



BRAD LITTLE – Governor
DAVE JEPPESEN – Director

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

September 30, 2019

David Meacham
Deputy Director
Center for Medicaid and CHIP Services (CMCS)
Western Division – Regional Operations Group
Seattle Regional Office, 701 Fifth Ave., Suite 1600
Seattle, WA 98104

Dear Mr. Meacham:

The State of Idaho has submitted a Medicaid State Plan Amendment (SPA), TN 19-0023. We are requesting this SPA to implement a Section 1915(l) State Plan Option for reimbursement of State Plan substance use disorder services delivered in an IMD setting. This change establishes a new Supplement 4 to Attachment 3.1-A, adding three new pages to the State Plan. Idaho is requesting an effective date of January 1, 2020. As covered in technical assistance calls, Idaho will be submitting 1915(l)-required maintenance of effort/expenditures data later in the review process.

To allow successful implementation of the 1915(l), Idaho is concurrently removing language around IMD exclusion from its Alternative Benefit Plans, via SPAs designated TN 19-0020 (Basic Plan) and TN 19-0021 (Enhanced Plan). Those ABP SPAs are being submitted later this week under separate cover through the CMS MMDL SPA portal.

Idaho appreciates your review of these changes, and anticipates your approval of this amendment. Please direct any questions regarding this SPA to Clay Lord, Medicaid Program Policy Analyst, Bureau of Medical Care, at (208) 364-1979 or by e-mail to Clay.Lord@dhw.idaho.gov.

Sincerely,

MATT WIMMER
Administrator

MW/cl

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
19-0023

2. STATE
IDAHO

FOR: HEALTH CARE FINANCING ADMINISTRATION

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
01-01-2020

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:
§1915(l) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
\$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
NEW PAGES; Pages 1-3, Supplement 4 of Attachment 3.1-A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):
N/A

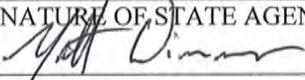
10. SUBJECT OF AMENDMENT:

Add §1915(l) State Plan Option for reimbursement of state plan substance use disorder services delivered in an IMD setting.

11. GOVERNOR'S REVIEW (*Check One*):

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:
MATT WIMMER

14. TITLE:
Administrator

15. DATE SUBMITTED: 09-30-2019

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:

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:

§1915(l) State Plan Option to Provide Medical Assistance for Eligible Individuals who are Patients in Eligible Institutions for Mental Diseases

- The state attests that all services provided to eligible individuals in an eligible institution for mental diseases for which the state is seeking federal financial participation are included in the approved state plan.
- Coverage is available for a maximum of 30 days per 12-month period per eligible individual from the date an eligible individual is first admitted to an eligible IMD.

Eligibility for Services

- Medicaid beneficiaries age 21 through 64 who have at least one substance use disorder and reside in an eligible institution for mental diseases (IMD).

Eligible IMDs

- The state provides assurance that providers follow reliable evidence-based practices and offer at least two forms of medication-assisted treatment onsite, including one antagonist and one partial agonist for opioid use disorder, in accordance with 1915(l)(7)(C).

Please briefly describe how the state assures the provision of evidence-based practices, including medication-assisted treatment, in IMDs:

The state assures that IMDs follow reliable evidence-based practices and offer two forms of MAT onsite. The Idaho Department of Health and Welfare has established provider qualifications that align with American Society of Addiction Medicine (ASAM) Criteria related to appropriate service recommendations, level of care placements, and other standards of clinical care.

Evidence-based Clinical Screening

- The state provides assurance that eligible individuals receive an appropriate evidence-based clinical screening prior to receiving services in an eligible IMD, including initial and periodic reassessments to determine the appropriate level of care, length of stay, and setting for each individual.

Please briefly describe the assessment process or processes the state will use to obtain information to determine the appropriate level of care, length of stay, and treatment setting:

The state requires providers and facilities to complete a comprehensive diagnostic assessment (CDA) prior to placement. Providers and facilities are also required to follow the level of care guidelines established by the Department or its designee, which are used to ensure correct placement in accordance with the ASAM Criteria.

