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State/Territory Name: Idaho

State Plan Amendment (SPA) #: 20-0014

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



April 30, 2021

Mr. Matt Wimmer, Administrator
Idaho Department of Health and Welfare
Division of Medicaid
PO Box 8320
Boise, ID 83720-0009

Re: Idaho State Plan Amendment (SPA) 20-0014

Dear Administrator Wimmer:

We have reviewed the proposed amendment to add section 7.5 Medicaid Disaster Relief for the COVID-19 National Emergency to your Medicaid state plan, as submitted under transmittal number (TN) 20-0014. This amendment proposes to implement temporary policies, which are different from those policies and procedures otherwise applied under your Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof).

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 *et seq.*), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences of the COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of

6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and this state plan provision will no longer be in effect, upon termination of the public health emergency, including any extensions.

Pursuant to section 1135(b)(5) of the Act, for the period of the public health emergency, CMS is modifying the requirement at 42 C.F.R. §430.20 that the state submit SPAs related to the COVID-19 public health emergency by the final day of the quarter, to obtain a SPA effective date during the quarter, enabling SPAs submitted after the last day of the quarter to have an effective date in a previous quarter, but no earlier than the effective date of the public health emergency.

The State of Idaho also requested a waiver of public notice requirements applicable to the SPA submission process. Pursuant to section 1135(b)(1)(C) of the Act, CMS is waiving public notice requirements applicable to the SPA submission process. Public notice for SPAs is required under 42 C.F.R. §447.205 for changes in statewide methods and standards for setting Medicaid payment rates, 42 C.F.R. §447.57 for changes to premiums and cost sharing, and 42 C.F.R. §440.386 for changes to Alternative Benefit Plans (ABPs). Pursuant to section 1135(b)(1)(C) of the Act, CMS is approving the state's request to waive these notice requirements otherwise applicable to SPA submissions.

The State of Idaho also requested a waiver to modify the tribal consultation timeline applicable to this SPA submission process. Pursuant to section 1135(b)(5) of the Act, CMS is also allowing states to modify the timeframes associated with tribal consultation required under section 1902(a)(73) of the Act, including shortening the number of days before submission or conducting consultation after submission of the SPA.

These waivers or modifications of the requirements related to SPA submission timelines, public notice, and tribal consultation apply only with respect to SPAs that meet the following criteria: (1) the SPA provides or increases beneficiary access to items and services related to COVID-19 (such as by waiving or eliminating cost sharing, increasing payment rates or amending ABPs to add services or providers); (2) the SPA does not restrict or limit payment or services or otherwise burden beneficiaries and providers; and (3) the SPA is temporary, with a specified sunset date that is not later than the last day of the declared COVID-19 public health emergency (or any extension thereof). We nonetheless encourage states to make all relevant information about the SPA available to the public so they are aware of the changes.


We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Act and implementing regulations. This letter is to inform you that Idaho's Medicaid SPA Transmittal Number 20-0014 is approved effective March 13, 2020. This SPA does not supersede any provisions approved in the Disaster Relief SPA approved on September 3, 2020.

Enclosed is a copy of the CMS-179 summary form and the approved state plan pages.

Please contact Laura D'Angelo at (816) 426-6425 or by email at Laura.Dangelo1@cms.hhs.gov if you have any questions about this approval. We appreciate the efforts of you and your staff in responding to the needs of the residents of the State of Idaho and the health care community.

