



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Region 10  
2201 Sixth Avenue, MS/RX-43  
Seattle, Washington 98121

November 16, 2006

Richard Armstrong, Director  
Department of Health and Welfare  
P.O. Box 83720  
Boise, Idaho 83720-0036

**Re: Idaho State Plan Amendment #06-005**

Dear Mr. Armstrong:

We have completed our review of State Plan Transmittal #06-005, which amends the State of Idaho's Enhanced Plan (for Individuals with Disabilities, including Elders, or Special Health Needs) Benchmark Benefit Package, authorized under the Deficit Reduction Act. This amendment changes the State's operating authority for its Primary Care Case Management (PCCM) program, formerly operated under a §1915(b) waiver to a state plan as authorized under Section 1937 of the Social Security Act.

This State Plan Amendment is approved effective October 1, 2006, as requested by the State.

The State is currently engaged with CMS on development and implementation of an approvable methodology for the calculation of an upper payment limit (UPL) for outpatient hospital services. The CMS will continue to work with the State regarding the approval of Idaho's Outpatient UPL methodology. If you have additional questions or require further assistance, please contact Carol Peverly in the CMS Seattle Regional Office at (206) 615-2515 or [Carol.Peverly@cms.hhs.gov](mailto:Carol.Peverly@cms.hhs.gov) or Bruce Johnson in the CMS Central Office at (410) 786-0615 or [Bruce.Johnson@cms.hhs.gov](mailto:Bruce.Johnson@cms.hhs.gov).

Sincerely,

Karen S. O'Connor  
Associate Regional Administrator  
Division of Medicaid and Children's Health

cc: Leslie Clement, Administrator  
Pamela Mason, Quality Assurance Manager

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <b>06 - 005</b>	2. STATE <b>IDAHO</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	4. PROPOSED EFFECTIVE DATE <b>October 1, 2006</b>	
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: <del>Section 6044 of the Deficit Reduction Act</del> <sup>Section 1905(a)(25)</sup> <del>1937</del> <sup>Section 1905(a)</sup> <del>Social Security Act</del> <sup>(P+I)</sup>	7. FEDERAL BUDGET IMPACT: None
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 3.1-C. Alternative Benefits - State Plan Amendment - Enhanced Benchmark Plan For Individuals with Disabilities or Special Health Needs - page 6 and 3.1.C attachment page 2, 18, 40, 45, and 48 17, 46, p. 35 of Attach 4-19-B (P+I), p. 7 (P+I)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Section 3.1-C. Alternative Benefits - State Plan Amendment - Enhanced Benchmark Plan For Individuals with Disabilities or Special Health Needs - <sup>amend of 3.1.C</sup> page 6 and 3.1.C attachment page 2, 17, 18, 40, 45, and 48 46, and section 4-19-B p. 35. <sup>delete p. 55 (P+I)</sup>

10. SUBJECT OF AMENDMENT: 1) To move the current PCCM 1915(b) waiver to state plan service under the Alternative Benefit package - Enhanced Benefit Benchmark State Plan. 2) To remove the requirement under Personal Care Services for a physician's order and R.N. supervision and other clarifying language. 3) To add clarification that the replacement of lost or broken eyeglass frames more frequently than every four years is for individual under age 21 only. 4) To update the approval process for Nursing Facility Care. 5) To clarify that Intensive Behavioral Interventions services under a Developmental Disability Center is limited to individuals under the age of 21.

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: Leslie Clement, Administrator Idaho Department of Health and Welfare Division of Medicaid PO Box 83720 Boise ID 83720-0036
13. TYPED NAME: LESLIE M. CLEMENT	
14. TITLE: Administrator	
15. DATE SUBMITTED:	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: <b>AUG 18 2006</b>	18. DATE APPROVED: <b>NOV 16 2006</b>
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>OCT - 1 2006</b>	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: <b>KAREN S. O'CONNOR</b>	22. TITLE: Associate Regional Administrator Division of Medicaid &

23. REMARKS:  
Pen+ink changes authorized by the State Children's Health/06 - see attached page for reference purposes.  
Pen+ink changes authorized by the state on 11/15/06 see attached 179 for reference purposes.

