

IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 277

BY HEALTH AND WELFARE COMMITTEE

AN ACT

1 RELATING TO MEDICAID; AMENDING SECTION 56-253, IDAHO CODE, TO PROVIDE THAT
2 A HEALTH RISK ASSESSMENT SHALL INCLUDE QUESTIONS RELATING TO SUBSTANCE
3 USE DISORDERS, TO PROVIDE THAT THE DIRECTOR OF THE DEPARTMENT OF HEALTH
4 AND WELFARE SHALL SEEK CERTAIN WAIVERS AND CONDUCT CERTAIN RESEARCH,
5 TO PROVIDE THAT APPROVED WAIVERS SHALL BE IMPLEMENTED AS SOON AS POS-
6 SIBLE, AND TO MAKE A TECHNICAL CORRECTION; AMENDING SECTION 56-263,
7 IDAHO CODE, TO PROVIDE AUTHORIZATION TO THE DEPARTMENT OF HEALTH AND
8 WELFARE TO SEEK CERTAIN APPROVAL OR A WAIVER AND TO PROVIDE APPLICABIL-
9 ITY; AMENDING SECTION 56-267, IDAHO CODE, TO PROVIDE FOR APPLICABILITY
10 IF A CERTAIN WAIVER IS APPROVED, TO PROVIDE THAT PERSONS PARTICIPATING
11 IN MEDICAID PURSUANT TO THIS SECTION BE PLACED IN A CARE MANAGEMENT PRO-
12 GRAM TO THE EXTENT POSSIBLE, TO PROVIDE AUTHORIZATION TO SEEK FEDERAL
13 APPROVAL, TO PROVIDE THAT THE LEGISLATURE MAY DECLARE THE SECTION TO BE
14 NULL, VOID, AND OF NO FORCE AND EFFECT UNDER CERTAIN CIRCUMSTANCES, TO
15 PROVIDE THAT THE SECTION SHALL BECOME NULL, VOID, AND OF NO FORCE AND
16 EFFECT UNDER CERTAIN CIRCUMSTANCES, TO PROVIDE FOR A REVIEW OF AND A
17 RECOMMENDATION REGARDING MEDICAID ELIGIBILITY EXPANSION, AND TO MAKE
18 TECHNICAL CORRECTIONS; PROVIDING SEVERABILITY; AND DECLARING AN EMER-
19 GENCY.
20

21 Be It Enacted by the Legislature of the State of Idaho:

22 SECTION 1. That Section 56-253, Idaho Code, be, and the same is hereby
23 amended to read as follows:

24 56-253. POWERS AND DUTIES OF THE DIRECTOR. (1) The director is hereby
25 encouraged and empowered to obtain federal approval in order that Idaho de-
26 sign and implement changes to its medicaid program that advance the qual-
27 ity of services to participants while allowing access to needed services and
28 containing excessive costs. The design of Idaho's medicaid program shall
29 incorporate the concepts expressed in section 56-251, Idaho Code.

30 (2) The director may create health-need categories other than those
31 stated in section 56-251(2)(a), Idaho Code, subject to legislative ap-
32 proval, and may develop a medicaid benchmark plan for each category.

33 (3) Each benchmark plan shall include explicit policy goals for the
34 covered population identified in the plan, as well as specific benefit pack-
35 ages, delivery system components and performance measures in accordance
36 with section 67-1904, Idaho Code.

37 (4) The director shall establish a mechanism to ensure placement of
38 participants into the appropriate benchmark plan as allowed under section
39 6044 of the deficit reduction act of 2005. This mechanism shall include,
40 but not be limited to, a health risk assessment. This assessment shall com-
41 ply with federal requirements for early and periodic screening, diagnosis
42 and treatment (EPSDT) services for children, in accordance with section

1 1905 (a) (4) (B) of the social security act. The health risk assessment shall
 2 include questions related to substance use disorders to allow referral to
 3 treatment for such disorders by the department.

4 (5) The director may require, subject to federal approval, partici-
 5 pants to designate a medical home. Applicants for medical assistance shall
 6 receive information about primary care case management, and, if required to
 7 so designate, shall select a primary care provider as part of the eligibility
 8 determination process.

