

IN THE SENATE

SENATE BILL NO. 1205

BY SCHMIDT

AN ACT

1 RELATING TO MEDICAL ASSISTANCE; AMENDING SECTION 56-254, IDAHO CODE, TO  
2 CLARIFY ELIGIBILITY FOR THE BENCHMARK PLAN FOR PERSONS WITH DISABIL-  
3 ITIES OR SPECIAL HEALTH NEEDS, TO PROVIDE ELIGIBILITY STANDARDS FOR  
4 THE BENCHMARK PLAN FOR CERTAIN LOW-INCOME INDIVIDUALS, TO PROVIDE EL-  
5 IGIBILITY STANDARDS AND ASSISTANCE FOR OTHER LOW-INCOME INDIVIDUALS  
6 AND TO PROVIDE CORRECT CODE REFERENCES; AMENDING SECTION 56-255, IDAHO  
7 CODE, TO REVISE TERMINOLOGY AND TO PROVIDE CORRECT CODE REFERENCES;  
8 AND AMENDING CHAPTER 2, TITLE 56, IDAHO CODE, BY THE ADDITION OF A NEW  
9 SECTION 56-255A, IDAHO CODE, TO PROVIDE THAT THE DEPARTMENT OF HEALTH  
10 AND WELFARE WILL IMPLEMENT PERSONAL ACCOUNTABILITY REQUIREMENTS FOR  
11 CERTAIN INDIVIDUALS, REIMBURSE THE CATASTROPHIC HEALTH CARE COST FUND  
12 FOR CERTAIN CLAIMS AND PURSUE FEDERAL WAIVERS TO IMPLEMENT COVERAGE FOR  
13 CERTAIN INDIVIDUALS; DECLARING AN EMERGENCY; AND PROVIDING THAT THIS  
14 ACT SHALL BE NULL, VOID AND OF NO FORCE AND EFFECT UNDER CERTAIN CIRCUM-  
15 STANCES.  
16

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

18 SECTION 1. That Section 56-254, Idaho Code, be, and the same is hereby  
19 amended to read as follows:

20 56-254. ELIGIBILITY FOR MEDICAL ASSISTANCE. The department shall make  
21 payments for medical assistance to, or on behalf of, the following persons  
22 eligible for medical assistance.

23 (1) The benchmark plan for low-income children and ~~working-age~~ adults  
24 with no special health needs includes the following persons:

25 (a) Children in families whose family income does not exceed one hun-  
26 dred eighty-five percent (185%) of the federal poverty guideline and  
27 who meet age-related and other eligibility standards in accordance with  
28 department rule;

29 (b) Pregnant women of any age whose family income does not exceed one  
30 hundred thirty-three percent (133%) of the federal poverty guideline  
31 and who meet other eligibility standards in accordance with department  
32 rule, or who meet the presumptive eligibility guidelines in accordance  
33 with section 1920 of the social security act;

34 (c) Infants born to medicaid-eligible pregnant women. Medicaid eligi-  
35 bility must be offered throughout the first year of life so long as the  
36 infant remains in the mother's household and she remains eligible, or  
37 would be eligible if she were still pregnant;

38 (d) Adults in families with dependent children as described in sec-  
39 tion 1931 of the social security act, who meet the requirements in the  
40 state's assistance to families with dependent children (AFDC) plan in  
41 effect on July 16, 1996;

1 (e) Families who are provided six (6) to twelve (12) months of medicaid  
 2 coverage following loss of eligibility under section 1931 of the social  
 3 security act due to earnings, or four (4) months of medicaid coverage  
 4 following loss of eligibility under section 1931 of the social security  
 5 act due to an increase in child or spousal support;

6 (f) Employees of small businesses who meet the definition of "eligible  
 7 adult" as described in section 56-238, Idaho Code, whose eligibility is  
 8 limited to the medical assistance program described in section 56-241,  
 9 Idaho Code; and

10 (g) All other mandatory groups as defined in title XIX of the social se-  
 11 curity act, if not listed separately in subsection (2), ~~or~~ (3), (4) or  
 12 (5) of this section.

