



Region 10
2201 Sixth Avenue, MS/RX 43
Seattle, Washington 98121

AUG 19 2011

Richard Armstrong, Director
Department of Health and Welfare
Towers Building – Tenth Floor
Post Office Box 83720
Boise, Idaho 83720-0036

RE: Idaho State Plan Amendment (SPA) Transmittal Number 11-001

Dear Mr. Armstrong:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 11-001. Under this SPA, Idaho is adding several counties to those where the Medicare-Medicaid Coordinated Benchmark plan operates in accordance with Section 1937 of the Social Security Act. The State estimates that there will be negligible federal fiscal impact in fiscal year (FY) 2011 and FY 2012.

We are approving this SPA with an effective date of January 1, 2011, and have included the approved State plan pages with this letter. We also wish to stress to the State that public notice, as described at 42 CFR 440.305(d), is required prior to submitting a SPA to CMS to establish a benchmark or benchmark-equivalent benefit plan or to substantially modify an existing benchmark or benchmark-equivalent benefit plan. The State must have provided the public with advance notice of the amendment and reasonable opportunity to comment with respect to such amendment. In addition, the State must have included in the notice a description of the method for assuring compliance with 42 CFR §440.345 (related to full access to EPSDT services) and the method for complying with the provisions of Section 5006(e) of the American Recovery and Reinvestment Act of 2009. We would advise the State that in our experience, we have determined that virtually every amendment to a benchmark plan is a substantial modification requiring public notice under 42 CFR 440.305(d). To prevent a delay in the effective date of future SPAs, we therefore recommend that the State provide public notice any time one of its Section 1937 benchmark plans is amended. Alternatively, CMS is always available for consultation to discuss whether a particular SPA will constitute a substantial modification to a benchmark plan.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Tania Seto at (206) 615-2343 or Tania.Seto@cms.hhs.gov.

Sincerely,

Carol J.C. Peverly
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

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cc:

Leslie Clement, Administrator, Idaho Department of Health and Welfare

Rachel Strutton, State Plan Coordinator, Idaho Department of Health and Welfare

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 11-001	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, 2011	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.201		7. FEDERAL BUDGET IMPACT: Total (\$) Federal Funds NONE	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-C, MMCP, page 2.		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-C, MMCP, page 2.	
10. SUBJECT OF AMENDMENT: Idaho is requesting this amendment to our State Plan to update the counties where True Blue is available.			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO: Leslie M. Clement, Administrator Idaho Department of Health and Welfare Division of Medicaid PO Box 83720 Boise ID 83720-0036	
14. TITLE: Administrator			
15. DATE SUBMITTED: 1/14/11			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: JAN 18 2011		18. DATE APPROVED: August 19, 2011	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2011		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Carol J.C. Peverly		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Operations	
23. REMARKS:			

MEDICARE/MEDICAID COORDINATED PLAN
(For Elders and/or Individuals Who are Dually Eligible for Medicare and Medicaid)

BENCHMARK BENEFIT PACKAGE

Additional specific goals are:

- To emphasize preventive care and wellness;
- To improve coordination between Medicaid and Medicare coverage;
- To increase nonpublic financing options for long-term care; and
- To ensure participants' dignity and quality of life.

1.C GEOGRAPHIC CLASSIFICATION

The Medicare/Medicaid Coordinated Benchmark Benefit Package will be implemented in the geographic locations (counties) listed below. Additional counties will be added as a Medicare Advantage Plan(s) becomes available in the county.

Idaho Medicaid Geographic Area	Counties
Region 1	Benewah, Bonner, Boundary, Kootenai, and Shoshone
Region 2	Latah and Nez Perce
Region 3	Canyon, Gem, Owyhee, Payette, and Washington
Region 4	Ada, Elmore and Boise
Region 5	Cassia, Minidoka, Gooding, Jerome and Twin Falls
Region 6	Bannock, Caribou, Oneida, Bingham and Power
Region 7	Bonneville, Jefferson, Clark, Fremont and Madison

1.D SERVICE DELIVERY SYSTEM

Each individual that opts into the Medicare/Medicaid Coordinated Benchmark Benefit Package under the State plan shall select and enroll in a Medicare Advantage Plan.

The policy goals above will be accomplished through the following methods:

- Medicare continues to be the primary payer for dual eligibles (with respect to Medicare covered benefits and, in the case of Medicare Advantage Plans, enhanced benefits included in the Medicare Advantage Plan's Medicare Advantage Plan contract with the Centers for Medicare and Medicaid Services)
- Utilization of the same provider network in coordinating benefits across Medicare (through Medicare Advantage Plans) and Medicaid.
- Integrated benefits covered by Medicaid will function like a wrap around to those Medicare benefits.