LEGISLATURE OF THE STATE OF IDAHO
Sixty-fifth Legislature First Regular Session - 2019

IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 277

BY HEALTH AND WELFARE COMMITTEE

AN ACT

RELATING TO MEDICAID; AMENDING SECTION 56-253, IDAHO CODE, TO PROVIDE THAT
A HEALTH RISK ASSESSMENT SHALL INCLUDE QUESTIONS RELATING TO SUBSTANCE
USE DISORDERS, TO PROVIDE THAT THE DIRECTOR OF THE DEPARTMENT OF HEALTH
AND WELFARE SHALL SEEK CERTAIN WAIVERS AND CONDUCT CERTAIN RESEARCH,
TO PROVIDE THAT APPROVED WAIVERS SHALL BE IMPLEMENTED AS SOON AS POSS-
IBLE, AND TO MAKE A TECHNICAL CORRECTION; AMENDING SECTION 56-263,
IDAHO CODE, TO PROVIDE AUTHORIZATION TO THE DEPARTMENT OF HEALTH AND
WELFARE TO SEEK CERTAIN APPROVAL OR A WAIVER AND TO PROVIDE APPLICABIL-
ITY; AMENDING SECTION 56-267, IDAHO CODE, TO PROVIDE FOR APPLICABILITY
IF A CERTAIN WAIVER IS APPROVED, TO PROVIDE THAT PERSONS PARTICIPATING
IN MEDICAID PURSUANT TO THIS SECTION BE PLACED IN A CARE MANAGEMENT PRO-
GRAM TO THE EXTENT POSSIBLE, TO PROVIDE AUTHORIZATION TO SEEK FEDERAL
APPROVAL, TO PROVIDE THAT THE LEGISLATURE MAY DECLARE THE SECTION TO BE
NULL, VOID, AND OF NO FORCE AND EFFECT UNDER CERTAIN CIRCUMSTANCES, TO
PROVIDE THAT THE SECTION SHALL BECOME NULL, VOID, AND OF NO FORCE AND
EFFECT UNDER CERTAIN CIRCUMSTANCES, TO PROVIDE FOR A REVIEW OF AND A
RECOMMENDATION REGARDING MEDICAID ELIGIBILITY EXPANSION, AND TO MAKE
TECHNICAL CORRECTIONS; PROVIDING SEVERABILITY; AND DECLARING AN EMER-
GENCY.

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

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

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

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

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

(4) The director shall establish a mechanism to ensure placement of
participants into the appropriate benchmark plan as allowed under section
6044 of the deficit reduction act of 2005. This mechanism shall include,
but not be limited to, a health risk assessment. This assessment shall com-
ply with federal requirements for early and periodic screening, diagnosis
and treatment (EPSDT) services for children, in accordance with section
1905(a)(4)(B) of the social security act. The health risk assessment shall include questions related to substance use disorders to allow referral to treatment for such disorders by the department.

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

(6) The director may, subject to federal approval, enter into contracts for medical and other services when such contracts are beneficial to participant health outcomes as well as economically prudent for the medicaid program.

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

(8) The director shall:
(a) Seek a waiver from the federal government to limit retroactive medicaid eligibility for persons described in section 56-267, Idaho Code, from ninety (90) days to thirty (30) days;
(b) In cooperation with the director of the department of insurance, seek a waiver from the federal government to provide that persons who would otherwise be eligible for medicaid pursuant to section 56-267, Idaho Code, and who have a modified adjusted gross income at one hundred percent (100%) of the federal poverty level or greater, will receive the advanced premium tax credit to purchase a qualified health plan through the Idaho health insurance exchange established by chapter 61, title 41, Idaho Code, instead of enrolling in medicaid. The department shall limit the choice of qualified health plans to ensure cost-effective coverage. If the waiver described in this paragraph is not approved before January 1, 2020, then the persons described in this paragraph shall be eligible for medicaid; and
(c) Seek a waiver from the federal government consistent with the provisions of this paragraph,

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

1. Working at least twenty (20) hours per week, averaged monthly, or earning wages equal to or greater than the federal minimum wage for twenty (20) hours of work per week;
2. Participating in and complying with the requirements of a work training program at least twenty (20) hours per week, as determined by the department;
3. Volunteering at least twenty (20) hours per week, as determined by the department;
4. Enrolled at least half-time in postsecondary education or another recognized education program, as determined by the department, and remaining enrolled and attending classes during normal class cycles;
5. Meeting any combination of working, volunteering, and participating in a work program for a total of at least
twenty (20) hours per week, as determined by the department; or
6. Subject to and complying with the requirements of the work program for temporary assistance for needy families (TANF) or participating and complying with the requirements of a workfare program in the supplemental nutrition assistance program (SNAP).

