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State/Territory Name: Idaho

State Plan Amendment (SPA) #: 12-005

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
2201 6th Avenue, Mailstop RX-43
Seattle, Washington 98121



Division of Medicaid & Children's Health Operations

OCT 24 2012

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

RE: Idaho State Plan Amendment (SPA) Transmittal Number 12-005


Dear Mr. Armstrong,

We have reviewed the proposed amendment to Attachment 4.19-B of your Medicaid State plan submitted under transmittal number (TN) 12-005. This amendment reduces the amount, duration and scope of occupational therapy (OT), physical therapy (PT), and speech therapy (ST) for Medicaid eligible individuals.

This SPA is approved effective January 15, 2012, as requested by the state. For your files, we are enclosing the HCFA-179 transmittal form and the amended plan pages.

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

Sincerely,


Carol J.C. Peverly
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 12-005	2. STATE IDAHO
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE January 15, 2012	
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: 42 CFR 440.110	7. FEDERAL BUDGET IMPACT: FFY 2012 (\$525,000) FFY 2013 (\$700,000)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1 C BBBP, Pages 28 & 29 Attachment 3.1 C EBBP, Pages 35 & 36 Attachment 4.19-B, Pages 38 & 39	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1 C BBBP, Pages 28 & 29 Attachment 3.1 C EBBP, Pages 35 & 36 Attachment 4.19-B, Pages 38 & 39

10. SUBJECT OF AMENDMENT:

To comply with legislative direction, Idaho will change the current visit limitations for therapy services to a dollar cap.
Additional services are available for both children and adults when medically necessary.

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:
13. TYPED NAME: [REDACTED]	Paul J. Leary, Administrator Idaho Department of Health and Welfare Division of Medicaid PO Box 83720 Boise ID 83720-0036
14. TITLE: Deputy Director	
15. DATE SUBMITTED: 3/28/12	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: MAR 29 2012	18. DATE APPROVED: OCT 24 2012
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVAL: JAN 15 2012	20. SIGNATURE OF REGIONAL OFFICIAL: [REDACTED]
21. TYPED NAME: Carol J.C. Peverly	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health
23. REMARKS:	

**BASIC PLAN
(For Low-Income Children and Working-Age Adults)
BENCHMARK BENEFIT PACKAGE**

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

Services by a licensed nurse, when no home health agency exists in the area, must be prior approved by the Department as defined in 42 CFR 440.70(b)(l).

Home health visits are limited to one hundred (100) per participant per calendar year provided by any combination of home health agency licensed nurse, home health aide, home health physical therapist, home health occupational therapist, home health speech-language pathologist or licensed nurse.

Individuals under twenty-one (21) years of age pursuant to EPSDT, may receive in excess of these limited visits per calendar year when the services are prior authorized by the Department.

3.M THERAPY SERVICES

The Basic Benchmark Benefit Package includes **Therapy Services** permitted under sections 1905(a)(11), 1905(a)(13) and 2110(a)(22) of the Social Security Act. Therapy services include physical therapy, occupational therapy, and speech-language pathology services provided by an, independent therapy provider, hospital outpatient facility, or medical rehabilitation facility.

Therapy services by an independent provider may be furnished by the following providers:

- Physical therapist who in accordance with 42 CFR 440.110(a) is licensed by the PT Licensing Board within the Board of Occupational Licensing.
- Occupational Therapist who in accordance with 42 CFR 440.110(b) is licensed by the Board of Medicine.
- Speech-Language Pathologist who in accordance with 42 CFR 440.110(c), is licensed by the Speech and Hearing Services Licensure Board within the Board of Occupational Licensing.

All therapy services are provided according to a written physician order as a part of a plan of care. Services provided by independent therapists are provided either in the patient's home or in the therapist's office. An office in a nursing home or hospital is not considered an independent therapist's office.

Respiratory care services in accordance with 1902(e)(9) may be furnished to Individuals under twenty-one (21) years of age pursuant to EPSDT.

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

Physical Therapy (PT) services and speech-language pathology (SLP) services are limited to an annual combined dollar amount for all PT and SLP services. The total amount will be set by the Department based on the annual Medicare Caps.

Occupational therapy services are limited to an annual dollar amount set by the Department based on Medicare Cap.

Additional services may be authorized if determined to be medically necessary by the Department.

**BASIC PLAN
(For Low-Income Children and Working-Age Adults)
BENCHMARK BENEFIT PACKAGE**

Home health agency visits by home health aides, nursing services, physical therapists, occupational therapists, and speech-language pathologists in any combination are limited to a total of one-hundred (100) visits per participant per calendar year.

Adults age twenty-one (21) and older may receive additional services if determined to be medically necessary by the Department.

