## **Table of Contents**

State/Territory Name: ID

State Plan Amendment (SPA) #: 14-006

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 Seattle Regional Office 701 Fifth Avenue, Suite 1600, MS/RX-200 Seattle, WA 98104



APR 2 9 2014

## Division of Medicaid & Children's Health Operations

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) 14-006

Dear Mr. Armstrong:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of SPA Transmittal Number 14-006. This SPA transfers the fee schedule for therapies (physical, occupational and speech) from the body of the State plan to the State's website, and eliminates a general procedure code for speech therapy evaluation – replacing this code with four more descriptive procedure codes.

This SPA is approved effective April 1, 2014.

If you have any additional questions or require any further assistance, please contact me or have your staff contact Tom Couch at (208) 334-9482 or <a href="mailto:Thomas.Couch@cms.hhs.gov">Thomas.Couch@cms.hhs.gov</a>.

Sincerely,

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

cc:

Denise Chuckovich, Deputy Director Paul Leary, Medicaid Benefits Administrator David Simnitt, Deputy Administrator

TRANSMITTAL	AND NOTICE O
HEALTH CARE FINANCING	3 ADMINISTRATION
DEPARTMENT OF HEALTH	I AND HUMAN SERVICE

FORM APPROVED OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 14-006	2. STATE IDAHO
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: 7 SOCIAL SECURITY ACT (MEDI	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE April 1, 2014	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		ch amendment)
6. FEDERAL STATUTE/REGULATION CITATION: 1905(a)(6), 1905(a)(12) and 2110(a)(24) of the Social Security Act	7. FEDERAL BUDGET IMPACT: Total (\$) Federal Funds FFY 2014 \$0 (zero) FFY 2015 \$0 (zero)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
State Plan Attachment 4.19-B pages 37 and 39 Attachment 4.19-b, page 38	State Plan Attachment 4.19-B pages 37 and 39 Attachment 4.19-b, page 38	
This change is being made to specifically identify the location of fee table on our website.  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 SPE	
12. SIGNATURE OF STAPE AGENCY OFFICIAL:	16. RETURN TO:	
13. TYPED NAME: Paul J. Leary 14. TITLE: Administrator 15. DATE SUBMITTED: 3/21/14	Paul J. Leary, Administrator Idaho Department of Health and Welfare Division of Medicaid PO Box 83720 Boise ID 83720-0036	
FOR REGIONAL O		
17. DATE RECEIVED: 3/21/14	18. DATE APPROVED: 4/29/14	
PLAN APPROVED – ON	NE COPY ATTACHED	_
19. EFFECTIVE DATE OF APPROVED MATERIAL:  April 1, 2014	20 STGNATURE OF REGIONAL O	
21. TYPED NAME: Carol J.C. Peverly	22. TITLE: Associate Region	nal Administrator
23. REMARKS:	Division of Children'	Medicaid &

## Attachment 4.19-B

Page 37

25. Physical therapy and occupational therapy - Payments for physical therapy and occupational therapy services provided by independent therapists are on the basis of the Department's Medical Assistance Unit statewide fee schedule.

The fee schedule was last updated on 4/1/14, to be effective for services on or after 4/1/14.

The Independent Therapy fee schedule and any annual/periodic adjustments to the fee schedule are published at the following website:

http://www.healthandwelfare.idaho.gov

TN: 14-006

Supersedes TN: 11-007

Approval Date:

Effective Date: 4-1-2014

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4/29/14

## Attachment 4.19-B Page 38

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TN: 14-006

Supersedes TN: 12-005

Approval Date:

4/29/14

Effective Date: 4-1-2014

Attachment 4.19-B Page 39

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 fee schedule was last updated on 4/1/14 to be effective for services on or after 4/1/14.

The fee schedule 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

TN: 14-006

Supersedes TN: 12-005

Approval Date:

Effective Date: 4-1-2014