

IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 309

BY HEALTH AND WELFARE COMMITTEE

AN ACT

1 RELATING TO MEDICAL ASSISTANCE; AMENDING SECTION 56-254, IDAHO CODE, TO RE-
2 VISE PROVISIONS RELATING TO THE BENCHMARK PLAN FOR LOW-INCOME INDIVID-
3 UALS, TO REVISE PROVISIONS RELATING TO THE BENCHMARK PLAN FOR PERSONS
4 WITH DISABILITIES OR SPECIAL HEALTH NEEDS, TO PROVIDE A BENCHMARK PLAN
5 FOR LOW-INCOME ADULTS AND TO PROVIDE A CORRECT CODE REFERENCE; AMENDING
6 SECTION 56-255, IDAHO CODE, TO PROVIDE A HEALTH BENEFIT PLAN FOR LOW-IN-
7 COME ADULTS AND TO PROVIDE A CORRECT CODE REFERENCE; AND PROVIDING AN
8 EFFECTIVE DATE.
9

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

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

13 56-254. ELIGIBILITY FOR MEDICAL ASSISTANCE. The department shall make
14 payments for medical assistance to, or on behalf of, the following persons
15 eligible for medical assistance.

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

18 (a) Children in families whose family income does not exceed one hun-
19 dred eighty-five percent (85%) of the federal poverty guideline and
20 who meet age-related and other eligibility standards in accordance with
21 department rule;

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

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

31 (d) Until January 1, 2014, aAdults in families with dependent children
32 as described in section 1931 of the social security act, who meet the re-
33 quirements in the state's assistance to families with dependent chil-
34 dren (AFDC) plan in effect on July 16, 1996;

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

40 (f) Employees of small businesses who meet the definition of "eligible
41 adult" as described in section 56-238, Idaho Code, whose eligibility is

1 limited to the medical assistance program described in section 56-241,
2 Idaho Code; and

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

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

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

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

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

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

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

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

35 (g) Low-income children who qualify under subsection (1) of this sec-
36 tion and working-age adults under age sixty-five (65) years who qual-
37 ify under subsection ~~(4)~~ of this section and who require the services
38 for persons with disabilities or special health needs listed in section
39 56-255(3), Idaho Code; and

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

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

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

47 (b) Persons who are in need of the services of a licensed nursing fa-
48 cility, a licensed intermediate care facility for the developmentally
49 disabled, a state mental hospital, or home-based and community-based
50 care, whose income does not exceed three hundred percent (300%) of the

1 social security income (SSI) standard and who meet the assets standards
2 and other eligibility standards in accordance with federal and state
3 law and department rule;

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

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

10 (4) The benchmark plan for low-income adults includes the following
11 persons:

12 (a) Beginning January 1, 2014, adults in families with dependent chil-
13 children as described in title XIX, section 1931 of the social security act;
14 and

15 (b) Beginning January 1, 2014, individuals age nineteen (19) years or
16 older and under the age of sixty-five (65) years who were not otherwise
17 eligible for any other coverage under the medical assistance state
18 plan prior to March 23, 2010, and are described in title XIX, section
19 1902(a)(10)(A)(i)(VII) of the social security act.

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

22 56-255. MEDICAL ASSISTANCE PROGRAM -- SERVICES TO BE PROVIDED. (1)
23 The department may make payments for the following services furnished by
24 providers to participants who are determined to be eligible on the dates on
25 which the services were provided. Any service under this section shall be
26 reimbursed only when medically necessary within the appropriations provided
27 by law and in accordance with federal law and regulation, Idaho law and de-
28 partment rule. Notwithstanding any other provision of this chapter, medical
29 assistance includes the following benefits specific to the eligibility cat-
30 egories established in section 56-254(1), (2) ~~and~~, (3) ~~and~~ (4), Idaho Code,
31 ~~as well as a list of benefits to which all Idaho medicaid participants are~~
32 ~~entitled, defined in subsection (5) of this section.~~

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

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

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

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

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

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

48 (3) Specific health benefits for persons with disabilities or special
49 health needs include:

