## Table of Contents

**State/Territory Name: Idaho**

**State Plan Amendment (SPA) #: 19-0025**

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, WA 98104

Western Division - Regional Operations Group

December 18, 2019

Dave Jeppesen, Director
Department of Health and Welfare
Towers Building - Tenth Floor
PO Box 83720
Boise, ID 83720-0036

RE: Idaho State Plan Amendment (SPA) Transmittal Number ID 19-0025

Dear Mr. Jeppesen:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number ID 19-0025. This SPA revises respite and family education service descriptions to allow for family education to be provided at the same time as respite, and renames habilitative supports to community-based supports to better reflect the service.

This SPA was approved on December 13, 2019, and is effective July 1, 2019. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Idaho State Plan.

CMS has also identified the need for the state to break out components in the family-directed service into discrete services and requests the state submit a future amendment to do so.

If there are any questions concerning this approval, please contact me or your staff may contact Elizabeth Heintzman at Elizabeth.heintzman@cms.hhs.gov or (206) 615-2333.

Sincerely,

[redacted]

David L. Meacham
Deputy Director

Enclosure

cc:
Matt Wimmer
Karen Westbrook
Michael Case
Art Evans
Robin Butrick

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0193

# TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER: **19-0025**

2. STATE: **IDAHO**

3. PROGRAM IDENTIFICATION:
TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
07-01-2019

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
SSA §1915(i) / 42 CFR 441 Subpart M

7. FEDERAL BUDGET IMPACT
a. FFY 2019 $ 0
b. FFY 2020 $ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
- State Plan Attachment 3.1-A: Supplement 1 Pages 2, 2a, 11-11b, 19-26, and 33b
- Attachment 4.19-B Page 45

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
- State Plan Attachment 3.1-A: Supplement 1 Pages 2, 11-11b, 19-26, and 33b
- Attachment 4.19-B Page 45

10. SUBJECT OF AMENDMENT
Revisions to 1915(i) benefit service descriptions to related to children's intervention service changes in the basic and enhanced ABP's.

11. 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:

12. SIGNATURE OF STATE AGENCY OFFICIAL
[redacted]

13. TYPED NAME
Matt Wimmer

14. TITLE
Administrator

15. DATE SUBMITTED

16. RETURN TO:
Matt Wimmer, Administrator
Idaho Department of Health and Welfare
Division of Medicaid
PO Box 83720
Boise ID 83720-0009

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED
9/30/2019

18. DATE APPROVED
12/13/2019

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL
7/1/2019

20. SIGNATURE OF REGIONAL OFFICIAL
[redacted]
Digitally signed by David L. Meacham
Date: 2019.12.18 13:55:28 -08'00'

21. TYPED NAME
David L. Meacham

22. TITLE
Deputy Director

23. REMARKS

FORM CMS-179 (07-92)

***Instructions on Back***

# 1915(i) State plan Home and Community-Based Services Administration and Operation

The state implements the optional 1915(i) State plan Home and Community-Based Services (HCBS) benefit *for elderly and disabled individuals as set forth below.*

1. **Services.** *(Specify the state's service title(s) for the HCBS defined under "Services" and listed in Attachment 4.19-B):*

| |
|---|
| Respite<br>Community-Based Supports<br>Family Education<br>Family-Directed Community Support Services<br>Financial Management Services<br>Support Broker |

2. **Concurrent Operation with Other Programs. (Indicate whether this benefit will operate concurrently with another Medicaid authority):**

