

**SUMMARY OF AND RESPONSES TO PUBLIC COMMENTS  
REGARDING  
WAIVER RENEWAL APPLICATIONS FOR  
IDAHO'S ADULT DEVELOPMENTAL DISABILITIES § 1915(c) WAIVER  
AND  
IDAHO'S AGED AND DISABLED § 1915(c) WAIVER**

On April 25, 2017, the Department published its intent to seek waiver renewals for Idaho's Adult Developmental Disabilities §1915(c) Waiver and Idaho's Aged and Disabled §1915(c) Waiver from the Centers for Medicare and Medicaid Services (CMS). The Department proposed and requested public input regarding each waiver renewal application.

The Department received a total of ten timely written comments and three timely oral comments from residential habilitation providers, parents and legal guardians of participants, a targeted service coordinator, and a provider association. All timely comments related to the waiver renewal applications. The Department did not make changes to its proposed waiver renewal applications based on the comments received. However, as stated in the responses below, the Department continues to evaluate additional information regarding the 2016 cost survey results, recommended rate setting documentation, staffing ratios, and updates to Bureau of Labor and Statistics (BLS) data. If necessary changes are identified during this process, the Department will work closely with CMS to make these changes. If additional time is needed to make these changes and/or allow for additional public input, the Department will request a formal extension of the relevant waivers.

A summary of the public comments the Department received and our responses to the comments follow. Upon submission of the waiver renewal application, this summary document and a complete copy of each timely comment will be forwarded to CMS.

**Concerns Related to the Comprehensive Rate Methodology**

Type	Subject	Comment	Response
Written	Concerns Related to Deviations from the Arizona "Brick" Model	Commenters expressed concern that the proposed residential habilitation rate setting methodology deviates from the Arizona "Brick" model.	<p>Thank you for your comments. The Department met with Johnson-Villegas-Grubbs and Associates (JVGA), the developer of the Arizona "Brick" model and members of the Idaho Association of Community Providers (IACP) to discuss the details of the model's approach and related IACP concerns.</p> <p>Consistent with the JVGA Arizona "Brick" model, the proposed reimbursement rate methodology identifies the following four cost components to construct a reimbursement rate:</p> <ul style="list-style-type: none"> <li>• Wage rates of comparable BLS occupation title;</li> <li>• Employer-related expenditures (ERE);</li> <li>• Program-related expenditures (PRE); and</li> <li>• General and administrative (G&amp;A) expenditures .</li> </ul> <p>However, the Department's proposed reimbursement rate methodology deviates (to some degree) from the Arizona "Brick" model to ensure the Department's compliance with state statutes and administrative rules.</p> <p>Specifically, the Arizona "Brick" model cost survey captures providers' general ledger data to gather total provider expenditures for direct care staff wages paid, ERE, PRE, and G&amp;A to calculate an hourly reimbursement rate based on a direct care staff working an hour. The ERE and PRE components of the rate are calculated as a percentage of the total direct care staff wages paid by the providers for the cost survey time period. The G&amp;A component for the rate is calculated as a percentage of the total costs of direct care staff wages paid plus ERE plus PRE. The first part of the formula for calculating the hourly "brick" reimbursement rate uses the applicable BLS mean wage that matches the direct care staff qualifications, then uses the ERE and PRE percentages multiplied by the BLS wage to come up with these components of the rate. The second part of the formula adds up the BLS, ERE, and PRE components and then divides this sum by (1-G&amp;A percentage) to come up with the hourly "brick" reimbursement rate.</p> <p>The reimbursement rate methodology set forth in the proposed waiver renewal applications complies with current State statutes and administrative rules. Specifically, 56-118, Idaho Code requires the Department to "implement a methodology for reviewing and determining reimbursement rates to private businesses providing ... residential habilitation agency services by rule." Idaho</p>

