

## **Table of Contents**

**State/Territory Name: Idaho**

**State Plan Amendment (SPA) #: 22-0004**

This file contains the following documents in the order listed:

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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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June 13, 2022

Juliet Charron  
Idaho Department of Health and Welfare  
Division of Medicaid  
PO Box 8320  
Boise, ID 83720-0009

Re: Idaho State Plan Amendment (SPA) 22-0004

Dear Ms. Charron:

The Centers for Medicare & Medicaid Services reviewed your Medicaid SPA submitted under transmittal number (TN) 22-0004. This amendment proposes to cover routine patient costs for Medicaid beneficiaries participating in qualifying clinical trials.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Idaho Medicaid SPA 22-0004 was approved on June 13, 2022, with an effective date of January 7, 2022.

If you have any questions, please contact Courtenay Savage at 312-353-3721 or via email at [Courtenay.Savage@cms.hhs.gov](mailto:Courtenay.Savage@cms.hhs.gov).

Sincerely,

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Charles Beal

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 2 2 — 0 0 0 4 2. STATE I D

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT  XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**01-07-2022**

5. FEDERAL STATUTE/REGULATION CITATION  
**SSA 1905(a)(30); SSA 1902(a)(10)(A); SSA 1937(b)(5)**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2022 \$ 0  
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 4.19-B page 52**  
**Attachment 3.1-A page 30**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**NEW**

9. SUBJECT OF AMENDMENT  
**Amendment to the State Plan to to cover routine patient costs for beneficiaries participating in qualifying clinical trials.**

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL  
  
12. TYPED NAME  
**JULIET CHARRON**  
13. TITLE  
**Administrator**  
14. DATE SUBMITTED  
**03-31-2022**

15. RETURN TO  
**JULIET CHARRON, Administrator**  
**Idaho Department of Health and Welfare**  
**Division of Medicaid**  
**PO Box 83720**  
**Boise, ID 83720-0009**

**FOR CMS USE ONLY**

16. DATE RECEIVED  
**March 31, 2022**

17. DATE APPROVED  
**June 13, 2022**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
**January 7, 2022**

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL  
**James G. Scott**

21. TITLE OF APPROVING OFFICIAL  
**Director, Division of Program Operations**

22. REMARKS

**State/Territory: IDAHO**  
**AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED**  
**CATEGORICALLY NEEDY GROUP(S)**

**29. Coverage of Routine Patient Cost in Qualifying Clinical Trials**

\*The state needs to check each assurance below.

Provided:   X  

I. General Assurances:

**Routine Patient Cost – Section 1905(gg)(1)**

  X   Coverage of routine patient cost for items and services as defined in section 1905(gg)(1) that are furnished in connection with participation in a qualified clinical trial.

**Qualifying Clinical Trial – Section 1905(gg)(2)**

  X   A qualified clinical trial is a clinical trial that meets the definition at section 1905(gg)(2).

**Coverage Determination – Section 1905(gg)(3)**

  X   A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3).

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 210 of the Consolidated Appropriations Act of 2021 amending section 1905(a) of the Social Security Act (the Act), by adding a new mandatory benefit at section 1905(a)(30). Section 210 mandates coverage of routine patient services and costs furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials effective January 1, 2022. Section 210 also amended sections 1902(a)(10)(A) and 1937(b)(5) of the Act to make coverage of this new benefit mandatory under the state plan and any benchmark or benchmark equivalent coverage (also referred to as alternative benefit plans, or ABPs). Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #74). Public burden for all of the collection of information requirements under this control number is estimated to take about 56 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE**

**Coverage of Routine Patient Costs Associated with Participation in Qualifying Clinical Trials Pursuant to Section 1905(a)(30) of the Social Security Act**

Medicaid reimburses routine patient costs for items and services furnished in connection with participation in a qualifying clinical trial (pursuant to section 1905(a)(30) of the Social Security Act), according to the state plan reimbursement methodology for the item or service provided.