***Select one:***

| | | | |
|---|---|---|---|
| ☒ | **Not applicable** | | |
| ☐ | **Applicable** | | |
| Check the applicable authority or authorities: | | | |
| ☐ | **Services furnished under the provisions of §1915(a)(1)(a) of the Act.** The State contracts with a Managed Care Organization(s) (MCOs) and/or prepaid inpatient health plan(s) (PIHP) or prepaid ambulatory health plan(s) (PAHP) under the provisions of §1915(a)(1) of the Act for the delivery of 1915(i) State plan HCBS. Participants may *voluntarily* elect to receive *waiver* and other services through such MCOs or prepaid health plans. Contracts with these health plans are on file at the State Medicaid agency. *Specify:*<br>*(a) the MCOs and/or health plans that furnish services under the provisions of §1915(a)(1);*<br>*(b) the geographic areas served by these plans;*<br>*(c) the specific 1915(i) State plan HCBS furnished by these plans;*<br>*(d )how payments are made to the health plans; and*<br>*(e) whether the 1915(a) contract has been submitted or previously approved.* | | |
| ☐ | **Waiver(s) authorized under §1915(b) of the Act.**<br>*Specify the §1915(b) waiver program and indicate whether a §1915(b) waiver application has been submitted or previously approved:* | | |
| Specify the §1915(b) authorities under which this program operates *(check each that applies)*: | | | |
| ☐ | §1915(b)(1) (mandated enrollment to managed care) | ☐ | §1915(b)(3) (employ cost savings to furnish additional services) |
| ☐ | §1915(b)(2) (central broker) | ☐ | §1915(b)(4) (selective contracting/limit number of providers) |
| ☐ | **A program operated under §1932(a) of the Act.**<br>*Specify the nature of the State Plan benefit and indicate whether the State Plan Amendment has been submitted or previously approved:* | | |
| ☐ | **A program authorized under §1115 of the Act.** *Specify the program:* | | |

**3. State Medicaid Agency (SMA) Line of Authority for Operating the State plan HCBS Benefit.**

*(Select one):*

<table>
<tr><td>☒</td><td colspan="3">The State plan HCBS benefit is operated by the SMA. Specify the SMA division/unit that has line authority for the operation of the program (select one):</td></tr>
<tr><td></td><td>☐</td><td>The Medical Assistance Unit (name of unit):</td><td></td></tr>
<tr><td></td><td>☒</td><td colspan="2">Another division/unit within the SMA that is separate from the Medical Assistance Unit</td></tr>
<tr><td></td><td></td><td>(name of division/unit)<br><br>This includes administrations/divisions under the umbrella agency that have been identified as the Single State Medicaid Agency.</td><td>Division of Family and Community Services, Department of Health and Welfare</td></tr>
<tr><td>☐</td><td colspan="2">The State plan HCBS benefit is operated by (name of agency)</td><td></td></tr>
<tr><td></td><td colspan="3">a separate agency of the state that is not a division/unit of the Medicaid agency. In accordance with 42 CFR §431.10, the Medicaid agency exercises administrative discretion in the administration and supervision of the State plan HCBS benefit and issues policies, rules and regulations related to the State plan HCBS benefit. The interagency agreement or memorandum of understanding that sets forth the authority and arrangements for this delegation of authority is available through the Medicaid agency to CMS upon request.</td></tr>
</table>

| | | | |
|---|---|---|---|
| | | on their medical condition if the medical condition significantly affects their functional level/capabilities and it can be determined that they are in need of the level of services provided in an ICF/ID, including active treatment services. | |

**7.** ☒ **Reevaluation Schedule**. Needs-based eligibility reevaluations are conducted at least every twelve months.

**8.** ☒ **Adjustment Authority**. Per 42 CFR 441.715(c), the State will notify CMS and the public at least 60 days before exercising the option to modify needs-based eligibility criteria in accord with 1915(i)(1)(D)(ii).

