



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

SEP 21 2010

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

RE: Idaho State Plan Amendment (SPA) Transmittal Number 10-001

Dear Mr. Armstrong:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 10-001. This amendment clarifies and defines the personal care services Alternate Care Home setting in the Enhanced Benchmark Plan. The changes are reflected in Attachment 3.1-C (Enhanced Benchmark Plan), pages 46 & 46a, and Attachment 4.19-B, page 35a.

This SPA is approved effective July 1, 2010.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Tom Couch at (208) 334-9482 or Thomas.Couch@cms.hhs.gov.

Sincerely,

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

cc:

Leslie Clement, Administrator, Idaho Department of Health and Welfare
Rachel Strutton, State Plan Coordinator, Idaho Department of Health and Welfare

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

1. TRANSMITTAL NUMBER:
10-001

2. STATE
IDAHO

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2010

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:
Response to the federal audit conducted by Centers for Medicare and Medicaid Services (CMS) for the period of July 1, 2006, through June 30, 2007, on the Personal Care Services (PCS) program.

7. FEDERAL BUDGET IMPACT:
N/A

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-C, Enhanced Benchmark Plan, page 46.
Attachment 4.19-B, page 35a
Attachment 3.19-C, EBBP, page 46a (P&I)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
Attachment 3.1-C, Enhanced Benchmark Plan, page 46.
Attachment 4.19-B, page 35a

10. SUBJECT OF AMENDMENT:
To add and define PCS Alternate Care Home to the Enhanced Benchmark Plan.

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:
3-2-10

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **MARCH 4 2010**

18. DATE APPROVED: **SEP 21 2010**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
JUL 01 2010

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Barbara K. Richards

22. TITLE:

23. REMARKS:
8/09/10 State authorized pen and ink changes to box 8.

**Associate Regional Administrator
Division of Medicaid &
Children's Health**

ENHANCED PLAN
(For Individuals with Disabilities, Including Elders, or Special Health Needs)
BENCHMARK BENEFIT PACKAGE

3. T.2 Personal Care Services

The Enhanced Benchmark Benefit Package includes **Personal Care Services** permitted under sections 1905(a)(24) and 2110(a)(14) of the Social Security Act when prior authorized by the Department.

Personal care services (PCS) means a range of medically oriented care services related to a participant's physical or functional requirements. These services are provided in the participant's home or personal residence.

Personal care services (PCS) may be furnished to a participant who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for people with intellectual disabilities, or institution for mental disease that are:

- Provided in accordance with a plan of care authorized for the individual by a physician in accordance with a plan of treatment or in accordance with a service plan approved by the State as defined in 42 CFR §440.167(a)(1)
- Provided by an individual who is qualified to provide such services and who is not a member of the individual's family as defined in 42 CFR §440.167(b)
- Provided in the participant's home, including the following:
 - **Certified Family Home.** A home certified by the Department to provide care to one (1) or two (2) adults, who are unable to reside on their own and require help with activities of daily living, protection and security, and need encouragement toward independence.
 - **Residential Care or Assisted Living Facility.** A facility or residence, however named, operated on either a profit or nonprofit basis for the purpose of providing necessary supervision, personal assistance, meals, and lodging to three (3) or more adults not related to the owner.
 - **PCS Family Alternate Care Home.** The private home of an individual licensed by the Department to provide personal care services to one (1) or two (2) children, who are unable to reside in their own home and require assistance with medically-oriented tasks related to the child's physical or functional needs.
 - **Personal assistance agency.** An entity that recruits, hires, fires, trains, supervises, schedules, oversees quality of work, takes responsibility for services provided, provides payroll and benefits for personal assistants working for them, is the employer of record and in fact.

Freedom of Choice: The provision of personal care services will not restrict an individual's free choice of providers-section 1902(a) (23) of the Act.

- Eligible recipients (or a parent, legal guardian or the state in loco parentis) will have free choice of providers, the setting in which to reside, and a different personal care assistant, CNA, LPN, or RN if desired under the plan.

