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State Plan Amendment (SPA) #: 18-0012

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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

January 3, 2019

Russ Barron, Director
Idaho Department of Health and Welfare
Post Office Box 83720
Boise, Idaho 83720-0036

RE: ID State Plan Amendment (SPA) Transmittal Number #18-0012 – Approval

Dear Mr. Barron:

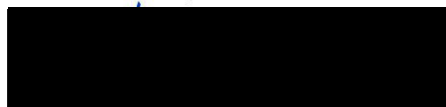
We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 18-0012. This SPA creates an in-state reimbursement methodology for psychiatric residential treatment facilities (PRTFs).

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 18-0012 is approved effective as of October 1, 2018. 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,



Kristin Fan
Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 18-0012	2. STATE IDAHO
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE 10/01/2018	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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)

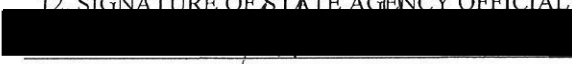
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 483.354 & 42 CFR 440.160	7. FEDERAL BUDGET IMPACT: FY19: \$0 - (\$54,617) FFP FY20: \$0 - (\$54,529) FFP
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A Page 19a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-A Page 19a (P&I)

10. SUBJECT OF AMENDMENT:

Reimbursement for medically necessary EPSDT in-state PRTF services.

11. GOVERNOR'S REVIEW (Check One):

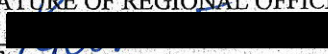
GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Matt Wimmer, Administrator Idaho Department of Health and Welfare Division of Medicaid PO Box 83720 Boise ID 83720-0009
13. TYPED NAME: MATT WIMMER	
14. TITLE: Administrator	
15. DATE SUBMITTED: 10/19/18 (P&I)	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 10/19/18	18. DATE APPROVED: JAN 03 2019
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: OCT 01 2018	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Kristin Fan	22. TITLE: Director, FMG

23. REMARKS:

12/14/18-State authorized P&I change to block #7
10/19/18: State authorized P&I change to block 7, 9 and 15

1000. Psychiatric Residential Treatment Facilities: Psychiatric Residential Treatment Facilities

Psychiatric Residential Treatment is a covered Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit in Idaho. Therefore, when medically necessary, Psychiatric Residential Treatment Facility (PRTF) services are requested to satisfy a participant's EPSDT need, the Idaho Medicaid Program will reimburse for PRTF placements. Reimbursement for medically necessary EPSDT out-of-state PRTF services will be at the per diem rate set by the Medicaid Program in the state where the PRTF is located. If the Medicaid Program does not have a set per diem rate, then the per diem rate paid is based on the average market rate. Reimbursement for medically necessary EPSDT in-state PRTF services will be set by fifty percent (50%) of the all-inclusive usual and customary per diem charges. The state of Idaho requires the PRTF to be certified and meet all general requirements for PRTFs in 42 CFR 483.354 and 42 CFR 440.160. The PRTF must have a provider agreement with Idaho Medicaid.