			<p>administrative rules (IDAPA 16.03.10.037), as approved by the Idaho legislature, require the use of cost survey data (which can include general ledger data or tax return data as examples) and determine the reimbursement rate’s components as follows:</p> <ul style="list-style-type: none"> <li>• Wage rate based on BLS mean wage that matches the direct care staff qualifications or actual cost survey data that is set at a weighted average hourly rate calculated from the cost survey data;</li> <li>• ERE based on BLS (Employer Costs for Employee Compensation, Table 7; West Region; Mountain Division) and social security and Medicare benefits;</li> <li>• PRE and G&amp;A based on actual cost survey data that is set at the seventy-fifth percentile of the arrayed list of provider costs.</li> <li>• We inflate the BLS wage rate based on the month it is published to the effective date of the reimbursement rate by using the Global Insights Inflation-EMPLOYMENT COST INDEXES (WAGES &amp; SALARIES)-West) table information.</li> <li>• The formula for calculating the reimbursement rate adds up the inflated BLS, ERE, PRE, and G&amp;A components to come up with the hourly rate.</li> </ul> <p>The reimbursement rate is then reviewed and adjusted when access or quality issues exist.</p>
Written	Concerns Related to Legislative Approval of Arizona “Brick” Model	Commenters suggested that the Department was obligated to follow (and not deviate from) the Arizona “Brick” model because the model set “guidelines that were established and approved by the legislature back in 2007” and/or 2012.	<p>Thank you for your comments. The Department has thoroughly reviewed records of Idaho House and Senate Health and Welfare Committees and actions of the full legislature from 2005 to present and found no formal action taken by the committees or the full legislature to approve and ultimately require the Department to adhere to the Arizona “Brick” model developed by JVGA.</p> <p>As discussed in the Department’s response above, the reimbursement rate methodology set forth in the proposed waiver renewal applications complies with current State statutes and administrative rules, and is broadly consistent with the Arizona “Brick” model.</p>

Written & Oral	Concerns Related to Validity	<p>Commenters suggested that the waiver renewal applications should not be submitted at this time to the Centers for Medicare and Medicaid Services (CMS) because, in their view, the waiver renewal applications are based on a potentially incomplete and inadequate cost survey and that the related methodology was invalid or flawed.</p> <p>More specifically, some commenters expressed concern that the cost survey data submitted by providers was not validated using providers' general ledgers.</p>	<p>Thank you for your comments. It is imperative that the Department submit the proposed renewal applications to CMS in a timely manner. A State must submit a renewal application to CMS at least 90 days prior to expiration of the current waiver. Waivers that have not been formally renewed by CMS by the end of the waiver period automatically expire. Upon expiration, the State would no longer be authorized to operate the waiver or pay for the provision of waiver services.</p> <p>Idaho's current Adult Developmental Disabilities Waiver and its Aged and Disabled Waiver are set to expire on September 30, 2017 (five years after their approved effective date of October 1, 2012). In order to ensure the State's authority to operate these waivers does not expire, the State intends to submit the proposed renewal applications to CMS on or about June 30, 2017.</p> <p>The Department does not agree that the 2016 cost survey is incomplete or inadequate, or that the related methodology was invalid or flawed. However, in response to providers' concerns, the Department has engaged Navigant, a third-party independent consultant, to review the process, methodology, and results utilized in the 2016 cost survey. The Department expects the results of this independent review to be completed in July 2017. If the results of this review require modifications to the proposed reimbursement rate methodology, the Department will work closely with CMS to make the necessary changes. If additional time is needed to make these changes and/or allow for additional public input, the Department will request a formal extension of the relevant waivers.</p>
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Written	Concerns Related to Documenting the Rate Reimbursement Methodology in Waiver	<p>Commenters suggested that the description of the rate reimbursement methodology in Appendix I-2 of the waivers is “too vague to ensure transparency in the process and accuracy of capturing the true cost of service provision” and more detail should be included in this section.</p> <p>One commenter suggested that the documentation of the rate reimbursement methodology in Appendix I-2-a was not consistent with federal guidance presented in selected HCBS training webinars.</p>	<p>The Department acknowledges that a general description of the reimbursement rate methodology is set forth in Appendix I-2 of the waiver renewal applications. However, additional language in Appendix I-2 directs interested individuals to review the cost survey report prepared by Myers and Stauffer LC (hosted on the Department’s website at <a href="http://www.healthandwelfare.idaho.gov">www.healthandwelfare.idaho.gov</a>), which provides details regarding the rate methodology.</p> <p>The cost survey report includes an overview of the survey; cost survey results; cost survey components (which includes a summary of the cost categories, their definitions, and an explanation of the methodology used to compile the rate and to develop a rate per unit); a description of the survey process, timelines and response rate; and 11 appendices with supporting documentation. The electronic module used to transmit renewal applications to CMS limits the number of characters that may be used to describe to rate determination method to 12,000 characters or less. Given character limitations, the Department was unable to copy and paste the complete 47-page cost survey report into the waiver applications. To ensure transparency, the Department provided a link to the complete report instead of providing abbreviated information.</p> <p>The Department is working to review this guidance in more detail. If the results of this review require modifications to the documentation of the proposed reimbursement rate methodology, the Department will work closely with CMS to make the necessary changes. If additional time is needed to make these changes and/or allow for additional public input, the Department will request a formal extension of the relevant waivers.</p>
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Written	Concerns Related to Cost Survey Triggers	<p>Commenters requested the Department include triggers for when a cost survey will be conducted in the future, such as changes in federal and state regulations, including changes in wage requirements, changes in the Affordable Care Act, and a 3% or greater increase over the most recent cost survey in the wage basis for direct care staff. Additionally, commenters recommended that a cost study be completed no less than every 3 to 5 years.</p> <p>Commenters requested annual adjustments as BLS occupational data is revised each year.</p> <p>One commenter requested that the Department revise the metrics used to identify quality and access issues that would currently trigger a new rate survey.</p>	<p>Thank you for your recommendations. The Department is not able to include provisions in our waivers that are not supported by our existing rules. Currently, Idaho Administrative Code (IDAPA) 16.03.10.037 requires the Department to review reimbursement rates and conduct cost surveys when an access or quality issue is identified.</p> <p>The Department appreciates the concerns and recommendations made by commenters. The Department has begun negotiated rulemaking procedures to identify and authorize appropriate triggers for reviewing reimbursement rates and conducting cost surveys for residential habilitation agencies.</p> <p>Please note, CMS requires states to review rate setting methodologies, at minimum, every five years.</p>
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***Concerns Related to the Individual Components Used to Establish the Reimbursement Rate***