**9.** ☒ **Reasonable Indication of Need for Services.** In order for an individual to be determined to need the 1915(i) State plan HCBS benefit, an individual must require: (a) the provision of at least one 1915(i) service, as documented in the person-centered service plan, and (b) the provision of 1915(i) services at least monthly or, if the need for services is less than monthly, the participant requires regular monthly monitoring which must be documented in the person-centered service plan. Specify the state's policies concerning the reasonable indication of the need for 1915(i) State plan HCBS:

| | | |
|---|---|---|
| **i.** | **Minimum number of services.**<br>The minimum number of 1915(i) State plan services (one or more) that an individual must require in order to be determined to need the 1915(i) State plan HCBS benefit is:<br>1 | |
| **ii.** | **Frequency of services.** The state requires *(select one)*: | |
| | ☒ | **The provision of 1915(i) services at least monthly** |
| | ☐ | **Monthly monitoring of the individual when services are furnished on a less than monthly basis**<br>If the state also requires a minimum frequency for monthly (e.g., quarterly), specify the frequency: |

# Home and Community-Based Settings

*(By checking the following box the State assures that):*

1. ☒ **Home and Community-Based Settings.** The State plan HCBS benefit will be furnished to individuals who reside and receive HCBS in their home or in the community, not in an institution.

   *(Explain how residential and non-residential settings in this SPA comply with Federal home and community-based settings requirements at 42 CFR 441. 710(a)(1)—(2) and associated CMS guidance. Include a description of the settings where individuals will reside and where individuals will receive HCBS, and how these settings meet the Federal home and community-based settings requirements, at the time of submission and in the future):*

   *(Note: In the Quality Improvement Strategy (QIS) portion of this SPA, the state will be prompted to include how the state Medicaid agency will monitor to ensure that all settings meet federal home and community-based settings requirements, at the time of this submission and ongoing.)*

Idaho assures that the setting transition plan included with this 1915(i) State Plan Amendment will be subject to any provisions or requirements in the State's approved Statewide Transition Plan. The State will implement any applicable required changes upon approval of the Statewide Transition Plan and will make conforming changes to its 1915(i) State Plan Amendment, as needed, when it submits the next amendment or renewal. The most recent version of the Statewide Transition Plan can be found here: *http://healthandwelfare.idaho.gov/Medical/Medicaid/HomeandCommunityBasedSettingsFinalRule/tabid/2710/Default.aspx*

The intention of the home and community-based services (HCBS) rule is to ensure individuals receiving HCBS long-term services and supports have full access to the benefits of community living and the opportunity to receive services in the most integrated settings appropriate. In addition, the new regulations aim to enhance the quality of HCBS and provide protections to participants. Idaho Medicaid administers several HCBS programs that fall under the scope of the new regulations, including the 1915(i) program for children with developmental disabilities.

The Children's 1915(i) only serves participants in non-residential settings. As part of Idaho's

Statewide Transition Plan, a preliminary gap analysis of its non-residential HCBS settings was completed in December 2014. The gap analysis included an in-depth review of state administrative

rule and statute, Medicaid waiver and state plan language, licensing and certification requirements, Medicaid provider agreements, service definitions, administrative and operational processes, provider qualifications and training, quality assurance and monitoring activities, reimbursement methodologies, and person-centered planning processes and documentation. This analysis identified areas where the new regulations are supported in Idaho as well as areas that will need to be strengthened in order to align Idaho's HCBS programs with the regulations.

Below is an exhaustive list of the HCBS administered to participants in the children's 1915(i) program, the corresponding category for each service, and the settings in which the service can occur. Settings that are listed as "in-home" are presumed to meet HCBS compliance, as these are furnished in a participant's private residence. Settings indicated as "community" are also presumed to meet the HCBS qualities, as they are furnished in the community in which the participant resides. Quality reviews of services and participant service outcome reviews will ensure that providers do not impose restrictions on HCBS setting qualities in a participant's own home or in the community without a supportive strategy that has been agreed to through the person-centered planning process.

| Service | Applicable HCBS Qualities | Setting(s) |
|---|---|---|
| Respite | Non-residential | • Home<br>• Community<br>• DDA Center |
| Community-Based Supports | Non-residential | • Home<br>• Community<br>• DDA Center |
| Family Education | Non-residential | • Home<br>• Community<br>• DDA Center |
| Supports for Family - Directed Services | | |
| Community Support Services | Non-residential | • Home<br>• Community<br>• DDA Center |
| Financial Management Services | Non-residential | • Home |
| Support Broker | Non-residential | • Home |

