19, 2006

SUMMARY

Idaho intends to implement a revamped Medicaid program based on prevention, wellness, and responsibility. Through this comprehensive modernization effort, Idaho seeks to deliver better quality services and improve the health of participants while maintaining a sustainable Medicaid program for future generations.

Idaho will use many of the flexibilities granted under the Deficit Reduction Act of 2005 (DRA) to implement its reform initiatives. These DRA flexibilities, in conjunction with other state plan amendment (SPA) authorities (including “traditional” Medicaid SPAs and SCHIP SPAs), will provide alternative benefit packages for Medicaid beneficiaries, as well as reform initiatives that change eligibility requirements, the delivery of transportation services, drug purchasing, treatment of income, and other key changes.

BENEFITS

The alternative benefit packages include a Basic Benchmark plan for low-income children and working-age adults, an Enhanced Benchmark plan for individuals with disabilities and special medical needs and a special Coordinated Plan for the elderly. All packages are voluntary alternatives to traditional Medicaid. Enrollment will occur only after beneficiaries are advised of the differences in coverage and informed that they may opt out and return to traditional Medicaid at any time.

State plan amendments implementing section 6044 of the Deficit Reduction Act of 2006 (DRA) will provide three Secretarial Approved benchmark benefit packages:

Basic Benchmark Benefit Package for Low-Income Children and Working-Age Adults

- Consists of healthy children and healthy working-age adults

- This benchmark package provides “basic coverage” to over 80% of the Idaho Medicaid population.
- Covers most of the current Medicaid State Plan benefits with the exception of long-term care (nursing homes, ICF-MR, and Hospice), extended mental health benefits, and organ transplants.
- Beneficiaries needing these excluded services may transfer to the Enhanced Plan if the excluded services become medically necessary.
- Covers new benefits such as preventive services, nutritional services, and the new Preventive Health Assistance.
- For SCHIP eligible individuals, this plan also reduces the scope of inpatient and outpatient mental health benefits and adding dental benefits.

Enhanced Benchmark Benefit Package for Individuals with Disabilities (and Elders)

- Consists of individuals with disabilities and special health needs.
- Covers new benefits such as preventive services, nutritional services, and the new Preventive Health Assistance.
- This coverage includes all Medicaid services presently offered in Idaho as well as some new ones (nutrition services, preventive services and Preventive Health Assistance).
- It is a voluntary benchmark package in which the beneficiary only enrolls after being informed of the alternatives and informed of his or her right to opt-out and go back to regular Medicaid coverage at any time.
- Additional benefits will provide incentives for voluntary selection of the Enhanced Benchmark by these groups.
- This coverage will also be available to Basic Benchmark enrollees who develop a need for the long-term services which are covered only in the Enhanced Benchmark.

Benchmark Benefit Package for Dual Eligibles

- The Coordinated Plan population consists primarily of the dual eligible individuals.
- This coverage includes all Medicaid services presently offered in Idaho as well as some additional new services including preventive services and Preventive Health Assistance.
- It is a voluntary benchmark package in which the beneficiary only enrolls after being informed of the alternatives and of his or her right to opt to return to regular Medicaid coverage at any time.
- Medicare beneficiaries eligible for the B and D coverage of Medicare must enroll in it to be eligible for this Medicaid Plan.
- Unlike the other two benchmark plans which commence on July 1, 2006, this plan will not be available until October 1, 2006.

ELIGIBILITY

The reform plan does not include adding new eligibles to the Idaho Medicaid program. The SPA approvals below will add some additional children to program rolls through the assets test elimination for children and create a similar eligibility procedure for both the Medicaid and SCHIP children.

Removal of Asset Test for Low-Income Children

- Under this SPA, children in AFDC-related Medicaid eligibility groups, with the exception of children receiving Medicaid as part a low-income family eligible under Section 1931 of the Social Security Act, will no longer be subject to resource (assets) testing.
- Children in low-income families who are or who become ineligible for Section 1931 Medicaid due solely to resources will become eligible under one of the poverty-level groups.

Simplified Eligibility for Medicaid and SCHIP Children

- Changes the lower income eligibility level for the separate SCHIP program for children from birth through 18 years from 150 percent of the Federal poverty level (FPL) to 134 percent of the FPL
- The upper income limit of the separate SCHIP will remain up to and including 185 percent of the FPL.
- Limits enrollment in the State's title XXI Medicaid Expansion Program to children ages 6 through 18 years with family income above 100 percent through 133 percent of the FPL.

Medicare Enrollment as a Condition of Medicaid Eligibility

- This change requires Medicare enrollment in Medicare Parts A, B and D as a condition of Medicaid eligibility for individuals who qualify for Medicare.

ELIGIBILITY - TREATMENT of INCOME and ASSETS

Disqualification for long-term care (LTC) Assistance for individuals with Substantial Home Equity and Long-Term Care Partnership Program

- Using authority under Section 6014 of the DRA, Idaho will set the cap for disqualifying individuals with home equity from Medicaid eligibility at the maximum allowed cap of \$750,000.
- Under Section 6021 of the DRA, Idaho utilizes the provisions of the long-term care partnership to allow seniors who have purchased and exhausted long-term care insurance to retain more of their assets when qualifying for Medicaid.
- The State will also assure training for those who sell LTC insurance.

Transfer of Assets for Long-Term Care Assistance

- Utilizes new flexibility under DRA sections 6011, 6012, and 6016 to bring Idaho's Medicaid Plan provisions regarding transfers of assets by individuals attempting to qualify for Medicaid in line with the new limits to such transfers.

Medicaid Buy-In for Disabled Workers

- Establishes a Medicaid Buy-In Program for working individuals with disabilities under the Ticket to Work and Work Incentives Improvement Act basic coverage group.

SPECIAL FEATURES

Multi-State Drug Purchasing Pool

- Under this SPA, the state of Idaho will be given authority to join TOPS, a multi-state drug purchasing pool which offers member states better rates on pharmaceutical drugs

Non-Emergency Transportation Brokerage

- This SPA affects only those Medicaid beneficiaries who live in the areas serviced by the broker. It is not statewide; there are rural Idaho counties where the broker does not operate.
- This SPA, under the authority of section 6083 of the DRA, authorizes the state of Idaho to contract with a non-emergency medical transportation broker to provide transportation for beneficiaries who need access to medical care but have no other means of transportation.
- Rural counties, outside of the contract area, will continue with existing transportation arrangements.

Healthy Schools Program

- Idaho will award grants to Idaho schools to facilitate delivery of preventive health services to low-income student populations under Title XXI Health Service Initiative Authority.

Amendment to existing 1915c Waiver Program

- This amendment to Idaho's existing 1915c Developmentally Disabled (DD) waiver program establishes a "cash and counseling" program for the Medicaid DD population over 21.

DELIVERY SYSTEM

Idaho presently uses a Primary Care Case Management (PCCM) system of delivery of care in its Medicaid delivery. That system will not be changed by these SPAs or by other parts of the overall reform program.