
Table of Contents

State/Territory Name: Idaho

State Plan Amendment (SPA) #: 08-014

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages



Region 10
2201 Sixth Avenue, MS/RX 43
Seattle, Washington 98121

JAN 19 2010

Richard Armstrong, Director
Department of Health and Welfare
Towers Building – Tenth Floor
Post Box 83720
Boise, Idaho 83720-0036

RE: Idaho State Plan Amendment Transmittal Number #08-014

Dear Mr. Armstrong:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Idaho State Plan Amendment (SPA) Transmittal Number #08-014.

This letter approves Idaho's formal request to revise the reimbursement methodology for Partial Care services provided by other health professionals authorized to administer mental health clinic services.

This SPA is approved effective November 1, 2009.

If you have any questions concerning this SPA, please contact Tom Couch, CMS' Boise Outstation Office, at (208) 334-9482 or via email at Thomas.Couch@cms.hhs.gov.

Sincerely,

A black rectangular box redacting the signature of Barbara K. Richards.

Barbara K. Richards
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

cc:

Leslie Clement, Administrator
Paul Leary, Deputy Administrator
Rachel Strutton, State Plan Coordinator
Sheila Pugatch, Reimbursement Specialist

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 08-014	2. STATE IDAHO
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE July 1, 2009	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN **AMENDMENT**

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)


6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.201	7. FEDERAL BUDGET IMPACT: Total (\$) Federal Funds FFY 2009 (7-1-09 - 9-30-09) - \$145,000 FFY 2010 - \$580,000
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, page 21, page 21a, and page 21b. page 21-1 (p1)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, page 21.
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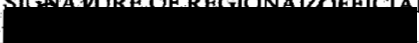
10. SUBJECT OF AMENDMENT:
We are requesting this amendment to our State Plan to define the reimbursement methodology to pay other health professionals authorized to administer mental health services in mental health clinics.

11. 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

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Leslie M. Clement, Administrator Idaho Department of Health and Welfare Division of Medicaid PO Box 83720 Boise ID 83720-0036
13. TYPED NAME: Leslie M. Clement	
14. TITLE: Administrator	
15. DATE SUBMITTED: 9-2-09	

17. DATE RECEIVED: SEP 2 2009	FOR REGIONAL OFFICE USE ONLY	18. DATE APPROVED: JAN 19 2010
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PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: NOV 01 2009	20. SIGNATURE OF REGIONAL OFFICIAL: 

21. TYPED NAME: Barbara K. Richards	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health
23. REMARKS:	

9. a. Clinic Services

- i. Mental Health Clinics — The Department’s medical assistance upper limit for reimbursement is the lower of: the mental health clinic’s actual charge; or the allowable charge as established by the Department’s medical assistance fee schedule. Mental health clinic reimbursement is subject to the provisions of 42 CFR 447.321.

“Clinic Services” are described in Idaho’s Basic Benchmark Benefit Package in Sections 3.B.2., and 3.K.2., and in Idaho’s Enhanced Benchmark Benefit Plan in Sections 3.B.2., and 3.K.2.

Rate(s):

For physician services where mid-levels are authorized to administer mental health services, the Department reimburses based on the Department’s medical assistance fee schedule.

For other health professional authorized to administer mental health services, the statewide reimbursement rate for mental health services was derived by using Bureau of Labor Statistics mean wage for the direct care staff providing the service adjusted for employment related expenditures and indirect general and administrative costs which includes program related costs and are based on surveyed data.

Reimbursement rates for these services are set at a percentage of the statewide target reimbursement rate described above. The following CPT codes represent the service codes paid to mental health clinic service providers who are considered other health professionals authorized to administer mental health clinic services:

Code	Description	Rate of Reimbursement
90887	Collateral Contact (per 15 min.)	\$9.94
H2014	Partial Care (per 15 min.)	\$2.24
T1028	Social History and Evaluation (per 15 min.)	\$9.94

The fee schedule for the above listed codes and any annual/periodic adjustments to the fee schedule for the above listed codes are published at the following web site:

<http://www.healthandwelfare.idaho.gov>

The fee schedule will be effective for services on or after 11/01/09.

- ii. Ambulatory Surgical Centers — The Department’s Medical Assistance Unit reimburses for the use of facilities and supplies at the rural payment level established by the Medicare Part B Carrier for the State of Idaho. Any surgical procedure identified by the Department’s Medical Assistance Unit for which a payment level will be reimbursed at a rate established by the Department’s Medical Assistance Unit.

The agency’s rates are set from 07/01/1999 on, and are effective for services on or after that date. All rates are published on the Ambulatory Surgical Centers fee schedule at the agency’s web site:

<http://www.healthandwelfare.idaho.gov>

- iii. Diagnostic Screening Clinics — Clinic services are available only through those medical facilities which have a specific contract or agreement with the Department’s Medical Assistance Unit. A specific fee schedule is required and prior authorization for certain services may be delineated in the contract as well as other limitations set by the state agency and subject to the provisions of 42 CFR 447.321.

The agency’s rates are set from 07/01/1980 on, and are effective for services on or after that date. All rates are published on the numerical fee schedule at the agency’s web site:

<http://www.healthandwelfare.idaho.gov>

“Diagnostic Screening Clinics” are described in Idaho’s Basic Benchmark Benefit Package in Sections 3.G.4., and in Idaho’s Enhanced Benchmark Benefit Plan in Section 3.G.4.

- iv. Indian Health Clinics — Payment for Indian Health Service (IHS)/tribal 638 outpatient services is made at the most current outpatient per visit rate published by IHS in the Federal Register.