

## **Table of Contents**

**State/Territory Name: ID**

**State Plan Amendment (SPA) ID: 24-0004**

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  
230 South Dearborn  
Chicago, Illinois 60604



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**Financial Management Group**

April 8, 2025

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

RE: TN 24-0004

Dear Administrator Charron:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Idaho state plan amendment (SPA) to Attachment 4.19-B ID 24-0004, which was submitted to CMS on June 10, 2024. This plan amendment updates fee schedules language for service rehabilitation benefits section to comply with federal requirements and updates outdated language.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Monica Neiman at [neiman.monica@cms.hhs.gov](mailto:neiman.monica@cms.hhs.gov)

Sincerely,

[Redacted Signature]

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER <u>2</u> <u>4</u> -0 ___ <u>0</u> <u>0</u> <u>4</u>	2. STATE <u>I</u> <u>D</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <u>@</u> <u>XIX</u> <u>0</u> <u>XXI</u>	
4. PROPOSED EFFECTIVE DATE <u>07-01-2024</u>	
5. FEDERAL STATUTE/REGULATION CITATION <u>Section 1905(a)(13)</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>2024</u> \$ <u>0</u> b FFY <u>2025</u> \$ <u>0</u>
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 4.19-B page 23a, 23b, 23c, 23d</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 4.19-B page 23a, 23b</u>

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

5. FEDERAL STATUTE/REGULATION CITATION  
Section 1905(a)(13)

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Attachment 4.19-B page 23a, 23b, 23c, 23d

9. SUBJECT OF AMENDMENT

Amendment to the State Plan to update reimbursement language related to certain behavioral health benefits.

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL  
[Redacted]

12. TYPED NAME  
JULIET CHARRON 1

13. TITLE  
Administrator

14. DATE SUBMITTED  
06/10/2024

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 06/10/2024

17. DATE APPROVED  
April 8, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL  
07/01/2024

19. SIGNATURE OF APPROVING OFFICIAL  
[Redacted]

20. TYPED NAME OF APPROVING OFFICIAL  
Todd McMillion

21. TITLE OF APPROVING OFFICIAL  
Director, Division of Reimbursement Review

22. REMARKS

Pen and Ink approved by the state and processed by CMS on the following fields:  
Box 4: Change from "ID-23-0004" to "ID-24-0004".  
Box 6: Change from \$15,338,274 to \$0.00 for year 2024 and change from \$19,627,467 to \$0.00 for year 2025.  
Box 7: Change to strikeout page 23d since it is not applicable.  
Box 9: "Change from Amendment to the State Plan to update reimbursement language related to the Idaho Behavioral Health Plan (IBHP) and the services therein" to "Amendment to the State Plan to update reimbursement language related to certain behavioral health benefits."

The agency's rates are set from 07/10/2011 on and are effective for services on or after that date. All rates are published on the DME fee schedule at the agency's web site:

<http://www.dme.idaho.gov>

"Hearing Aids" are described in Idaho's Basic Benchmark Benefit Package in Section 3.N., and in Idaho's Enhanced Benchmark Benefit Plan in Section 3.N.

d. Eye Glasses – Payments to providers for eye glasses are made at the lower of: the usual and customary charges; or the Department's medical assistance unit established fee schedule.

The agency's rates are set from 07/10/2011 on and are effective for services on or after that date. All rates are published on the DME fee schedule at the agency's web site:

<http://www.dme.idaho.gov>

"Eye Glasses" are described in Idaho's Basic Benchmark Benefit Package in Section 3.P., and in Idaho's Enhanced Benchmark Benefit Plan in Section 3.P.

12.

d. Rehabilitation Services – The rate of reimbursement for each component of ambulatory services included in the State's Medicaid Plan will be established by the State Medicaid Agency. This reimbursement rate will not exceed the usual and customary charges for comparable services under comparable circumstances in public and private agencies in the State of Idaho.

Rate(s):

Attachment 4.19-8

Page 23b

(This page intentionally left blank.)

Except as otherwise noted in the plan, State Medicaid Agency developed fee schedule rates are the same for both governmental and private providers of these services. The State Medicaid Agency's fee schedule rate was set as of 07/01/2024 and is effective for services provided on or after that date. All rates are published on State Medicaid Agency's website:

<http://www.healthandwelfare.idaho.gov>

"Rehabilitation Services" are described in Idaho's Basic and Enhanced Benchmark Benefit Packages Alternative Benefit Plan ABP5s.

14. Services for individuals age 65 or older in institutions for mental diseases.

b. & c. Skilled Nursing Facility Services — Refer to Attachment 4.19-D.

a. & b. Intermediate Care Facilities for Persons with Intellectual Disabilities- Refer to Attachment 4.19-D

"Services for Individuals Age 65 or Older in Institutions for Mental Diseases" are described in Idaho's Basic Benchmark Benefit Package in Section 3.K.1., and in Idaho's Enhanced Benchmark Benefit Plan in Section 3.K.1