- 1 (a) All services described in subsection (5) of this section;
2 (b) Early and periodic screening, diagnosis and treatment services for
3 individuals under age twenty-one (21) years, and treatment of condi-
4 tions found;
5 (c) Case management services as defined in accordance with section
6 1905(a) (19) or section 1915(g) of the social security act; and
7 (d) Mental health services delivered by providers that meet national
8 accreditation standards, including:
9 (i) Inpatient psychiatric facility services whether in a hospi-
10 tal, or for persons under age twenty-two (22) years in a freestand-
11 ing psychiatric facility, as permitted by federal law, in excess
12 of those limits in department rules on inpatient psychiatric fa-
13 cility services provided under subsection (5) of this section;
14 (ii) Outpatient mental health services in excess of those limits
15 in department rules on outpatient mental health services provided
16 under subsection (5) of this section; and
17 (iii) Psychosocial rehabilitation for reduction of mental dis-
18 ability for children under the age of eighteen (18) years with a
19 serious emotional disturbance (SED). Individuals age eighteen
20 (18) years to age twenty-one (21) years with severe and persistent
21 mental illness shall have access to benefits up to a weekly cap of
22 five (5) hours while adults over the age of twenty-one (21) years
23 with severe and persistent mental illness shall have access to
24 benefits up to a weekly cap of four (4) hours;
25 (e) Long-term care services, including:
26 (i) Nursing facility services, other than services in an institu-
27 tion for mental diseases, subject to participant cost-sharing;
28 (ii) Home-based and community-based services, subject to federal
29 approval, provided to individuals who require nursing facility
30 level of care who, without home-based and community-based ser-
31 vices, would require institutionalization. These services will
32 include community supports, including options for self-determi-
33 nation or family-directed, which will enable individuals to have
34 greater freedom to manage their own care within the determined
35 budget as defined by department rule; and
36 (iii) Personal care services in a participant's home, prescribed
37 in accordance with a plan of treatment and provided by a qualified
38 person under supervision of a registered nurse;
39 (f) Services for persons with developmental disabilities, including:
40 (i) Intermediate care facility services, other than such ser-
41 vices in an institution for mental diseases, for persons deter-
42 mined in accordance with section 1902(a) (31) of the social secu-
43 rity act to be in need of such care, including such services in a
44 public institution, or distinct part thereof, for persons with in-
45 tellectual disabilities or persons with related conditions;
46 (ii) Home-based and community-based services, subject to federal
47 approval, provided to individuals who require an intermediate
48 care facility for people with intellectual disabilities (ICF/ID)
49 level of care who, without home-based and community-based ser-
50 vices, would require institutionalization. These services will

- 1 include community supports, including options for self-determi-
 2 nation or family-directed, which will enable individuals to have
 3 greater freedom to manage their own care within the determined
 4 budget as defined by department rule. The department shall re-
 5 spond to requests for budget modifications only when health and
 6 safety issues are identified and meet the criteria as defined in
 7 department rule; and
- 8 (iii) Developmental disability services for children and adults
 9 shall be available based on need through state plan services or
 10 waiver services as described in department rule. The department
 11 shall develop a blended rate covering both individual and group
 12 developmental therapy services;
- 13 (g) Home health services, including:
- 14 (i) Intermittent or part-time nursing services provided by a home
 15 health agency or by a registered nurse when no home health agency
 16 exists in the area;
- 17 (ii) Home health aide services provided by a home health agency;
 18 and
- 19 (iii) Physical therapy, occupational therapy or speech pathology
 20 and audiology services provided by a home health agency or medical
 21 rehabilitation facility;
- 22 (h) Hospice care in accordance with section 1905(o) of the social secu-
 23 rity act;
- 24 (i) Specialized medical equipment and supplies;
- 25 (j) Medicare cost-sharing, including:
- 26 (i) Medicare cost-sharing for qualified medicare beneficiaries
 27 described in section 1905(p) of the social security act;
- 28 (ii) Medicare part A premiums for qualified disabled and working
 29 individuals described in section 1902(a)(10)(E)(ii) of the social
 30 security act;
- 31 (iii) Medicare part B premiums for specified low-income medicare
 32 beneficiaries described in section 1902(a)(10)(E)(iii) of the so-
 33 cial security act; and
- 34 (iv) Medicare part B premiums for qualifying individuals de-
 35 scribed in section 1902(a)(10)(E)(iv) and subject to section 1933
 36 of the social security act; and
- 37 (k) Nonemergency medical transportation.
- 38 (4) Specific health benefits for persons over twenty-one (21) years of
 39 age who have medicare and medicaid coverage include:
- 40 (a) All services described in subsection (5) of this section, other
 41 than if provided under the federal medicare program;
- 42 (b) All services described in subsection (3) of this section, other
 43 than if provided under the federal medicare program;
- 44 (c) Other services that supplement medicare coverage; and
- 45 (d) Nonemergency medical transportation.
- 46 (5) Benefits for all medicaid participants the eligibility categories
 47 established in section 56-254(1), (2) and (3), Idaho Code, unless specifi-
 48 cally limited in subsection (2), (3) or (4) of this section, include the fol-
 49 lowing:

- 1 (a) Health care coverage including, but not limited to, basic inpatient
2 and outpatient medical services, and including:
- 3 (i) Physicians' services, whether furnished in the office, the
4 patient's home, a hospital, a nursing facility or elsewhere;
 - 5 (ii) Services provided by a physician or other licensed practi-
6 tioner to prevent disease, disability and other health conditions
7 or their progressions, to prolong life, or to promote physical or
8 mental health; and
 - 9 (iii) Hospital care, including:
 - 10 1. Inpatient hospital services other than those services
11 provided in an institution for mental diseases;
 - 12 2. Outpatient hospital services; and
 - 13 3. Emergency hospital services;
 - 14 (iv) Laboratory and x-ray services;
 - 15 (v) Prescribed drugs;
 - 16 (vi) Family planning services and supplies for individuals of
17 child-bearing age;
 - 18 (vii) Certified pediatric or family nurse practitioners' ser-
19 vices;
 - 20 (viii) Emergency medical transportation;
 - 21 (ix) Mental health services, including:
 - 22 1. Outpatient mental health services that are appropriate,
23 within limits stated in department rules; and
 - 24 2. Inpatient psychiatric facility services within limits
25 stated in department rules;
 - 26 (x) Medical supplies, equipment, and appliances suitable for use
27 in the home;
 - 28 (xi) Physical therapy and speech therapies combined to align with
29 the annual medicare caps; and
 - 30 (xii) Occupational therapy to align with the annual medicare cap;
- 31 (b) Primary care medical homes;
- 32 (c) Dental services. Children shall have access to prevention, diag-
33 nosis and treatment services as defined in federal law. Adult coverage
34 shall be limited to medically necessary oral surgery and palliative
35 services and associated diagnostic services. Select covered benefits
36 include: exams, radiographs, periodontal, oral and maxillofacial
37 surgery and adjunctive general services as defined in department rule.
38 Pregnant women, participants on the aged and disabled waiver and the
39 developmental disability waiver shall have access to dental services
40 that reflect evidence-based practice;
- 41 (d) Medical care and any other type of remedial care recognized under
42 Idaho law, furnished by licensed practitioners within the scope of
43 their practice as defined by Idaho law, including:
- 44 (i) Podiatrists' services based on chronic care criteria as de-
45 fined in department rule;
 - 46 (ii) Optometrists' services based on chronic care criteria as de-
47 fined in department rule;
 - 48 (iii) Chiropractors' services shall be limited to six (6) visits
49 per year; and

- 1 (iv) Other practitioners' services, in accordance with depart-
 2 ment rules;
- 3 (e) Services for individuals with speech, hearing and language disor-
 4 ders as defined in department rule;
- 5 (f) Eyeglasses prescribed by a physician skilled in diseases of the eye
 6 or by an optometrist;
- 7 (g) Services provided by essential providers, including:
- 8 (i) Rural health clinic services and other ambulatory services
 9 furnished by a rural health clinic in accordance with section
 10 1905(1) (1) of the social security act;
- 11 (ii) Federally qualified health center (FQHC) services and other
 12 ambulatory services that are covered under the plan and furnished
 13 by an FQHC in accordance with section 1905(1) (2) of the social se-
 14 curity act;
- 15 (iii) Indian health services;
- 16 (iv) District health departments; and
- 17 (v) The family medicine residency of Idaho and the Idaho state
 18 university family medicine residency; and
- 19 (h) Physician, hospital or other services deemed experimental are ex-
 20 cluded from coverage. The director may allow coverage of procedures or
 21 services deemed investigational if the procedures or services are as
 22 cost-effective as traditional, standard treatments.
- 23 (6) The health benefit plan for low-income adults includes the follow-
 24 ing:
- 25 (a) The benefit plan shall meet all mandatory essential health bene-
 26 fit requirements as described in title XIX, section 1937(b) (5) of the
 27 social security act, and only necessary and mandatory medicaid assur-
 28 ances;
- 29 (b) The benefit plan design shall include personal accountability re-
 30 quirements for participants that encourage personal involvement and
 31 responsibility for his or her health, including engagements in preven-
 32 tion and disease management strategies that improve and manage health
 33 outcomes and decrease overall system costs; and
- 34 (c) The benefit plan shall include patient-centered medical homes as a
 35 foundation of the service delivery system that allows care to be managed
 36 more efficiently and effectively.

37 SECTION 3. This act shall be in full force and effect on and after Jan-
 38 uary 1, 2014.