(4) Ensuring a Continuum of Services

• **Availability of Required Outpatient Services**

- The state attests that it provides medical assistance for services consistent with the following outpatient levels of care as specified at §1915(l)(4)(C)(i)(I)–(IV):

Outpatient Service	
<input checked="" type="checkbox"/>	(I) Early intervention for individuals who, for a known reason, are at risk of developing substance-related problems and for individuals for whom there is not yet sufficient information to document a diagnosable substance use disorder.
<input checked="" type="checkbox"/>	(II) Outpatient services for less than 9 hours per week for adults, and for less than 6 hours per week for adolescents, for recovery or motivational enhancement therapies and strategies.
<input checked="" type="checkbox"/>	(III) Intensive outpatient services for 9 hours or more per week for adults, and for 6 hours or more per week for adolescents, to treat multidimensional instability.
<input checked="" type="checkbox"/>	(IV) Partial hospitalization services for 20 hours or more per week for adults and adolescents to treat multidimensional instability that does not require 24-hour care.

• **Availability of Certain Specified Inpatient and Residential Services**

- The state attests that it provides medical assistance for services, consistent with at least 2 of the following inpatient and residential levels of care, as set forth at §1915(l)(4)(C)(ii)(I)–(V):

Inpatient and Residential Level of Care	
<input type="checkbox"/>	(I) Clinically managed, low-intensity residential services that provide adults and adolescents with 24-hour living support and structure with trained personnel and at least 5 hours of clinical service per week per individual.
<input type="checkbox"/>	(II) Clinically managed, population-specific, high-intensity residential services that provide adults with 24-hour care with trained counselors to stabilize multidimensional imminent danger along with less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community.
<input type="checkbox"/>	(III) Clinically managed, medium-intensity residential services for adolescents, and clinically managed, high-intensity residential services for adults, that provide 24-hour care with trained counselors to stabilize multidimensional imminent danger and preparation for outpatient treatment.
<input checked="" type="checkbox"/>	(IV) Medically monitored, high-intensity inpatient services for adolescents, and medically monitored, intensive inpatient services withdrawal management for adults, that provide 24-hour nursing care, make physicians available for significant problems in Dimensions 1, 2, or 3, and provide counseling services 16 hours per day.

<input checked="" type="checkbox"/>	(V) Medically managed, intensive inpatient services for adolescents and adults that provide 24-hour nursing care and daily physician care for severe, unstable problems in Dimensions 1, 2 or 3.
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• **Transition of Care Requirements**

The state attests that:

- 1) a placement in such eligible institution for mental diseases would allow for an eligible individual's successful transition to the community, considering such factors as proximity to an individual's support network (such as family members, employment, and counseling and other services near an individual's residence); and
- 2) all eligible institutions for mental diseases are able to provide care at lower levels of clinical intensity or have established relationships with another facility or provider that is able to provide care at such lower level of clinical intensity and accepts Medicaid-enrolled patients.

Please briefly describe the state's transition process that will ensure a beneficiary's successful transition to the community:

The staff of the IBHP contractor includes field care coordinators (FCCs), who are responsible for interacting with acute care hospitals and treatment facilities to ensure effective discharge coordination and seamless transitions to lower levels of care. The IBHP includes a quality assurance metric, which measures follow-up after hospitalization (FUH) at 30 days after discharge. The IBHP contractor has direct access to the state quality improvement organization's case management system, which alerts IBHP staff and FCCs regarding ER admissions and hospitalizations, as well as tracking lengths of stay and discharge status.



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Post Office Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-5747
FAX: (208) 364-1811

August 28, 2019

Dear Tribal Representative:

I am writing to inform you that Idaho Medicaid intends to submit to the Centers for Medicare and Medicaid Services (CMS) a State Plan Amendment (SPA) to allow reimbursement for state plan services delivered to Medicaid participants while admitted as inpatients in an institution for mental diseases (IMD). The Department plans to implement this change under authority of Section 1915(l) of the Social Security Act, and will request an effective date for these changes of January 1, 2020.

