

## **Table of Contents**

**State/Territory Name: Idaho**

**State Plan Amendment (SPA) #: 21-0008**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 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



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May 28, 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) 21-0008

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) 21-0008. 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 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 21-0008 is approved effective March 13, 2020. This SPA does not supersede any provisions approved in the Disaster Relief SPAs approved on September 3, 2020, and April 30, 2021.

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](mailto: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: 2021.05.28  
10:02:38 -04'00'

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

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>ID 21-0008</b>	2. STATE <b>IDAHO</b>
	3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>March 13, 2020</b>	

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 <b>SSA §1915(i) / 42 CFR 441 Subpart M</b> <b>SSA §1135</b> <b>SSA §1905</b>	7. FEDERAL BUDGET IMPACT <b>a. FFY 2020 \$1,258,855</b>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Section 7.5: Pages 113 - 124</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ) <b>None</b>

10. SUBJECT OF AMENDMENT: **COVID-19 Public Health Emergency Response Flexibilities for:**

- Idaho's 1915(i) State Plan HCBS Benefit for Children with Developmental Disabilities (State Plan Attachment 3.1-A: Supplement 1),**
- Idaho's Basic Alternative Benefit Plan Children's Habilitation Intervention Services, and**
- Idaho's Enhanced Alternative Benefit Plan Children's Habilitation Intervention Services.**

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 3-2-2021	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED <b>March 2, 2021</b>	18. DATE APPROVED <b>May 28, 2021</b>
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**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL <b>March 13, 2020</b>	20. SIGNATURE OF REGIONAL OFFICIAL Alissa M. Deboy -S <small>Digitally signed by Alissa M. Deboy Date: 2021.05.20 10:02:00 -0400</small>
21. TYPED NAME <b>Alissa Mooney DeBoy</b>	22. TITLE <b>On Behalf of Anne Marie Costello, Acting Director Center for Medicaid and CHIP Services</b>

23. REMARKS

**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 E.2. Temporary rate increases for the State's 1915(i) State Plan HCBS Benefit for Children with Developmental Disabilities (State Plan Attachment 3.1-A: Supplement 1) Community-Based Support services, Idaho Basic Alternative Benefit Plan children's behavioral intervention services, and Idaho Enhanced Alternative Benefit Plan children's behavioral intervention services will terminate on July 24, 2020.*

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**

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

- a.  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.

State/Territory: Idaho

- 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 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.

***The State requests suspension 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-

TN: ID 21-0008

Supersedes TN: NEW

This SPA is in addition to the Disaster Relief SPAs approved on September 3, 2020, and April 30, 2021, and does not supersede anything approved in those SPAs.

Approval Date: May 28, 2021

Effective Date: March 13, 2020

State/Territory: Idaho

- 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.

## 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.

TN: ID 21-0008

Supersedes TN: NEW

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*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.
  - 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:

TN: ID 21-0008

Supersedes TN: NEW

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*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):

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

1. Alternate settings for all **Idaho 1915(i) State Plan HCBS Benefit for children with developmental disabilities (State Plan Attachment 3.1-A: Supplement 1)**. The state may allow developmental disability agencies and independent providers to provide services in a setting already included in Idaho’s Statewide Transition Plan, this 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. When providing services in an alternate setting, the participant’s record (maintained by the developmental disability agency or independent provider) must include documentation of the alternate service location and confirm the location was changed in response to the COVID-19 Pandemic.
2. Alternate settings for all **Idaho Basic Alternative Benefit Plan Children’s Habilitation Intervention Services**, including Habilitative Skill Building, Behavioral Intervention, and

TN: ID 21-0008

Supersedes TN: NEW

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Children’s Habilitation Crisis Intervention services. The state may allow developmental disability agencies and independent providers to provide services in a setting already included in Idaho’s Statewide Transition Plan, this 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. When providing services in an alternate setting, the participant’s record (maintained by the developmental disability agency or independent provider) must include documentation of the alternate service location and confirm the location was changed in response to the COVID-19 Pandemic.

3. Alternate settings for all **Idaho Enhanced Alternative Benefit Plan Children’s Habilitation Intervention Services**, including Habilitative Skill Building, Behavioral Intervention, and Children’s Habilitation Crisis Intervention services. The state may allow developmental disability agencies and independent providers to provide services in a setting already included in Idaho’s Statewide Transition Plan, this 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. When providing services in an alternate setting, the participant’s record (maintained by the developmental disability agency or independent provider) must include documentation of the alternate service location and confirm the location was changed in response to the COVID-19 Pandemic.

- 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:

State/Territory: Idaho

*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.*

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.*

*Increases to state plan payment methodologies:*

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

**1. The following Idaho 1915(i) State Plan HCBS Benefit for Children with Developmental Disabilities (State Plan Attachment 3.1-A: Supplement 1) services provided by a Developmental Disability Agency:**

TN: ID 21-0008

Supersedes TN: NEW

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- Individual Community-Based Supports
  - Group Community-Based Supports
2. The following **Idaho Basic Alternative Benefit Plan children’s habilitation intervention services provided by a Developmental Disability Agency:**
- Individual Behavioral Intervention by an Intervention Specialist
  - Individual Behavioral Intervention by an Intervention Professional
  - Individual Behavioral Intervention by an EBM Intervention Professional
3. The following **Idaho Enhanced Alternative Benefit Plan children’s habilitation intervention services provided by a Developmental Disability Agency:**
- Individual Behavioral Intervention by an Intervention Specialist
  - Individual Behavioral Intervention by an Intervention Professional
  - Individual Behavioral Intervention by an EBM Intervention Professional

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

To maintain a stable workforce and preserve significantly impacted HCBS provider networks, the State will implement temporary rate changes for services provided by a Developmental Disability Agency as specified in #1-3 below.