(3) Wrap-around/Additional Services

a. X / The State assures that wrap-around or additional benefits will be provided for individuals under 19 who are covered under the State plan under section 1902(a)(10)(A) to ensure early and periodic screening, diagnostic and treatment services are provided when medically necessary. Wrap-around benefits must be sufficient so that, in combination with the benchmark or benchmark-equivalent benefits package, these individuals receive the full EPSDT benefit, as medically necessary. Attach a description of the manner in which wrap-around or additional services will be provided to ensure early and period screening, diagnostic and treatment services are provided when medically necessary (as determined by the State).

b. X / the State has elected to also provide wrap-around or additional benefits.

The state of Idaho has elected to cover children up to and including the month of their 21<sup>st</sup> birthday under EPSDT.

Attach a list of all wrap-around or additional benefits and a list of the populations for which such wrap-around or additional benefits will be provided.

C. Service Delivery System

Check all that apply.

1. X / The alternative benefit package will be furnished on a fee-for-service basis consistent with the requirements of section 1902(a) and implementing regulations relating to payment and beneficiary free choice of provider.

2. X / The alternative benefit package will be furnished on a fee-for-service basis consistent with the requirements cited above, except that it will be operated with a primary care case management system consistent with sections 1905(a) (25) and 1905(t) of the Social Security Act.

3. \_\_\_/The alternative benefit package will be furnished through a managed care entity consistent with applicable managed care requirements.

4. \_\_\_ / Alternative benefits provided through premium assistance for benchmark-equivalent in employer-sponsored coverage.

5. \_\_\_ / Alternative benefits will be provided through a combination of the methods described in item 1-4. Please specify how this will be accomplished.

D. Additional Assurances

a. X / The State assures that individuals will have access, through benchmark coverage, benchmark-equivalent coverage, or otherwise, to Rural Health Clinic (RHC) services and Federally Qualified Health Center (FQHC) services as defined in subparagraphs (B) and (C) of section 1905(a)(2).

b. X / The State assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb).

E. Cost Effectiveness of Plans

Benchmark or benchmark-equivalent coverage and any additional benefits must be provided in accordance with economy and efficiency principles.

F. Compliance with the Law

X / The State will continue to comply with all other provisions of the Social Security Act in the administration of the State plan under this title.

G. Implementation Date

X / The State will implement this State Plan amendment on (July 1, 2006).

**ENHANCED PLAN**  
**(For Individuals with Disabilities, Including Elders, or Special Health Needs)**  
**BENCHMARK BENEFIT PACKAGE**

- persons with disabilities; and
- To provide and to promote family-centered, community-based, coordinated care for children with special health care needs.

**1.C GEOGRAPHIC CLASSIFICATION**

Unless otherwise indicated, in the chart below, the benefits in the Enhanced Benchmark Benefit Package shall be in effect for all geographic and political subdivisions of the State.

Benefit	Geographic Area

**1.D SERVICE DELIVERY SYSTEM**

Each individual provided the Enhanced Benchmark Benefit Package under the State plan is required to enroll in a Primary Care Case Management program, known as "Healthy Connections" under the authority of Section 1937 of the Social Security Act.

Unless otherwise indicated in the chart below, benefits may be obtained from any institution, agency, pharmacy, or practitioner qualified to perform such services and participating under the plan, including an organization, which provides such services or arranges for their availability on a pre-payment basis.

<b>Primary Care Case Management System</b>
Inpatient Hospital Services

**ENHANCED PLAN**  
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**BENCHMARK BENEFIT PACKAGE**

**Physician Assistant Services.** Physician assistant services include those services provided by a physician assistant as defined by state and federal law. This coverage has the same exclusions as Physician Services.

