



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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

SEP 1 2009

Richard Armstrong, Director
Department of Health & Welfare
Towers Building – Tenth Floor
Post Office Box 83720
Boise, Idaho 83720-0036

RE: Idaho State Plan Amendment Transmittal Number #08-017

Dear Mr. Armstrong:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Idaho State Plan Amendment (SPA) Transmittal Number #08-017.

This letter approves Idaho's formal request to revise the reimbursement methodology to pay other health professionals to administer developmental disability services. This SPA is approved effective September 1, 2009.

If you have any questions concerning this SPA, please contact me or have your staff contact Tom Couch, CMS' Boise Outstation Office, at (208) 334-9482 or via email at Thomas.Couch@cms.hhs.gov.

Sincerely,

Barbara K. Richards
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

cc:

Leslie Clement, Administrator
Paul Leary, Deputy Administrator
Rachel Strutton, State Plan Coordinator
Sheila Pugatch, Reimbursement Specialist

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:

08-017

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

July 1, 2009 SEPT. 1, 2009 (P+I)

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 447.201

7. FEDERAL BUDGET IMPACT:

Total (\$) Federal Funds

FFY 2009 (7-1-09 - 9-30-09) - \$1,707,000 FFY 2010 -

\$5,769,000 - 0 - (P+I)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B. page 42 / 43 (P+I)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT:

We are requesting this amendment to our State Plan to define the reimbursement methodology to pay other health professionals authorized to administer developmental disability 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:

13. TYPED NAME:

Leslie M. Clement

14. TITLE:

Administrator

15. DATE SUBMITTED:

12-11-08

16. RETURN TO:

Leslie M. Clement, Administrator

Idaho Department of Health and Welfare

Division of Medicaid

PO Box 83720

Boise ID 83720-0036

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

DEC 12 2008

18. DATE APPROVED:

SEP - 1 2009

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

SEP - 1 2009

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Barbara K. Richards

22. TITLE: Associate Regional Administrator

Division of Medicaid &

Children's Health

23. REMARKS:

Pen & Inc changes authorized by the state on 6/31/2009
Pen & Inc change authorized by the state on 8/27/09
Pen & Inc change authorized by the state on 8/31/09.

29. Developmental Disability Services - The rate of reimbursement for each component of ambulatory services included in the State’s Medicaid Plan will be established by the Department’s Medical Assistance Unit. This reimbursement rate will not exceed the usual and customary charges for comparable services under comparable circumstances in public and private agencies in the State of Idaho.

Rate(s):

For physician services where mid-levels are authorized to administer mental health services, the Department reimburses based on the Department’s Medical Assistance fee schedule.

For other health professional authorized to administer developmental disability services, the statewide reimbursement rate for developmental disability services was derived by using Bureau of Labor Statistics mean wage for the direct care staff providing the service adjusted for employment related expenditures and indirect general and administrative costs which includes program related costs and are based on surveyed data.

Reimbursement rates for these services is set at a percentage of the statewide target reimbursement rate described above. The following CPT codes represent the service codes paid to developmental disability service providers who are considered other health professionals authorized to administer developmental disability services:

Code	Modifier	Description	Rate of Reimbursement
90887		Collateral Contact (per 15 min.)	\$9.94
97537		Development Therapy in Home or Community – Individual (per 15 min.)	\$5.01
97537	HQ	Development Therapy in Home or Community – Group (per 15 min.)	\$2.14
H0004		Supportive Counseling (per 15 min.)	\$8.00
H0024		Intense Behavioral Intervention Consultation (per 15 min.)	\$11.35
H2000		Developmental Disability Evaluation (per 15 min.)	\$4.53
H2014	HQ	Children’s or NF Developmental Disability in the Center – Group (per 15 min.)	\$1.80
H2014		Children’s or NF Developmental Disability in the Center – Individual (per 15 min.)	\$5.01
H2019		Intense Behavioral Intervention – Professional (per 15 min.)	\$11.35
H2019	HM	Intense Behavioral Intervention – Paraprofessional (per 15 min.)	\$5.10
H2021	HQ	Children Development Therapy in the Community – Group (per 15 min.)	\$2.14
H2021		Children Development Therapy in the Community – Individual (per 15 min.)	\$5.01
H2032		Development Therapy in Center - Individual (per 15 min.)	\$4.53
H2032	HQ	Development Therapy in Center – Group (per 15 min.)	\$1.80
T1028		Social History and Evaluation (per 15 min.)	\$9.94
T2024		Comprehensive Intense Behavioral Intervention Assessment (per 15 min.)	\$11.35

The fee schedule for the above listed codes and any annual/periodic adjustments to the fee schedule for the above listed codes are published at the following web site:
<http://www.healthandwelfare.idaho.gov>

The fee schedule will be effective for services on or after 09/01/09.