



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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

JAN 24 2011

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

RE: Idaho State Plan Amendment (SPA) Transmittal Number 10-006


Dear Mr. Armstrong:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 10-006. This amendment revises the reimbursement for personal care services to reflect reductions in the weighted average hourly rates (WAHR) as identified by the State's annual survey. The reimbursement changes are reflected in Attachment 4.19-B, page 35a.

This SPA is approved effective July 3, 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: **10-006**
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 3, 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:
42 CFR 447.201

7. FEDERAL BUDGET IMPACT:
Total (\$) Federal Funds
FFY 2010 (07/01/10-09/30/10) (\$184,528)
FFY 2011 (10/01/10-06/30/11) (\$553,585)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

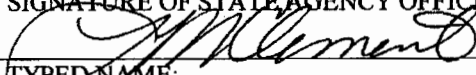
Attachment 4.19-B, page 35 (a).
~~Attachment 4.19-D, pages 20, 22 (P&I)~~
~~(P&I)~~

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Attachment 4.19-B, page 35 (a).
~~Attachment 4.19-D, pages 20, 22 (P&I)~~
~~(P&I)~~

10. SUBJECT OF AMENDMENT:
We are requesting this amendment to our State Plan to adjust to reimbursement rates paid for PCS services for SFY 2011 only if the prevailing hourly rate for comparable positions is less than the rate paid during SFY 2010. We are also conducting a cost survey to be completed by all personal assistance agencies every five (5) years.

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:

13. TYPED NAME:
Leslie M. Clement
14. TITLE:
Administrator
15. DATE SUBMITTED: **7/30/10**

16. RETURN TO:

Leslie M. Clement, Administrator
Idaho Department of Health and Welfare
Division of Medicaid
PO Box 83720
Boise ID 83720-0036

FOR REGIONAL OFFICE USE ONLY
17. DATE RECEIVED: **AUGUST 4 2010** 18. DATE APPROVED: **JAN 24 2011**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVAL: **JUL 03 2010**

20. SIGNATURE OF REGIONAL OFFICIAL:


21. TYPED NAME:
Barbara K. Richards

22. TITLE:
Associate Regional Administrator

23. REMARKS:
Division of Medicaid & Children's Health

Pen+Ink changes authorized by the state on 11/15/10.
Pen+Ink changes authorized by the state on 11/17/10.

24. f. (1) Personal Care Services (PCS) – 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 Department will adjust reimbursement rates paid for Personal Care Services (PCS) services for SFY 2011 only if the prevailing hourly rate for comparable positions is less than the rate paid during SFY 2010. 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.

Beginning with SFY 2011, every five (5) years the Department will conduct a survey of all Personal Assistance Agency's requesting the hours of all direct care staff and the costs involved for all travel, administration, and training. Based on the survey conducted, the Department will calculate a supplemental component using costs reported for travel, administration, and training. The survey data is the cost information collected during the last State Fiscal Year.

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 07/03/10 to be effective for services on or after 07/03/10.