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State/Territory Name: Idaho

State Plan Amendment (SPA) #: 14-004

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, WA 98104



Division of Medicaid & Children's Health Operations

MAY 14 2014

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 ID 14-004


Dear Mr. Armstrong:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number ID 14-004. This SPA amends Idaho's current 1915(i) state plan benefit for children with developmental disabilities by adding "Early Intervention Provider" as a provider type. In addition, this SPA revises the quality improvement strategy language in order to align it with current state plan home and community-based services strategies.

This SPA is approved with an effective date of July 1, 2014.

If you have any additional questions or require further assistance, please contact me, or have your staff contact Jessica Terry at (206) 615-2358 or jessica.terry@cms.hhs.gov.

Sincerely,


Carol J.C. Peverly
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

cc:

Paul Leary, Medicaid Administrator, Division of Medicaid
David Simmitt, Deputy Administrator, Division of Medicaid

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
14-004

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, 2014

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:
Section 6086 of the Deficit Reduction Act of 2005, and Section
2402(b) through 2402(f) of the Affordable Care Act

7. FEDERAL BUDGET IMPACT:
FFY14 \$0 (zero dollars)
FFY15 \$0 (zero dollars)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1-A Supplement 1 – Pages 20, 21, 24, 25, 41, 42, 43, 44,
45, 46 and new pages 23a, 25a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Attachment 3.1-A Supplement 1 – Pages 20, 21, 24, 25, 41, 42,
43, 44, 45, 46

10. SUBJECT OF AMENDMENT:

Revisions Quality Improvement Strategy (QIS) and the addition of Early Intervention as a provider type to 1915(i) State Plan HCBS benefit for children with developmental disabilities.

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:

Paul J. Leary

14. TITLE:

Administrator

15. DATE SUBMITTED:

3/12/14

16. RETURN TO:

Paul J. Leary, Administrator
Idaho Department of Health and Welfare
Division of Medicaid
PO Box 83720
Boise ID 83720-0009

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 3/12/14

18. DATE APPROVED: 5/14/14

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
July 1, 2014

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Carol J.C. Peverly

22. TITLE: Associate Regional Administrator
Division of Medicaid &
Children's Health

23. REMARKS:

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		Code.	Providers must be at least 16 years of age when employed by a DDA; meet the qualifications prescribed for the type of services to be rendered or must be an individual selected by the participant and parent/legal guardian; have received care giving instructions in the needs of the participant who will be provided the service; demonstrate the ability to provide services according to a plan of service; and pass a criminal background check.
Respite Care Provider			<p>Individuals must meet the following qualifications to provide respite:</p> <p>Providers must be at least eighteen (18) years of age and be a high school graduate, or have a GED; meet the qualifications prescribed for the type of services to be rendered or must be an individual selected by the participant and parent/legal guardian; have received care giving instructions in the needs of the participant who will be provided the service; demonstrate the ability to provide services according to a plan of service; pass a criminal background check; and must be certified in CPR and first aid prior to delivering services, and must maintain current certification thereafter.</p>
Early Intervention Provider			<p>Providers must be at least 16 years of age; meet the qualifications prescribed for the type of services to be rendered; have received care giving instructions in the needs of the participant who will be provided the service; demonstrate the ability to provide services according to a plan of service; pass a criminal background check and must be certified in CPR and first aid prior to delivering services, and must maintain current certification thereafter.</p>
Verification of Provider Qualifications (For each provider type listed above. Copy rows as needed):			