Systemic Assessment and Systemic Remediation: Non-Residential Settings

As part of its systemic assessment, Idaho completed a preliminary gap analysis of its non-residential service settings in December 2014. The results of Idaho's analysis of its non-residential settings are summarized below, including an overview of existing support for each regulation. The state has included, where applicable, the full IDAPA rule citation(s) to identify where IDAPA supports the HCBS requirement, in addition to indicating if IDAPA is silent. The state did not identify any IDAPA rule that conflicts with the HCBS requirements. Additionally the chart includes preliminary recommendations to transition these settings into full compliance with the new regulations. Please note that the analysis of existing support for each new regulation is only the first step in the assessment process. It has been used to identify where Idaho lacks documented support for the setting quality requirements. Idaho understands that more work is necessary to complete a full assessment of settings.

Of the 6 services listed in the table above, only the habilitative support service was included in the systemic assessment's non-residential service settings gap analysis. The state determined that the other services did not have gaps related to HCBS setting requirements as they are highly medical/clinical in nature, self-directed, for the purchase of goods/adaptations, provided by providers who have no capacity to influence setting qualities, or occur in settings which are analyzed elsewhere in the Transition Plan. Therefore, for those services, a detailed analysis was not necessary. The gap analysis conducted for Community-Based Supports is provided below:

| Federal Requirement: | Community-Based Supports | |
|---|---|---|
| The setting is integrated in, and facilitates the individual's full access to the greater community to the same degree of access as individuals not receiving Medicaid HCBS. | Support | Idaho rule (IDAPA 16.03.10.521.18, 16.03.10.683.04.b, and 16.03.10.683.04.c.ii.) allows Community-Based Supports to be provided in three different settings. Idaho rule supports that service settings are integrated and facilitate community access when provided in the home and community. |
| | Gap | The state lacks quality assurance/monitoring activities to ensure this requirement is met. The state lacks standards for integration for services provided in a congregate setting. The state lacks standards for "the same degree of access as individuals not receiving Medicaid HCBS." |
| | Remediation | Enhance and expand existing quality assurance/monitoring activities and data collection for monitoring. Strengthened IDAPA 16.03.10.313 to support this requirement. Develop best practice to support |

# Services

**1. State plan HCBS.** *(Complete the following table for each service. Copy table as needed):*

| **Service Specifications** *(Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):* | |
|---|---|
| Service Title: | Respite |
| Service Definition (Scope): | |
| Respite provides supervision to a participant on an intermittent or short-term basis because of the need for relief of the primary unpaid caregiver or in response to a family emergency or crisis.<br>Respite may be delivered as an individual or group service. When respite is provided in a group, the following applies:<br>1. When group respite is center-based, there must be a minimum of one (1) qualified staff providing direct services for two (2) to six (6) participants. As the number and severity of the participants with functional impairments or behavioral issues increases, the participant ratio must be adjusted accordingly.<br>2. When group respite is community-based, there must be a minimum of one (1) qualified staff providing direct services for two (2) to three (3) participants. As the number and severity of participants with functional impairments or behavioral issues increases, the participant ratio must be adjusted from three (3) to two (2).<br>3. When group respite is provided by an independent provider, the independent respite provider must be a relative. May provide direct services for two (2) to three (3) siblings and must be delivered in the home of the participants or the independent respite provider.<br>Respite may be provided by a qualified agency provider (Developmental Disability Agency – DDA) or by an independent respite provider. An independent provider may be a relative of the child. Respite may be provided in the participant's home, the private home of an independent respite provider, in a DDA, or in community settings.<br>Limitations:<br>• The amount of respite services available are based on an individual's approved plan of service that is subject to the maximum funding allowed for 1915(i) services.<br>• Not to be provided during the same time other Medicaid services are being provided to a participant with the exception of when an unpaid caregiver is receiving family education;<br>• Not to be used to pay for room and board;<br>• Not to be provided on a continuous, long-term basis as a daily service to enable an unpaid caregiver to work;<br>• Not to be provided by an independent respite provider as center-based respite ; or<br>• Not to exceed fourteen (14) days<br>• The respite provider must not use restraints on participants, other than physical restraints in the case of an emergency to prevent injury to the participant or others and must be documents in the participant's record. | |
| Additional needs-based criteria for receiving the service, if applicable *(specify)*: | |
| N/A | |
| Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.<br>*(Choose each that applies):* | |
| ☒ | Categorically needy *(specify limits)*: |
| | Subject to individual budget maximums. |
| ☐ | Medically needy *(specify limits)*: |
| | |