Sincerely,

**Alissa M.
Deboy -S**

 Digitally signed by Alissa
M. Deboy -S
Date: 2021 04.30
08:00:42 -04'00'

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Acting Director
Center for Medicaid and CHIP Services

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 20-0014	2. STATE IDAHO
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE March 13, 2020
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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 SSA §1915(i) / 42 CFR 441 Subpart M SSA §1135	7. FEDERAL BUDGET IMPACT a. FFY 2020 \$ 1,694,606 b. FFY 2021 \$ 335,123
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Section 7.5	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) None
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10. SUBJECT OF AMENDMENT
COVID-19 Public Health Emergency Response Flexibilities for Idaho's 1915(i) State Plan HCBS Benefit for Adults with Developmental Disabilities (State Plan Attachment 3.1-A: Supplement 2)

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: Matt Wimmer, Administrator Idaho Department of Health and Welfare Division of Medicaid PO Box 83720 Boise ID 83720-0009
13. TYPED NAME Matt Wimmer	
14. TITLE Administrator	
15. DATE SUBMITTED 10/15/2020	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED October 15, 2020	18. DATE APPROVED April 30, 2021

PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL March 13, 2020	20. SIGNATURE OF REGIONAL OFFICIAL Alissa M. Deboy -S <small>-S Date: 2021.04.30.08:01:19 -0400</small>
21. TYPED NAME Alissa Mooney DeBoy	22. TITLE On Behalf of Anne Marie Costello, Acting Director Center for Medicaid and CHIP Services

23. REMARKS

State/Territory: Idaho

Section 7 – General Provisions
7.5. Medicaid Disaster Relief for the COVID-19 National Emergency

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period described below:

March 13, 2020 through the end of the public health emergency (and any renewals thereof), except as follows:

- 1. Section D.1. Temporary homemaker services will not be authorized for dates of service beyond July 19, 2021.*
- 2. Section E.2. Temporary rate increases for developmental therapy will terminate on July 19, 2021.*

NOTE: States may not elect a period longer than the Presidential or Secretarial emergency declaration (or any renewal thereof). States may not propose changes on this template that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

Request for Waivers under Section 1135

X The agency seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:

- a. X SPA submission requirements – the agency requests modification of the requirement to submit the SPA by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020, pursuant to 42 CFR 430.20.

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- b. Public notice requirements – the agency requests waiver of public notice requirements that would otherwise be applicable to this SPA submission. These requirements may include those specified in 42 CFR 440.386 (Alternative Benefit Plans), 42 CFR 447.57(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of changes in statewide methods and standards for setting payment rates).
- c. Tribal consultation requirements – the agency requests modification of tribal consultation timelines specified in the Idaho Medicaid state plan, as described below:

Section 1.4 of the Idaho Medicaid State Plan sets forth the following timelines for tribal consultation:

“Timeframe for Consultation: The State will request consultation at the earliest opportunity and to the extent possible give the appropriate tribal and Indian health provider contact(s) an appropriate amount of time to consider and respond to the impact of the consultation request. Whenever possible, the State will provide notification to the Tribes and Indian health providers 60 days prior to submission and allow 30 days for response. Whenever possible, in expedited circumstances, 14 day notice will be given with 7 days allowed for response. The request may be in writing or communicated verbally as part of a quarterly Tribal meeting.”

The State requests modification of these timeframes during the public health emergency. The State will consult with the appropriate tribal and Indian health provider contact(s) regarding this Disaster Relief SPA during the next quarterly tribal meeting occurring after submission to CMS.

Section A – Eligibility

- 1. The agency furnishes medical assistance to the following optional groups of individuals described in section 1902(a)(10)(A)(ii) or 1902(a)(10)(c) of the Act. This may include the new optional group described at section 1902(a)(10)(A)(ii)(XXIII) and 1902(ss) of the Act providing coverage for uninsured individuals.

Include name of the optional eligibility group and applicable income and resource standard.

- 2. The agency furnishes medical assistance to the following populations of individuals described in section 1902(a)(10)(A)(ii)(XX) of the Act and 42 CFR 435.218:
 - a. All individuals who are described in section 1905(a)(10)(A)(ii)(XX)

Income standard: _____

-or-

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- b. Individuals described in the following categorical populations in section 1905(a) of the Act:

Income standard:

3. The agency applies less restrictive financial methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows.

Less restrictive income methodologies:

Less restrictive resource methodologies:

4. The agency considers individuals who are evacuated from the state, who leave the state for medical reasons related to the disaster or public health emergency, or who are otherwise absent from the state due to the disaster or public health emergency and who intend to return to the state, to continue to be residents of the state under 42 CFR 435.403(j)(3).