13 (2) The benchmark plan for persons with disabilities or special health  
 14 needs includes the following persons:

15 (a) Persons under age sixty-five (65) years eligible in accordance with  
 16 title XVI of the social security act, as well as persons eligible for aid  
 17 to the aged, blind and disabled (AABD) under titles I, X and XIV of the  
 18 social security act;

19 (b) Persons under age sixty-five (65) years who are in need of the ser-  
 20 vices of a licensed nursing facility, a licensed intermediate care fa-  
 21 cility for the developmentally disabled, a state mental hospital, or  
 22 home-based and community-based care, whose income does not exceed three  
 23 hundred percent (300%) of the social security income (SSI) standard and  
 24 who meet the asset standards and other eligibility standards in accor-  
 25 dance with federal law and regulation, Idaho law and department rule;

26 (c) Certain disabled children described in 42 CFR 435.225 who meet re-  
 27 source limits for aid to the aged, blind and disabled (AABD) and income  
 28 limits for social security income (SSI) and other eligibility standards  
 29 in accordance with department rules;

30 (d) Persons under age sixty-five (65) years who are eligible for ser-  
 31 vices under both titles XVIII and XIX of the social security act;

32 (e) Children who are eligible under title IV-E of the social security  
 33 act for subsidized board payments, foster care or adoption subsidies,  
 34 and children for whom the state has assumed temporary or permanent re-  
 35 sponsibility and who do not qualify for title IV-E assistance but are in  
 36 foster care, shelter or emergency shelter care, or subsidized adoption,  
 37 and who meet eligibility standards in accordance with department rule;

38 (f) Eligible women under age sixty-five (65) years with incomes at or  
 39 below two hundred percent (200%) of the federal poverty level, for can-  
 40 cer treatment pursuant to the federal breast and cervical cancer pre-  
 41 vention and treatment act of 2000;

42 (g) Low-income children who qualify under subsection (1) of this sec-  
 43 tion and ~~working-age~~ adults under age sixty-five (65) years who qualify  
 44 under subsection (1), (4) or (5) of this section and who require the ser-  
 45 VICES for persons with disabilities or special health needs listed in  
 46 section 56-255(3), Idaho Code; and

47 (h) Persons over age sixty-five (65) years who choose to enroll in this  
 48 state plan.

49 (3) The benchmark plan for persons over twenty-one (21) years of age who  
 50 have medicare and medicaid coverage includes the following persons:

1 (a) Persons eligible in accordance with title XVI of the social secu-  
 2 rity act, as well as persons eligible for aid to the aged, blind and dis-  
 3 abled (AABD) under titles I, X and XIV of the social security act;

4 (b) Persons who are in need of the services of a licensed nursing fa-  
 5 cility, a licensed intermediate care facility for the developmentally  
 6 disabled, a state mental hospital, or home-based and community-based  
 7 care, whose income does not exceed three hundred percent (300%) of the  
 8 social security income (SSI) standard and who meet the assets standards  
 9 and other eligibility standards in accordance with federal and state  
 10 law and department rule;

11 (c) Persons who are eligible for services under both titles XVIII and  
 12 XIX of the social security act who have enrolled in the medicare pro-  
 13 gram; and

14 (d) Persons who are eligible for services under both titles XVIII and  
 15 XIX of the social security act and who elect to enroll in this state  
 16 plan.

17 (4) The benchmark plan for low-income adults includes individuals  
 18 nineteen (19) years of age or older and under sixty-five (65) years of age  
 19 whose modified adjusted gross income does not exceed one hundred percent  
 20 (100%) of the federal poverty level and who are not otherwise eligible for  
 21 any other coverage under the medical assistance state plan prior to March 23,  
 22 2010, as described in section 1902(a)(10)(A)(i)(VIII) of the social secu-  
 23 urity act.

24 (5) For low-income adults with modified adjusted gross income above  
 25 one hundred percent (100%) of the federal poverty level up to one hundred  
 26 thirty-three percent (133%) of the federal poverty level, the state will  
 27 provide premium assistance to purchase a qualified health plan through the  
 28 Idaho health insurance exchange established under chapter 61, title 41,  
 29 Idaho Code.