| **Provider Qualifications** *(For each type of provider. Copy rows as needed)*: | | | |
|---|---|---|---|
| Provider Type *(Specify):* | License *(Specify):* | Certification *(Specify):* | Other Standard *(Specify):* |
| **Developmental Disability Agency (DDA)** | | Developmental Disabilities Agency (DDA) certificate as described in Idaho Administrative Code. | Individuals must meet the following qualifications to provide respite through a DDA:<br>•Must have received instructions in the needs of the participant who will be provided the service;<br>•Must demonstrate the ability to provide services according to a plan of service;<br>•Must pass a criminal history and background check;<br>•Must be certified in CPR and first aid and must maintain current certification thereafter.<br>•Must be at least sixteen (16) years of age and employed by a DDA if serving ages three (3) to eighteen (18); or<br>•Must be at least eighteen (18) years of age and be a high school graduate or have a GED if serving ages birth to three (3). |
| **Independent Respite Care Provider** | | | Individuals must meet the following qualifications to provide independent respite:<br>• Be at least eighteen (18) years of age and be a high school graduate, or have a GED;<br>• Be enrolled as an Idaho Medicaid Provider;<br>• Have received instructions in the needs of the participant who will be provided the service;<br>• Demonstrate the ability to provide services according to a plan of service;<br>• Pass a criminal background check; and<br>• Be certified in CPR and first aid and must maintain current certification thereafter. |

| **Verification of Provider Qualifications** *(For each provider type listed above. Copy rows as needed):* | | |
|---|---|---|
| Provider Type *(Specify):* | Entity Responsible for Verification *(Specify):* | Frequency of Verification *(Specify):* |
| **Developmental Disability Agency (DDA)** | Department of Health and Welfare | - At initial provider agreement approval or renewal<br>- At least every three years, and as needed based on service monitoring concerns |
| **Independent Respite Care Provider** | Department of Health and Welfare | - At initial provider agreement approval or renewal<br>- At least every two years, and as needed based on service monitoring concerns |

| **Service Delivery Method.** *(Check each that applies):* | | | |
|---|---|---|---|
| ☐ | Participant-directed | ☒ | Provider managed |

| **Service Specifications** *(Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):* | |
|---|---|
| Service Title: | Community-Based Supports |
| Service Definition (Scope): | |

Community-Based Supports provide assistance to participants with disabilities by facilitating the participant's independence and integration into the community. This service provides an opportunity for participants to explore their interests, practice skills learned in other therapeutic environments, and learn through interactions in typical community activities. Integration into the community enables participants to expand their skills related to activities of daily living and reinforces skills to achieve or maintain mobility, sensory-motor, communication, socialization, personal care, relationship building, and participation in leisure and community activities. Services include individual or group supports.

Group services must be provided by one (1) qualified staff providing direct services for two (2) or three (3) participants. As the number and needs of the participants increase, the participant ratio in the group must be adjusted from three (3) to two (2).

