



BRAD LITTLE – Governor  
ALEX J. ADAMS – Director

# IDAHO DEPARTMENT OF HEALTH & WELFARE

JULIET CHARRON – Deputy Director  
DIVISION OF MEDICAID  
Post Office Box 83720  
Boise, Idaho 83720-0009  
PHONE: (208) 334-5747  
FAX: (208) 364-1811

June 30, 2025

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

Dear Mr. Failla:

The State of Idaho is submitting coverage and reimbursement Title XIX Medicaid State Plan Amendments (SPAs), Transmittals **#ID-25-0007** and **#ID-25-0008**, through the federal OneMAC portal for the Idaho Medicaid State Plan.

**These SPAs are to align provider qualifications for both coverage and reimbursement in the Idaho State Medicaid Plan with change to Idaho state law.**

[Idaho House Bill H0110 Medicaid \(2025\)](#), effective July 1, 2025, established Idaho Code § 67-9417 Practice Authority Protection. [Idaho House Bill H0345 Medicaid \(2025\)](#), effective upon its passage, in part established Idaho Code § 56-2206 Legislative Approval – Practice Authority Protection.

The State Medicaid Agency will not limit practice authority conferred by the state legislature and state licensing boards. Services covered by the State Medicaid Program can be provided by any legislatively-authorized provider who completes a Medicaid provider agreement. If a health care service is covered by state law in the State Medicaid Program, the State Medicaid Agency shall not prohibit any state licensed or registered health care provider from providing the service within the provider's state-authorized practice from the licensing authority unless:

- (1) State law or regulation expressly excludes a certain health care provider type from providing the service to Medicaid beneficiaries; or
- (2) The provider fails to enter into a written provider agreement with the State Medicaid Program.

Various provider qualifications for either coverage or reimbursement throughout the Medicaid State Plan are superseded by the following added language:

**Coverage and Reimbursement Provider Qualifications**

**01. Provider Eligibility.** Be licensed or registered as required by the applicable jurisdiction for the profession, have a National Provider Identification or Medicaid provider number, be an enrolled Idaho Medicaid provider, and enter into a written provider agreement with the State Medicaid Agency.

**02. Practice Authority.** Provide the identified service within the practice authority for the applicable profession consistent with the laws and regulations of the state where services are provided.

**03. Standard of Care.** Provide the identified service within the accepted standard of care that would be provided in the same or similar setting by a reasonable and prudent provider with similar education, training, and experience as determined by the applicable oversight authority.

**04. Express Exclusions.** Not perform the service if doing so is expressly prohibited by state or federal regulations.

The State Medicaid Agency adheres to:

[42 C.F.R. Part 455 Subpart E Provider Screening and Enrollment.](#)

[42 C.F.R. Part 440 Subpart A Definitions.](#)

[42 C.F.R. Part 440 Subpart B Requirements and Limits Applicable to All Services.](#)

[42 C.F.R. Part 440 Subpart C Benchmark Benefit and Benchmark-Equivalent Coverage.](#)

For services under Idaho Medicaid that can be delivered by providers whose practice authority is not defined by the state legislature and state licensing boards, the State Medicaid Agency will continue to define provider qualifications as necessary to ensure the safe and efficient administration of the Medicaid program. This would include, for example, some providers of Home and Community-Based Services (HCBS).

The State Medicaid Agency is requesting an effective date of July 1, 2025.

Tribal solicitation and public notice were completed timely following our established procedures. We have included the details specific to the posting of the notices, distribution methods and tribal consultation in this submission packet. A Tribal Representative Notification Letter was mailed, e-mailed, and posted to the Medicaid-Tribes website on April 25, 2025, with a specified due date of June 25, 2025, for any feedback. Public notice was provided through the statewide process, as required by 42 C.F.R. §447.205, on dates between April 25, 2025, and April 29, 2025, with thirty (30) days for feedback.

Idaho appreciates your review of these proposed SPAs, and anticipates CMS approval. Please direct any questions regarding these SPAs to Charles Beal, Medicaid Policy Chief, at [charles.beal@dhw.idaho.gov](mailto:charles.beal@dhw.idaho.gov).