Type	Subject	Comment	Response
Written	Concerns Related to Bureau of Labor and Statistics (BLS) Occupation Title for Direct Care Workers	<p>Commenters expressed concern regarding the Department's classification of residential habilitation direct care workers as Personal Care Aides (BLS Idaho Occupation Title 39-9021) and indicated that this classification did not “fully meet” the service requirements detailed in Idaho’s administrative rules (IDAPA 16.03.10.703.01) and the demands on direct care staff.</p>	<p>Thank you for your input and recommendations. Under Idaho’s administrative rules (IDAPA 16.03.10.037.04.a), the Department is required to identify wages on the BLS website when there is "a comparable occupation title for the direct care staff." This rule requires identification of a “comparable” occupation, and does not require an exact match to the services provided by residential habilitation direct care workers as detailed in IDAPA 16.03.10.703.01.</p> <p>To identify the most comparable occupation title, the Department not only considered the services performed by residential habilitation direct care workers (as suggested by commenters), but also considered education levels and supervision levels for each relevant and/or suggested occupation.</p>

		<p>Commenters suggested other BLS occupation titles would more closely align with the services performed by residential habilitation direct care workers, including Nursing Assistant, Psychiatric Technician, Home Health Aide, and Psychiatric Aide.</p>	<p>The Department determined that the Nursing Assistant and Psychiatric Technician occupation titles were not comparable titles because both the education and supervision levels established by BLS exceed the requirements established in Idaho’s administrative rules. Regarding education levels, Idaho’s administrative rules require direct care workers to be “a high school graduate, or have a GED, or demonstrate the ability to provide services according to a plan of service.” However, BLS indicates that these occupations typically require a postsecondary (post-high school) nondegree award from an educational institution (e.g. college, career, or technical school). Regarding supervision levels, Idaho’s administrative rules require direct care workers to be supervised by the residential habilitation agency, but not specifically by nursing or medical staff. However, BLS indicates Nursing Assistants work “under the direction of nursing staff” and Psychiatric Technicians follow “the instructions of physicians or other health practitioners.”</p> <p>The Department determined that the Psychiatric Aide occupation title was not a comparable title because the supervision levels established by BLS exceed the requirements established by Idaho’s administrative rules, which require direct care workers to be supervised by the residential habilitation agency, but not specifically by nursing or medical staff. BLS indicates Psychiatric Aides work “under the direction of nursing and medical staff.”</p> <p>Because residential habilitation direct care workers in Idaho may meet the education and supervision requirements for both Home Health Aides and Personal Care Aides, the Department made its final determination based upon which occupation title most closely aligns with the types of services performed by direct care workers in Idaho.</p> <p>BLS indicates that Personal Care Aides assist persons with disabilities with daily living activities at the person’s home and such services may include keeping house, preparing meals, and advising families and persons with disabilities regarding such things as nutrition, cleanliness, and household activities. Alternatively, BLS indicates that Home Health Aides provide routine individualized healthcare such as changing bandages and dressing wounds, and applying topical medications to persons with disabilities at the patient’s home, monitor or report changes in health status, and may also provide personal care such as bathing, dressing, and grooming of patient.</p>
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		<p>Commenters suggested that the Department use a weighted combination of the three most relevant BLS occupation titles as follows:</p> <ul style="list-style-type: none"> <li>• 31-1013 – Psychiatric Aide – 43%</li> <li>• 31-1011 – Home Health Aide – 28.5%</li> <li>• 39-9021 – Personal Care Aide – 28.5%</li> </ul>	<p>Idaho’s administrative rules (IDAPA 16.03.10.037) require the Department to identify one occupation title and do not provide the necessary authority for the Department to combine two or more occupation titles.</p>
		<p>Some commenters also recommended the Idaho Division of Human Services – Developmental Disabilities Technician as an appropriate title.</p>	<p>The Department does not have the authority to use Idaho Division of Human Services occupation titles and wages. IDAPA 16.03.10.037.04.a limits the Department's authority to the use of a comparable BLS occupation title or the weighted average hourly rate derived from cost survey results.</p>