Limitations:

- Community-Based Supports are not intended to supplant services provided in school or therapy, or to supplant the role of the primary caregiver.
- Participant must be involved in age-appropriate activities in environments typical peers access according to the ability of the participant

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| Additional needs-based criteria for receiving the service, if applicable *(specify)*: | | | |
|---|---|---|---|
| N/A | | | |
| Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.<br>*(Choose each that applies):* | | | |
| ☒ | Categorically needy *(specify limits)*: | | |
| | Subject to individual budget maximums. | | |
| ☐ | Medically needy *(specify limits)*: | | |
| | | | |
| **Provider Qualifications** *(For each type of provider. Copy rows as needed)*: | | | |
| Provider Type *(Specify):* | License *(Specify):* | Certification *(Specify):* | Other Standard *(Specify):* |
| **Developmental Disability Agency (DDA)** | | Developmental Disabilities Agency (DDA) certificate as described in Idaho Administrative Code. | Individuals must meet the minimum general training requirements defined in IDAPA rule "Developmental Disabilities Agencies", and in addition must meet the following qualifications to provide Community-Based Supports when provided by a DDA:<br>• Must be at least 18 years of age;<br>• Demonstrate the ability to provide services according to a plan of service;<br>• Have received instructions in the needs of the participant who will be provided the service;<br>• Pass a criminal background check;<br>• Complete a competency course approved by the Department related to the support staff job requirements; and<br>• Have 1,040 hours supervised experience working with children with developmental disabilities. Experience can be achieved by having previous work experience gained through paid employment, university practicum experience, or internship; or have on-the-job supervised experience gained through employment at a DDA with increased supervision.<br><br>Community-Based Support staff serving infants and toddlers from birth to three (3) years of age must have 1,040 hours of documented experience with infants, toddlers or children birth through five (5) years of age with developmental delays or disabilities. |

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| **Verification of Provider Qualifications** *(For each provider type listed above. Copy rows as needed):* | | |
|---|---|---|
| Provider Type *(Specify):* | Entity Responsible for Verification *(Specify):* | Frequency of Verification *(Specify):* |
| **DDA** | Department of Health and Welfare | - At initial provider agreement approval or renewal<br>- At least every three years, and as needed based on service monitoring concerns |
| | | |

| **Service Delivery Method.** *(Check each that applies):* | | | |
|---|---|---|---|
| ☐ | Participant-directed | ☒ | Provider managed |

| **Service Specifications** *(Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):* | |
|---|---|
| Service Title: | Family Education |
| Service Definition (Scope): | |
| Family education is professional assistance to family members, or others who participate in caring for the eligible participant, to help them better meet the needs of the participant by providing an orientation to developmental disabilities and to educate families on generalized strategies for behavioral modification and intervention techniques specific to the participant's diagnosis. It offers education that is specific to the family and participant as identified on the plan of service.<br>This service is not intended to instruct paid staff on the competencies relative to their field they are required to have or to provide training required to meet provider qualifications, but rather to support staff in meeting the individualized and specific needs of the waiver participant.<br><br>Family education providers must maintain documentation of the training in the participant's record including the provision of activities outlined in the plan of service. Family Education may be provided in a group setting not to exceed five (5) participants' families. | |
| Additional needs-based criteria for receiving the service, if applicable *(specify)*: | |
| N/A | |
| Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.<br>*(Choose each that applies):* | |
| ☒ | Categorically needy *(specify limits)*: |
| | Subject to individual budget maximums. |
| ☐ | Medically needy *(specify limits)*: |
| | |

