DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: **15-0003**

2. STATE **IDAHO**

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

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
01 July 2015

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:
1905(a)(6), 1905(a)(12) and 2110(a)(24) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
Total ($) Federal Funds
FFY 2015 ($58,750)
FFY 2016 ($176,250)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-A, Page 13b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attachment 4.19-A, Page 13b

10. SUBJECT OF AMENDMENT:
The method by which the reimbursement rate for inpatient services provided at private freestanding mental health facilities is being revised. This change is being made to be consistent with Idaho Code § 56-265 (3).

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:

13. TYPED NAME:
LISA HETTINGER

14. TITLE:
Administrator

15. DATE SUBMITTED: 6/25/15

16. RETURN TO:
Lisa Hettinger, 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:

18. DATE APPROVED:

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DENISE CHUCKOVICH—DEPUTY DIRECTOR
450 WEST STATE STREET, 10TH FLOOR
P.O. BOX 83720
BOISE, IDAHO 83720-0036
PHONE 208-334-5500
FAX 208-334-6558

June 25, 2015

David Meacham
Regional Administrator
Division of Medicaid and Children's Health Operations
M/S RSX-200
701 Fifth Ave., Ste 1600
Seattle, WA 981014

Dear Mr. Meacham:

The State of Idaho is submitting a Medicaid State Plan Amendment (SPA), Transmittal #15-0003. We are requesting this amendment to our State Plan to update Attachment 4.19-A. The proposed changes will reimburse inpatient services provided at private freestanding mental health facilities that are certified as an Institution for Mental Disease (IMD) at twenty-seven percent (27%) of the Medicare rate effective for those dates of service on which the participant was a resident of that facility. We are requesting a proposed effective date of July 1, 2015.

Please add the enclosed pages in your copy of the Idaho State Medicaid Plan:

- Attachment 4.19-A, page 13b

Tribal solicitation was requested for this SPA. Please see the attached Tribal Representative Notification Letter. This letter was mailed, e-mailed, and posted to the Medicaid-Tribes website with a specified due date for any feedback.

The anticipated fiscal impact with this SPA is attached. Each FFY, the estimated federal-share impact is $235,000.

No public hearings have been scheduled at this time.

Idaho appreciates your review of these changes, and anticipates your approval of this amendment. Please direct any questions regarding this SPA to Robert Kellerman, Senior Financial Specialist, Office of Reimbursement, Bureau of Financial Operations, Division of Medicaid at (208) 364-1994 or by e-mail at kellermr@dhw.id.gov.

Sincerely,

LISA HETTINGER
Administrator

LH/cc

458. INSTITUTIONS FOR MENTAL DISEASE (IMD). Except for individuals under twenty-two (22) years of age which are contracted with the Department under the authority of the Division of Family and Community Services and certified by the Health Care Financing Administration, no services related to inpatient care in a freestanding psychiatric hospital will be covered.

    01. PRIVATE FREESTANDING MENTAL HEALTH FACILITIES. Effective July 1, 2015 private freestanding mental health facilities that are certified as an IMD will be reimbursed for inpatient services at twenty-seven percent (27%) of the Medicare rate effective for those dates of service on which the participant was a resident of that facility.

459. AUDIT FUNCTION. Under a common audit agreement, the Medicare Intermediary may perform any audit required for both Title XVIII and Title XIX purposes. The Department may elect to perform an audit even though the Medicare Intermediary does not choose to audit the facility.

460. ADEQUACY OF COST INFORMATION. Cost information as developed by the provider must be current, accurate, and in sufficient detail and in such form as needed to support payments made for services rendered to recipients. This includes all ledgers, books, reports, records and original evidences of cost (purchase requisitions, purchase orders, vouchers, requisitions for materials, inventories, labor time cards, payrolls, bases for apportioning costs, etc.), which pertain to the determination of Reasonable Costs, leaving an audit trail capable of being audited. Financial and statistical records will be maintained in a consistent manner from one (1) settlement period to another.

IDAHO DEPARTMENT OF HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LISA HETTINGER - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-5747
FAX: (208) 364-1811

May 18, 2015

Dear Tribal Representative:

This letter is to inform you Idaho Medicaid intends to submit a State Plan Amendment (SPA), to the Centers for Medicare and Medicaid Services (CMS). The proposed amendment is in Attachment 4.19-A, Section 458 of the Idaho State Plan.

The proposed changes will update our inpatient reimbursement for private, freestanding mental health facilities that are certified as an Institution for Mental Disease (IMD). For services provided to an adolescent in an IMD the Idaho Medicaid Program will reimburse at twenty-seven percent (27%) of the Medicare rate effective for those dates of service on which the participant was a resident of that facility.

The effective date for this change is July 1, 2015.

We encourage you to provide feedback within 30 days from May 18, 2015. Please provide your feedback regarding these changes to Robert Kellerman, Office of Reimbursement, Bureau of Financial Operations, Division of Medicaid at (208) 364-1994, or by e-mail at kellermr@dhw.id.gov.

Sincerely,

LISA HETTINGER
Administrator

LH/rk