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Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):
Developmental Disabilities Agencies	Department of Health and Welfare	<ul style="list-style-type: none"> - At initial provider agreement approval or renewal - At least every three years, and as needed based on service monitoring concerns
Respite Care Provider And Early Intervention Provider	Department of Health and Welfare	<ul style="list-style-type: none"> - At initial provider agreement approval or renewal - At least every two years, and as needed based on service monitoring concerns
Service Delivery Method. (Check each that applies):		
<input type="checkbox"/> Participant-directed	<input checked="" type="checkbox"/> Provider managed	
Service Specifications (Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):		
Service Title:	Habilitative Supports	
Service Definition (Scope):		
<p>Habilitative Supports provides assistance to a participant with a disability by facilitating their independence and integration into the community. This service provides an opportunity for a participant to explore their interests, practice skills learned in other therapeutic environments, and learn through interactions in typical community activities.</p> <p>Integration into the community enables participants to expand their skills related to activities of daily living and reinforces skills to achieve or maintain mobility, sensory-motor, communication, socialization and relationship building, and participation in leisure and community activities.</p> <p>This service is only provided in the participant's home or in community settings when integration into the community is an identified goal. These supports may serve to reinforce skills or lessons taught in school, therapy or other settings, but are not intended to supplant services provided in school or therapy, nor are they intended to supplant the role of the primary caregiver.</p> <p>The supports provider must maintain a log of the habilitative support services in the participant's record documenting the provision of activities outlined in the plan of service. Supports that take place in both the home and community must ensure the participant is actively participating in age appropriate activities and is engaging with typical peers according to the ability of the participant.</p>		

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Provider Type (Specify):	License (Specify):	Certification (Specify):	Other Standard (Specify):
Early Intervention Provider			<p>Providers must be at least 18 years of age; must be a high school graduate or have a GED; demonstrate the ability to provide services according to a plan of service; have received instructions in the needs of the participant who will be provided the service; pass a criminal background check; complete a competency course approved by the Department related to the support staff job requirements; and have six (6) months supervised experience working with children with developmental disabilities. Experience can be achieved in the following ways:</p> <ul style="list-style-type: none"> -Have previous work experience gained through paid employment, university practicum experience, or internship; or -Have on-the-job supervised experience gained through employment at a DDA with increased supervision. - Have transcribed courses for a minimum of a Child Development Associate degree (CDA) or the equivalent through completion of twelve (12) semester credits from an accredited college or university in child development, special education, or closely-related coursework; or - Have three (3) years of documented experience providing care to infants, toddlers, or children less than five (5) years of age with developmental delays or disabilities under the supervision of a child development professional, certified educator, licensed therapist, or Developmental Specialist.

TN No: 14-004
Supersedes TN: New

Approval Date:
5/14/14

Effective Date: 7-1-2014 23a

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Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):
Developmental Disabilities Agencies	Department of Health and Welfare	- At initial provider agreement approval or renewal - At least every three years, and as needed based on service monitoring concerns
Early Intervention Provider	Department of Health and Welfare	- At initial provider agreement approval or renewal - At least every two years, and as needed based on service monitoring concerns
Service Delivery Method. (Check each that applies):		
<input type="checkbox"/> Participant-directed	<input checked="" type="checkbox"/> Provider managed	
Service Specifications (Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):		
Service Title:	Family Education	
Service Definition (Scope):		
<p>Family education is professional assistance to families to help them better meet the needs of the participant. It offers education to the parent/legal guardian that is specific to the individual needs of the family and child as identified on the plan of service. Family education is delivered to families to provide an orientation to developmental disabilities and to educate families on generalized strategies for behavioral modification and intervention techniques specific to their child's diagnoses. Family education may also provide assistance to the parent/legal guardian in educating other unpaid caregivers regarding the needs of the participant.</p> <p>Family education providers must maintain documentation of the training in the participant's record documenting the provision of activities outlined in the plan of service. When family education is provided in a group setting, the group should consist of no more than five (5) participants' families.</p>		
Additional needs-based criteria for receiving the service, if applicable (specify):		
N/A		
Specify limits (if any) on the amount, duration, or scope of this service for (chose each that applies):		
<input checked="" type="checkbox"/>	Categorically needy (specify limits):	
	Subject to individual budget maximums.	
<input type="checkbox"/>	Medically needy (specify limits):	