5. The agency provides Medicaid coverage to the following individuals living in the state, who are non-residents:

6. The agency provides for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the disaster or public health emergency.

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Section B – Enrollment

1. The agency elects to allow hospitals to make presumptive eligibility determinations for the following additional state plan populations, or for populations in an approved section 1115 demonstration, in accordance with section 1902(a)(47)(B) of the Act and 42 CFR 435.1110, provided that the agency has determined that the hospital is capable of making such determinations.

Please describe the applicable eligibility groups/populations and any changes to reasonable limitations, performance standards or other factors.

2. The agency designates itself as a qualified entity for purposes of making presumptive eligibility determinations described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L.

Please describe any limitations related to the populations included or the number of allowable PE periods.

3. The agency designates the following entities as qualified entities for purposes of making presumptive eligibility determinations or adds additional populations as described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L. Indicate if any designated entities are permitted to make presumptive eligibility determinations only for specified populations.

Please describe the designated entities or additional populations and any limitations related to the specified populations or number of allowable PE periods.

4. The agency adopts a total of months (not to exceed 12 months) continuous eligibility for children under age enter age (not to exceed age 19) regardless of changes in circumstances in accordance with section 1902(e)(12) of the Act and 42 CFR 435.926.
5. The agency conducts redeterminations of eligibility for individuals excepted from MAGI-based financial methodologies under 42 CFR 435.603(j) once every months (not to exceed 12 months) in accordance with 42 CFR 435.916(b).
6. The agency uses the following simplified application(s) to support enrollment in affected areas or for affected individuals (a copy of the simplified application(s) has been submitted to CMS).
 - a. The agency uses a simplified paper application.

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- b. The agency uses a simplified online application.
- c. The simplified paper or online application is made available for use in call-centers or other telephone applications in affected areas.

Section C – Premiums and Cost Sharing

- 1. The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

Please describe whether the state suspends all cost sharing or suspends only specified deductibles, copayments, coinsurance, or other cost sharing charges for specified items and services or for specified eligibility groups consistent with 42 CFR 447.52(d) or for specified income levels consistent with 42 CFR 447.52(g).

- 2. The agency suspends enrollment fees, premiums and similar charges for:
 - a. All beneficiaries
 - b. The following eligibility groups or categorical populations:

Please list the applicable eligibility groups or populations.

- 3. The agency allows waiver of payment of the enrollment fee, premiums and similar charges for undue hardship.

Please specify the standard(s) and/or criteria that the state will use to determine undue hardship.

Section D – Benefits

Benefits:

- 1. The agency adds the following optional benefits in its state plan (include service descriptions, provider qualifications, and limitations on amount, duration or scope of the benefit):

The state requests the addition of homemaker services to its 1915(i) State Plan HCBS Benefit for Adults with Developmental Disabilities (State Plan Attachment 3.1-A: Supplement 2) as follows:

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Service Specification			
Service Title:	Homemaker		
Service Definition (Scope):			
Homemaker services consist of performing for the participant, or assisting them with, or both, the following tasks: essential errands, meal preparation, laundry, and other routine housekeeping duties if there is no one else in the household capable of performing these tasks.			
Specify additional needs-based criteria (if any) for receiving the service:			
Specify limits (if any) on the amount, duration, or scope of this service:			
This service will not be authorized for dates of service beyond July 19, 2021.			
Provider Specifications			
Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
			Developmental Disabilities Agency
			Residential Habilitation Agency
			Personal Care Service Agency
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/> Relative/Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Developmental Disabilities Agency		Developmental Disabilities Agency (DDA) certificate as described in IDAPA 16.03.21	
Residential Habilitation Agency		Certificate as described in IDAPA 16.04.17 and 16.03.705	
Personal Care Service Agency			Other Standard as described in IDAPA 16.03.10.329.03