30 (a) Additional services to be provided by the state include:

31 (i) Nonemergency medical transportation; and

32 (ii) Early and periodic screening, diagnosis and treatment  
 33 (EPSDT) services for persons who are nineteen (19) or twenty (20)  
 34 years of age.

35 (b) The department will limit the choice of qualified health plans to  
 36 ensure cost-effective coverage and the viability of the medical assis-  
 37 tance program.

38 SECTION 2. That Section 56-255, Idaho Code, be, and the same is hereby  
 39 amended to read as follows:

40 56-255. MEDICAL ASSISTANCE PROGRAM -- SERVICES TO BE PROVIDED. (1)  
 41 The department may make payments for the following services furnished by  
 42 providers to participants who are determined to be eligible on the dates on  
 43 which the services were provided. Any service under this section shall be  
 44 reimbursed only when medically necessary within the appropriations provided  
 45 by law and in accordance with federal law and regulation, Idaho law and de-  
 46 partment rule. Notwithstanding any other provision of this chapter, medical  
 47 assistance includes the following benefits specific to the eligibility cat-  
 48 egories established in section 56-254(1), (2), and (3), (4) and (5), Idaho

1 Code, as well as a list of benefits to which all Idaho medicaid participants  
2 are entitled, defined in subsection (5) of this section.

3 (2) Specific health benefits and limitations for low-income children  
4 and ~~working-age~~ adults with no special health needs include:

5 (a) All services described in subsection (5) of this section;

6 (b) Early and periodic screening, diagnosis and treatment services for  
7 individuals under age twenty-one (21) years, and treatment of condi-  
8 tions found; and

9 (c) Cost-sharing required of participants. Participants in the low-  
10 income children and ~~working-age~~ adult group are subject to the follow-  
11 ing premium payments, as stated in department rules:

12 (i) Participants with family incomes equal to or less than one  
13 hundred thirty-three percent (133%) of the federal poverty guide-  
14 line are not required to pay premiums; and

15 (ii) Participants with family incomes above one hundred thirty-  
16 three percent (133%) of the federal poverty guideline will be re-  
17 quired to pay premiums in accordance with department rule.

18 (3) Specific health benefits for persons with disabilities or special  
19 health needs include:

20 (a) All services described in subsection (5) of this section;

21 (b) Early and periodic screening, diagnosis and treatment services for  
22 individuals under age twenty-one (21) years, and treatment of condi-  
23 tions found;

24 (c) Case management services as defined in accordance with section  
25 1905(a)(19) or section 1915(g) of the social security act; and

26 (d) Long-term care services, including:

27 (i) Nursing facility services, other than services in an institu-  
28 tion for mental diseases, subject to participant cost-sharing;

29 (ii) Home-based and community-based services, subject to federal  
30 approval, provided to individuals who require nursing facility  
31 level of care who, without home-based and community-based ser-  
32 vices, would require institutionalization. These services will  
33 include community supports, including options for self-determi-  
34 nation or family-directed, which will enable individuals to have  
35 greater freedom to manage their own care within the determined  
36 budget as defined by department rule; and

37 (iii) Personal care services in a participant's home, prescribed  
38 in accordance with a plan of treatment and provided by a qualified  
39 person under supervision of a registered nurse;

40 (e) Services for persons with developmental disabilities, including:

41 (i) Intermediate care facility services, other than such ser-  
42 vices in an institution for mental diseases, for persons deter-  
43 mined in accordance with section 1902(a)(31) of the social secu-  
44 rity act to be in need of such care, including such services in a  
45 public institution, or distinct part thereof, for persons with in-  
46 tellectual disabilities or persons with related conditions;

47 (ii) Home-based and community-based services, subject to federal  
48 approval, provided to individuals who require an intermediate  
49 care facility for people with intellectual disabilities (ICF/ID)  
50 level of care who, without home-based and community-based ser-