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Provider Qualifications (For each type of provider. Copy rows as needed):			
Provider Type (Specify):	License (Specify)	Certification (Specify):	Other Standard (Specify):
Developmental Disabilities Agency		Developmental Disabilities Agency (DDA) certificate as described in Idaho Administrative Code.	Individuals must meet the minimum general training requirements defined in IDAPA rule "Developmental Disabilities Agencies", and in addition must meet the following qualifications to provide family education in a DDA: Must hold at least a bachelor's degree in a health, human services, educational, behavioral science or counseling field from a nationally accredited university or college; must have one year experience providing care to children with developmental disabilities; must complete competency coursework approved by the Department to demonstrate competencies related to the requirements to provide family education; and must complete a criminal history and background check.
Early Intervention Provider			Provider must hold at least a bachelor's degree in a health, human services, educational, behavioral science or counseling field from a nationally accredited university or college; must have one year experience providing care to children with developmental disabilities; must complete competency coursework approved by the Department to demonstrate competencies related to the requirements to provide family education; and must complete a criminal history and background check. Provider must have a minimum of 240 hours of professionally-supervised experience with young children who have developmental disabilities and at least one of the following: - An Elementary Education Certificate or Special Education Certificate with an Endorsement in Early Childhood Special Education - A Blended Early Childhood/Early Childhood Special Education (EC/ECSE) Certificate or - A bachelor's or master's degree in special education, elementary education, speech-language pathology, early childhood education, physical therapy, occupational therapy, psychology, social work, or nursing plus a minimum of twenty-four (24) semester credits in Early Childhood/Early Childhood Special Education (EC/ ECSE) from an accredited college or university.

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Verification of Provider Qualifications <i>(For each provider type listed above. Copy rows as needed):</i>		
Provider Type <i>(Specify):</i>	Entity Responsible for Verification <i>(Specify):</i>	Frequency of Verification <i>(Specify):</i>
Developmental Disabilities Agencies	Department of Health and Welfare	- At initial provider agreement approval or renewal - At least every three years, and as needed based on service monitoring concerns
Early Intervention Provider	Department of Health and Welfare	- At initial provider agreement approval or renewal - At least every two years, and as needed based on service monitoring concerns
Service Delivery Method. <i>(Check each that applies):</i>		
Participant-directed	<input checked="" type="checkbox"/>	Provider managed
Service Specifications <i>(Specify a service title for the HCBS listed in Attachment 4.19-B that the State plans to cover):</i>		
Community Support Services		
Service Definition (Scope):		

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Quality Improvement Strategy

(Describe the State's quality improvement strategy in the tables below):

Discovery Activities					Remediation	
Requirement	Discovery Evidence <i>(Performance Measures)</i>	Discovery Activity <i>(Source of Data & sample size)</i>	Monitoring Responsibilities <i>(agency or entity that conducts discovery activities)</i>	Frequency	Remediation Responsibilities <i>(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)</i>	Frequency of Analysis and Aggregation
Administrative Authority						
The Medicaid agency retains ultimate administrative authority and responsibility for the operation of the program by exercising oversight of the performance of State Plan HCBS functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.	The number and percent of remediation issues that the state followed up on that were identified in the contract monitoring reports a. Numerator: number of remediation issues followed up on identified in the contract monitoring reports. b. Denominator: number of remediation issues identified in the contract monitoring reports.	Data Source: Reports to State Medicaid Agency on delegated administrative functions Provider performance monitoring Sampling Approach: 100% Review of remediation issues	The State Medicaid Agency is responsible for data collection/generation	Quarterly Annual	The State Medicaid Agency is responsible for data aggregation and analysis	Quarterly Annual
1915(i) Eligibility						
An evaluation for state plan HCBS eligibility is provided to all applicants for whom there is reasonable indication that services may be needed in the future.	Number and percent of applicants for HCBS services who receive an eligibility assessment. a. Numerator: Number of applicants for HCBS services who received an eligibility assessment b. Denominator: Number of applicants for HCBS services	Data Source: Reports to State Medicaid Agency on delegated administrative functions Sampling Approach: 100% Review	The State Medicaid Agency is responsible for data collection/generation	Quarterly Annual	The State Medicaid Agency is responsible for data aggregation and analysis	Quarterly Annual