Written	Concerns Related to Employer-Related Expenses	<p>One commenter expressed concern that the Employer-Related Expenses derived from BLS and IRS websites did not accurately reflect anticipated increases to health insurance costs under the Affordable Care Act (ACA).</p>	<p>Thank you for your comment. The Department recognizes that the cost survey is intended to capture current costs and that changes to federal statutes (such as the ACA) can impact the future cost of providing residential habilitation services. However, under current administrative rules (IDAPA 16.03.10.037) the Department does not have the authority to review reimbursement rates and conduct cost surveys unless an access or quality issue is identified.</p> <p>The Department has begun negotiated rulemaking procedures to identify and authorize appropriate additional triggers for reviewing reimbursement rates and conducting cost surveys for residential habilitation agencies.</p>



Written	Concerns Related to Program-Related Expenses and General and Administrative (G&A) Costs	<p>Commenters expressed concern that the Department's proposed rates did not accurately capture all PRE or G&amp;A Costs.</p> <p>Specifically, commenters suggested that the Department did not instruct providers to include payroll costs for direct care worker training in the PRE.</p> <p>One commenter expressed concern that the Department's proposed rate did not accurately capture operating costs associated with staff supervision.</p>	<p>Thank you for your input. In preparation for the cost survey, the Department hosted a series of in-person meetings with the Idaho Association of Community Providers to develop the cost survey and ensure the survey captured appropriate costs for residential habilitation providers.</p> <p>The Department's contractor held on-line webinars to train providers how to complete the cost survey, and encouraged providers to ask questions during these sessions. Webinars were recorded and posted electronically for future reference.</p> <p>In response to providers' concerns, the Department has engaged Navigant, a third-party independent consultant, to review the process, methodology, and results utilized in the 2016 cost survey. The Department expects the results of this independent review to be completed in July 2017. If the results of this review require modifications to the proposed reimbursement rate methodology, the Department will work closely with CMS to make the necessary changes. If additional time is needed to make these changes and/or allow for additional public input, the Department will request a formal extension of the relevant waivers.</p>
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Written	Concerns Related to Overtime Costs	<p>Commenters expressed concern that FLSA overtime costs, resulting from the implementation of Department of Labor (DOL) regulations related to home care workers (not the salary-exempt wage threshold rules currently enjoined from enforcement), were not properly reflected in the proposed rates.</p> <p>Additionally, one commenter suggested that paid overtime should be projected to cover future overtime costs to the providers.</p>	<p>Thank you for your input. The Department appreciates this concern. The DOL regulations extending the Fair Labor Standards Act (FLSA) minimum wage and overtime protections to home care workers went into effect on November 12, 2015 under a time-limited non-enforcement policy and began being fully enforced as of January 1, 2016. The extent to which providers' additional overtime cost were captured in the 2016 cost survey was dependent upon the fiscal period reported by each provider. The Department acknowledges that a full year of costs related to the overtime requirements were likely not captured. However, the cost survey collects current cost and was not intended to project future costs.</p> <p>The Department recognizes that changes to federal regulations (such as the DOL home care rule) can impact the future cost of providing residential habilitation services. However, under current administrative rules (IDAPA 16.03.10.037) the Department does not have the authority to review reimbursement rates and conduct cost surveys unless an access or quality issue is identified.</p> <p>The Department has begun negotiated rulemaking procedures to identify and authorize appropriate additional triggers for reviewing reimbursement rates and conducting cost surveys for residential habilitation agencies.</p>
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***Concerns Related to the Calculation of the Reimbursement Rate into Individual Service Level Rates***

