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# IDAHO DEPARTMENT OF HEALTH & WELFARE

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January 13, 2023

Via email: Jennifer Bowdoin, Director, Division of Community Systems Transformation  
Cc: Dave Jeppesen, Director, Idaho Department of Health and Welfare

Director Bowdoin,

In accordance with the Centers for Medicare and Medicaid Services (CMS) guidance related to the American Rescue Plan Act, P.L 117-2 (ARP), section 9817, issued on May 13, 2021, via State Medicaid Director Letter 21-003 ([SMD #21-003](#)), the Idaho Department of Health and Welfare Division of Medicaid (Idaho Medicaid), in its role as the single state agency administering Medicaid in Idaho, hereby submits its amendment to the initial spending plan projection and narrative for home and community-based services originally submitted to CMS on June 14, 2021, amended on October 13, 2021, January 11, 2022, and October 3, 2022.

In continued compliance with the requirements of ARP section 9817 and in accordance with SMD #21-003 and SMD #22-002, Idaho continues to provide the following assurances:

- The state is using the federal funds attributable to the increased federal medical assistance payments (FMAP) to supplement and not supplant existing state funds expended for Medicaid HCBS in effect as of April 1, 2021;
- The state is using the state general funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program;
- The state is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021;
- The state is preserving covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021; and
- The state is maintaining HCBS provider payments at a rate no less than those in place as of April 1, 2021.

If you or your staff have any questions or need additional information regarding the amendment to the initial spending plan, please contact our designated point of contact, Aaron Howard, Chief Financial Officer, [REDACTED]

Sincerely,

[REDACTED]  
JULIET CHARRON  
Division Administrator

Table of Contents

<b>Introduction to Initial Spending Plan Amendment</b>	<b>3</b>
<b>Amended Estimate of Funds Attributable to Increased FMAP Anticipated to Be Claimed</b>	<b>3</b>
Legislative Appropriation	4
Idaho HCBS Provider Stakeholder Workgroup	4
<b>HCBS Provider Payment Rate and Benefit Enhancements – Rate Increase</b>	<b>4</b>
Payment Rates: Developmental Disability Agency Rate Increase	5
Payment Rates: Personal Assistance Agency Rate Increase	6
Payment Rates: Assisted Living Facilities Rate Increase	7
Payment Rates: Managed Care Mid-Year Capitation Adjustment (NEW)	8
<b>HCBS Provider Payment Rate and Benefit Enhancements – New/Additional Service Descriptions</b>	<b>9</b>
Payment Rates: Residential Habilitation Rate Increase	9
Payment Rates: Developmental Disability Services Service Mix Enhancements	10
<b>Additional Attestations</b>	<b>11</b>

## Introduction to Initial Spending Plan Amendment

The American Rescue Plan Act, P.L 117-2 (ARP), signed into law on March 11, 2021, includes section 9817, *additional support for Medicaid home and community-based (HCBS) services during the COVID-19 emergency*. The amended spending plan provides a revised estimate of the total amount of funds attributable to the increase in federal medical assistance payments (FMAP) the state anticipates claiming between April 1, 2021 and March 31, 2022.

## Amended Estimate of Funds Attributable to Increased FMAP Anticipated to Be Claimed

As shown in Table 1, Idaho estimates it will claim \$133M attributable to the increased FMAP for the federal quarters from April 2021 through March 2025. Highlighted funds are proposed increases identified later in the amended spending plan.

Table 1. Amended Estimate of Increased FMAP Anticipated to Be Claimed

Title	General Fund Investment	ARP Request	HCBS	Other Request	FFP	Total Federal Request
<b>Direct Care Worker Bonuses/Wage Increase</b>	\$6,162,989	\$55,466,904		\$0		\$55,466,904
<b>Developmental Disability Agency Rates</b>	\$2,496,124	\$7,488,400		\$17,472,840		\$24,961,240
<b>Residential Habilitation Rates</b>	\$13,705,630	\$41,116,900		\$95,939,400		\$137,056,300
<b>Personal Assistance Agency Rates</b>	\$1,094,980	\$3,284,900		\$7,664,900		\$10,949,800
<b>Assisted Living Facility Rates</b>	\$4,623,160	\$13,869,480		\$32,231,120		\$46,100,600
<b>Managed Care Capitation Adjustment</b>	\$1,260,825	\$11,347,421		\$0		\$11,347,421
<b>Total</b>	<b>\$29,343,708</b>	<b>\$132,574,005</b>		<b>\$153,308,260</b>		<b>\$285,882,265</b>