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	<p>Number and percent of participants who received an annual redetermination of eligibility within 364 days of their previous eligibility assessment.</p> <p>a. Numerator: Number of participants who received an annual redetermination within 364 days of their previous eligibility assessment.</p> <p>b. Denominator: Number of participants who received an annual redetermination.</p>	<p>Data Source: Reports to State Medicaid Agency on delegated administrative functions</p> <p>Sampling Approach: 100% Review of annual redetermination of eligibility</p>	<p>The State Medicaid Agency is responsible for data collection/generation</p>	<p>Quarterly Annual</p>	<p>The State Medicaid Agency is responsible for data aggregation and analysis</p>	<p>Quarterly Annual</p>
<p>The processes and instruments described in the approved state plan for determining eligibility are applied appropriately</p>	<p>Number and percent of eligibility determinations criteria was determined according to policy</p> <p>a. Numerator: number of eligibility determinations that were determined according to policy</p> <p>b. Denominator: number of eligibility determinations</p>	<p>Data Source: Reports to State Medicaid Agency on delegated administrative functions</p> <p>Sampling Approach: Representative sample of child participants receiving HCBS services. Confidence interval = 95%</p>	<p>The State Medicaid Agency is responsible for data collection/generation</p>	<p>Annual</p>	<p>The State Medicaid Agency is responsible for data aggregation and analysis</p>	<p>Annual</p>
Qualified Providers						
<p>The state verifies that providers initially and continually meet required licensure and/or certification standards and adhere to the approved State Plan standards prior to furnishing services.</p>	<p>Number and percent of initial certified HCBS providers who meet certification standards prior to providing services</p> <p>a. Numerator: number of initial providers who meet required licensure or certification standards prior to providing services.</p> <p>b. Denominator: number of initial providers</p>	<p>Data Source: Reports to State Medicaid Agency on delegated administrative functions</p> <p>Sampling Approach: 100% Review</p>	<p>The State Medicaid Agency is responsible for data collection/generation</p>	<p>Quarterly Annual</p>	<p>The State Medicaid Agency is responsible for data aggregation and analysis</p>	<p>Quarterly Annual</p>

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	<p>Number and percent of certified providers who continue to meet certification standards</p> <p>a. Numerator: number of providers who continue to meet certification standards b. Denominator: number of ongoing providers surveyed.</p>	<p>Data Source: Reports to State Medicaid Agency on delegated administrative functions</p> <p>Sampling Approach: 100% Review of providers who are surveyed in the year</p>	<p>The State Medicaid Agency is responsible for data collection/generation</p>	<p>Quarterly Annual</p>	<p>The State Medicaid Agency is responsible for data aggregation and analysis</p>	<p>Quarterly Annual</p>
<p>The State monitors non-licensed/non-certified providers to assure adherence to provider standards.</p>	<p>Number and percent of new providers that have an initial provider review within 6 months of providing services to participants.</p> <p>a. Numerator: number of initial providers who have a review within 6 months of providing services to participants. b. Denominator: number of initial providers providing services</p>	<p>Data Source: Reports to State Medicaid Agency on delegated administrative functions</p> <p>Sampling Approach: 100% Review</p>	<p>The State Medicaid Agency is responsible for data collection/generation</p>	<p>Quarterly Annual</p>	<p>The State Medicaid Agency is responsible for data aggregation and analysis</p>	<p>Quarterly Annual</p>
	<p>Number and percent of HCBS providers who received a review every two years.</p> <p>a. Numerator: number of providers reviewed in the year b. Denominator: number of providers who were required to receive a review in the year</p>	<p>Data Source: Reports to State Medicaid Agency on delegated administrative functions</p> <p>Sampling Approach: 100% Review of providers required to receive a review in the year</p>	<p>The State Medicaid Agency is responsible for data collection/generation</p>	<p>Quarterly Annual</p>	<p>The State Medicaid Agency is responsible for data aggregation and analysis</p>	<p>Quarterly Annual</p>
<p>The state implements its policies and procedures for verifying that training is conducted in accordance with state requirements and the approved State Plan</p>	<p>Number and percent of HCBS providers that meet state requirements for training.</p> <p>a. Numerator: number of HCBS providers reviewed that meet state requirements for training. b. Denominator: number of HCBS providers reviewed.</p>	<p>Data Source: Reports to State Medicaid Agency on delegated administrative functions</p> <p>Sampling Approach: 100% Review of providers who were reviewed within the year</p>	<p>The State Medicaid Agency is responsible for data collection/generation</p>	<p>Quarterly Annual</p>	<p>The State Medicaid Agency is responsible for data aggregation and analysis</p>	<p>Quarterly Annual</p>