Services provided by physician assistants are limited to Section 54-1803(11) of the Idaho Code.

**Chiropractor Services.** Chiropractic services are limited for payment to a total of twenty-four (24) office visits during any calendar year. The remedial treatment must involve the manipulation of the spine to correct a subluxation condition.

**Podiatrist Services.** Podiatrist services are limited to treatment of acute foot conditions.

**Optometrist Services.** Optometrist services are limited to providing eye examination and eyeglasses covered under this State plan unless the optometrist has been issued and maintains certification under the provisions of Idaho Code to diagnose and treat injury or diseases of the eye. In these circumstances, payment will be made for diagnosis and treatment services.

**Nurse-Midwife Services.** Nurse-midwife services listed in section 1905(a)(17) of the Act, are provided to the extent that nurse-midwives are authorized to practice under State law or regulation and without regard to whether the services are furnished in the area of management of the care of mothers and babies throughout the maternity cycle. Nurse-midwives are permitted to enter into independent provider agreements with the Medicaid agency without regard to whether the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider.

Certified nurse-midwife services are those services provided by certified nurse midwives as defined by state and federal law. This coverage has the same exclusions as Physician Services.

### **3.F PRIMARY CARE CASE MANAGEMENT**

The Enhanced Benchmark Benefit Package includes **Primary Care Case Management Services** permitted under in sections 1905(a)(25) and 2110(a)(21) of the Social Security Act. These services are provided by a primary care case manager consistent with a program authorized under section 1937 of the Social Security Act. All individuals opting into the Enhanced Benefit Package are required to enroll with a PCCM.

**ENHANCED PLAN**  
**(For Individuals with Disabilities, Including Elders, or Special Health Needs)**  
**BENCHMARK BENEFIT PACKAGE**

**3.T.2 Personal Care Services**

The Enhanced Benchmark Benefit Package includes **Personal Care Services** permitted under sections 1905(a)(24) and 2110(a)(14) of the Social Security Act when prior authorized by the Department.

Personal care services may be furnished to a participant who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are:

- provided in accordance with a plan of care;
- provided by an individual who is qualified to provide such services and who is not a member of the individual's family; and
- provided in the participant's home.

Providers who are expected to carry out training programs for developmentally disabled participants must be supervised at least every ninety (90) days by a Qualified Mental Retardation Professional (42 CFR 483.430(a))

**Limitations.** The following service limitations apply to the Enhanced Benchmark Benefit Package covered under the State plan.

Services are limited to sixteen (16) hours per calendar week, per eligible participant.

Participants under twenty-one (21) years of age (qualifying under EPSDT), may receive personal care services in excess of sixteen hours of service per week.

**3.T.3 Home and Community-Based Services**

**Home and Community-Based Services** are covered for certain participants receiving home and community-based services pursuant to a waiver program authorized under section 1915(c) of the Social Security Act.

State-developed fee schedule rates are the same for both governmental and private providers of the service (medical services) and the fee schedule and any annual/periodic adjustments to the fee schedule are published (Idaho Department of Health and Welfare website).

24.

a. Transportation – Payment rates for ambulance services will not exceed the upper limits of Medicare reimbursement. Public transit and charter services, including air ambulance services, are limited to reasonable and customary rates generally acceptable in the community. Payments to individuals using private vehicles are limited to the rates established by the Department through a study that evaluates the actual costs of fuel reasonably incurred by the typical non-commercial transportation provider whose personal vehicle averages fifteen (15) miles per gallon.

d. Nursing Facility Services for Individuals Under 21 Years of Age – Refer to Attachment 4.19-D.

e. Emergency Hospital Services – Refer to Attachment 4.19A and 4.19B-2.

f. Personal Care Services (PCS) – Personal Care attendants, PCS agencies, and QMRP supervisors will be paid a rate established by the Department which will be based on nursing home industry wages as required by Idaho Code, Section 39-5606.