Table 2. Amended Estimate of Expenditures to Date

FFY	General Funds and Reinvestment	Federal Funds (includes ARP HCBS)	Total Projected Spend	Total Actual Spend
Q3 2021	\$0	\$0	\$53,485,714	\$0
Q4 2021	\$0	\$0	\$26,742,857	\$0
Q1 2022	\$0	\$0	\$13,371,429	\$0
Q2 2022	\$5,169,940	\$32,872,297	\$0	\$38,042,237
Q3 2022	\$5,268,817	\$17,066,143	\$0	\$22,334,960
Q4 2022	\$23,110,690	\$74,857,475	\$78,907,146	\$97,968,165
Q1 2023	\$30,368,708	\$71,232,857	\$78,579,339	\$101,601,565
Q2 2023	TBD	TBD	\$78,579,339	TBD
Q3 2023	TBD	TBD	\$78,579,339	TBD
<b>Total</b>	<b>\$63,918,155</b>	<b>\$196,028,772</b>	<b>\$408,245,163</b>	<b>\$259,946,927</b>

## Legislative Appropriation

Idaho requires legislative authority to spend its appropriated funding. Idaho's legislature traditionally convenes in January and sine die in late March or April the same year. At the time of submission of its October 2021 and January 2022 amended spending plan, Idaho has submitted six (6) state fiscal year (SFY) 2023 ARP HCBS-funded appropriation requests and one (1) supplemental request to authorize spending on previously legislative-approved ARP HCBS funding outlined in the initial spending plan submitted to CMS on June 14, 2021.

As of April 2021, the 6 SFY 2023 requests and 1 SFY 2022 supplemental request outlined in the amended spending plans were approved by the state legislature and governor's office.

If Idaho's amended spending plan is approved by CMS, the Idaho state legislature, and the governor, Idaho may be permitted to use the equivalent to the amount of federal funds attributable to the increased FMAP through March 31, 2025 on approved activities under the submitted spending plan and as listed in the CMS guidance in SMD #21-003 and SMD #22-002.

## Idaho HCBS Provider Stakeholder Workgroup

Through the public health emergency, Idaho has met with various provider stakeholder groups including a dedicated HCBS Coronavirus Workgroup. The HCBS workgroup has been continuously consulted to offer comments and recommendations for Medicaid's ARP HCBS spending plan priorities. The HCBS providers and association representatives have two primary concerns: direct care workers and provider rate reimbursement.

Idaho's initial spending plan submitted to CMS on June 14, 2021, addressed the direct care worker issue by proposing \$78 million of ARP HCBS additional federal match dollars be exclusively dedicated to HCBS direct care worker wage increases or bonuses (SMD #21-003, Appendix C, Workforce Recruitment, Workforce Training activity).

Idaho's amended spending plan proposes to address the provider rate reimbursement through SMD #21-003, Appendix C, Payment Rates. Idaho's proposal for provider rate reimbursement increases is approximately \$77 million additional ARP HCBS federal match dollars. Table 1. Amended Estimate of Increased FMAP Anticipated to Be Claimed, provides proposed expenditure details. The following section details the activities Idaho is proposing to enhance, expand, or strengthen HCBS services, infrastructure, and reimbursement methodologies.

Idaho's newly amended spending plan proposes to modify its original amendment that outlined several provider rate reimbursement increases. Idaho's initial proposal was based on amendments to service descriptions that require a new procedure code and addition or amendments to its state plan and waiver services. As the new service mix enhancements for developmental disability services required authority review and approval from CMS beyond the ARP HCBS authority review and approvals, the state consulted with its provider stakeholder workgroup and came up with a solution to utilize the ARP HCBS dollars and still benefit this provider network. Below, CMS will find these proposed amendments.

