

Table of Contents

State/Territory Name: ID

State Plan Amendment (SPA) #: 20-0013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 355
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

June 23, 2020

Mr. Matt Wimmer, Administrator
Idaho Department of Health and Welfare
Division of Medicaid
P.O. Box 83720
Boise, ID 83720-0009

Dear Mr. Wimmer:

The Centers for Medicare and Medicaid Services (CMS) has completed its review of Idaho's State Plan Amendment (SPA) #20-0013, which was submitted on May 15, 2020. The state submitted the new SPA pages on May 13, but the package was not complete until May 15, as the state did not submit the CMS-179 summary form until that date. The purpose of this SPA is to remove the state's 1915(l) option from the state plan, as Idaho is transitioning coverage of substance use disorder (SUD) treatment in institutions of mental disease from the state plan to the state's SUD section 1115(a) demonstration, known as Idaho Behavioral Health Transformation.

This SPA was approved on June 18, 2020, with an effective date of April 17, 2020, as requested by the state. This effective date aligns with the effective date of the state's approved 1115 demonstration. Enclosed is a copy of the CMS-179 summary form, as well as the approved page for incorporation into the Idaho State Plan.

If you have any questions about this letter or require any further assistance, please contact Laura D'Angelo at (816) 426-6425, or Laura.DAngelo1@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: ID-20-0013	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 04-17-2020	
5. TYPE OF PLAN MATERIAL <i>(Check One)</i> : <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT <i>(Separate Transmittal for each amendment)</i>			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1915(l) of the Social Security Act		7. FEDERAL BUDGET IMPACT: \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 4 to Attachment 3.1-A, pages 1-4		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> : New pages 1-4 supersede existing pages 1-4 in Supplement 4 to Attachment 3.1-A	
10. SUBJECT OF AMENDMENT: Replace existing 1915(l) pages in Supplement 4 to Attachment 3.1-A. Coverage and reimbursement of 1915(l) services will be administered under different authority, Idaho's approved Section 1115 Behavioral Health Transformation Demonstration effective 4/17/2020.			
11. GOVERNOR'S REVIEW <i>(Check One)</i> : <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: MATT WIMMER		Matt Wimmer, Administrator Idaho Department of Health and Welfare Division of Medicaid PO Box 83720 Boise ID 83720-0009	
14. TITLE: Administrator			
15. DATE SUBMITTED: 5/14/20			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 5/15/20		18. DATE APPROVED: 6/18/20	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 4/17/20		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: James G. Scott		22. TITLE: Director, Division of Program Operations	
23. REMARKS:			

THIS PAGE INTENTIONALLY LEFT BLANK

THIS PAGE INTENTIONALLY LEFT BLANK

THIS PAGE INTENTIONALLY LEFT BLANK

THIS PAGE INTENTIONALLY LEFT BLANK