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State/Territory Name: Idaho

State Plan Amendment (SPA) #: 23-0019

This file contains the following documents in the order listed:

- 1) Approval Letter
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- 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



May 11, 2023

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

Re: Idaho State Plan Amendment (SPA) 23-0019

Dear Ms. Charron:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0019. This amendment proposes to temporarily extend telehealth-related public health emergency flexibilities for the state's three Section 1915(i) programs. These flexibilities were originally approved in Disaster Relief SPAs ID-20-0014, ID-21-0008, and ID-23-0018 with the following modifications to add the telehealth assurances.

CMS 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's Medicaid SPA TN 23-0019 is approved effective May 12, 2023.

If you have any questions, please contact Courtenay Savage at 312-353-3721 or via email at Courtenay.Savage@cms.hhs.gov.

Sincerely,

Alissa M.
Deboy -S

Digitally signed by Alissa
M. Deboy -S
Date: 2023.05.11
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Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

cc: Charles Beal, IDHW
David Bell, IDHW

Section 7 – General Provisions

Section 7.4.C. Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency

Effective the day after the end of the PHE until May 11, 2024, the agency temporarily extends the following election(s) in section 7.4 (approved on 04/30/2021 in SPA Number ID-20-0014 COVID19 Adult DD Disaster SPA) of the state plan.

Telehealth:

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

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 virtual methods (e.g. real-time telephonic or audio-visual) if the service can be safely and effectively delivered via virtual methods, fully meets the service definition when provided via virtual 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”).

Information/Assurances for Telehealth Delivery of 1915(i) Services

- Telehealth/virtual care can be the delivery method for these services when appropriate. The use of virtual care will vary depending on the participant’s needs and the specific service.
- In-person visits will be required if the service itself requires it to deliver it safely and effectively.
- A service that requires provision of hands-on assistance or physical assistance is not appropriate to be delivered via telehealth/virtual care.
- A provider will document at least one (1) in-person contact with a participant every twelve (12) months.
- All services are available to the participant in-person. The State Medicaid Agency does not require providers to offer, or participants to utilize, telehealth/virtual care for service delivery. If a participant encounters barriers utilizing telehealth/virtual care for the service or requires additional assistance, the service can be accessed in-person. A willing provider may, at their discretion, provide assistance or equipment as a participant may require, but such assistance is not a reimbursable activity.
- Use of telehealth/virtual care can increase service access and continuity of care. This can assist with maintaining an individual in their home and community and among natural supports. Active engagement and integration with the community is a usual and normal component of a participant's plan of care, regardless of service delivery modality.
- Providers who use telehealth/virtual care delivery for these services are expected to adhere to HIPAA requirements. The state assures that this methodology is accepted by the state’s HIPAA compliance officer.
- A service delivered via telehealth/virtual care is under the same health and safety standards as the service being delivered in-person.
- A service delivered via telehealth/virtual care is under the same privacy standards as the service being delivered in-person. Providers are required to know and follow all applicable state and federal privacy laws. This applies to information privacy as well as physical privacy. Participants will be informed of this by providers when initially utilizing telehealth/virtual care for service delivery. In situations where privacy cannot be secured for the participant, the provider is responsible to pause the delivery of the service until they have confirmed it is proper to resume or reschedule.

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Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information:

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 (e.g. real-time telephonic or audio-visual) in lieu of face-to-face meetings. The state assures it meets the 1915(i) requirements under 42 CFR §441.720(a)(1)(i)(A) through (C) for the use of telehealth to conduct assessments; and
- Add an electronic method of signing off on any required documents, including the person-centered service plan.

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Section 7 – General Provisions

Section 7.4.C. Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency

Effective the day after the end of the PHE until May 11, 2024, the agency temporarily extends the following election(s) in section 7.4 (approved on 05/28/2021 in SPA Number ID-21-0008 COVID19 Children's DD Disaster SPA) of the state plan.

Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information:

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 (e.g. real-time telephonic or audio-visual) in lieu of face-to-face meetings. The state assures it meets the 1915(i) requirements under 42 CFR §441.720(a)(1)(i)(A) through (C) for the use of telehealth to conduct assessments; and
- Add an electronic method of signing off on any required documents, including the person-centered service plan;

State/Territory: Idaho

Section 7 – General Provisions

Section 7.4.C. Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency

Effective the day after the end of the PHE until May 11, 2024, the agency temporarily extends the following election(s) in section 7.4 (approved on 04/28/2023 in SPA Number ID-23-0018 COVID19 1915i SED Disaster SPA) of the state plan.

Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information:

Modifications to Processes for 1915(i) Serious Emotional Disturbance (SED) State Plan Authority (State Plan Attachment 3.1-A). The State may:

- Allow the option to conduct evaluations, assessments and person-centered service planning meetings virtually (e.g. real-time telephonic or audio-visual) in lieu of face-to-face meetings. The state assures it meets the 1915(i) requirements under 42 CFR §441.720(a)(1)(i)(A) through (C) for the use of telehealth to conduct assessments; and
- Add an electronic method of signing off on any required documents, including the person-centered service plan;