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Service Plan						
Service plans address all members' assessed needs (including health and safety risk factors) and personal goals either by the State Plan HCBS service or through other means	Number and percent of service plans that document participant's needs, goals, and risk factors as identified in the individual's assessment a. Numerator: number of plans reviewed that document participant's needs, goals, and risk factors as identified in the assessment b. Denominator: number of plans reviewed	Data Source: Reports to State Medicaid Agency on delegated administrative functions Sampling Approach: Representative sample of child participants receiving HCBS services. Confidence interval = 95%	The State Medicaid Agency is responsible for data collection/generation	Annual	The State Medicaid Agency is responsible for data aggregation and analysis	Annual
The state monitors service plan development in accordance with its policies and procedures	Number and percent of service plans reviewed and authorized by the Department prior to the expiration of the current plan of service. a. Numerator: number of service plans that were reviewed and authorized by the Department prior to the expiration of the current plan of service. b. Denominator: number of service plans reviewed and authorized by the Department.	Data Source: Reports to State Medicaid Agency on delegated administrative functions Sampling Approach: Representative sample of child participants receiving HCBS services. Confidence interval = 95%	The State Medicaid Agency is responsible for data collection/generation	Quarterly Annual	The State Medicaid Agency is responsible for data aggregation and analysis	Quarterly Annual
Service plans are updated or revised at least annually or when warranted by changes in the HCBS participant's needs.	Number and percent of service plans that are updated/ revised when requested and warranted by changes in the participant's needs/goals. a. Numerator: number of service plans that are updated/ revised when requested and warranted by changes in the participant's needs/ goals. b. Denominator: number of service plans reviewed that identified the need for changes.	Data Source: Reports to State Medicaid Agency on delegated administrative functions Sampling Approach: Representative sample of child participants receiving HCBS services. Confidence interval = 95%	The State Medicaid Agency is responsible for data collection/generation	Annual	The State Medicaid Agency is responsible for data aggregation and analysis	Annual
Services are delivered in accordance with the service plan, including the type, scope, amount, duration, and frequency specified in the service plan.	Number and percent of service plans that indicate services were delivered consistent with the service type, scope, amount, duration and frequency approved on service plans. a. Numerator: number of plans reviewed that indicate services were delivered consistent with the approved plans. b. Denominator: number of plans reviewed.	Data Source: Reports to State Medicaid Agency on delegated administrative functions Sampling Approach: Representative sample of child participants receiving HCBS services. Confidence interval = 95%	The State Medicaid Agency is responsible for data collection/generation	Annual	The State Medicaid Agency is responsible for data aggregation and analysis	Annual

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Participants are afforded choice Between/among services and providers.	Number and percent of participants reviewed who reported they were given a choice when selecting service providers. a. Numerator: number of participants reviewed who reported they were given a choice when selecting service providers. b. Denominator: number of participants reviewed.	Data Source: Analyzed collected data Sampling Approach: Representative sample of child participants receiving HCBS services. Confidence interval = 95%	The State Medicaid Agency is responsible for data collection	Quarterly	The State Medicaid Agency is responsible for data aggregation and analysis	Quarterly
	Number and percent of participants who reported they were given a choice when selecting services. a. Numerator: Number of participants who indicated they were given a choice between services b. Denominator: Number of participants reviewed.	Data Source: Reports to State Medicaid Agency on delegated administrative functions Sampling Approach: Representative sample of child participants receiving HCBS services. Confidence interval = 95%	The State Medicaid Agency is responsible for data collection/generation	Annual	The State Medicaid Agency is responsible for data aggregation and analysis	Annual
Health and Welfare						
The state, on an on-going basis, identifies, addresses, and seeks to prevent the occurrence of abuse, neglect and exploitation	Number and percent of report incidents of abuse, neglect or exploitation that follow up was completed within policy timelines a. Numerator: Number of reported incidents related to abuse, neglect or exploitation where action/resolution was completed within policy b. Denominator: Number of reported incidents related to abuse, neglect or exploitation	Data Source: Reports to State Medicaid Agency on delegated administrative functions Sampling Approach: 100% Review of critical reports	The State Medicaid Agency is responsible for data collection/generation	Monthly Quarterly Annual Continuously and ongoing	The State Medicaid Agency is responsible for data aggregation and analysis	Quarterly
	Number and percent of participant and/or family who received information/education about how to report abuse, neglect, exploitation and other critical incidents. a. Numerator: Number of participants or family who received information/education about how to report b. Denominator: Number of participants receiving services	Data Source: Reports to State Medicaid Agency on delegated administrative functions Sampling Approach: 100% review	The State Medicaid Agency is responsible for data collection/generation	Annual	The State Medicaid Agency is responsible for data aggregation and analysis	Annual