Sincerely,



June 30, 2025  
Page 3

JULIET CHARRON  
Deputy Director

JC/cb

cc: Courtenay Savage

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2. STATE

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX

XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

5. FEDERAL STATUTE/REGULATION CITATION

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY \_\_\_\_\_ \$ \_\_\_\_\_  
b. FFY \_\_\_\_\_ \$ \_\_\_\_\_

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL



15. RETURN TO

12. TYPED NAME

13. TITLE

14. DATE SUBMITTED

**FOR CMS USE ONLY**

16. DATE RECEIVED

17. DATE APPROVED

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

Section 3 – Services: General Provisions

The following benefit provider qualifications apply to all benefits under the Idaho Medicaid State Plan. Any previously approved language in the State Plan contrary to this is superseded by the following:

**Benefit Provider Qualifications**

**01. Provider Eligibility.** Be licensed or registered as required by the applicable jurisdiction for the profession, have a National Provider Identification or Medicaid provider number, be an enrolled Idaho Medicaid provider, and enter into a written provider agreement with the State Medicaid Agency.

**02. Practice Authority.** Provide the identified service within the practice authority for the applicable profession consistent with the laws and regulations of the state where services are provided.

**03. Standard of Care.** Provide the identified service within the accepted standard of care that would be provided in the same or similar setting by a reasonable and prudent provider with similar education, training, and experience as determined by the applicable oversight authority.

**04. Express Exclusions.** Not perform the service if doing so is expressly prohibited by state or federal regulations.

The State Medicaid Agency adheres to:

42 C.F.R. Part 455 Subpart E Provider Screening and Enrollment.

42 C.F.R. Part 440 Subpart A Definitions.

42 C.F.R. Part 440 Subpart B Requirements and Limits Applicable to All Services.

42 C.F.R. Part 440 Subpart C Benchmark Benefit and Benchmark-Equivalent Coverage

## Methods and Standards for Establishing Payment Rates

The following reimbursement provider qualifications apply to all benefits under the Idaho Medicaid State Plan. Any previously approved language in the State Plan contrary to this is superseded.

### **Reimbursement Provider Qualifications**

**01. Provider Eligibility.** Be licensed or registered as required by the applicable jurisdiction for the profession, have a National Provider Identification or Medicaid provider number, be an enrolled Idaho Medicaid provider, and enter into a written provider agreement with the State Medicaid Agency.

**02. Practice Authority.** Provide the identified service within the practice authority for the applicable profession consistent with the laws and regulations of the state where services are provided.

**03. Standard of Care.** Provide the identified service within the accepted standard of care that would be provided in the same or similar setting by a reasonable and prudent provider with similar education, training, and experience as determined by the applicable oversight authority.

**04. Express Exclusions.** Not perform the service if doing so is expressly prohibited by state or federal regulations.

The State Medicaid Agency adheres to:

42 C.F.R. Part 455 Subpart E Provider Screening and Enrollment.

42 C.F.R. Part 440 Subpart A Definitions.

42 C.F.R. Part 440 Subpart B Requirements and Limits Applicable to All Services.

42 C.F.R. Part 440 Subpart C Benchmark Benefit and Benchmark-Equivalent Coverage

## **NOTICE OF INTENT TO SUBMIT STATE PLAN AMENDMENTS AND SOLICITATION OF PUBLIC INPUT**

Pursuant to 42 C.F.R. § 440.345 EPSDT and other required benefits, 42 C.F.R. § 440.386 Public notice, 42 C.F.R. § 447.204 Medicaid provider participation and public process to inform access to care, 42 C.F.R. § 447.205 Public notice of changes in Statewide methods and standards for setting payment rates, and 42 C.F.R. § 457.65 Effective date and duration of State plans and plan amendments, the Idaho Department of Health and Welfare Division of Medicaid (Department) provides public notice of its intent to submit State Plan Amendments (SPAs) to the Centers for Medicare and Medicaid Services (CMS).

### **PROPOSED CHANGES**

Idaho Medicaid intends to submit State Plan Amendments (SPAs) to the Centers for Medicare and Medicaid Services (CMS) to align provider qualifications for both coverage and reimbursement in the Idaho State Medicaid Plan and the Children’s Health Insurance Program State Plan with change to Idaho state law.