A 1915(l) state plan option serves only to allow reimbursement of existing state plan services in an IMD setting—and implementation of Partial Hospitalization, not currently a state plan benefit, is required to secure CMS approval of a 1915(l) application. For this reason, Idaho Medicaid will concurrently submit SPA changes to its Alternative Benefit Plans (ABPs) to add the Partial Hospitalization benefit. The addition of a Partial Hospitalization benefit will expand the Department's behavioral health continuum of care and make additional outpatient treatment options available for participants with mental health and/or substance use disorders who are at risk of placement in residential psychiatric facilities.

Idaho Medicaid's development of the proposed SPA will be reviewed as part of the Policy Update at the next quarterly Tribal meeting. Idaho Medicaid is interested in receiving your comments, questions, or suggestions relating to this change. In order to allow for a timely submission to CMS, this solicitation is being made under expedited circumstances. Therefore, please submit any comments prior to September 30, 2019. Should you have questions about this letter or the upcoming SPA submission, please contact Clay Lord at (208) 364-1979 or by e-mail at Clay.Lord@dhw.idaho.gov prior to September 30, 2019.

Lastly, if your tribe would like to set up a time for formal government-to-government consultation, please contact us as soon as possible so that we can work with you to arrange a meeting for this purpose.

Sincerely,

MATT WIMMER
Administrator

MW/cl

LEGAL NOTICE

Pursuant to 42 CFR 440.386, the Department of Health and Welfare is giving public notice of an impending change in the Idaho Medicaid State Plan.

Idaho Medicaid will make application for a State Plan Amendment (SPA) in order to comply with the provisions of Section 56-253(8), Idaho Code. This law provides that the Director of the Department of Health and Welfare “shall research options and apply for federal waivers to enable cost-efficient use of [M]edicaid funds to pay for substance abuse and/or mental health services in institutions for mental disease[s].”

On or around October 1, 2019, Idaho Medicaid intends to submit to the Centers for Medicare and Medicaid Services (CMS) a State Plan Amendment to allow reimbursement for state plan services delivered to Medicaid participants while admitted as inpatients in an Institution for Mental Diseases (IMD). The Department plans to implement this change under authority of Section 1915(l) of the Social Security Act and will request an effective date for these changes of January 1, 2020.

A 1915(l) state plan option serves only to allow reimbursement of existing state plan services in an IMD setting—and implementation of Partial Hospitalization, not currently a state plan benefit, is required to secure CMS approval of a 1915(l) application. For this reason, Idaho Medicaid will concurrently submit SPA changes to its Alternative Benefit Plans (ABPs) to add the Partial Hospitalization benefit. The addition of a Partial Hospitalization benefit will expand the Department’s behavioral health continuum of care and make additional outpatient treatment options available for participants with mental health and/or substance use disorders who are at risk of placement in residential psychiatric facilities.

The Department assures these changes are in compliance with 42 CFR 440.345, and that individuals under twenty-one (21) years of age, pursuant to EPSDT, may receive additional services if determined medically necessary and prior authorized by the Department. Medicaid has consulted with Idaho Tribal representatives regarding this change in compliance with section 5006(e) of the American Recovery and Reinvestment Act of 2009.

No public hearings regarding these changes have been scheduled at this time.

Should you have questions about this notice or the upcoming SPA submission, please contact Clay Lord, Medicaid Program Policy Analyst, by e-mail at Clay.Lord@dhw.idaho.gov prior to September 30, 2019.

Written comments may also be sent to and reviewed by the public at the following address:

Bureau of Medical Care
Division of Medicaid
Department of Health and Welfare
3232 Elder Street
Boise, Idaho 83705
Fax: (208) 334-2465