9 (6) The director may, subject to federal approval, enter into contracts
 10 for medical and other services when such contracts are beneficial to partici-
 11 ipant health outcomes as well as economically prudent for the medicaid pro-
 12 gram.

13 (7) The director may obtain agreements from medicare, school districts
 14 and other entities to provide medical care if it is practical and cost-effec-
 15 tive.

16 (8) The director shall:

17 (a) Seek a waiver from the federal government to limit retroactive med-
 18 icaid eligibility for persons described in section 56-267, Idaho Code,
 19 from ninety (90) days to thirty (30) days;

20 (b) In cooperation with the director of the department of insurance,
 21 seek a waiver from the federal government to provide that persons who
 22 would otherwise be eligible for medicaid pursuant to section 56-267,
 23 Idaho Code, and who have a modified adjusted gross income at one hundred
 24 percent (100%) of the federal poverty level or greater, will receive the
 25 advanced premium tax credit to purchase a qualified health plan through
 26 the Idaho health insurance exchange established by chapter 61, title
 27 41, Idaho Code, instead of enrolling in medicaid. The department shall
 28 limit the choice of qualified health plans to ensure cost-effective
 29 coverage. If the waiver described in this paragraph is not approved be-
 30 fore January 1, 2020, then the persons described in this paragraph shall
 31 be eligible for medicaid; and

32 (c) Seek a waiver from the federal government consistent with the pro-
 33 visions of this paragraph.

34 (i) A person participating in medicaid pursuant to section
 35 56-267, Idaho Code, must, to remain eligible for participation,
 36 be:

37 1. Working at least twenty (20) hours per week, averaged
 38 monthly, or earning wages equal to or greater than the fed-
 39 eral minimum wage for twenty (20) hours of work per week;

40 2. Participating in and complying with the requirements of a
 41 work training program at least twenty (20) hours per week, as
 42 determined by the department;

43 3. Volunteering at least twenty (20) hours per week, as de-
 44 termined by the department;

45 4. Enrolled at least half-time in postsecondary educa-
 46 tion or another recognized education program, as determined
 47 by the department, and remaining enrolled and attending
 48 classes during normal class cycles;

49 5. Meeting any combination of working, volunteering, and
 50 participating in a work program for a total of at least

1 twenty (20) hours per week, as determined by the department;

2 or

3 6. Subject to and complying with the requirements of the
 4 work program for temporary assistance for needy families
 5 (TANF) or participating and complying with the requirements
 6 of a workfare program in the supplemental nutrition assis-
 7 tance program (SNAP).

8 (ii) A person is exempt from the provisions of subparagraph (i) of
 9 this paragraph if the person is:

10 1. Under the age of nineteen (19) years;

11 2. Over the age of fifty-nine (59) years;

12 3. Physically or intellectually unfit for employment;

13 4. Pregnant;

14 5. A parent or caretaker who is the primary caregiver of a
 15 dependent child under the age of eighteen (18) years, as de-
 16 termined by the department;

17 6. A parent or caretaker personally providing care for a
 18 person with serious medical conditions or with a disability,
 19 as determined by the department;

20 7. Applying for or receiving unemployment compensation and
 21 complying with work requirements that are part of the fed-
 22 eral-state unemployment insurance program;

23 8. Applying for social security disability benefits, until
 24 such time eligibility is determined;

25 9. Participating in a drug addiction or alcohol treatment
 26 and rehabilitation program, as determined by the depart-
 27 ment; or

28 10. An American Indian or Alaska native who is eligible for
 29 services through the Indian health service or through a
 30 tribal health program pursuant to the Indian self-determi-
 31 nation and education assistance act and the Indian health
 32 care improvement act.

33 (iii) A person who is determined to be ineligible for medicaid un-
 34 der subparagraph (i) of this paragraph may reapply for medicaid
 35 two (2) months after such determination is made.

36 The department shall implement the waivers as soon as possible once federal
 37 approval has been obtained.

38 (9) The director shall research options for federal waivers to enable
 39 cost-efficient use of medicaid funds to pay for substance abuse and/or men-
 40 tal health services in institutions for mental disease.

41 (10) The director is given authority to promulgate rules consistent
 42 with this act.