- 1 vices, would require institutionalization. These services will  
 2 include community supports and options for self-directed or fam-  
 3 ily-directed services, which will enable individuals to have  
 4 greater freedom to manage their own care within the determined  
 5 budget as defined by department rule. The department shall allow  
 6 budget modifications only when needed to obtain or maintain em-  
 7 ployment or when health and safety issues are identified and meet  
 8 the criteria as defined in department rule; and  
 9 (iii) Developmental disability services for children and adults  
 10 shall be available based on need through state plan services or  
 11 waiver services as described in department rule. The department  
 12 shall develop a blended rate covering both individual and group  
 13 developmental therapy services;
- 14 (f) Home health services, including:  
 15 (i) Intermittent or part-time nursing services provided by a home  
 16 health agency or by a registered nurse when no home health agency  
 17 exists in the area;  
 18 (ii) Home health aide services provided by a home health agency;  
 19 and  
 20 (iii) Physical therapy, occupational therapy or speech pathology  
 21 and audiology services provided by a home health agency or medical  
 22 rehabilitation facility;
- 23 (g) Hospice care in accordance with section 1905(o) of the social secu-  
 24 rity act;
- 25 (h) Specialized medical equipment and supplies;
- 26 (i) Medicare cost-sharing, including:  
 27 (i) Medicare cost-sharing for qualified medicare beneficiaries  
 28 described in section 1905(p) of the social security act;  
 29 (ii) Medicare part A premiums for qualified disabled and working  
 30 individuals described in section 1902(a)(10)(E)(ii) of the social  
 31 security act;  
 32 (iii) Medicare part B premiums for specified low-income medicare  
 33 beneficiaries described in section 1902(a)(10)(E)(iii) of the so-  
 34 cial security act; and  
 35 (iv) Medicare part B premiums for qualifying individuals de-  
 36 scribed in section 1902(a)(10)(E)(iv) and subject to section 1933  
 37 of the social security act; and
- 38 (j) Nonemergency medical transportation.
- 39 (4) Specific health benefits for persons over twenty-one (21) years of  
 40 age who have medicare and medicaid coverage include:  
 41 (a) All services described in subsection (5) of this section, other  
 42 than if provided under the federal medicare program;  
 43 (b) All services described in subsection (3) of this section, other  
 44 than if provided under the federal medicare program;  
 45 (c) Other services that supplement medicare coverage; and  
 46 (d) Nonemergency medical transportation.
- 47 (5) Benefits for all medicaid participants, unless specifically lim-  
 48 ited in subsection (2), (3), or (4) of this section, include the following:  
 49 (a) Health care coverage including, but not limited to, basic inpatient  
 50 and outpatient medical services, and including:

- 1 (i) Physicians' services, whether furnished in the office, the  
2 patient's home, a hospital, a nursing facility or elsewhere;
- 3 (ii) Services provided by a physician or other licensed practi-  
4 tioner to prevent disease, disability and other health conditions  
5 or their progressions, to prolong life, or to promote physical or  
6 mental health; and
- 7 (iii) Hospital care, including:
- 8 1. Inpatient hospital services other than those services  
9 provided in an institution for mental diseases;
- 10 2. Outpatient hospital services; and
- 11 3. Emergency hospital services;
- 12 (iv) Laboratory and x-ray services;
- 13 (v) Prescribed drugs;
- 14 (vi) Family planning services and supplies for individuals of  
15 child-bearing age;
- 16 (vii) Certified pediatric or family nurse practitioners' ser-  
17 vices;
- 18 (viii) Emergency medical transportation;
- 19 (ix) Behavioral health services, including:
- 20 1. Outpatient behavioral health services that are appropri-  
21 ate, delivered by providers that meet national accredita-  
22 tion standards and may include community-based rehabilita-  
23 tion services and case management; and
- 24 2. Inpatient psychiatric facility services whether in a  
25 hospital, or for persons under the age of twenty-two (22)  
26 years in a freestanding psychiatric facility as permitted by  
27 federal law;
- 28 (x) Medical supplies, equipment, and appliances suitable for use  
29 in the home;
- 30 (xi) Physical therapy and speech therapies combined to align with  
31 the annual medicare caps; and
- 32 (xii) Occupational therapy to align with the annual medicare cap;
- 33 (b) Primary care medical homes;
- 34 (c) Dental services. Children shall have access to prevention, diag-  
35 nosis and treatment services as defined in federal law. Adult coverage  
36 shall be limited to medically necessary oral surgery and palliative  
37 services and associated diagnostic services. Select covered benefits  
38 include: exams, radiographs, periodontal, oral and maxillofacial  
39 surgery and adjunctive general services as defined in department rule.  
40 Pregnant women and adult participants with disabilities or special  
41 health needs shall have access to dental services that reflect evi-  
42 dence-based practice;
- 43 (d) Medical care and any other type of remedial care recognized under  
44 Idaho law, furnished by licensed practitioners within the scope of  
45 their practice as defined by Idaho law, including:
- 46 (i) Podiatrists' services based on chronic care criteria as de-  
47 fined in department rule;
- 48 (ii) Optometrists' services based on chronic care criteria as de-  
49 fined in department rule;