Individuals under twenty-one (21) years of age pursuant to EPSDT, may receive additional services if determined to be medically necessary and prior authorized by the Department.

3.N AUDIOLOGY SERVICES

The Basic Benchmark Benefit Package Audiology Services permitted under sections 1905(a)(11) and 2110(a)(24) of the Social Security Act. These services include services for individuals with hearing disorders provided by an audiologist who is licensed by the Idaho Speech and Hearing Services Licensure Board in accordance with {42 CFR 440.110(c)}.

Participants age 21 and Older:

Participants who are 21 years of age and older are eligible to receive diagnostic screening services necessary to obtain a differential diagnosis.

Participants under the age of 21:

Services for participants who are under the age of 21 include audiometric services and supplies according to applicable Department rules. The Department will provide hearing screening services according to the recommended guidelines of the AAP. The screen administered will be an age-appropriate hearing screen. The guidelines coincide with certain scheduled medical screens; the hearing screen is considered part of the medical screening service.

Hearing Aids. Hearing aids and related services for adults age 21 and over are not covered. Hearing aids for participants under the age of 21 will be covered by the Department.

Augmentative Communication Devices. The Department will purchase communication devices when need for the device is based on a comprehensive history and physical; and the individual lacks the ability to communicate their needs verbally or through sign language.

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

- The Department will pay for one audiometric examination and testing related to the exam each calendar year when ordered by a physician and provided by a certified audiologist and/or licensed physician. Any hearing test beyond the basic comprehensive audiometry and independent testing must be ordered in writing before the testing is done.
- The Department will purchase medically necessary hearing aids for participants under the age of 21.

Individuals under twenty-one (21) years of age pursuant to EPSDT, may receive additional services if determined to be medically necessary and prior authorized by the Department.

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

- interventions; or
- A licensed or professional nursing assessment to evaluate the child's responses to interventions or medications.

Services delivered must be in a written plan of care, and the plan of care must be developed by a multi-disciplinary team.

The plan of care must be revised and updated as the child's needs change or upon significant change of the condition, but at least annually, and must be submitted to the Department or its authorized agent for review and prior authorization of service.

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

PDN services must be authorized by the Department or its authorized agent prior to delivery of service.

PDN Services may be provided only in the child's personal residence or when normal life activities take the child outside of this setting. However, if service is requested only to attend school or other activities outside of the home, but does not need such services in the home, private duty nursing will not be authorized. The following are specifically excluded as personal residences:

- Licensed Nursing Facilities (NF);
- Licensed Intermediate Care Facilities for the Mentally Retarded (ICF/MR);
- Licensed Residential Care Facilities;
- Licensed hospitals; and
- Public or private school.

Individuals under twenty-one (21) years of age pursuant to EPSDT, may receive additional services if determined to be medically necessary and prior authorized by the Department.

3.M THERAPY SERVICE

The Enhanced Benchmark Benefit Package includes **Therapy Services** permitted under sections 1905(a)(11), 1905(a)(13) and 2110(a)(22) of the Social Security Act. Therapy services include physical therapy, occupational therapy, and speech-language pathology services provided by an, independent provider, hospital outpatient facility, , or medical rehabilitation facility.

Therapy services by an independent provider may be furnished by the following providers:

- Physical therapist who in accordance with 42 CFR 440.110(a) is licensed by the Physical Therapy Licensing Board within the Board of Occupational Licensing.
- Occupational Therapist who in accordance with 42 CFR 440.110(b) is licensed by the State Occupational Therapy Licensure Board within the Board of Occupational Licensing.
- Speech-Language Pathologist who in accordance with 42 CFR 440.110(c), is licensed by the Idaho Speech and Hearing Services Board within the Board of Occupational Licensing.

All therapy services are provided according to a written physician order as a part of a plan of care. Services provided by independent therapists are provided either in the patient's home or in the therapist's office. An office in a nursing home or hospital is not considered an independent therapist's office.

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

Respiratory care services permitted in accordance with 1902(e)(9), may be furnished to individuals under twenty-one (21) years of age pursuant to EPSDT.

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

Physical Therapy (PT) services and speech-language pathology (SLP) services are limited to an annual combined dollar amount for all PT and SLP services. The total amount will be set by the Department based on the annual Medicare Cap.

Occupational therapy services are limited to an annual dollar amount set by the Department based on Medicare Cap.

Additional services may be authorized by the Department if determined to be medically necessary.

Home health agency visits by home health aides, nursing services, physical therapists, occupational therapists, and speech-language pathologists in any combination are limited to a total of one-hundred (100) visits per participant per calendar year. Included in the total visits are all home health aides, nursing services, physical therapy services, and occupational therapy services in any combination.