Idaho House Bill H0110 Medicaid (2025), effective July 1, 2025, established Idaho Code § 67-9417 Practice Authority Protection. Idaho House Bill H0345 Medicaid (2025), effective upon its passage, in part established Idaho Code § 56-2206 Legislative Approval – Practice Authority Protection.

The State Medicaid Agency will not limit practice authority conferred by the state legislature and state licensing boards. Services covered by the State Medicaid Program can be provided by any legislatively-authorized provider who completes a Medicaid provider agreement. If a health care service is covered by state law in the State Medicaid Program, the State Medicaid Agency shall not prohibit any state licensed or registered health care provider from providing the service within the provider's state-authorized practice from the licensing authority unless:

- (1) State law or regulation expressly excludes a certain health care provider type from providing the service to Medicaid beneficiaries; or
- (2) The provider fails to enter into a written provider agreement with the State Medicaid Program.

Various provider qualifications for either coverage or reimbursement throughout the Medicaid State Plan are superseded by the following added language:

#### *Coverage and Reimbursement Provider Qualifications*

- 01. Provider Eligibility. Be licensed or registered as required by the applicable jurisdiction for the profession, have a National Provider Identification or Medicaid provider number, be an enrolled Idaho Medicaid provider, and enter into a written provider agreement with the State Medicaid Agency.*
- 02. Practice Authority. Provide the identified service within the practice authority for the applicable profession consistent with the laws and regulations of the state where services are provided.*
- 03. Standard of Care. Provide the identified service within the accepted standard of care that would be provided in the same or similar setting by a reasonable and prudent provider with similar education, training, and experience as determined by the applicable oversight authority.*
- 04. Express Exclusions. Not perform the service if doing so is expressly prohibited by state or federal regulations.*

*The State Medicaid Agency adheres to:*

*42 C.F.R. Part 455 Subpart E Provider Screening and Enrollment.*

*42 C.F.R. Part 440 Subpart A Definitions.*

*42 C.F.R. Part 440 Subpart B Requirements and Limits Applicable to All Services.*  
*42 C.F.R. Part 440 Subpart C Benchmark Benefit and Benchmark-Equivalent Coverage.*

For services under Idaho Medicaid that can be delivered by providers whose practice authority is not defined by the state legislature and state licensing boards, the State Medicaid Agency will continue to define provider qualifications as necessary to ensure the safe and efficient administration of the Medicaid program. This would include, for example, some providers of Home and Community-Based Services (HCBS).

The Department intends to submit these State Plan Amendments to CMS with a requested effective date of July 1, 2025.

### **ESTIMATE OF EXPECTED CHANGE IN ANNUAL AGGREGATE EXPENDITURES**

There is no expected increase or decrease in annual aggregate expenditures.

### **PUBLIC REVIEW**

When available, copies of the draft SPA pages will be posted on the IDHW website at <https://healthandwelfare.idaho.gov/about-dhw/policies-procedures-and-waivers> (under “Medicaid policies”, PUBLIC-DOCUMENTS > About DHW > Policies & Standards > Medicaid > Draft State Plan Amendments).

Unless otherwise specified, copies are also available upon request for public review during regular business hours at any Regional Medicaid Services office of the Idaho Department of Health and Welfare.

### **LOCATIONS FOR PUBLIC REVIEW OF PROPOSED STATE PLAN AMENDMENT**

#### **Ada County**

DHW Region 4, 1720 Westgate Drive, Boise, ID 83704  
Central District Health Department, 707 North Armstrong Place, Boise, ID 83704

#### **Adams County**

Adams County Clerk's Office, 201 Industrial Avenue, Council, ID 83612

#### **Bannock County**

DHW Region 6, 1070 Hiline, Pocatello, ID 83201  
Southeastern Idaho Public Health, 1901 Alvin Ricken Drive, Pocatello, ID 83201

#### **Bear Lake County**

Southeastern Idaho Public Health, 455 Washington, Suite #2, Montpelier, ID 83254

#### **Benewah County**

Panhandle Health District, 137 N 8th Street, St Maries, ID 83861

#### **Bingham County**

DHW Region 6, 701 East Alice, Blackfoot, ID 83221  
Southeastern Idaho Public Health, 145 W Idaho Street, Blackfoot, ID 83221