- 1 (iii) Chiropractors' services shall be limited to six (6) visits  
 2 per year; and  
 3 (iv) Other practitioners' services, in accordance with depart-  
 4 ment rules;  
 5 (e) Services for individuals with speech, hearing and language disor-  
 6 ders as defined in department rule;  
 7 (f) Eyeglasses prescribed by a physician skilled in diseases of the eye  
 8 or by an optometrist;  
 9 (g) Services provided by essential providers, including:  
 10 (i) Rural health clinic services and other ambulatory services  
 11 furnished by a rural health clinic in accordance with section  
 12 1905(1) (1) of the social security act;  
 13 (ii) Federally qualified health center (FQHC) services and other  
 14 ambulatory services that are covered under the plan and furnished  
 15 by an FQHC in accordance with section 1905(1) (2) of the social se-  
 16 curity act;  
 17 (iii) Indian health services;  
 18 (iv) District health departments; and  
 19 (v) The family medicine residency of Idaho and the Idaho state  
 20 university family medicine residency; and  
 21 (h) Physician, hospital or other services deemed experimental are ex-  
 22 cluded from coverage. The director may allow coverage of procedures or  
 23 services deemed investigational if the procedures or services are as  
 24 cost-effective as traditional, standard treatments.

25 SECTION 3. That Chapter 2, Title 56, Idaho Code, be, and the same is  
 26 hereby amended by the addition thereto of a NEW SECTION, to be known and des-  
 27 ignated as Section 56-255A, Idaho Code, and to read as follows:

28 56-255A. LOW-INCOME ADULTS BENCHMARK PLAN. For those individuals de-  
 29 scribed in section 56-254(4) and (5), Idaho Code, the department will:

30 (1) Implement personal accountability requirements for participants  
 31 to the maximum extent allowable under federal law. Accountability require-  
 32 ments will encourage personal involvement and responsibility for health,  
 33 including engagement in prevention/disease strategies that improve/manage  
 34 health outcomes and decrease overall system costs.

35 (2) Reimburse the catastrophic health care cost fund for claims made on  
 36 behalf of eligible benchmark plan participants from July 1, 2016, through  
 37 the enrollment date.

38 (3) Pursue federal waivers to implement coverage for those individu-  
 39 als.

40 SECTION 4. An emergency existing therefor, which emergency is hereby  
 41 declared to exist, this act shall be in full force and effect on and after its  
 42 passage and approval. Provided however, that should the Centers for Medi-  
 43 care and Medicaid Services not approve any necessary waivers or state plan  
 44 amendments, or if 42 U.S.C. section 1396d(y), section 1905(y) of the Social  
 45 Security Act, is amended in a manner that conflicts with the provisions of  
 46 this act, the Governor shall, upon his determination that such event has oc-  
 47 curred, issue a proclamation declaring that Idaho will not be obligated to  
 48 comply with this act. The Governor shall file such proclamation with the

1 Secretary of State, and upon such filing, the provisions of this act shall be  
2 null, void and of no force or effect.

3 SECTION 5. This act shall become null, void and of no force or effect  
4 as of the date that federal financial participation for low-income adults  
5 is reduced below the ninety percent (90%) commitment described in 42 U.S.C.  
6 section 1396d(y).