



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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

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

March 20, 2014

Carol J.C. Peverly  
Regional Administrator  
Division of Medicaid and Children's Health Operations  
M/S RSX-43  
2201 Sixth Avenue  
Seattle, WA 98121

Dear Ms. Peverly:

The State of Idaho is submitting a Medicaid State Plan Amendment (SPA), Transmittal #14-006. We are requesting this amendment to our State Plan to update Attachment 4.19- B. The proposed changes will specifically identify the location of the speech therapy, physical therapy, and occupational therapy fee table on our website.

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

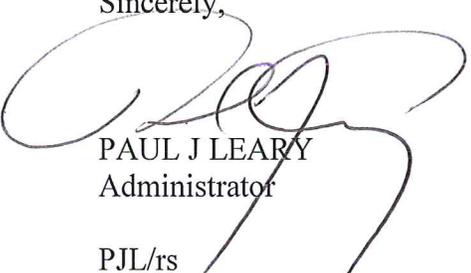
- Attachment 4.19-B, page 37 and 39

Please see attached tribal representative notification letter. The tribal solicitation letter was mailed, e-mailed, and posted to the Medicaid-Tribes SharePoint (website).

There is no anticipated fiscal impact with this SPA. 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, Office of Reimbursement, Division of Medicaid at (208) 364-1994.

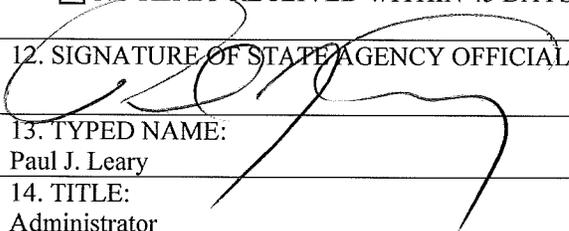
Sincerely,



PAUL J LEARY  
Administrator

PJL/rs

Enc.

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>14-006</b>	2. STATE <b>IDAHO</b>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		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 <b>April 1, 2014</b>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> <b>AMENDMENT</b>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: 1905(a)(6), 1905(a)(12) and 2110(a)(24) of the Social Security Act		7. FEDERAL BUDGET IMPACT: <b>Total (\$) Federal Funds</b> FFY 2014 \$0 (zero) FFY 2015 \$0 (zero)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>State Plan Attachment 4.19-B pages 37 and 39</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): <b>State Plan Attachment 4.19-B pages 37 and 39</b>	
10. SUBJECT OF AMENDMENT: This change is being made to specifically identify the location of the speech therapy, physical therapy, and occupational therapy fee table on our website.			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Paul J. Leary, Administrator Idaho Department of Health and Welfare Division of Medicaid PO Box 83720 Boise ID 83720-0036	
13. TYPED NAME: Paul J. Leary			
14. TITLE: Administrator			
15. DATE SUBMITTED: <b>3/21/14</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
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:			

25. Physical therapy and occupational therapy - Payments for physical therapy and occupational therapy services provided by independent therapists are on the basis of the Department's Medical Assistance Unit statewide fee schedule.

The fee schedule was last updated on 4/1/14, to be effective for services on or after 4/1/14.

The Independent Therapy fee schedule and any annual/periodic adjustments to the fee schedule are published at the following website:

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

26. Speech Therapy - Payments for speech therapy services provided by independent speech therapists are on the basis of the Department's Medical Assistance Unit statewide fee schedule.

The fee schedule was last updated on 4/1/14 to be effective for services on or after 4/1/14.

The fee schedule and any annual/periodic adjustments to the fee schedule for the above listed codes are published at the following web site:

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



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

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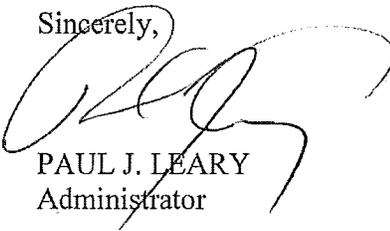
February 24, 2014

*Dear Tribal Representative:*

This letter is to let you know that Idaho Medicaid intends to submit a State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS). The amendment is in the reimbursement section, Attachment 4.19-B, of the Idaho State Plan. The proposed changes will update our speech therapy, physical therapy and occupational therapy fee table. The effective date for the change is April 1, 2014.

Please provide any 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](mailto:kellermr@dhw.id.gov), by March 26, 2014.

Sincerely,



PAUL J. LEARY  
Administrator

PJL/rs