| **Provider Qualifications** *(For each type of provider. Copy rows as needed)*: | | | |
|---|---|---|---|
| Provider Type *(Specify):* | License *(Specify):* | Certification *(Specify):* | Other Standard *(Specify):* |
| **Developmental Disability Agency** | | Developmental Disabilities Agency (DDA) certificate as described in Idaho Administrative Code. | Family education can be provided by an employee of an agency certified as a DDA or an individual who meets the independent provider requirements.<br>Individuals must meet the minimum qualifications to provide family education:<br>• Must hold at least a bachelor's degree in a human services field from a nationally accredited university or college;<br>• Must meet competency as approved by the Department to demonstrate competencies related to the requirements to provide family education;<br>• Must pass a criminal history and background check;<br>• Must complete at least twelve (12) hours of yearly training; and<br>• Must have 1,040 experience providing care to children with developmental disabilities if serving ages three (3) to eighteen (18); or<br>• Must have 1,040 hours of professionally-supervised experience providing assessment/evaluation, curriculum development, and service provision in the areas of communication, cognition, motor, adaptive (self-help), and social-emotional development with infants and toddlers birth to five (5) with developmental delays or disabilities if serving ages birth to three (3). |

| **Verification of Provider Qualifications** *(For each provider type listed above. Copy rows as needed):* | | |
|---|---|---|
| Provider Type *(Specify):* | Entity Responsible for Verification *(Specify):* | Frequency of Verification *(Specify):* |
| **Developmental Disability Agency** | Department of Health and Welfare | - At initial provider agreement approval or renewal<br>- At least every three years, and as needed based on service monitoring concerns |
| | | |

| **Service Delivery Method.** *(Check each that applies):* | | | |
|---|---|---|---|
| ☐ | Participant-directed | ☒ | Provider managed |

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| **Service Specifications** *(Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):* | |
|---|---|
| Service Title: | Family Directed Community Support Services |

Service Definition (Scope):

Family-Directed Community Support Services provide goods and supports that are medically necessary and/or minimize the participant's need for institutionalization and address the participant's preferences for:

- -Personal support to help the participant maintain health, safety, and basic quality of life.
- -Relationship support to help the participant establish and maintain positive relationships with immediate family members, friends, or others in order to build a natural support network and community.
- -Emotional support to help the participant learn and practice behaviors consistent with their goals and wishes while minimizing interfering behaviors.
  -Learning support to help a child to learn new adaptive skills or improve and expand their existing skills that relate to his identified goals
- - Non-Medical Transportation support to help the participant accomplish their identified goals.
  - -Adaptive and therapeutic equipment address an identified medical or accessibility need in the service plan (improving and maintaining the participant's opportunities for full membership in the community) and meet the following requirements:
    - A safe and effective treatment that meets acceptable standards of medical practice
    - Items needed to optimize the health, safety and welfare of the participant
    - The least costly alternative that reasonably meets the participant's need
    - For the sole benefit of the participant
    - The participant does not have the funds to purchase the item or the item is not available through another source.
  - Adaptive and therapeutic equipment must also meet at least one of the following:
    - maintain the ability of the participant to remain in the community,
    - enhance community inclusion and family involvement,
    - decrease dependency on formal support services and thus increase independence of the participant OR provide unpaid family members and friends training in the use of the equipment to provide support to the participant.

  Adaptive and therapeutic equipment are not otherwise covered under Durable Medical Equipment (DME). Services and equipment that are available through the Medicaid State plan as 1905(a) services for children per Early Periodic Screening, Diagnosis, and Treatment (EPSDT) requirements are not allowed as payable under family-directed community support services. Experimental or prohibited treatments are excluded.

Additional needs-based criteria for receiving the service, if applicable *(specify)*:

N/A

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.

*(Choose each that applies):*

| | |
|---|---|
| ☒ | Categorically needy *(specify limits)*: |
| | Subject to individual budget maximums. |
| ☐ | Medically needy *(specify limits)*: |
| | |

**3. Additional Limits on Amount of Waiver Services**

a. **Additional Limits on Amount of Waiver Services.** *Indicate whether the waiver employs any of the following additional limits on the amount of waiver services* (*select one*).

☐ Not selected

☐ Not applicable- The State does not impose a limit on the amount of waiver services except as provided in Appendix C-3.