Type	Subject	Comment	Response
Written & Oral	Concerns Related to Staffing Ratios	<p>Commenters suggested that the waiver renewal applications should not be submitted at this time to the Centers for Medicare and Medicaid Services (CMS), because the staffing ratios used to extrapolate the reimbursement rate into individual service levels should reflect (but currently do not reflect) actual staffing ratios.</p>	<p>Thank you for your input. It is imperative that the Department submit the proposed renewal applications to CMS in a timely manner. A State must submit a renewal application to CMS at least 90 days prior to the expiration of the State's current waiver. Waivers that have not been formally renewed by CMS by the end of the waiver period automatically expire. Upon expiration, the State would no longer be authorized to operate the waiver or pay for the provision of waiver services.</p> <p>Idaho's current Adult Developmental Disabilities Waiver and its Aged and Disabled Waiver are set to expire on September 30, 2017 (five years after their approved effective date of October 1, 2012). In order to ensure the State's authority to operate these waivers does not expire, the State submitted the proposed renewal applications to CMS on June 30, 2017.</p>

		<p>Of particular concern was the proposed 1:2 staff-to-participant ratio. Commenters indicated that the proposed rate based on this staffing ratio would limit participant choice, lead to increased behaviors, and restrict providers' ability to meet federal HCBS obligations to optimize participants' autonomy.</p>	<p>The reimbursement rate methodology set forth in the proposed waiver renewal applications provides that the reimbursement rate (or hourly unit rate) will be used to calculate all residential habilitation reimbursements, but does not specify the staffing ratio assumptions used to calculate the reimbursement rate (or hourly unit rate) into individual service level rates.</p> <p>The Department agrees with commenters that the staffing ratios used to calculate the reimbursement rate (or hourly unit rate) into individual service level rates should reflect actual staffing ratios. The Department collaborated with the Idaho Association of Community Providers to develop a survey tool to collect relevant staffing ratio information from providers, and conducted three webinars to provide instructions for completing the survey. The survey is currently being completed by residential habilitation providers.</p> <p>If this survey reflects a difference between the actual average staffing ratios and the staffing ratios used in the per unit calculation, the Department will work closely with CMS to make any necessary changes. If additional time is needed to make these changes and/or allow for additional public input, the Department will request a formal extension of the relevant waivers.</p>
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***Concerns Related to the Impact of Proposed Rates on Quality of Services and Access***

Type	Subject	Comment	Response
Written	Concerns Related to Quality	<p>Commenters expressed concern that the proposed rates would reduce quality of care by making it difficult for residential habilitation agencies to recruit, retain and promote high-quality direct care workers.</p>	<p>The Department shares commenters' concerns regarding adequate reimbursement to address direct care staffing shortages.</p> <p>The Department has delayed implementation of the new rate setting methodology to allow the Department to review the recently released BLS May 2016 State Occupational Employment and Wage Estimates for Idaho and to determine whether changes to direct care staff wages should be adjusted based on the updated information. The Department will work closely with CMS to make any necessary changes. If additional time is needed to make these changes and/or allow for additional public input, the Department will request a formal extension of the relevant waivers.</p>