## HCBS Provider Payment Rate and Benefit Enhancements – Rate Increase

Idaho's home and community-based services are participant-centric, non-institutionalized programs and are found in all seven regions within the state. Idaho's amended spending plan request is dedicated to provider reimbursement rate increases for certain HCBS provider types, specialties, and procedure codes. The proposed increase in rates are for agencies and providers

employing direct care support professionals providing HCBS services under Idaho Medicaid. Idaho’s proposed provider reimbursement rate increases described below are investments that will stabilize and strengthen HCBS programs in Idaho.

**Payment Rates: Developmental Disability Agency Rate Increase**

Funding: \$7.4M enhanced federal funding (\$24.9M total federal funding)  
 Lead: Idaho Medicaid’s Bureau of Developmental Disabilities Services

Idaho is proposing a provider reimbursement rate increase for four (4) procedure codes. One (1) procedure code applies to Developmental Disability Agencies (DDA) under the 1915(c) waiver. Three (3) procedure codes are under Idaho’s adult developmental disabilities state plan. The proposed activity will assist in stabilizing the DDA provider network. The proposed increases to the adult day health and three developmental therapy codes is based on an initiative in Idaho to reimburse for quality healthcare that is appropriate, efficient, and cost-effective. Adjustments to these rates will assist in designing more appropriate individual program plans with Medicaid participants and the direct care staff assisting with activities and tasks within those individual program plans.

The proposal is based on a cost survey conducted with one hundred percent of Idaho’s DDA providers. The cost survey was based on the provider’s fiscal year ended in calendar year 2019. To sustain the proposed rate increases, Idaho would need to request roughly \$2 million in general funds in state fiscal year 2024 and \$7.5 million in general funds in state fiscal year 2025 from the state legislature.

The proposed activity may assist with adopting new HCBS quality measures related to DDA provider patient-centered quality improvement and oversight activities in Appendix D. Any adoption of new HCBS quality measures shall evaluate the effectiveness of the proposed provider reimbursement rate increase (e.g. training enhancements, new providers, direct care retention, accessible services/programs, by region, etc.). Idaho is not planning on imposing stricter eligibility standards, methodologies, or procedures with potential new HCBS quality measures. There is no ARP HCBS funding associated with this Appendix D activity. The proposal above and funding requested is solely dedicated to provider reimbursement rate increase activities.

Table 3. Developmental Disability Agency Procedure Code Proposed Rate Amendments

<b>Service Description</b>	<b>Procedure Code</b>	<b>Authority</b>
Adult Day Health	S5100	1915(c) HCBS Waivers: ID.1076 A&D and ID.0076 DD
Developmental Therapy Evaluation	H2000	Idaho State Plan – HCBS DD
Home/Community - Individual and/or Group Developmental Therapy for Adults	97537	Idaho State Plan – HCBS DD
Center Based - Individual and/or Group Developmental Therapy for Adults	H2032	Idaho State Plan – HCBS DD

Idaho attests that the proposed provider reimbursement rate increases to developmental disability agency provider service categories listed above are provided in the participant’s home or Idaho Medicaid-approved community setting/location and individuals and are not an inpatient or resident

of a hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities, or institution for mental diseases. By including this activity, Idaho is not reducing reliance on a specific type of facility-based or congregate service and increasing beneficiary access to services that are more integrated into the community with the amended spending plan request.

**Payment Rates: Personal Assistance Agency Rate Increase**

Funding: \$3.2M enhanced federal funding (\$7.6M total federal funding)

Lead: Idaho Medicaid’s Bureau of Long-Term Care

The proposed provider reimbursement rate increase is an activity under SMD #21-003 Appendix B, Personal Care Services, and the Section 1915(c) waiver authority. Personal Assistance Agencies (PAA) have six (6) procedure codes associated with the proposed provider reimbursement rate increase. The proposed activity will assist in stabilizing the PAA provider network and continue to provide the funding to allow Medicaid participants to stay in the home and community over more costly settings like skilled nursing facilities.

The proposed provider reimbursement rate increases for the 6 procedure codes is most cost-effective in providing services to approximately 6,500 participants who need assistance with daily activities.

The proposed provider reimbursement rate increase is based on a weighted average hourly rate (WAHR) survey conducted with Idaho Medicaid providers. To sustain the proposed rate increases, Idaho would need to request roughly \$825K in general funds in state fiscal year 2024 and \$3.3M in general funds in state fiscal year 2025 from the state legislature.