Provider Qualifications: Personal care services are provided by Licensed Professional Nurse (RN), Licensed Practical Nurse (LPN), Certified Nursing Assistant (CNA) (person listed on the CNA Registry who performs selected nursing services under the supervision of a registered professional nurse person who has successfully completed a training program and holds a Certificate of Training meeting Federal eligibility requirements for listing on the Registry) or personal assistant (must be at least age eighteen (18) years of age and receive training to ensure the quality of services). A Personal Assistance Agency is an organization that has signed the Medicaid Provider General Agreement and the Additional Terms-Personal Assistance Agencies Agreement with the Department.

ENHANCED PLAN
(For Individuals with Disabilities, Including Elders, or Special Health Needs)
BENCHMARK BENEFIT PACKAGE

Personal care service providers (as defined on page 46) will receive training in the following areas:

- Participant confidentiality - Knowledge of the limitations regarding participant information and adheres to Health Insurance Portability and Accountability Act (HIPAA) and agency confidentiality guidelines.
- Universal precautions - Identifies ways infections are spread, proper hand washing techniques, and current accepted practice of infection control; know current accepted practice of handling and disposing of bodily fluids.
- Documentation - Knowledge of basic guidelines and fundamentals of documentation.
- Reporting - Knowledge of mandatory and incident reporting as well as role in reporting condition changes.
- Care plan implementation - Knowledge of utilization of care plan when delivering participant services.

Based on the participant's Department assessed needs the personal care service provider may receive training on basic personal care and grooming, toileting, transfers, mobility, assistance with food preparation, nutrition, and diet; assistance with medications, and RN delegated tasks.

Providers who are expected to carry out training programs for developmentally disabled participants must be supervised at least every ninety (90) days by a Qualified Mental Retardation Professional (QMRP) (42 CFR483.430(a)). A QMRP is a professional who (1) has at least one year of experience working directly with persons with intellectual disabilities or other developmental disabilities; and (2) is one of the following: (i) A doctor of medicine or osteopathy. (ii) A registered nurse. (iii) An individual who holds at least a bachelor's degree in a professional category.

Limitations. The following service limitations apply to the Enhanced Benchmark Benefit Package covered under the State plan.

Services are limited to sixteen (16) hours per calendar week, per eligible client. If medically necessary, participants under twenty-one (21) years of age (qualifying under EPSDT), will receive more than sixteen (16) hours per calendar week up to 24 hours per day of PCS.

3.T.3 Home and Community-Based Services

1915(c) Home and Community Based-waiver participants receive services through the Enhanced Benchmark Benefit plan plus additional services under the State's 1915(c) waiver.

24. f. (1) Personal Care Services (PCS) Under the Enhanced Benchmark Benefit Plan – Personal Care providers will be paid a uniform reimbursement rate for services as established by the Department pursuant to Section 39-5606 (effective 7/1/10), Idaho Code, on an annual basis.

Annually Medicaid will conduct a poll of all Idaho nursing facilities and Intermediate Care Facilities for the Mentally Retarded (ICF/MRs) to establish the weighted average hourly rates (WAHR) for nursing facility industry employees in comparable positions in Idaho to be used for the reimbursement rate, 15-minute increment, to be effective on July 1st of that year. The weighted average includes the following types of staff wages: a. certified nurse aide; b. nurse aide; and c. therapy technician.

The calculated fee includes a basic rate for services and mileage. No Title IV-E activities are included in claim reimbursement for this Title XIX service.

Personal Assistance Agencies and Fiscal Intermediary Agencies are paid the WAHR x 1.55.

PCS Family Alternate Care Providers are paid the WAHR x 1.29.

The Department also uses wage information gathered in the poll (that is not used in the weighted average for Personal Care Services) regarding RN and QMRP wages to calculate the hourly rate and wage increases for RN and QMRP.

The fee schedule and any annual/periodic adjustments to the fee schedule for PCS services are published at the following web site:

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

The fee schedule was last updated on 07/01/10 to be effective for services on or after 07/01/10.