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**State/Territory Name:** Idaho

**State Plan Amendment** (SPA) #: 09-015

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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

**FEB 23 2010**

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

**RE: Idaho State Plan Amendment (SPA) Transmittal Number (TN) #09-015**

Dear Mr. Armstrong:

The Centers for Medicare & Medicaid Services' (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number #09-015. This SPA makes technical corrections to identify how incontinence supplies are reimbursed which reflects current practice and aligns with the current Medicare Advantage contracts.

As requested, this SPA is approved effective October 1, 2009.

If you have any additional questions or require any further assistance, please contact me at 206-615-2267 or have your staff contact Tania Seto at (206) 615-2343 or by e-mail at [Tania.Seto@cms.hhs.gov](mailto:Tania.Seto@cms.hhs.gov).

Sincerely,

A black rectangular box redacts the signature of Barbara K. Richards.

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

cc: Leslie Clement, Administrator, 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:

**09-015**

2. STATE  
**IDAHO**

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

4. PROPOSED EFFECTIVE DATE  
**October 1, 2009**

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 2010 - \$0 FFY 2011 - \$0**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Medicare-Medicaid Coordinated Benchmark Plan page 17.

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Medicare-Medicaid Coordinated Benchmark Plan page 17.

10. SUBJECT OF AMENDMENT:

We are requesting this amendment to our State Plan to define incontinence supplies, underpads and briefs, as an integrated benefit for participants in the Medicare-Medicaid Coordinated Plan as an existing benefit that was not outlined.

11. GOVERNOR'S REVIEW (*Check One*):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Leslie M. Clement

14. TITLE:

Administrator

15. DATE SUBMITTED:

**11-25-09**

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:

**NOV 25 2009**

18. DATE APPROVED:

**FEB 23 2010**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

**OCT 01 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:

**MEDICARE/MEDICAID COORDINATED PLAN**  
**(For Elders and/or Individuals Who are Dually Eligible for Medicare and Medicaid)**  
**BENCHMARK BENEFIT PACKAGE**

**3.O MEDICAL EQUIPMENT, SUPPLIES AND DEVICES**

**3.O.1 Medical Equipment and Supplies (Medicare Advantage Plan)**

The Medicare/Medicaid Coordinated Benchmark Benefit Package includes **Medical Equipment and Supplies** permitted under section 1905(a)(28) of the Social Security Act. These services include durable medical equipment and other medically-related or remedial devices. These also include medical supplies, equipment, and appliances suitable for use in the home.

Subject to limitations and restrictions as defined by the individual Medicare Advantage Plan and excluding incontinence supplies covered as an integrated benefit.

**3.O.1.1 Medical Equipment and Supplies (Integrated Benefit)**

The Medicare/Medicaid Coordinated Benchmark Benefit Package includes incontinence supplies which include only protective underpads, briefs, and reusable diaper/brief.

**3.O.2 Specialized Medical Equipment and Supplies (Medicaid Providers)**

The Medicare/Medicaid Coordinated Benchmark Benefit Package includes **Specialized Medical Equipment and Supplies** permitted under section 1915(c)(4)(B) of the Social Security Act.

**Specialized Medical Equipment and Supplies, only**, are covered for participants receiving home and community-based services pursuant to a waiver program authorized under section 1915(c) of the Social Security Act.

**3.O.3 Prosthetic Devices (Medicare Advantage Plan)**

The Medicare/Medicaid Coordinated Benchmark Benefit Package includes **Prosthetic Devices** permitted under sections 1905(a)(6) and 1905(a)(12) of the Social Security Act. These services include prosthetic and orthotic devices and related services prescribed by a physician and fitted by an individual who is certified or registered by the American Board for Certification in orthotics and/or prosthetics.

Subject to limitations and restrictions as defined by the individual Medicare Advantage Plan.

**3.P VISION SERVICES (Medicare Advantage Plan)**

The Medicare/Medicaid Coordinated Benchmark Benefit Package includes **Vision Services** permitted under sections 1905(a)(6) and 1905(a)(12) of the Social Security Act. These services include eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.