The proposed activity may assist with adopting new HCBS quality measures related to PAA patient-centered quality improvement and oversight activities in Appendix D. Any adoption of new HCBS quality measures shall evaluate the effectiveness of the proposed provider reimbursement rate increase (e.g. training enhancements, new providers, direct care retention, accessible services/programs, by region, etc.). Idaho is not planning on imposing stricter eligibility standards, methodologies, or procedures with potential new HCBS quality measures. There is no ARP HCBS funding associated with this Appendix D activity. The proposal above and funding requested is solely dedicated to provider reimbursement rate increase activities.

Table 4. Personal Assistance Agency Procedure Code Proposed Rate Amendments

<b>Service Description</b>	<b>Procedure Code</b>	<b>Authority</b>
Personal Care Services	T1019	Idaho Medicaid State Plan: ABP Section 1937
Attendant Care	S5125	1915(c) HCBS Waiver ID.1076 A&D
Homemaker Services	S5130	1915(c) HCBS Waiver ID.1076 A&D and DD Attachment K Emergency
Chore Services	S5120	1915(c) HCBS Waivers: ID.1076 A&D and ID.0076 DD
Companion Services	S5135	1915(c) HCBS Waiver ID.1076 A&D
Respite Services	T1005	1915(c) HCBS Waivers: ID.1076 A&D and ID.0076 DD, and 1915(i) HCBS State Plan Children's DD Benefit



Idaho attests the proposed provider reimbursement rate increases to personal assistance agencies for personal care services, attendant care, homemaker service, chore service, companion service, and respite service, are provided in the participant's home or Idaho Medicaid-approved community setting/location and individuals and are not an inpatient or resident of a hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities, or institution for mental diseases. By including this activity, Idaho is not reducing reliance on a specific type of facility-based or congregate service and increasing beneficiary access to services that are more integrated into the community with the amended spending plan request.

### Payment Rates: Assisted Living Facilities Rate Increase

Funding: \$13.8M enhanced federal funding (\$46.2M total federal funding)

Lead: Idaho Medicaid's Bureau of Long-Term Care

Idaho's assisted living facilities proposed provider reimbursement rate increase would allow Idahoans living in or transitioning to assisted living facilities with behavioral, intellectual, and or cognitive health needs have access to a team with the necessary skills and experience to assist Medicaid participants with a higher need of care. The proposed funding would be used to address the barriers associated with the care of older and or disabled adults in a residential assisted living facility with behavioral health conditions.

Assisting and providing direct care for participants with behavioral health conditions often requires a more advanced skillset. The proposed activity would stabilize and expand the assisted living facility direct care placement opportunities and build capacity for current and future efforts. Caring for participants with Alzheimer's or related dementia or any cognitive behavioral health needs often requires a stable, skilled workforce. By increasing the provider reimbursement rate, Idaho is taking a first step in allowing direct care workers to build skills to better serve this population, as well as improving the ability for a residential assisted living facility to attract and retain direct care workers with advanced skills. To sustain the proposed rate increases, Idaho would need to request roughly \$3.5 million in general funds in state fiscal year 2024 and \$13.9 million in general funds in state fiscal year 2025 from the state legislature.

The proposal is based on a time study conducted with Medicaid participants living in Idaho's assisted living facilities. The activity may assist with adopting new HCBS quality measures related to assisted living facility patient-centered quality improvement and oversight activities in Appendix D. Any adoption of new HCBS quality measures shall evaluate the effectiveness of the proposed provider reimbursement rate increase (e.g. training enhancements, direct care skillset, direct care retention, access, and placement timeline, etc.). Idaho is not planning on imposing stricter eligibility standards, methodologies, or procedures with potential new HCBS quality measures. There is no ARP HCBS funding associated with this Appendix D activity. The proposal above and funding requested is solely dedicated to provider reimbursement rate increase activities.

Idaho attests the proposed provider reimbursement rate increases to assisted living facilities are provided within Idaho Medicaid-approved community setting/location and individuals and are not an inpatient or resident of a hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities, or institution for mental diseases. By including this activity, Idaho is not reducing reliance on a specific type of facility-based or congregate service and increasing beneficiary access to services that are more integrated into the community with the amended spending plan request.

