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State/Territory Name: Idaho

State Plan Amendment (SPA) #: 16-0006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 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

August 11, 2016

Lisa Hettinger, 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 #16-0006 – Approval

Dear Ms. Hettinger:

We have reviewed the proposed amendment to Attachment 4.19-B of your Medicaid State plan submitted under transmittal number (TN) 16-0006. This SPA removes obsolete cost study language from the State plan and adds a state administrative code citation in place of this information.

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 16-0006 is approved effective as of July 1, 2016. For your files, we are enclosing the HCFA-179 transmittal form and the amended plan pages.

If there are any questions concerning this approval, please contact me or your staff may contact Tom Couch at (208) 861-9838 or via Email at Thomas.couch@cms.hhs.gov .

Sincerely,

A solid black rectangular box used to redact the signature of Frank A. Schneider.

Frank A. Schneider
Acting Associate Regional Administrator

Enclosures

Page 2 Ms. Hettinger

cc:

Cale Coyle, Idaho Department of Health and Welfare

Kaylee Leavitt, Idaho Department of Health and Welfare

Dea Kellom, Idaho Department of Health and Welfare

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

1. TRANSMITTAL NUMBER:
16-0006

2. STATE
IDAHO

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

4. PROPOSED EFFECTIVE DATE
July 01, 2016

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:
1905(a)(6), 1905(a)(12) and 2110(a)(24) of the Social Security Act
42 CFR 440.167 (P&I)

7. FEDERAL BUDGET IMPACT:
Total (\$) Federal Funds
FFY 2016 - \$0.00
FFY 2017 - \$0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-B, Page 35 (a) section 23 (P&I)
Attachment 4.19B, Page 34 Section 23 (P&I)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19B, Page 34 (P&I)
Attachment 4.19-B, Page 35 (a) section 24

10. SUBJECT OF AMENDMENT:
The proposed change will remove outdated cost-study language in Attachment 4.19-B, Section 24, Personal Care Service. IDAPA 16.03.10.037.01 cost-study requirements supercedes the outdated language.

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:
[Redacted]

16. RETURN TO:
Lisa Hettinger, Administrator
Idaho Department of Health and Welfare
Division of Medicaid
PO Box 83720
Boise ID 83720-0009

13. TYPED NAME:
LISA HETTINGER

14. TITLE:
Administrator

15. DATE SUBMITTED:
6/3/16

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
6/3/16

18. DATE APPROVED:
8/11/16

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
7/1/16

20. SIGNATURE OF REGIONAL OFFICIAL:
[Redacted]

21. TYPED NAME:
Frank Schneider

22. TITLE:
Acting Associate Regional Administrator

23. REMARKS:
7/29/16 - State authorized P&I change to box 8 and 9
8/5/16 - State authorized P&I change to box 6

22. THIS SECTION IS RESERVED FOR FUTURE USE.

23. 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 07/01/10), Idaho Code, and further expanded upon by IDAPA 16.03.10.037 (effective 04/04/13) and 16.03.10.307 (effective 04/04/13).

- A. Annually Medicaid will conduct a poll of all Idaho nursing facilities and Intermediate Care Facilities for the Intellectually Disabled (ICF/IDs) 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 WAHR includes the following types of staff wages:
 - I. Certified nurse aide;
 - II. Nurse aide; and
 - III. Therapy technician
- B. 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.
- C. The Department also uses wage information gathered in the poll (that is not used in the weighted average for PCS) regarding RN and QIDP wages to calculate the hourly rate and wage increases for RN and QIDP.
- D. 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 07/01/14 to be effective for services on or after 07/01/14.