Written & Oral	Concerns Related to Access	Commenters suggested that inadequate wages could result in an access issue for participants because providers would be unable to fill vacant direct care worker positions.	<p>Thank you for your input. The Department shares your concerns regarding participant access. Pursuant to Section 1902(a)(30(A) of the Social Security Act, the Department must ensure that payments are consistent with “efficiency, economy and quality of care” and are sufficient to “enlist enough providers so services are available to Medicaid participants to the same extent such services are available to the general population in the geographic area.”</p> <p>The Department is committed to working with providers to establish sufficient residential habilitation reimbursement rates. As previously discussed in these responses, the Department has:</p> <ul style="list-style-type: none"> <li>• Met with the developer of the Arizona “Brick” model and members of the Idaho Association of Community Providers to discuss the details of the model’s approach;</li> <li>• Engaged the services of a third-party independent consultant to review the process, methodology and results utilized in the 2016 cost survey;</li> <li>• Initiated negotiated rulemaking to discuss modifications to cost survey triggers;</li> <li>• Delayed implementation of the new rate setting methodology to allow the Department time to review the recently released BLS May 2016 State Occupational Employment and Wage Estimates for Idaho; and</li> <li>• Begun surveying providers to determine actual staff-to-participant ratios during a typical day.</li> </ul>
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***Concerns Related to Opportunity for Meaningful Public Input***

Type	Subject	Comment	Response
Written & Oral	Concerns Related to Adequate Notice	Commenters expressed concern that the Department has failed to provide adequate notice and opportunity to comment regarding the proposed changes to the reimbursement rate methodology for residential habilitation services.	<p><u>The Department solicited meaningful public input for this waiver renewal through the following processes:</u></p> <p>1. Pursuant to 42 C.F.R. § 441.304, the Department published public notice of the proposed waiver renewals in the newspapers of widest circulation in each Idaho city with a population of 50,000 or more and on the Department’s website (<a href="http://www.healthandwelfare.idaho.gov">www.healthandwelfare.idaho.gov</a>). Copies of the public notice and the proposed waiver renewals were made available for public review on the Department’s website and during regular business hours at the Medicaid Central Office and the seven regional Medicaid services offices of the Idaho Department of Health and Welfare. The public was given the opportunity to provide oral (via telephone voicemail) and written (via email, mail or hand delivery) comments on the proposed waiver renewals for a period of at least 30 days.</p>

