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State/Territory Name: Idaho

State Plan Amendment (SPA) #: 14-015

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 AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Financial Management Group

DEC 18 2014

Denise Chuckovich, Deputy Director
Department of Health and Welfare
Towers Building - Tenth Floor
Post Office Box 83720
Boise, Idaho 83720-0036

RE: ID State Plan Amendment (SPA) Transmittal Number #14-015 – Approval

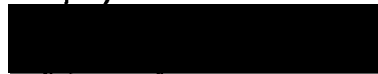
Dear Ms. Chuckovich:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 14-015. This SPA permits Idaho to reimburse out-of-state intermediate care facilities for the intellectually disabled (ICF/IDs) for treatment to Idaho beneficiaries at the approved per diem rates of the home state's Medicaid program.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment 14-015 is approved effective as of November 1, 2014. For your files, we are enclosing the HCFA-179 transmittal form and the amended plan page.

If you have any questions concerning this state plan amendment, please contact Tom Couch, CMS' RO NIRT Representative at 208-861-9838 or Thomas.Couch@cms.hhs.gov.

Sincerely,



Timothy Hill
Director

A handwritten signature in black ink, appearing to be "TH", is written over the printed name and title of Timothy Hill.

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-015	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 November 1, 2014	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 1905(a)(6), 1905(a)(12) and 2110(a)(24) of the Social Security Act		7. FEDERAL BUDGET IMPACT: Total (\$) Federal Funds FFY 2015 (\$0)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: State Plan 4.19-D page 47a. (new page)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: This change is being made to specifically create reimbursement for out-of-state intermediate care facilities for the intellectually disabled (ICF/ID).			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Lisa Hettinger, Administrator Idaho Department of Health and Welfare Division of Medicaid PO Box 83720 Boise ID 83720-0036	
13. TYPED NAME: Denise Chuckovich			
14. TITLE: Medicaid Director/Deputy Administrator			
15. DATE SUBMITTED: 10/31/14			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: DEC 18 2014	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: NOV 01 2014		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Kristin Fan		22. TITLE: Deputy Director, FMG	
23. REMARKS:			

XIV. Reimbursement Provisions for Out-Of-State Owned Or Operated ICF/ID Facilities.

The Idaho Medicaid Program will reimburse for out-of-state ICF/ID placements when services are not available in Idaho to meet the participant's medical need, or in a temporary situation for a limited period of time required to safely transport the participant to an Idaho facility. Reimbursement for an out-of-state ICF/ID will be at the per diem rate set by the Medicaid Program in the state where the ICF/ID is located. Special rates will be allowed according to IDAPA 16.03.10.270. The state of Idaho requires the out-of-state ICF/ID to be certified by the state in which it is located. The ICF/ID must be a registered provider with Idaho Medicaid.

DEC 18 2014

TN: 14-015
Supersedes TN:

Approved Date:

Effective Date: 11/1/2014