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State/Territory Name: Idaho

State Plan Amendment (SPA) #: 13-009

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
2201 6th Avenue, Mailstop RX-43
Seattle, Washington 98121



Division of Medicaid & Children's Health Operations

OCT 31 2013

Paul J. Leary, Administrator
Idaho Department of Health and Welfare
Division of Medicaid
PO Box 83720
Boise, Idaho 83720-0009

RE: Idaho State Plan Amendment (SPA) Transmittal Number 13-009

Dear Mr. Leary:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Idaho's SPA Transmittal Number 13-009. This SPA amends Idaho's concurrent care for children in Hospice under section 1905 (o) of the Social Security Act. This amendment adds the hospice concurrent care legislation requirement, "Provided in accordance with section 2302 of the Affordable Care Act".

The SPA is approved effective July 1, 2013.

If you have any questions, or require any further assistance, please contact me, or have your staff contact Julia Cantu at either julia.cantu@cms.hhs.gov or (206) 615- 2339..

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: 13-009 (P&I)	2. STATE IDAHO
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE 3/23/2010 (effective upon enactment of the Affordable Care Act on March 23, 2010). 7/01/2013
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TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

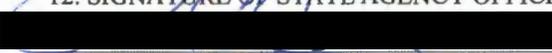
5. TYPE OF PLAN MATERIAL (Check One):
 NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: Section 2302 of the Affordable Care Act	7. FEDERAL BUDGET IMPACT: FFY 2013: \$0 FFY 2014: \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, page 7 Attachment 3.1-C EBBP pg 48 and MMCP page 22 (P&I) Attachment 3.1-B, page 6	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, page 7 Attachment 3.1-C EBBP pg 48 and MMCP page 22 (P&I) Attachment 3.1-B, page 6

10. SUBJECT OF AMENDMENT:
This amendment removes the prohibition of curative treatment upon the election of hospice benefit of a Medicaid or CHIP eligible child. States are required to provide all medically necessary services, including hospice, to individuals under age 21.

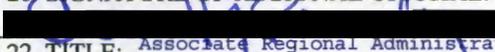
11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Paul J. Leary, Administrator Idaho Department of Health and Welfare Division of Medicaid PO Box 83720 Boise ID 83720-0009
13. TYPED NAME: Paul J. Leary	
14. TITLE: Administrator	
15. DATE SUBMITTED: 8-27-13	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: August 27, 2013	18. DATE APPROVED: October 31, 2013
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2013	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:
8.27.13 the state authorized a P&I change to box 1
9.30.13 the state authorized a P&I change to box 4, 8, and 9

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

3.U HOSPICE CARE

The Enhanced Benchmark Benefit Package includes **Hospice Care** permitted under sections 1905(a)(18) and 1905(o) of the Act.

Hospice care is provided in accordance with section 2302 of the Affordable Care Act.

Hospice Care is provided only to terminally ill recipients when furnished by a Medicare certified hospice.

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

Hospice care provides for eight benefit periods which coincide with each recipient's monthly eligibility recertifications. A recipient is provided up to eight calendar months of hospice care. The benefit period starts on the first day of the month in which hospice was elected and hospice is automatically renewed until the date of the recipient's death, revocation, or failure to meet monthly eligibility requirements. The recipient will have at least 210 hospice days available.

Respite days are limited to five days per benefit period (calendar month).

3.V DEVELOPMENTAL DISABILITY SERVICES

3.V.1 Intermediate Care Facility Services

The Enhanced Benchmark Benefit Package includes **Intermediate Care Facility Services** permitted under section 1905(a)(15) of the Social Security Act. Services in an Intermediate care facility for the mentally retarded (other than such services in an institution for mental diseases) are for persons determined in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

Intermediate care services including such services in a public institution for the mentally retarded or persons with related conditions must have prior authorization before payment is made. Such prior authorization is initiated by the eligibility examiner who secures consultation from the periodic medical review team through the nurse consultant for a medical decision as to eligibility for intermediate care services and authorization of payment.

Including such services in a public institution (or distinct part

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

Limitations. The following service limitations apply to the Medicare/Medicaid Coordinated Benchmark Benefit Package covered under the State plan.

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

3.T.3 Home and Community-Based Services (Medicaid Providers)

Other 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.

3.U HOSPICE CARE (Medicare Advantage Plan)

The Medicare/Medicaid Coordinated Benchmark Benefit Package includes **Hospice Care** permitted under sections 1905(a)(18) and 1905(o) of the Act. Subject to limitations and restrictions as defined by the individual Medicare Advantage Plan.

Hospice care is provided in accordance with section 2302 of the Affordable Care Act.

3.V DEVELOPMENTAL DISABILITY SERVICES

3.V.1 Intermediate Care Facility Services (ICF/MR) (Medicaid Providers)

The Medicare/Medicaid Coordinated Benchmark Benefit Package includes **Intermediate Care Facility Services** permitted under section 1905(a)(15) of the Social Security Act. Services in an Intermediate care facility for the mentally retarded (other than such services in an institution for mental diseases) are for persons determined in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

Intermediate care services including such services in a public institution for the mentally retarded or persons with related conditions must have prior authorization before payment is made. Such prior authorization is initiated by the eligibility examiner who secures consultation from the periodic medical review team through the nurse consultant for a medical decision as to eligibility for intermediate care services and authorization of payment.