#### **Blaine County**

South Central Public Health, 117 East Ash Street, Bellevue, ID 83313

**Boise County**

Boise County Clerk's Office, 420 Main Street, Idaho City, ID 83631

**Bonner County**

DHW Region 1, 207 Larkspur Street, Ponderay, ID 83852

Panhandle Health District, 2101 W. Pine Street, Sandpoint, ID 83864

**Bonneville County**

DHW Region 7, 150 Shoup Avenue, Idaho Falls, ID 83402

Eastern Idaho Public Health, 1250 Hollipark Drive, Idaho Falls, ID 83401

**Boundary County**

Panhandle Health District, 7402 Caribou Street, Bonners Ferry, ID 83805

**Butte County**

Southeastern Idaho Public Health, 178 Sunset Drive, Arco, ID 83213

**Camas County**

Camas County Clerk's Office, 501 Soldier Road, Fairfield, ID 83327

**Canyon County**

DHW Region 3, 3402 Franklin Road, Caldwell, ID 83605

Southwest District Health, 13307 Miami Lane, Caldwell, ID 83607

**Caribou County**

Southeastern Idaho Public Health, 55 East 1st South, Soda Springs, ID 83276

**Cassia County**

DHW Region 5, 2241 Overland Avenue, Burley, ID 83318

**Clark County**

Eastern Idaho Public Health, 332 West Main, Dubois, ID 83423

**Clearwater County**

North Central Health District, 105 115th Street, Orofino, ID 83544

**Custer County**

Eastern Idaho Public Health, 1050 N. Clinic Road, Suite A, Challis, ID 83226

**Elmore County**

DHW Region 4, 2420 American Legion Blvd., Mountain Home, ID 83647

Central District Health Department, 520 E. 8th Street N, Mountain Home, ID 83647

**Franklin County**

DHW Region 6, 223 North State, Preston, ID 83263

Southeastern Idaho Public Health, 50 West 1 St. South, Preston, ID 83263

**Fremont County**

Eastern Idaho Public Health, 45 South 2nd West, St. Anthony, ID 83445

**Gem County**

Southwest District Health, 1008 East Locust, Emmett, ID 83617

**Gooding County**

South Central Public Health, 255 North Canyon Drive, Gooding, ID 83330

**Idaho County**

DHW Region 2, Camas Resource Center, 216 South C Street, Grangeville, ID 83530

North Central Health District, 903 W Main, Grangeville, ID 83530

**Jefferson County**

Eastern Idaho Public Health, 380 Community Lane, Rigby, ID 83442

**Jerome County**

South Central Public Health, 951 East Avenue H, Jerome, ID 83338

**Kootenai County**

DHW Region 1, 1120 Ironwood Drive, Coeur d'Alene, ID 83814

Panhandle Health District, 8500 N. Atlas Road, Hayden, ID 83835

**Latah County**

DHW Region 2, 1350 Troy Highway, Moscow, ID 83843

North Central Health District, 333 E Palouse River Drive, Moscow, ID 83843

**Lemhi County**

DHW Region 7, 111 Lillian Street, Suite 104, Salmon, ID 83467

Eastern Idaho Public Health, 801 Monroe, Salmon, ID 83467

**Lewis County**

North Central Health District, 132 N Hill Street, Kamiah, ID 83536

**Lincoln County**

South Central Public Health, Lincoln County Community Center, 201 South Beverly St., Shoshone, ID 83352

**Madison County**

DHW Region 7, 333 Walker Drive, Rexburg, ID 83440

Eastern Idaho Public Health, 314 North 3rd East, Rexburg, ID 83440

**Minidoka County**

South Central Public Health, 485 22nd Street, Heyburn, ID 83336

**Nez Perce County**

DHW Region 2, 1118 F Street, Lewiston, ID 83501

North Central Health District, 215 10th Street, Lewiston, ID 83501

**Oneida County**

Southeastern Idaho Public Health, 175 South 300 East, Malad, ID 83252

**Owyhee County**

Southwest District Health, 132 E. Idaho, Homedale, ID 83628

**Payette County**

DHW Region 3, 515 N. 16th Street, Payette, ID 83661  
Southwest District Health, 1155 Third Avenue North, Payette, ID 83661