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Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Developmental Disabilities Agency	Idaho Department of Health and Welfare		<ul style="list-style-type: none"> • At initial provider agreement or renewal • At least every three years, and as needed based on service monitoring concerns
Residential Habilitation Agency	Idaho Department of Health and Welfare		<ul style="list-style-type: none"> • At initial provider agreement or renewal • At least every three years, and as needed based on service monitoring concerns
Personal Care Service Agency	Idaho Department of Health and Welfare		<ul style="list-style-type: none"> • At initial provider agreement or renewal
Service Delivery Method			
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

2. X The agency makes the following adjustments to benefits currently covered in the state plan:

1. **Limitation on Amount of Developmental Therapy Services.** The state may allow participants to exceed service limitation of 22 hours per week for Developmental Therapy as set forth in the service description of its 1915(i) State Plan HCBS Benefit for Adults with Developmental Disabilities (State Plan Attachment 3.1-A: Supplement 2). A service plan addendum must be submitted to the Department with an explanation of how services in excess of the limitation will ensure the health and safety of the participant during the COVID-19 Pandemic. The Department will process plan addendums on an expedited basis and approved services will be prior authorized.

2. **Alternate Settings for Developmental Therapy Services.** The state may allow developmental disability agencies to provide developmental therapy in a setting already approved in the state's 1915(i) state plan benefit and Statewide Transition Plan, that is in a home, community, or a developmental disability agency's day facility (center-based) setting, regardless of the setting identified on the participant's plan. This includes the provision of developmental therapy in a Certified Family Home in lieu of a community or developmental disability agency setting. When providing developmental therapy in an alternate setting, the participant's record (maintained by the developmental disability agency) must include documentation of the alternate service location and confirm the location was changed in response to the COVID-19 Pandemic.

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3. The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewideness requirements found at 1902(a)(1), ~~comparability requirements found at 1902(a)(10)(B)~~, and free choice of provider requirements found at 1902(a)(23).
4. Application to Alternative Benefit Plans (ABP). The state adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).
- a. The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.
- b. Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

Please describe.

Telehealth:

5. The agency utilizes telehealth in the following manner, which may be different than outlined in the state's approved state plan:

Please describe.

The following services offered under the State's 1915(i) State Plan HCBS Benefit for Adults with Developmental Disabilities (State Plan Attachment 3.1-A: Supplement 2) may be delivered via electronic methods (e.g., telephonic) if the service can be safely and effectively delivered via electronic methods, fully meets the service definition when provided via electronic methods, and when appropriate to meet the individual's needs as identified in the person-centered serviced plan:

- developmental therapy (as described in section titled "Services"); and
- community crisis support (as described in section titled "Services").

Drug Benefit:

6. The agency makes the following adjustments to the day supply or quantity limit for covered outpatient drugs. The agency should only make this modification if its current state plan pages have limits on the amount of medication dispensed.

Please describe the change in days or quantities that are allowed for the emergency period and for which drugs.

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7. Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions.
8. The agency makes the following payment adjustment to the professional dispensing fee when additional costs are incurred by the providers for delivery. States will need to supply documentation to justify the additional fees.

Please describe the manner in which professional dispensing fees are adjusted.

9. The agency makes exceptions to their published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.

Section E – Payments

Optional benefits described in Section D:

1. Newly added benefits described in Section D are paid using the following methodology:
 - a. Published fee schedules –
Effective date (enter date of change): _____
Location (list published location): _____
 - b. Other:

Describe methodology here.
The reimbursement rate for temporary Homemaker services was established using the existing reimbursement rate for Homemaker services currently authorized under the state's 1915(c) waiver for the Aged and Disabled (ID.1076.R05). Temporary Homemaker services will be reimbursed at a rate of \$4.16 per 15-minute unit.

Increases to state plan payment methodologies:

2. The agency increases payment rates for the following services:

Please list all that apply.
Developmental Therapy

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- a. Payment increases are targeted based on the following criteria:

Please describe criteria.

The State will implement temporary rate changes for developmental therapy services as specified below to maintain a stable workforce a preserve significantly impacted HCBS provider networks.