43 SECTION 2. That Section 56-263, Idaho Code, be, and the same is hereby
 44 amended to read as follows:

45 56-263. MEDICAID MANAGED CARE PLAN. (1) The department shall present
 46 to the legislature on the first day of the second session of the sixty-first
 47 Idaho legislature a plan for medicaid managed care with focus on high-cost
 48 populations including, but not limited to:

49 (a) Dual eligibles; and

1 (b) High-risk pregnancies.

2 (2) The medicaid managed care plan shall include, but not be limited to,
3 the following elements:

4 (a) Improved coordination of care through primary care medical homes.

5 (b) Approaches that improve coordination and provide case management
6 for high-risk, high-cost disabled adults and children that reduce costs
7 and improve health outcomes, including mandatory enrollment in special
8 needs plans, and that consider other managed care approaches.

9 (c) Managed care contracts to pay for behavioral health benefits as de-
10 scribed in executive order number 2011-01 and in any implementing leg-
11 islation. At a minimum, the system should include independent, stan-
12 dardized, statewide assessment and evidence-based benefits provided by
13 businesses that meet national accreditation standards.

14 (d) The elimination of duplicative practices that result in unneces-
15 sary utilization and costs.

16 (e) Contracts based on gain sharing, risk-sharing or a capitated basis.

17 (f) Medical home development with focus on populations with chronic
18 disease using a tiered case management fee.

19 (3) The department shall seek federal approval or a waiver to require
20 that a medicaid participant who has a medical home as required in section
21 56-255(5) (b), Idaho Code, must have a referral to obtain family planning
22 services or supplies from a provider outside the participant's medical home.
23 The provisions of this subsection shall apply to medicaid participants upon
24 such approval.

25 SECTION 3. That Section 56-267, Idaho Code, be, and the same is hereby
26 amended to read as follows:

27 56-267. MEDICAID ELIGIBILITY EXPANSION. (1) Notwithstanding any pro-
28 vision of law or federal waiver to the contrary, the state shall amend its
29 state plan to expand Medicaid eligibility to include those persons under
30 sixty-five (65) years of age whose modified adjusted gross income is one hun-
31 dred thirty-three percent (133%) of the federal poverty level or below and
32 who are not otherwise eligible for any other coverage under the state plan,
33 in accordance with sections 1902(a)(10)(A)(i)(VIII) and 1902(e)(14) of the
34 Social Security Act. If the waiver described in section 56-253(8)(b),
35 Idaho Code, is approved prior to January 1, 2020, then this subsection shall
36 apply only to those persons whose modified adjusted gross income is below one
37 hundred percent (100%) of the federal poverty level.

38 (2) No later than ninety (90) days after approval of this act, the
39 department shall submit any necessary state plan amendments to the United
40 States Department of Health and Human Services, Centers for Medicare
41 and Medicaid Services to implement the provisions of this section. The
42 department is required and authorized to take all actions necessary to im-
43 plement the provisions of this section as soon as practicable.

44 (3) The department:

45 (a) Shall place all persons participating in medicaid pursuant to
46 this section in a care management program authorized under section
47 56-265(5), Idaho Code, or in another managed care program to improve the
48 quality of their care, to the extent possible; and

1 (b) Is authorized to seek any federal approval necessary to implement
2 the provisions of this subsection.

3 (4) If section 1905(y) of the social security act is held unlawful or
4 unconstitutional by a court with governing jurisdiction, then the legisla-
5 ture shall declare this section to be null, void, and of no force and effect.

6 (5) This section shall become null, void, and of no force and effect as
7 of the last day of March following the date that federal financial participa-
8 tion for persons identified in subsection (1) of this section is reduced be-
9 low the ninety percent (90%) commitment described in section 1905(y) of the
10 social security act.

11 (6) No later than January 31 in the 2023 legislative session, the sen-
12 ate and house of representatives health and welfare committees shall review
13 all fiscal, health, and other impacts of medicaid eligibility expansion pur-
14 suant to this section and shall make a recommendation to the legislature as
15 to whether such expansion should remain in effect.

16 SECTION 4. SEVERABILITY. The provisions of this act are hereby declared
17 to be severable and if any provision of this act or the application of such
18 provision to any person or circumstance is declared invalid for any reason,
19 such declaration shall not affect the validity of the remaining portions of
20 this act.

21 SECTION 5. An emergency existing therefor, which emergency is hereby
22 declared to exist, this act shall be in full force and effect on and after its
23 passage and approval.