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Financial Accountability						
State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology	Number and percent of claims paid according to the posted fee schedule a.Numerator: Number of claims paid according to the posted fee schedule b.Denominator: Paid claims (by procedure code) for one week of each calendar quarter	Data Source: Reports to State Medicaid Agency on delegated administrative functions Sampling Approach: Representative sample of child participants receiving HCBS services. Confidence interval = 95%	The State Medicaid Agency is responsible for data collection/generation	Quarterly Annual	The State Medicaid Agency is responsible for data aggregation and analysis	Quarterly Annual
	Number and percent of posted rates that are compared to the rate methodology a.Numerator: Posted rates compared to the rate methodology b.Denominator: Approved rate methodology	Data Source: Reports to State Medicaid Agency on delegated administrative functions Sampling Approach: 100% review of billing for a week period on an annual basis	The State Medicaid Agency is responsible for data collection/generation	Annual	The State Medicaid Agency is responsible for data aggregation and analysis	Annual
System Improvement: <i>(Describe process for systems improvement as a result of aggregated discovery and remediation activities.)</i>						
Methods for Analyzing Data and Prioritizing Need for System Improvement	Roles	Responsibilities	Frequency	Method for Evaluating Effectiveness of System Changes		
<input type="checkbox"/> CSOR results are gathered; <input type="checkbox"/> Regional complaints and incident reports are investigated <input type="checkbox"/> Individual plans of service are reviewed by the Department	Quality Management Staff	This is a group of staff across seven regions of Idaho, with knowledge of quality improvement interventions, and who are responsible for collecting and reporting data to the Department.	Ongoing	Data is gathered and submitted to the Department's analyst.		
<input type="checkbox"/> Results of CSOR are reviewed and analyzed, and tabulated; <input type="checkbox"/> Complaints and Critical Incidents are reviewed analyzed, and tabulated <input type="checkbox"/> Plan of service information is analyzed	Department Analyst	This is department staff identified that lead statewide data collection activities, analysis, and reporting activities related to quality management. This staff is responsible for creating and implementing data collection tools.	Ongoing	The analyzed data is presented to the QA team for review and prioritization.		
<input type="checkbox"/> Quarterly meetings: Quarterly the committee reviews analyzed data to develop recommendations for program improvements, and reviews actions taken and progress made toward implementing previous approved system improvements. <input type="checkbox"/> Annual meeting: Meets annually to prioritize findings and develop recommendations for specific system improvements for the coming year. This recommendation will be submitted to administration for approval and assignment.	Quality Management Team	The QM team is responsible for steering the quality assessment and improvement process, and issues related to parallel data collection. It is responsible for formally recommending specific program improvements to Department administration.	Quarterly	Annual QM report is submitted to administration.		
<input type="checkbox"/> Quarterly QM Report <input type="checkbox"/> Annual QM Report	FACS DD Policy Program Manager	FACS DD policy program manager takes overall responsibility for leading team members, finalizing quarterly and yearly QM reports, leading the process of prioritizing needs for system improvements, and implementing approved system improvements.	Quarterly and Yearly Report	Overall data findings and recommendations are submitted to the QM Team for review prior to finalization.		