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State/Territory Name:  Idaho

State Plan Amendment (SPA) #:  20-0018

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
October 13, 2021

Ms. Elizabeth Kriete, Acting Administrator
Idaho Department of Health and Welfare
Division of Medicaid
PO Box 83720
Boise, ID 83720-0009

RE: TN 20-0018

Dear Ms. Kriete,

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Idaho’s State Plan Amendment (SPA) #20-0018 which was submitted August 19, 2020. The purpose of SPA # ID 20-0018 is an Attachment 4.19-B amendment that establishes a reimbursement methodology for Targeted Case Management (TCM) Services: At-Risk Children-Home Visiting.

Idaho’s SPA #20-0018 is approved with an effective date of July 01, 2020. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages.

If you have any questions about this letter or require any further assistance, please contact Monica Neiman at Monica.Neiman@hhs.cms.gov

Todd McMillion
Director
Division of Reimbursement Review

Sincerely,
## Transmittal and Notice of Approval of State Plan Material

**For:** Health Care Financing Administration  

**To:** Regional Administrator  
Health Care Financing Administration  
Department of Health and Human Services  

### 1. Transmittal Number:  
ID 20-0018  

### 2. State:  
Idaho  

### 3. Program Identification:  
Title XIX of the Social Security Act (Medicaid)  

### 4. Proposed Effective Date:  
07-01-2020  

### 5. Type of Plan Material (Check One):  
- [ ] New State Plan  
- [ ] Amendment to be considered as new plan  
- [X] Amendment  

**Complete Blocks 6 thru 10 if this is an amendment** (Separate Transmittal for each amendment)  

### 6. Federal Statute/Regulation Citation:  
Section 1905 of the Social Security Act  

### 7. Federal Budget Impact:  
FFY20 $1,971,480.00  
FFY21 $1,971,480.00  

### 8. Page Number of the Plan Section or Attachment:  
Attachment 4.19-B, page 52  

### 9. Page Number of the Superseded Plan Section or Attachment (If Applicable):  
N/A  

### 10. Subject of Amendment:  
Reimbursement Methodology for Targeted Case Management Service: At-Risk Children (Home Visiting)  

### 11. Governor’s Review (Check One):  
- [X] Governor’s Office reported no comment  
- [ ] Comments of Governor’s Office enclosed  
- [ ] No reply received within 45 days of submittal  
- [ ] Other, as specified:  

### 12. Signature of State Agency Official:  

[Redacted]  

### 13. Typed Name:  
Matt Wimmer  

### 14. Title:  
Administrator  

### 15. Date Submitted:  
08-19-20  

### 16. Return To:  
Matt Wimmer, Administrator  
Idaho Department of Health and Welfare  
Division of Medicaid  
PO Box 83720  
Boise, ID 83720-0009  

### 17. Date Received:  
August 19, 2020  

### 18. Date Approved:  
October 13, 2021  

### 19. Effective Date of Approved Material:  
July 1, 2020  

### 20. Signature of Regional Official:  

[Redacted]  

### 21. Typed Name:  
Todd McMillion  

### 22. Title:  
Director, Division of Reimbursement Review  

### 23. Remarks:  
State authorized CMS to make pen and ink (P&I) changes, as follows: Block 6: add citation 42 CFR 440.169. Block 7: Revise FFY 2020 from $1,971,480 to $492,870 to reflect the 3 month period covering July 1, 2020 through September 30, 2020 versus an entire state fiscal year.
Targeted Case Management: At-Risk Children–Home Visiting

“Unit” is defined as one (1) encounter per visit. A unit consists of at least one (1) documented home visit with the eligible enrollee’s family and may include any number of documented contacts with other individuals or agencies identified through the care planning process. These targeted case management providers are paid on a unit-of-service basis that does not exceed one (1) unit (encounter) per day.

The rate for reimbursement for Home Visiting services is computed as follows:

Compute the Total Encounters
Compute the Total Allowable Medicaid Program Expenditures
Divide the Total Allowable Medicaid Program Expenditures by the Total Encounters
Equals REIMBURSABLE COST PER ENCOUNTER

Total allowable program expenditures of providing Home Visiting services will be identified according to the cost principles at 2 CFR 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, 45 CFR 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards and 42 CFR 413, Principles of Reasonable Cost Reimbursement.

The Department’s rates are the rates paid in all areas of the state, and all providers receive the same rate. The rates are set as of the effective date shown below and are payable for services delivered on or after that date. Rate information is maintained online at www.idmedicaid.com.