

IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 351

BY HEALTH AND WELFARE COMMITTEE

AN ACT

RELATING TO MEDICAL ASSISTANCE; AMENDING SECTION 56-254, IDAHO CODE, TO RE-
VISE PROVISIONS RELATING TO PERSONS WHO ARE ELIGIBLE FOR A MANAGED CARE
PLAN OR PLANS.

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

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

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

(1) The benchmark plan for low-income children and working-age adults
with no special health needs includes the following persons, except for per-
sons, if any, who meet the criteria in subsection (3) of this section and who
are required by department rule to enroll in a managed care plan for medicaid
benefits:

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

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

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

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

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

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

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

4 (2) The benchmark plan for persons with disabilities or special health
 5 needs includes the following persons, except for persons, if any, who meet
 6 the criteria in subsection (3) of this section and who are required by de-
 7 partment rule to enroll in a managed care plan for medicaid benefits:

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 and working-age adults under age sixty-five
 36 (65) years who qualify under subsection (1) of this section and who
 37 require the services for persons with disabilities or special health
 38 needs listed in section 56-255(3), Idaho Code; and

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

41 (3) The benchmark plan for persons over twenty-one (21) years of age who
 42 have medicare and medicaid coverage includes the following persons A man-
 43 aged care plan or plans, if any, that may be offered on either a voluntary
 44 or mandatory basis, includes persons who meet the following criteria and any
 45 additional criteria specified by department rule:

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

1 ~~(b) Persons who are in need of the services of a licensed nursing facil-~~
2 ~~ity, a licensed intermediate care facility for the developmentally dis-~~
3 ~~abled, a state mental hospital, or home-based and community-based care,~~
4 ~~whose income does not exceed three hundred percent (300%) eligible for~~
5 ~~medicaid services under title XIX of the social security income (SSI)~~
6 ~~standard and who meet the assets standards and other eligibility stan-~~
7 ~~dards in accordance with federal and state law and department rule;~~
8 ~~(c) Persons who are eligible for services under both titles XVIII and~~
9 ~~XIX of the social security act who have enrolled in the medicare pro-~~
10 ~~gram; and~~
11 ~~(d) Persons who are eligible for services under both titles XVIII and~~
12 ~~XIX of the social security act and who elect to enroll in this state plan~~
13 ~~act.~~