**Power County**

Southeastern Idaho Public Health, 590 1/2 Gifford, American Falls, ID 83211

**Shoshone County**

DHW Region 1, 35 Wildcat Way, Suite B, Kellogg, ID 83837  
Panhandle Health District, 114 Riverside Avenue W, Kellogg, ID 83837

**Teton County**

Eastern Idaho Public Health, 820 Valley Centre Drive, Driggs, ID 83422

**Twin Falls County**

DHW Region 5, 601 Pole Line Road, Twin Falls, ID 83301  
South Central Public Health, 1020 Washington Street North, Twin Falls, ID 83301

**Valley County**

Central District Health Department, 703 1st Street, McCall, ID 83638

**Washington County**

Southwest District Health, 46 West Court, Weiser, ID 83672

**PUBLIC COMMENT**

The Department is accepting written and recorded comments regarding the proposed SPAs for a period of at least thirty (30) calendar days. Any persons wishing to provide input may submit comments.

**Comments must be received by the Department within thirty (30) days of the posting of this notice, and must be sent using one of the following methods:**

- *Send Email Comments To:* MCPT@dhw.idaho.gov
- *Call and Leave Recorded Comments At:* (208)-364-1887
- *Send Fax Comments To:* 1-208-287-1170
- *Mail Comments To:* Division of Medicaid  
PO Box 83720, Boise, ID 83720-0009  
Attn: Policy Team

*Hand Deliver Comments During Regular Business Hours (M-F from 8AM to 5PM, except holidays) To:*

Division of Medicaid  
450 West State Street, 6th Floor, Boise, ID 83720  
Attn: Policy Team

The Department will review all comments received prior to submitting the SPAs to CMS.

**PUBLIC HEARING**

No public hearings have been scheduled at this time.

**QUESTIONS**

For technical questions or to review the changes, e-mail the request to [MCPT@dhw.idaho.gov](mailto:MCPT@dhw.idaho.gov).



BRAD LITTLE – Governor  
ALEX J. ADAMS – Director

# IDAHO DEPARTMENT OF HEALTH & WELFARE

JULIET CHARRON – Deputy Director  
DIVISION OF MEDICAID  
Post Office Box 83720  
Boise, Idaho 83720-0009  
PHONE: (208) 334-5747  
FAX: (208) 364-1811

April 16, 2025

*Dear Tribal Representative:*

In accordance with section 1902(a)(73)(A) of the Social Security Act regarding the solicitation of advice prior to the submission of any Medicaid or CHIP State Plan Amendment (SPA) or waiver application or amendment likely to have a direct effect on Indians, Indian Health Programs, or Urban Indian Organizations, the Idaho Department of Health and Welfare (IDHW) Division of Medicaid (Idaho Medicaid) provides notice on the following matter.

### **Purpose**

Idaho Medicaid intends to submit State Plan Amendments (SPAs) to the Centers for Medicare and Medicaid Services (CMS) to align provider qualifications for both coverage and reimbursement in the Idaho State Medicaid Plan with change to Idaho state law.

[Idaho House Bill H0110 Medicaid \(2025\)](#), effective July 1, 2025, established Idaho Code § 67-9417 Practice Authority Protection. [Idaho House Bill H0345 Medicaid \(2025\)](#), effective upon its passage, in part established Idaho Code § 56-2206 Legislative Approval – Practice Authority Protection.

The State Medicaid Agency will not limit practice authority conferred by the state legislature and state licensing boards. Services covered by the State Medicaid Program can be provided by any legislatively-authorized provider who completes a Medicaid provider agreement. If a health care service is covered by state law in the State Medicaid Program, the State Medicaid Agency shall not prohibit any state licensed or registered health care provider from providing the service within the provider's state-authorized practice from the licensing authority unless:

- (1) State law or regulation expressly excludes a certain health care provider type from providing the service to Medicaid beneficiaries; or
- (2) The provider fails to enter into a written provider agreement with the State Medicaid Program.

Various provider qualifications for either coverage or reimbursement throughout the Medicaid State Plan are superseded by the following added language:

**Coverage and Reimbursement Provider Qualifications**

**01. Provider Eligibility.** Be licensed or registered as required by the applicable jurisdiction for the profession, have a National Provider Identification or Medicaid provider number, be an enrolled Idaho Medicaid provider, and enter into a written provider agreement with the State Medicaid Agency.