		<p>Commenters noted that the notice and related renewal applications were not posted on the Department's website on the same day that the notice was published in local newspapers.</p> <p>Commenters also noted that the public hearings related to the waiver renewal applications, were held only one week after the publication of the notice.</p> <p>One commenter recommended public hearings be held no earlier than two weeks from the date of notice publication.</p>	<p><i>The Department acknowledges that the notice and renewal applications were not posted on the Department's website on the same day that the notice was published in local newspapers. However, once the omission was identified, these documents were posted on the Department's website the following day, which (with the 1 day extension referenced below) allowed interested individuals at least 34 days to provide written comments to the Department regarding the proposed waiver renewal applications.</i></p> <p>2. The Department held public hearings in each of its three (3) regional hubs for individuals wishing to provide oral comment regarding the proposed waiver renewal.</p> <p><i>The Department acknowledges that the public hearings related to the waiver renewal applications, were held one week after the publication of the notice. Federal regulations do not set requirements for the timing of public hearings in relationship to publication of notices. Scheduling such meetings is subject to facilitators' schedules and room availability. However, going forward, the Department will make reasonable effort to schedule public hearings no earlier than two weeks from the date of notice publication.</i></p> <p>3. A follow-up email with relevant information regarding the public notice and comment period was sent to providers.</p> <p>4. At providers' request, this comment period was extended for 1 day.</p> <p><u>Additional processes regarding the proposed Residential Habilitation reimbursement methodology change:</u></p> <p>1. The Department contracted with an accounting firm to perform a cost survey of residential habilitation providers. This cost survey was conducted in accordance with Idaho Administrative Code 16.03.10.037.01 and 16.03.10.037.04. The cost survey was made available to providers in February 2016. The accounting firm (i) hosted a webinar in March 2016 to inform providers how to complete the survey, (ii) hosted a second webinar in March 2016 to address follow-up questions from providers, and (iii) were available via phone and email to respond to providers' questions. Providers were asked to complete and return the cost survey to the accounting firm on or before April 30, 2016. The results of the cost survey can be found at <a href="http://healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/SupportedLivingReport.pdf">http://healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/SupportedLivingReport.pdf</a></p> <p>2. Department leadership and a subgroup of the Idaho Association of Community Providers met once in August and twice in September 2016 to discuss preliminary results of the cost survey.</p>
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			<p>3. In October 2016, the Department sent written notice and request for comment regarding residential habilitation reimbursement changes as follows:</p> <ul style="list-style-type: none"> <li>a. To residential habilitation service providers;</li> <li>b. To waiver participants (and/or their decision-making authority) receiving residential habilitation services and the Department attempted to follow-up with these individuals via phone to gather comments and address participants' concerns regarding access to care; and</li> <li>c. To targeted service coordinators and support brokers.</li> </ul> <p>4. The Department established a dedicated phone line and email address for the public's inquiries related to the residential habilitation reimbursement changes.</p> <p>5. The Department held a public hearing in October 2016 to discuss the preliminary results of the cost survey and gather feedback from providers, participants and other interested stakeholders regarding residential habilitation reimbursement changes.</p> <p>6. Pursuant to 42 C.F.R. § 441.304 and 42 C.F.R. § 447.205, the Department published public notice regarding the proposed residential habilitation reimbursement changes in the newspapers of widest circulation in each Idaho city with a population of 50,000 or more and on the Department's website. Copies of the public notice and proposed residential habilitation reimbursement changes were made available for public review on the Department's website and during regular business hours at any regional or field office of the Idaho Department of Health and Welfare and any regional or local public health district office. In Adams, Boise and Camas counties, copies of the amendments were available at the county clerk's office in each of these counties. The public was given the opportunity to provide oral (via telephone voicemail) and written (via email, mail or hand delivery) comments on the proposed reimbursement changes for a period of at least 30 days.</p> <p>7. A follow-up email with relevant information regarding the public notice and comment period was sent to providers.</p> <p>8. The Department held a public hearing in November 2016 for individuals wishing to provide oral comment regarding the proposed residential habilitation reimbursement changes.</p> <p>9. At providers' request, this comment period was extended for 15 days.</p>
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			<p>10. The Department held provider question and answer sessions in December 2016 and March 2017, regarding the proposed residential habilitation reimbursement changes.</p> <p>A document summarizing comments received (during both formal comment periods) and the State's respective responses will be posted on the Department's website and sent to CMS (with a copy of all written comments received) for their consideration.</p>
Written	Recommendations for New Notice Procedures	<p>Commenters recommended that the Department modify its notice procedures as follows:</p> <ul style="list-style-type: none"> <li>• Require publication of public notices in newspapers in cities with a population of 20,000 or more;</li> <li>• Require posting of public notices and relevant documents on the Department's website;</li> <li>• Require email distribution of public notices and related information to providers, participants, families, advocacy groups and other stakeholders.</li> </ul>	<p>Thank you for your recommendations. As demonstrated in the Department's response above, the Department has taken steps to post public notices and relevant documents on the Department's website, and send both emails and letters regarding potential program changes to providers, participants, families, advocacy groups and other stakeholders.</p> <p>The Department acknowledges that delivery of some supplemental notifications (those not otherwise required by federal regulations) were inadvertently delayed and did not coincide with publication of the required federal notices. The Department has discussed this concern with stakeholders and has agreed make every reasonable effort to align the delivery of the supplemental notifications with the required federal publications.</p> <p>The Department does not intend to modify its newspaper publication requirements to publish public notices in all Idaho cities with a population of 20,000 or more because such requirements would be cost prohibitive. However, the Department does monitor census Bureau data to ensure that notices are published in all cities with a population of 50,000 or more as required under 42 CFR 447.205.</p>

***Concerns Related to the Process for Level of Care Evaluation/Reevaluation in Appendix B-6-f***

Type	Subject	Comment	Response
Written	Concerns Related to Frequency of Full SIB-R Reevaluation	One commenter recommended that the language in Appendix B-6-f be revised to reflect that a full SIB-R is typically administered every third year participation in the Adult Developmental Disability waiver program.	Thank you for your recommendation. The Department acknowledges that it is standard practice for a full SIB-R to be administered every third year of participation in the Adult Developmental Disability waiver program. The Department is in the process of selecting and implementing the use of a new assessment tool, and anticipates additional changes to this section prior to implementation. The Department will address this concern when it amends the waiver application for the implementation of the new assessment tool.