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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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group/ Division of Reimbursement Review

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.

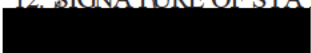
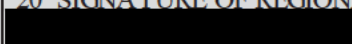
If you have any questions about this letter or require any further assistance, please contact Monica Neiman at Monica.Neiman@hhs.cms.gov

Todd McMillion



Director
Division of Reimbursement Review

Sincerely,

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: ID 20-0018	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 07-01-2020	
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 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 <i>(If Applicable)</i> : N/A	
10. SUBJECT OF AMENDMENT: Reimbursement Methodology for Targeted Case Management Service: At-Risk Children (Home Visiting)			
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: 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: 08-19-20			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: August 19, 2020		18. DATE APPROVED: October 13, 2021	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2020		20. SIGNATURE OF REGIONAL OFFICIAL: 	
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:

$$\begin{array}{l} \text{Compute} \qquad \qquad \text{the Total Encounters} \\ \text{Compute} \qquad \qquad \text{the Total Allowable Medicaid Program Expenditures} \\ \\ \text{Divide} \qquad \qquad \text{the Total Allowable Medicaid Program Expenditures by the Total} \\ \qquad \qquad \qquad \text{Encounters} \\ \\ \text{Equals} \qquad \qquad \text{REIMBURSABLE COST PER ENCOUNTER} \end{array}$$

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.