☒ Applicable - The State imposes additional limits on the amount of waiver services. When a limit is employed, specify: (a) the waiver services to which the limit applies; (b) the basis of the limit, including its basis in historical expenditure/utilization patterns and, as applicable, the processes and methodologies that are used to determine the amount of the limit to which a participant's services are subject; (c) how the limit will be adjusted over the course of the waiver period; (d) provisions for adjusting or making exceptions to the limit based on participant health and welfare needs or other factors specified by the state; (e) the safeguards that are in effect when the amount of the limit is insufficient to meet a participant's needs; (f) how participants are notified of the amount of the limit. (*check each that applies*)

☐ Limit(s) on Set(s) of Services. There is a limit on the maximum dollar amount of waiver services that is authorized for one or more sets of services offered under the waiver. *Furnish the information specified above*.

☐ Prospective Individual Budget Amount. There is a limit on the maximum dollar amount of waiver services authorized for each specific participant. *Furnish the information specified above.*

☒ Budget Limits by Level of Support. Based on an assessment process and/or other factors, participants are assigned to funding levels that are limits on the maximum dollar amount of waiver services. *Furnish the information specified above.*

*a) 1915(i) State Plan HCBS services included in the budget amount are respite, Community-Based Supports, family education, OR community support services under the family-directed services option. Therapeutic consultation and crisis intervention services are excluded from the budgets.*

*b) The state utilizes an individual budget model for children's developmental disabilities services that provides each child with an individual budget amount based on evidence-based research and level of care needs. The budget methodology includes a tiered approach using budget categories that range from addressing basic needs to intense early intervention needs.*

*The intent of the children's developmental disabilities budget methodology is to maximize* ☐

**31. 1915(i) State Plan "HCBS - Children with Developmental Disabilities**

# Methods and Standards for Establishing Payment Rates

1. **Services Provided Under Section 1915(i) of the Social Security Act**. For each optional service, describe the methods and standards used to set the associated payment rate. *(Check each that applies, and describe methods and standards to set rates):*

| | |
|---|---|
| 0 | HCBS Case Management |
| | |
| 0 | HCBS Homemaker |
| | |
| 0 | HCBS Home Health Aide |
| | |
| 0 | HCBS Personal Care |
| | |
| 0 | HCBS Adult Day Health |
| | |
| X | HCBS Habilitation |
| | Individual and Group - The reimbursement methodology adds many cost components together to arrive at a 15 min unit rate for the Community-Based Supports Individual and Group, we use the (BLS) mean wage (Idaho) for all others (BLS code 31-1011) which uses reasonable payroll rate studies. Then, this hourly wage is inflated by using (GI) index. In SFY 2010 (2 months) it was .5% and SFY 2011 it is .8%. Using the Survey results we use direct care staff multipliers for employer related, program related, and general & administrative percentages. These multipliers are decreased to accommodate the average payroll rate currently paid for these services along with the BLS cost for employer related payroll expenses. Lastly, we add costs for paid leave time for direct care staff based on BLS (MWD) report.<br><br>The dollar figure arriving from the calculations is divided by the ratio provided. The hourly rate then is brought into a quarterly unit rate, or the target rate. The final unit rate is 85.5% of the target rate. We are using the most current DD/MH rates dictated by Idaho code 56-118 and used to calculate the 85.5% adjusted target rate. |
| X | HCBS Respite Care |
| | Individual and Group - The reimbursement methodology adds many cost components together to arrive at a 15 min unit rate for the Respite Individual and Group, we use the Bureau of Labor statistics (BLS) mean wage (Idaho) for all others (BLS code 39-9099) which uses reasonable payroll rate studies. Then, this hourly wage is inflated by using Global Insights Mountain States Market Basket (GI) inflation index. In SFY 2010 (2 months) it was .5% and SFY 2011 it is .8%. Using the Survey results we use direct care staff multipliers for employer related, program related, and general & administrative percentages. These multipliers are decreased to accommodate the |