### Payment Rates: Managed Care Mid-Year Capitation Adjustment (NEW)

Funding: \$11.3M enhanced federal funding

Lead: Bureau of Financial Operations

Idaho is requesting \$11.3M for a mid-year capitation payment adjustment to be paid over a six-month period related to the capitation payments for the ARP HCBS provider rates conditionally approved by CMS in this spending plan. The proposed activity is an enhancement to HCBS services reimbursement activities to enhance, expand, and strengthen Medicaid HCBS under the SMD #21-003 Appendix B “Managed Long-Term Services and Supports” section. Idaho’s capitation payments are under the CMS 64.9 Medical Assistance Payments Line 18A Medicaid Health Insurance Payments: Managed Care, subsection 3. Capitation for Long Term non-institutional. Line 18A is eligible for the ARP HCBS enhanced match.

Capitation payments are fixed, monthly payments paid to a managed care organization to cover a defined set of medical services and benefits for a population. Idaho is requesting ARP HCBS reinvestment funding for its Medicare Medicaid Coordinated Program (MMCP) and Idaho Medicaid Plus (IMPlus) program for its Home and Community-based member category to support the state fiscal year 2023 provider reimbursement rate changes. Between the two managed care contracts and the two programs, the capitation payments affect over 25,000 members. The funding will support contractual requirements for assurance that capitation payments properly reflect the availability and capacity to fund the programs Idaho has strengthened with ARP HCBS funding. The request is the calculated reinvestment difference between the old reimbursement rates and the new rates directly attributable to Section 9817 funding.

The four provider types in the spending plan are contracted under a fee-for-service and managed care contract and represent HCBS programs and services in SMD #21-003’s Appendix B. While the overall reimbursement methodology has not changed in calculating provider reimbursement, the conditionally approved ARP HCBS reinvestment requires adjustments to the base data used to set capitation payment rates. The Idaho HCBS fee schedule changes for qualifying HCBS services were effective July 1, 2022 and the mid-year adjustment accounts for the identified HCBS services and four provider types in the spending plan.

The mid-year adjustment for Calendar Year 2022 Medicaid capitation rates for the MMCP and IMPlus programs will be submitted to the proper CMS authorities in the coming months. The mid-year adjustment is completed by a third-party contractor that develops the proposed rates for the eligible enrollees in compliance with Actuarial Standards of Practice mandated by 42 CFR Part 438.

The funding will not support the Institutional or Community Well capitation payments as these member categories are ineligible for the enhanced funding and reinvestment opportunity. Additionally, any administrative/non-benefit costs included in the capitation payment are accounted for during the development of non-benefit costs and verified through a medical loss ratio (MLR) audit. The actuarially sound capitation payment does require a prospective MLR for each program. The MLR in the mid-year adjustment is based on the federal formula and is in place for both MMCP and IMPlus programs. While the calculations for the per member per month (PMPM) mid-year adjustment are actuarially sound and Idaho has calculated to the best of its knowledge a request for funding without administrative/non-benefit costs, any overpayments or collections shall be recovered, and the federal share of any recoveries associated with the expenditure shall be returned.



## HCBS Provider Payment Rate and Benefit Enhancements – New/Additional Service Descriptions

Idaho’s home and community-based services are participant-centric, non-institutionalized programs and are found in all seven regions within the state. Idaho’s amended spending plan request is dedicated to provider reimbursement rate increases for certain HCBS provider types, specialties, and procedure codes. The proposed activities below provide for new and amended services to increase the amount, duration, and scope of current service descriptions and methodologies. The proposed activities also include an increase in rates for agencies and providers employing direct care support professionals providing HCBS services under Idaho Medicaid.

### Payment Rates: Residential Habilitation Rate Increase

Funding: \$41.1M enhanced federal funding (\$137M total federal funding)

Lead: Idaho Medicaid’s Bureau of Developmental Disabilities Service

Secondary: Idaho Medicaid’s Bureau of Long-Term Care

The amended spending plan is based on the required cost survey and rate reimbursement review for Residential Habilitation Agencies. Idaho proposes to increase the Residential Habilitation agency rates for the four (4) current procedure codes. See Table 5 for the four procedure codes associated with the proposed funding. Additionally, the state proposes to utilize the \$66.7M (total funds) previously associated with the service mix enhancements to further grow the Residential Habilitation Agency rate increase until the new service mix is implemented. Providers have been anticipating this funding to support ongoing operations and need this financial support to maintain access for participants. The state is working towards implementation of new service descriptions and procedure codes reflected in the previous version of this spending plan. Currently, the state continues to work on an SSA 1915c waiver amendment reflecting several changes to services and assessment tools for the adult developmental disability population. While the state continues to work on these changes, there is recognition of the need to stabilize and strengthen the provider network for these services through a rate increase utilizing ARP funds. The proposal above and funding requested is solely dedicated to provider reimbursement rate increase activities.