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.

The COVID-19 rates specified above will terminate July 24, 2020. These rates are available for review in [Idaho Department of Health and Welfare Medicaid Information Release MA-20-24](#).

1. Temporary rate changes for Developmental Disability Agencies providing the following **Idaho 1915(i) State Plan HCBS Benefit for Children with Developmental Disabilities (State Plan Attachment 3.1-A: Supplement 1) Community-Based Support services:**

<b>Code</b>	<b>Service Title</b>	<b>Standard Rate per 15-min unit</b>	<b>COVID-19 Rate per 15-min unit</b>
H2015 HA	Community-Based Supports Individual for children	\$7.26	\$9.58
H2015 HQ	Community-Based Supports Group for Children	\$2.90	\$3.21

2. Temporary rate changes for Developmental Disability Agencies providing the following **Idaho Basic Alternative Benefit Plan children’s habilitation intervention services:**

<b>Code</b>	<b>Service Title</b>	<b>Standard Rate per 15-min unit</b>	<b>COVID-19 Rate per 15-min unit</b>
H0004 HN	Behavioral Intervention – Individual – Intervention Specialist	\$12.91	\$14.50
H0004 HO	Behavioral Intervention – Individual – Intervention Professional	\$17.80	\$19.31

State/Territory: Idaho

H0004 TG Behavioral Intervention – Individual – EBM Intervention Professional	\$20.59	\$25.97	
3. Temporary rate changes for Developmental Disability Agencies providing the following <b>Idaho Enhanced Alternative Benefit Plan children’s habilitation intervention services</b> :			
<b>Code</b>	<b>Service Title</b>	<b>Standard Rate per 15-min unit</b>	<b>COVID-19 Rate per 15-min unit</b>
H0004 HN	Behavioral Intervention – Individual – Intervention Specialist	\$12.91	\$14.50
H0004 HO	Behavioral Intervention – Individual – Intervention Professional	\$17.80	\$19.31
H0004 TG	Behavioral Intervention – Individual – EBM Intervention Professional	\$20.59	\$25.97

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:

*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

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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: \_\_\_\_\_
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 Support Broker Training Requirements for 1915(i) State Plan HCBS Benefit for Children with Developmental Disabilities (State Plan Attachment 3.1-A: Supplement 1).** The state may

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allow newly hired and Support Brokers 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 Children with Developmental Disabilities (State Plan Attachment 3.1-A: Supplement 1). Support Broker training requirements must be completed within 30 days of first rendering services. To support informed decision-making, the provider must advise the participant and/or legal guardian that the Support Broker has not completed the applicable training prior to rendering services.

2. **Modifications to Processes for 1915(i) State Plan HCBS Benefit for Children with Developmental Disabilities (State Plan Attachment 3.1-A: Supplement 1)**. 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;
- Add an electronic and fax authorization method of signing off on required documents such as the person-centered service plan;
- Allow the use of results of a previous-year physical examination by the participant’s primary care physician;
- Allow community-based group respite and group community-based supports to be provided by one (1) qualified staff for up to six (6) participants;
- Allow group respite provided by an independent provider to provide direct services to an unlimited number of participant siblings; and
- Allow group family education to be provided to an unlimited number of participants’ families.

3. **Modifications to processes for Idaho Basic Alternative Benefit Plan children’s habilitation intervention services, including Habilitative Skill Building, Behavioral Intervention, and Children’s Habilitation Crisis Intervention services**. The State may:

- Allow group Habilitative Skill Building and group Behavioral Intervention services to be provided by one (1) qualified staff for up to six (6) participants.

4. **Modifications to processes for Idaho Enhanced Alternative Benefit Plan children’s habilitation intervention services, including Habilitative Skill Building, Behavioral Intervention, and Children’s Habilitation Crisis Intervention services**. The State may:

- Allow group Habilitative Skill Building and group Behavioral Intervention services to be provided by one (1) qualified staff for up to six (6) participants.

5. **Modification of Criminal History and Background Check Requirements for 1915(i) State Plan HCBS Benefit for Children with Developmental Disabilities (State Plan Attachment 3.1-A: Supplement 1) and services**. Consistent with Idaho’s regulations and requirements, 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 Children with Developmental Disabilities (State Plan Attachment 3.1-A: Supplement 1):

- 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.



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- 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.

#### **PRA Disclosure Statement**

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TN: ID 21-0008

Supersedes TN: NEW

This SPA is in addition to the Disaster Relief SPAs approved on September 3, 2020, and April 30, 2021, and does not supersede anything approved in those SPAs.

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Effective Date: March 13, 2020