**02. Practice Authority.** Provide the identified service within the practice authority for the applicable profession consistent with the laws and regulations of the state where services are provided.

**03. Standard of Care.** Provide the identified service within the accepted standard of care that would be provided in the same or similar setting by a reasonable and prudent provider with similar education, training, and experience as determined by the applicable oversight authority.

**04. Express Exclusions.** Not perform the service if doing so is expressly prohibited by state or federal regulations.

The State Medicaid Agency adheres to:

[42 C.F.R. Part 455 Subpart E Provider Screening and Enrollment.](#)

[42 C.F.R. Part 440 Subpart A Definitions.](#)

[42 C.F.R. Part 440 Subpart B Requirements and Limits Applicable to All Services.](#)

[42 C.F.R. Part 440 Subpart C Benchmark Benefit and Benchmark-Equivalent Coverage.](#)

For services under Idaho Medicaid that can be delivered by providers whose practice authority is not defined by the state legislature and state licensing boards, the State Medicaid Agency will continue to define provider qualifications as necessary to ensure the safe and efficient administration of the Medicaid program. This would include, for example, some providers of Home and Community-Based Services (HCBS).

These changes are in compliance with 42 C.F.R. § 440.345 EPSDT and other required benefits, 42 C.F.R. § 440.386 Public notice, 42 C.F.R. § 447.204 Medicaid provider participation and public process to inform access to care, and 42 C.F.R. § 447.205 Public notice of changes in Statewide methods and standards for setting payment rates.

**Proposed Effective Date**

The Department intends to submit these State Plan Amendments to CMS with requested effective dates of July 1, 2025.

**Anticipated Impact on Indians/Indian Health Program/Urban Indian Organizations**

A. Does this change directly affect American Indians / Alaska Natives (AI/AN) or Indian Health Care Providers (IHCPs) but is federally or statutorily mandated?

These changes are statutorily mandated.

April 16, 2025

Page 3

*B. Does the change impact services or access to services provided, or contracted for, by Indian Health Care Providers (IHCPs) including but not limited to:*

- *Decrease/increase in services*
- *Change in provider qualifications/requirements*
- *Change service eligibility requirements (i.e. prior authorization)*
- *Place compliance costs on Indian Health Care Providers (IHCPs)*
- *Change in reimbursement rate or methodology*

The proposed changes could increase available services under IHCPs. They change provider qualifications/requirements. They do not change service eligibility requirements (i.e. prior authorizations). They do not change reimbursement rates, and do not place compliance costs on IHCPs. They do change reimbursement methodology to the extent they could change which providers are covered under a methodology.

*C. Does the change negatively impact or change the eligibility for, or access to, American Indians / Alaska Natives (AI/AN) Medicaid?*

The proposed changes do not impact Medicaid eligibility or enrollment of American Indians / Alaska Natives (AI/AN).

#### **Availability for Review**

When available, copies of the draft SPA pages will be posted on the IDHW website at <https://healthandwelfare.idaho.gov/about-dhw/policies-procedures-and-waivers> (under “Medicaid policies”, PUBLIC-DOCUMENTS > About DHW > Policies & Standards > Medicaid > Draft State Plan Amendments).

#### **Comments, Input, and Tribal Concerns**

Idaho Medicaid appreciates any input or concerns that Tribal representatives wish to share regarding these changes. Please submit any comments prior to **June 16, 2025**, by email addressed to [MCPT@dhw.idaho.gov](mailto:MCPT@dhw.idaho.gov). These proposed SPAs will also be reviewed as part of the Policy Update at the next Quarterly Tribal meeting.

Sincerely,



Juliet Charron  
Administrator

JC/cb



BRAD LITTLE – Governor  
ALEX J. ADAMS – Director

# IDAHO DEPARTMENT OF HEALTH & WELFARE

JULIET CHARRON – Deputy Director  
DIVISION OF MEDICAID  
Post Office Box 83720  
Boise, Idaho 83720-0009  
PHONE: (208) 334-5747  
FAX: (208) 364-1811

June 30, 2025

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

Dear Mr. Failla:

The State of Idaho is submitting coverage and reimbursement Title XIX Medicaid State Plan Amendments (SPAs), Transmittals **#ID-25-0007** and **#ID-25-0008**, through the federal OneMAC portal for the Idaho Medicaid State Plan.