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

1. Under the age of nineteen (19) years;
2. Over the age of fifty-nine (59) years;
3. Physically or intellectually unfit for employment;
4. Pregnant;
5. A parent or caretaker who is the primary caregiver of a dependent child under the age of eighteen (18) years, as determined by the department;
6. A parent or caretaker personally providing care for a person with serious medical conditions or with a disability, as determined by the department;
7. Applying for or receiving unemployment compensation and complying with work requirements that are part of the federal-state unemployment insurance program;
8. Applying for social security disability benefits, until such time eligibility is determined;
9. Participating in a drug addiction or alcohol treatment and rehabilitation program, as determined by the department; or
10. An American Indian or Alaska native who is eligible for services through the Indian health service or through a tribal health program pursuant to the Indian self-determination and education assistance act and the Indian health care improvement act.

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

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

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

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

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

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

(a) Dual eligibles; and
(b) High-risk pregnancies.
(2) The medicaid managed care plan shall include, but not be limited to, the following elements:
(a) Improved coordination of care through primary care medical homes.
(b) Approaches that improve coordination and provide case management for high-risk, high-cost disabled adults and children that reduce costs and improve health outcomes, including mandatory enrollment in special needs plans, and that consider other managed care approaches.
(c) Managed care contracts to pay for behavioral health benefits as described in executive order number 2011-01 and in any implementing legislation. At a minimum, the system should include independent, standardized, statewide assessment and evidence-based benefits provided by businesses that meet national accreditation standards.
(d) The elimination of duplicative practices that result in unnecessary utilization and costs.
(e) Contracts based on gain sharing, risk-sharing or a capitated basis.
(f) Medical home development with focus on populations with chronic disease using a tiered case management fee.
(3) The department shall seek federal approval or a waiver to require that a medicaid participant who has a medical home as required in section 56-255(5)(b), Idaho Code, must have a referral to obtain family planning services or supplies from a provider outside the participant's medical home. The provisions of this subsection shall apply to medicaid participants upon such approval.

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

56-267. MEDICAID ELIGIBILITY EXPANSION. (1) Notwithstanding any provision of law or federal waiver to the contrary, the state shall amend its state plan to expand medicaid eligibility to include those persons under sixty-five (65) years of age whose modified adjusted gross income is one hundred thirty-three percent (133%) of the federal poverty level or below and who are not otherwise eligible for any other coverage under the state plan, in accordance with sections 1902(a)(10)(A)(i)(VIII) and 1902(e)(14) of the Social Security Act. If the waiver described in section 56-253(8)(b), Idaho Code, is approved prior to January 1, 2020, then this subsection shall apply only to those persons whose modified adjusted gross income is below one hundred percent (100%) of the federal poverty level.
(2) No later than ninety (90) days after approval of this act, the department shall submit any necessary state plan amendments to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services to implement the provisions of this section. The department is required and authorized to take all actions necessary to implement the provisions of this section as soon as practicable.
(3) The department:
(a) Shall place all persons participating in medicaid pursuant to this section in a care management program authorized under section 56-265 (5), Idaho Code, or in another managed care program to improve the quality of their care, to the extent possible; and
(b) Is authorized to seek any federal approval necessary to implement the provisions of this subsection.

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

(5) This section shall become null, void, and of no force and effect as of the last day of March following the date that federal financial participation for persons identified in subsection (1) of this section is reduced below the ninety percent (90%) commitment described in section 1905(y) of the social security act.

(6) No later than January 31 in the 2023 legislative session, the senate and house of representatives health and welfare committees shall review all fiscal, health, and other impacts of medicaid eligibility expansion pursuant to this section and shall make a recommendation to the legislature as to whether such expansion should remain in effect.

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

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