Table 5. Residential Habilitation Proposed Rate Increase

Service Description	Procedure Code	Authority
Hourly Individual Support Living	H2015	1915(c) HCBS Waivers: ID.1076 A&D and ID.0076 DD
Hourly Group Support Living	H2015 (HQ)	1915(c) HCBS Waivers: ID.1076 A&D and ID.0076 DD
Daily Supported Living Services High Support	H2022	1915(c) HCBS Waivers: ID.1076 A&D and ID.0076 DD
Daily Supported Living Services Intense Support	H2016	1915(c) HCBS Waivers: ID.1076 A&D and ID.0076 DD

Idaho attests that the proposed provider service description amendments and reimbursement rate increases to residential habilitation provider service categories listed above are provided in the participant’s home or Idaho Medicaid-approved community setting/location and individuals and are not an inpatient or resident of a hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities, or institution for mental diseases.

August 1, 2023

Page 10

### Payment Rates: Developmental Disability Services Service Mix Enhancements

Funding: \$0M enhanced federal funding (\$0M total federal funding)

Lead: Idaho Medicaid's Bureau of Developmental Disabilities Services

The state is withdrawing its request to fund the Developmental Disability Service Mix Enhancement. The original request of \$19.9M enhanced federal funding (\$66.7M total federal funding) shall be repurposed and added to the Residential Habilitation Rate Increase project, if approved. Until the state moves forward with its Developmental Disabilities service mix enhancements, which requires authority review and approval from CMS, there is no request for funding for this activity under the state's ARP HCBS spending plan.

## Additional Attestations

In addition to the attestations in the amended spending plan cover page, Idaho further attests:

- Room and board are entirely excluded from any payments made with ARP HCBS funding and not calculated in any HCBS expenditures from Idaho.
- Consistent with 42 CFR part 447.252(b), Idaho's payment rate methodology within its state plan shall be comprehensive enough to determine the required level of payment and the federal financial participation to allow interested parties to understand both the rate setting process and the items and services that are paid through these rates.
- Idaho's state plan amendment for any approved provider rate reimbursement increase shall specify the methods and standards used to set the payment rate and an end date for the increase in payment.
- Idaho shall submit a section 1915(c) waiver amendment for any rate methodology change and may submit an Appendix K application if opting to utilize the retrospective approval process.
- Idaho's managed care contracted organizations shall comply with all applicable federal requirements, including 42 CFR part 438, for HCBS provider services and activities.
- Idaho shall assess implications for its managed care plan contracts and actuarially sound capitation rates to operationalize any programmatic changes. Any contractually required increase in provider payments shall adhere to 42 CFR Part 438.6(c) including prior approval.
- Idaho's managed care contracted organizations shall comply with applicable federal requirements, including direct payment rules and other existing submission requirements, for any approved increased provider payment rates.
- Idaho is not paying for capital investments with ARP HCBS enhanced funding.
- Idaho is not paying for ongoing internet connectivity costs as part of any ARP HCBS enhanced funding activity.
- Idaho does not have any planned enhancements under ARP section 9817 other than those listed in the initial spending plan or the amended spending plan submission. If Idaho adds activities, including those in Appendices C and D, another amendment shall be submitted for CMS review and approval.
- Idaho's federal matching fund claims are based on actual historical utilization and trend factors and not based upon estimates or projections.
- Idaho does not plan to reduce reliance on a specific type of congregate service to increase participant access to services more integrated into the community.
- If any activities are approved, Idaho shall continue compliance with program requirements as stated in SMD #21-003 and SMD #22-002 that are in effect as of April 1, 2021 through March 31, 2025, or until Idaho has fully expended the funds attributable to the increased FMAP, whichever comes first.