The increased rates were established by comparing utilization during the initial weeks of the COVID-19 Pandemic to utilization during the first two months of 2020. The services experiencing the most significant drops in utilization were allocated a relative portion of available funds.

Code	Service Title	Standard Rate per 15-min unit	COVID-19 Rate per 15-min unit
97537	Home/Community Individual and/or Group Developmental Therapy for Adults	\$3.34	\$4.67
H2032	Center Based Individual and/or Group Developmental Therapy for Adults	\$3.02	\$4.12

The COVID-19 rates specified above will terminate on July 19, 2021.

- b. Payments are increased through:

- i. A supplemental payment or add-on within applicable upper payment limits:

Please describe.

- ii. An increase to rates as described below.

Rates are increased:

Uniformly by the following percentage: _____

Through a modification to published fee schedules –

Effective date (enter date of change): _____

Location (list published location): _____

Up to the Medicare payments for equivalent services.

By the following factors:

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Please describe.

Payment for services delivered via telehealth:

3. For the duration of the emergency, the state authorizes payments for telehealth services that:
- a. Are not otherwise paid under the Medicaid state plan;
 - b. Differ from payments for the same services when provided face to face;
 - c. Differ from current state plan provisions governing reimbursement for telehealth;

Describe telehealth payment variation.

- d. Include payment for ancillary costs associated with the delivery of covered services via telehealth, (if applicable), as follows:
- i. Ancillary cost associated with the originating site for telehealth is incorporated into fee-for-service rates.
 - ii. Ancillary cost associated with the originating site for telehealth is separately reimbursed as an administrative cost by the state when a Medicaid service is delivered.

Other:

4. Other payment changes:

Please describe.

Section F – Post-Eligibility Treatment of Income

1. The state elects to modify the basic personal needs allowance for institutionalized individuals. The basic personal needs allowance is equal to one of the following amounts:
- a. The individual's total income
 - b. 300 percent of the SSI federal benefit rate
 - c. Other reasonable amount: _____

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2. The state elects a new variance to the basic personal needs allowance. (Note: Election of this option is not dependent on a state electing the option described the option in F.1. above.)

The state protects amounts exceeding the basic personal needs allowance for individuals who have the following greater personal needs:

Please describe the group or groups of individuals with greater needs and the amount(s) protected for each group or groups.

Section G – Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information

1. Modification of Direct Care Staff Training Requirements for 1915(i) State Plan HCBS Benefit for Adults with Developmental Disabilities (State Plan Attachment 3.1-A: Supplement 2). The state may allow newly hired direct care staff to begin rendering services prior to completing the training requirements specified in the “Other Standards” of the “Provider Qualifications” found in the service description for each service of the 1915(i) State Plan HCBS Benefit for Adults with Developmental Disabilities (State Plan Attachment 3.1-A: Supplement 2). Direct care staff training requirements must be completed within 30 days of first rendering services. To support informed decision-making, the provider must advise the participant and legal guardian that the direct care staff has not completed the applicable training prior to rendering services.
2. Modification of Criminal History and Background Check Requirements for 1915(i) State Plan HCBS Benefit for Adults with Developmental Disabilities (State Plan Attachment 3.1-A: Supplement 2). The state may allow newly hired direct care staff to begin rendering services under the following conditions and prior to completing a criminal history and background check as specified in the “Other Standards” of the “Provider Qualifications” found in the service description for each service of the 1915(i) State Plan HCBS Benefit for Adults with Developmental Disabilities (State Plan Attachment 3.1-A: Supplement 2):
 - The Criminal History Background Check application must be submitted prior to rendering services.
 - The provider must access the iCourts online system (<https://mycourts.idaho.gov>) to complete a search of any criminal convictions or outstanding warrants associated with the direct care staff. An attestation that this search was conducted prior to the direct care staff rendering care must be included with the employee’s file.
 - To support informed decision-making, the provider must advise the Medicaid participant or legal guardian that the direct care staff has not completed the criminal history and background check prior to rendering services.
 - Providers must immediately terminate any direct care staff upon notification of a failed criminal history and background check and assign a new direct care staff person to the participant.
3. Modifications to Participant’s Annual Service Plan for 1915(i) State Plan HCBS Benefit for Adults with Developmental Disabilities (State Plan Attachment 3.1-A: Supplement 2). When paid or unpaid support services become unavailable as a result of the COVID-19 Pandemic (e.g. a family member who normally takes care of a participant is hospitalized for COVID-19, a day habilitation facilities close, or schools close) the state may allow a change in the service location to another setting already approved in the

