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State/Territory Name: Idaho

State Plan Amendment (SPA) #: 19-0023

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

April 7, 2020

Dave Jeppesen, Director
Department of Health and Welfare
Towers Building - Tenth Floor
PO Box 83720
Boise, ID 83720-0036

RE: Idaho State Plan Amendment (SPA) Transmittal Number ID 19-0023

Dear Mr. Jeppesen:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number ID 19-0023. This SPA implements the Section 1915(l) State Plan Option for reimbursement of state plan substance use disorder services delivered in an IMD setting.

This SPA is approved effective January 1, 2020. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Idaho State Plan.

If there are any questions concerning this approval, please contact me or your staff may contact Gary Ashby at gary.ashby@cms.hhs.gov or at (206) 615-2333.

Sincerely,

A black rectangular redaction box covers the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

Enclosure

cc:

Matt Wimmer
Clay Lord
David Welsh
David Bell
Kymberlee Schreiber
Robin Butrick
Burke Jensen

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

1. TRANSMITTAL NUMBER:
19-0023

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
01-01-2020

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:
§1915(l) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
~~\$0~~ FFY1: (~~\$487,872~~) (\$367,916.43) (P&I)
FFY2: (~~\$487,872~~) (\$491,902.92) (P&I)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
NEW PAGES; Pages 1-3, Supplement 4 of Attachment 3.1-A

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

10. SUBJECT OF AMENDMENT:

Add §1915(l) State Plan Option for reimbursement of state plan substance use disorder services delivered in an IMD setting.

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:

[Redacted Signature]

13. TYPED NAME:
MATT WIMMER

14. TITLE:
Administrator

15. DATE SUBMITTED: 09-30-2019

16. RETURN TO:

Matt Wimmer, Administrator
Idaho Department of Health and Welfare
Division of Medicaid
PO Box 83720
Boise ID 83720-0009

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 9/30/19

18. DATE APPROVED: 4/7/2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/2020

20. SIGNATURE OF REGIONAL OFFICIAL:

[Redacted Signature]

21. TYPED NAME: James G. Scott

22. TITLE:
Director, Division of Program Operations

23. REMARKS:

11/8/19-State authorizes a P&I change to block #7.
11/21/19 - State authorized P&I change to block #7

§1915(l) State Plan Option to Provide Medical Assistance for Eligible Individuals who are Patients in Eligible Institutions for Mental Diseases

- The state attests that all services provided to eligible individuals in an eligible institution for mental diseases for which the state is seeking federal financial participation are included in the approved state plan.
- Coverage is available for a maximum of 30 days per 12-month period per eligible individual from the date an eligible individual is first admitted to an eligible IMD.

Eligibility for Services

- Medicaid beneficiaries age 21 through 64 who have at least one substance use disorder and reside in an eligible institution for mental diseases (IMD) primarily to receive withdrawal management or substance use disorder treatment services.

Eligible IMDs

- The state provides assurance that providers follow reliable evidence-based practices and offer at least two forms of medication-assisted treatment onsite, including one antagonist and one partial agonist for opioid use disorder, in accordance with 1915(l)(7)(C).

Please briefly describe how the state assures the provision of evidence-based practices, including medication-assisted treatment, in IMDs:

The state assures that IMDs follow reliable evidence-based practices and offer two forms of MAT onsite. The Idaho Department of Health and Welfare has established provider qualifications that align with American Society of Addiction Medicine (ASAM) Criteria related to appropriate service recommendations, level of care placements, and other standards of clinical care.

Evidence-based Clinical Screening

- The state provides assurance that eligible individuals receive an appropriate evidence-based clinical screening prior to receiving services in an eligible IMD, including initial and periodic reassessments to determine the appropriate level of care, length of stay, and setting for each individual.

Please briefly describe the assessment process or processes the state will use to obtain information to determine the appropriate level of care, length of stay, and treatment setting:

The state requires providers and facilities to complete a comprehensive diagnostic assessment (CDA) prior to placement. Providers and facilities are also required to follow the level of care guidelines established by the Department or its designee, which are used to ensure correct placement in accordance with the ASAM Criteria.

(4) Ensuring a Continuum of Services

• **Availability of Required Outpatient Services**

- The state attests that it provides medical assistance for services consistent with the following outpatient levels of care as specified at §1915(1)(4)(C)(i)(I)–(IV):

Outpatient Service	
<input checked="" type="checkbox"/>	(I) Early intervention for individuals who, for a known reason, are at risk of developing substance-related problems and for individuals for whom there is not yet sufficient information to document a diagnosable substance use disorder.
<input checked="" type="checkbox"/>	(II) Outpatient services for less than 9 hours per week for adults, and for less than 6 hours per week for adolescents, for recovery or motivational enhancement therapies and strategies.
<input checked="" type="checkbox"/>	(III) Intensive outpatient services for 9 hours or more per week for adults, and for 6 hours or more per week for adolescents, to treat multidimensional instability.
<input checked="" type="checkbox"/>	(IV) Partial hospitalization services for 20 hours or more per week for adults and adolescents to treat multidimensional instability that does not require 24-hour care.

• **Availability of Certain Specified Inpatient and Residential Services**

- The state attests that it provides medical assistance for services, consistent with at least 2 of the following inpatient and residential levels of care, as set forth at §1915(1)(4)(C)(ii)(I)–(V):

Inpatient and Residential Level of Care	
<input type="checkbox"/>	(I) Clinically managed, low-intensity residential services that provide adults and adolescents with 24-hour living support and structure with trained personnel and at least 5 hours of clinical service per week per individual.
<input type="checkbox"/>	(II) Clinically managed, population-specific, high-intensity residential services that provide adults with 24-hour care with trained counselors to stabilize multidimensional imminent danger along with less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community.
<input type="checkbox"/>	(III) Clinically managed, medium-intensity residential services for adolescents, and clinically managed, high-intensity residential services for adults, that provide 24-hour care with trained counselors to stabilize multidimensional imminent danger and preparation for outpatient treatment.
<input checked="" type="checkbox"/>	(IV) Medically monitored, high-intensity inpatient services for adolescents, and medically monitored, intensive inpatient services withdrawal management for adults, that provide 24-hour nursing care, make physicians available for significant problems in Dimensions 1, 2, or 3, and provide counseling services 16 hours per day.

<input checked="" type="checkbox"/>	(V) Medically managed, intensive inpatient services for adolescents and adults that provide 24-hour nursing care and daily physician care for severe, unstable problems in Dimensions 1, 2 or 3.
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• **Transition of Care Requirements**

- The state attests that:
- 1) a placement in such eligible institution for mental diseases would allow for an eligible individual's successful transition to the community, considering such factors as proximity to an individual's support network (such as family members, employment, and counseling and other services near an individual's residence); and
 - 2) all eligible institutions for mental diseases are able to provide care at lower levels of clinical intensity or have established relationships with another facility or provider that is able to provide care at such lower level of clinical intensity and accepts Medicaid-enrolled patients.

Please briefly describe the state's transition process that will ensure a beneficiary's successful transition to the community:

<p>The staff of the IBHP contractor includes field care coordinators (FCCs), who are responsible for interacting with acute care hospitals and treatment facilities to ensure effective discharge coordination and seamless transitions to lower levels of care. The IBHP includes a quality assurance metric, which measures follow-up after hospitalization (FUH) at 30 days after discharge. The IBHP contractor has direct access to the state quality improvement organization's case management system, which alerts IBHP staff and FCCs regarding ER admissions and hospitalizations, as well as tracking lengths of stay and discharge status.</p>
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