STATEMENT OF PURPOSE

RS27062

The purpose of this legislation is:

1) To direct the Department of Health and Welfare to collect participant information related to the presence of or risk for substance use disorders so they can be referred to treatment.

2) To direct the Department to seek a waiver from the federal government to limit retroactive Medicaid eligibility from 90 days to 30 days.

3) To direct the Department of Health and Welfare and the Department of Insurance to seek any necessary waivers from the federal government to provide the option to persons within 100% to 138% of the FPL the ability to utilize the advanced premium tax credit to purchase health care coverage off the health insurance exchange.

4) To add work requirements as a condition of eligibility for able-bodied adults receiving Medicaid in Idaho. The implementation of work requirements will be consistent with the Supplemental Nutrition and Assistance Program (SNAP) work requirements and includes an exemption from participation for beneficiaries with children under the age of eighteen.

5) To allow Medicaid funding for behavioral health services for adults ages 18-64 in hospitals or nursing facilities engaged in providing diagnosis, treatment, or care of persons with mental diseases.

6) To provide the ability for the Legislature to declare 56-267 I.C. null and void, should Congress amend or a court with governing jurisdiction set aside Section 1905(y) of the Social Security Act.

7) To stipulate in the event the federal funding participation rate falls below 90%, 56-267 I.C. shall become null and void one legislative session after the effective date of the changed participation rate, unless the Legislature intervenes.

To require the Department of Health and Welfare and the Department of Insurance to implement the waivers, if approved, as soon as practicable thereafter.

Eligibility for Medicaid as described in this section shall not be delayed if the Centers for Medicare and Medicaid services fail to approve any waiver of the state plan for which the departments apply, nor shall such eligibility be delayed while the departments are considering or negotiating any waivers to the state plan.

FISCAL NOTE

The Department estimates an $80,000 one-time, operational cost to implement the health risk assessment provisions. These operational, implementation costs will be covered at 90% federal and 10% state funding. Trustee and benefit savings due to the elimination of retroactive coverage are estimated to be at least $100,000 annually at a 90% federal 10% state match. Should the federal government approve the waivers described in 56-253(8)(b) or 56-253(9), there will be additional savings for the state once the waivers are implemented.

Estimated total operational costs are $71,000 for the limit on retroactive Medicaid eligibility: One-time, start-up costs are state funds of $27,000 and federal funds of $27,000. Ongoing costs are state funds of $8,500 and federal funds of $8,500.

Estimated total operational costs are $482,400 for the waiver to allow choice of coverage for those 100% to 138% FPL: One-time, start-up costs are state funds of $120,000 and federal funds of $200,000. Ongoing costs are state funds of $81,200 and federal funds of $81,200.

Estimated total operational costs are $2,602,300 for the work requirements: One-time, start-up costs are state funds of $148,650 and federal funds of $688,650. Ongoing costs are state funds of $1,486,200 and federal funds of $278,800.

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