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state's 1915(i) state plan benefit and Setting Transition Plan (home, community, or agency), a change in provider, a change to the staff to participant ratio, or increased hours of existing services to ensure the health and safety of the participant during the COVID-19 Pandemic. A service plan addendum must be submitted to the Department with an explanation of what services are no longer available and how the change in services/increased hours will ensure the health and safety of the participant during the COVID-19 Pandemic. The Department will process plan addendums on an expedited basis and approved change in services/increased hours will be prior authorized.

4. Modification of Quality Assurance Data Collection for 1915(i) State Plan HCBS Benefit for Adults with Developmental Disabilities (State Plan Attachment 3.1-A: Supplement 2). The State may suspend the collection of data for performance measures other than those identified for the Health and Welfare assurance and notes that as a result the data will be unavailable for this time frame in ensuing reports due to the circumstances of the pandemic. *Specifically, the State may suspend the following:*

- *Sub-Requirement 3-b: The State monitors non-licensed/non-certified 1915(i) Benefit providers to assure adherence to provider standards.*
- *Sub-Requirement 4-a: Settings meet the home and community-based services (HCBS) setting requirements as specified in this state plan amendment and in accordance with 42 CFR 441.701(a)(1) and (2).*

The State will continue the collection of data related to Health and Welfare, as follows:

- *Sub-Requirement 1-a: Service plans address all 1915(i) participants' needs (including health and safety risk factors) and personal goals, either by 1915(i) HCBS service or through other means.*
- *Sub-Requirement 1-b: Service plans are updated or revised at least annually or when warranted by changes in the participant's needs.*
- *Sub-Requirement 1-c: 1915(i) HCBS participants are afforded choice: Between/among 1915(i) services and providers.*
- *Sub-Requirement 2-a: An evaluation for 1915(i) Benefit eligibility is provided to all applicants for whom there is reasonable indication that 1915(i) services may be needed in the future.*
- *Sub-Requirement 2-b: The process and instruments for determining 1915(i) Benefit eligibility as described in the approved state plan are applied appropriately.*
- *Sub-Requirement 2-c: The 1915(i) Benefit eligibility is reevaluated at least annually, or if more frequently, then as specified in the approved state plan.*
- *Sub-Requirement 3-a: The state verifies that 1915(i) Benefit providers initially and continually meet required licensure and/or certification standards including HCBS setting qualities prior to furnishing 1915(i) services.*
- *Sub-Requirement 5-a: The State Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the program by exercising oversight of the performance of 1915(i) Benefit functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.*
- *Sub-Requirement 6-a: The State Medicaid Agency maintains financial accountability through payment of claims for services that are authorized and furnished to 1915(i) participants by qualified providers.*
- *Sub-Requirement 7-a: The state identifies, addresses, and seeks to prevent incidents of abuse, neglect and exploitation, including the use of restraints.*

State/Territory: Idaho

5. Modifications to Processes for 1915(i) State Plan HCBS Benefit for Adults with Developmental Disabilities (State Plan Attachment 3.1-A: Supplement 2). The State may:

- Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings; and
- Add an electronic method of signing off on required documents such as the person-centered service plan.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (Expires 03/31/2021). The time required to complete this information collection is estimated to average 1 to 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1135 of the Social Security Act. All responses are public and will be made available on the CMS web site. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ***CMS Disclosure*** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Centers for Medicaid & CHIP Services at 410-786-3870.

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