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State/Territory Name: Idaho

State Plan Amendment (SPA) #: 23-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



June 16, 2023

Juliet Charron
Administrator, Division of Medicaid
Idaho Department of Health and Welfare
PO Box 8320
Boise, ID 83720-0009

Re: Idaho State Plan Amendment (SPA) 23-0007

Dear Administrator Charron:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment and accompanying section 1135 waiver submitted on April 5, 2023 under transmittal number (TN) 23-0007. This amendment proposes to update non-emergency medical transportation provider qualification requirements per the Consolidated Appropriations Act of 2021.

Pursuant to section 1135(b)(5) of the Social Security Act (Act), for the period of the public health emergency, CMS is modifying the requirement at 42 C.F.R. §430.20 that the state submit SPAs related to the COVID-19 public health emergency by the final day of the quarter, to obtain a SPA effective date during the quarter, enabling SPAs submitted after the last day of the quarter to have an effective date in a previous quarter, but no earlier than the effective date of the public health emergency.

The State of Idaho also requested a waiver to modify the public notice requirements applicable to the SPA submission process. Pursuant to section 1135(b)(5) of the Act, CMS is modifying public notice requirements applicable to the SPA submission process. Public notice for SPAs is required under 42 C.F.R. §447.205 for changes in statewide methods and standards for setting Medicaid payment rates, 42 C.F.R. §447.57 for changes to premiums and cost sharing, and 42 C.F.R. §440.386 for changes to Alternative Benefit Plans. Pursuant to section 1135(b)(5) of the Act, CMS is approving the state's request to modify these notice requirements otherwise applicable to SPA submissions.

The State of Idaho also requested a waiver to modify the tribal consultation timeline applicable to this SPA submission process. Pursuant to section 1135(b)(5) of the Act, CMS is also allowing states to modify the timeframes associated with tribal consultation required under section 1902(a)(73) of the Act, including shortening the number of days before submission or conducting consultation after submission of the SPA.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations. This letter is to inform you that Idaho's Medicaid SPA Transmittal Number 23-0007 is approved effective December 27, 2021.

If you have any questions, please contact Courtenay Savage at 312-353-3721 or via email at Courtenay.Savage@cms.hhs.gov.

Sincerely,

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

cc: Charles Beal, IDHW
David Bell, IDHW

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2</u> <u>3</u> — <u>0</u> <u>0</u> <u>0</u> <u>7</u>	2. STATE <u>I</u> <u>D</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <u>12-27-2020</u> <u>2021</u>
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5. FEDERAL STATUTE/REGULATION CITATION Sections 1902(a)(4) and (30) of the Social Security Act Section 1903(i) of the Social Security Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2021</u> \$ <u>0</u> b. FFY <u>2022</u> \$ <u>0</u>
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 3.1-D page 1</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 3.1-D page 1</u>
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9. SUBJECT OF AMENDMENT
Updating Attachment 3.1-D to make required assurances around transportation services.

10. GOVERNOR'S REVIEW (Check One)

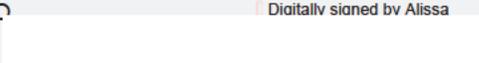
GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO JULIET CHARRON, Administrator Idaho Department of Health and Welfare Division of Medicaid PO Box 83720 Boise, ID 83720-0009
12. TYPED NAME JULIET CHARRON	
13. TITLE Administrator	
14. DATE SUBMITTED 04/05/2023	

FOR CMS USE ONLY

16. DATE RECEIVED <u>April 5, 2023</u>	17. DATE APPROVED <u>June 16, 2023</u>
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>December 27, 2021</u>	19. SIGNATURE  Digitally signed by Alissa
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20. TYPED NAME OF APPROVING OFFICIAL <u>Alissa Mooney DeBoy</u>	21. TITLE OF APPROVING OFFICIAL <u>On Behalf of Anne Marie Costello, Deputy Director, CMCS</u>
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22. REMARKS
5/26/23: Idaho authorized a pen and ink to change the SPA effective date in Box 4 from 12/27/20 to 12/27/21.

Attachment 3.1-D

Page 1

(c) The State agency will assure the provision of necessary transportation of eligible persons to and from providers of Medicaid services.

Requests for transportation services will be reviewed and authorized by the Department or its designee. Authorization is required prior to the use of transportation services except when the service is emergency in nature. Payment for transportation services will be made for the least expensive mode available which is most appropriate to the recipient's medical needs. Payment for meals and lodging may be authorized where appropriate. Ambulance services will be covered in emergency situations or when prior authorized by the Department or its designee.

The Division of Medicaid attests that all the minimum requirements outlined in 1902(a)(87) of the Act are met.