



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

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

**JAN 20 2012**

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 11-008**

Dear Mr. Armstrong:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 11-008. This SPA implements a blended reimbursement rate covering both individual and group developmental therapy service.

This SPA is approved effective July 1, 2011, as requested by the State.

If you have additional questions or require further assistance, please contact me, or have your staff contact Tom Couch at (208) 334-9482 or via email at [Thomas.Couch@cms.hhs.gov](mailto:Thomas.Couch@cms.hhs.gov).

Sincerely,



Associate Regional Administrator  
Division of Medicaid and Children's Health  
Operations

cc:  
Leslie Clement, Deputy Director  
Paul Leary, Medicaid Benefits Administrator

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

1. TRANSMITTAL NUMBER:

11-008

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, 2011**

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 2011 (\$1,065,066)  
FFY 2012 (\$2,648,475)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B. page 43

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 4.19-B. page 43

10. SUBJECT OF AMENDMENT:

Idaho is requesting this amendment to our State Plan to update the reimbursement rate for home and community-based developmental therapy.

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:

Deputy Director

15. DATE SUBMITTED:

7/29/11

16. RETURN TO:

Leslie M. Clement, Deputy Director  
Idaho Department of Health and Welfare  
Division of Medicaid  
PO Box 83720  
Boise ID 83720-0009

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **AUGUST 1 2011**

18. DATE APPROVED: **JAN 20 2012**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: **JUL 01 2011** **ASS-01-2011(m)**

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Carol J.C. Peverly

22. TITLE:

Associate Regional Administrator  
Division of Medicaid &  
Children's Health

23. REMARKS:

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
97537		Development Therapy in Home or Community – Individual (per 15 min.)	\$3.34
97537	HQ	Development Therapy in Home or Community – Group (per 15 min.)	\$3.34
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.)	\$3.02
H2032	HQ	Development Therapy in Center – Group (per 15 min.)	\$3.02
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 7/1/2011.