Adults age twenty-one (21) and older may receive additional services if determined to be medically necessary by the Department.

Individuals under twenty-one (21) years of age pursuant to EPSDT, may receive additional services if determined to be medically necessary and prior authorized by the Department.

Audiology services are not provided for under home health services.

3.N AUDIOLOGY SERVICES

The Enhanced Benchmark Benefit Package includes **Audiology Services** permitted under sections 1905(a)(11) and 2110(a)(24) of the Social Security Act. These services include services for individuals with hearing disorders provided by or under the supervision of an audiologist who is licensed by the Idaho Speech and Hearing Services Licensure Board in accordance with 42 CFR 440.110(c).

Participants Age 21 and Older: Participants who are 21 years of age and older are eligible to receive diagnostic screening services if they are necessary to obtain a differential diagnosis and have been ordered by a physician or midlevel practitioner.

Participants Under the Age of 21: Services for participants under the age of 21 include audiometric services and supplies according to applicable Department rules. The Department will provide hearing screening services according to the recommended guidelines of the AAP. The screen administered will be an age-appropriate hearing screen. The guidelines coincide with certain scheduled medical screens; the hearing screen is considered part of the medical screening service.

Hearing Aids. Hearing aids and related services for adults age 21 and over are not covered. Hearing aids for participants under the age of 21 will be covered by the Department.

Augmentative Communication Devices. The Department will purchase communication devices when need for the device is based on a comprehensive history and physical; and the individual lacks the ability to communicate their needs verbally or through sign language.

Individuals under twenty-one (21) years of age qualifying under EPSDT, may receive additional audiology services if determined to be medically necessary and prior authorized by the Department.

Code	Description
95852	Range Of Motion Measurements And Report; Hand, With Or W/O Comparison With Normal Side
95857	Tensilon Test For Myasthenia Gravis
95860	Needle Electromyography; One Extremity With Or Without Related Paraspinal Areas
95861	Needle Electromyography; Two Extremities With Or Without Related Paraspinal Areas
95863	Needle Electromyography; Three Extremities With Or Without Related Paraspinal Areas
95864	Needle Electromyography; Four Extremities With Or Without Related Paraspinal Areas
95867	Needle Electromyography; Cranial Nerve Supplied Muscle(S), Unilateral
95868	Needle Electromyography; Cranial Nerve Supplied Muscles, Bilateral
95869	Needle Electromyography; Thoracic Paraspinal Muscles (Excluding T1 Or T12)
95870	Needle Electromyography; Ltd Study Of Muscles In One Extremity Or Non-Limb (Axial) Muscles
95872	Needle Electromyography Using Single Fiber Electrode, With Quantitative Measurement
95873	Electrical Stimulation For Guidance In Conjunction With Chemodenervation
95874	Needle Electromyography For Guidance In Conjunction With Chemodenervation
95875	Ischemic Limb Exercise Test With Serial Specimen(S) Acquisition For Muscle(S) Metabolite(S)
95900	Nerve Conduction, Amplitude And Latency/Velocity Study, Each Nerve; Motor, W/O F-Wave Study
95903	Nerve Conduction, Amplitude And Latency/Velocity Study, Each Nerve; Motor, With F-Wave Study
95904	Nerve Conduction, Amplitude And Latency/Velocity Study, Each Nerve; Sensory
95992	Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver) per day

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 was last updated on 01/15/2012 to be effective for services on or after 01/15/2012.

26. Speech Therapy - Payments for speech therapy services provided by independent speech therapists are on the basis of the Department's Medical Assistance Unit statewide fee schedule. The following CPT codes represent the speech-language pathology codes:

Code	Description
92506	Medical Evaluation Speech Language And/Or Hear Processing
92507	Language Therapy
92526	Treatment of swallowing dysfunction and/or oral function for feeding
92597	Evaluation For Use Prosthetic/Augmentative Device, Speech
92607	Evaluation For Prescription For Speech-Generating Augmentative & Alternative Device
92608	Each Additional 30 Minutes (List Separately In Addition To Code For Primary Procedure
92609	Therapeutic Services For The Use Of Speech Generating Device
92610	Evaluation of Oral and Pharyngeal Swallowing Function
92626	Evaluation of Auditory Rehabilitation Status, First Hour
92627	Evaluation of Auditory Rehab Status, Ea Add 15 Min, Add-on
92630	Auditory Rehabilitation, Pre-lingual Hearing Loss
92633	Auditory Rehabilitation, Post-lingual Hearing Loss

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 was last updated on 1/15/12 to be effective for services on or after 1/15/12.

TN: 12-005
Supersedes TN: 11-007

Approval Date:

Effective Date: 1-15-2012

OCT 24 2012