**These SPAs are to align provider qualifications for both coverage and reimbursement in the Idaho State Medicaid Plan with change to Idaho state law.**

[Idaho House Bill H0110 Medicaid \(2025\)](#), effective July 1, 2025, established Idaho Code § 67-9417 Practice Authority Protection. [Idaho House Bill H0345 Medicaid \(2025\)](#), effective upon its passage, in part established Idaho Code § 56-2206 Legislative Approval – Practice Authority Protection.

The State Medicaid Agency will not limit practice authority conferred by the state legislature and state licensing boards. Services covered by the State Medicaid Program can be provided by any legislatively-authorized provider who completes a Medicaid provider agreement. If a health care service is covered by state law in the State Medicaid Program, the State Medicaid Agency shall not prohibit any state licensed or registered health care provider from providing the service within the provider's state-authorized practice from the licensing authority unless:

- (1) State law or regulation expressly excludes a certain health care provider type from providing the service to Medicaid beneficiaries; or
- (2) The provider fails to enter into a written provider agreement with the State Medicaid Program.

Various provider qualifications for either coverage or reimbursement throughout the Medicaid State Plan are superseded by the following added language:

**Coverage and Reimbursement Provider Qualifications**

**01. Provider Eligibility.** Be licensed or registered as required by the applicable jurisdiction for the profession, have a National Provider Identification or Medicaid provider number, be an enrolled Idaho Medicaid provider, and enter into a written provider agreement with the State Medicaid Agency.

**02. Practice Authority.** Provide the identified service within the practice authority for the applicable profession consistent with the laws and regulations of the state where services are provided.

**03. Standard of Care.** Provide the identified service within the accepted standard of care that would be provided in the same or similar setting by a reasonable and prudent provider with similar education, training, and experience as determined by the applicable oversight authority.

**04. Express Exclusions.** Not perform the service if doing so is expressly prohibited by state or federal regulations.

The State Medicaid Agency adheres to:

[42 C.F.R. Part 455 Subpart E Provider Screening and Enrollment.](#)

[42 C.F.R. Part 440 Subpart A Definitions.](#)

[42 C.F.R. Part 440 Subpart B Requirements and Limits Applicable to All Services.](#)

[42 C.F.R. Part 440 Subpart C Benchmark Benefit and Benchmark-Equivalent Coverage.](#)

For services under Idaho Medicaid that can be delivered by providers whose practice authority is not defined by the state legislature and state licensing boards, the State Medicaid Agency will continue to define provider qualifications as necessary to ensure the safe and efficient administration of the Medicaid program. This would include, for example, some providers of Home and Community-Based Services (HCBS).

The State Medicaid Agency is requesting an effective date of July 1, 2025.

Tribal solicitation and public notice were completed timely following our established procedures. We have included the details specific to the posting of the notices, distribution methods and tribal consultation in this submission packet. A Tribal Representative Notification Letter was mailed, e-mailed, and posted to the Medicaid-Tribes website on April 25, 2025, with a specified due date of June 25, 2025, for any feedback. Public notice was provided through the statewide process, as required by 42 C.F.R. §447.205, on dates between April 25, 2025, and April 29, 2025, with thirty (30) days for feedback.

Idaho appreciates your review of these proposed SPAs, and anticipates CMS approval. Please direct any questions regarding these SPAs to Charles Beal, Medicaid Policy Chief, at [charles.beal@dhw.idaho.gov](mailto:charles.beal@dhw.idaho.gov).

Sincerely,



June 30, 2025  
Page 3

JULIET CHARRON  
Deputy Director

JC/cb

cc: Courtenay Savage

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER _____	2. STATE _____
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI	
4. PROPOSED EFFECTIVE DATE	
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY _____ \$ _____ b. FFY _____ \$ _____	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES


5. FEDERAL STATUTE/REGULATION CITATION

9. SUBJECT OF AMENDMENT

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL 

12. TYPED NAME

13. TITLE

14. DATE SUBMITTED

15. RETURN TO

**FOR CMS USE ONLY**

16. DATE RECEIVED

17. DATE APPROVED

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

Section 3 – Services: General Provisions

The following benefit provider qualifications apply to all benefits under the Idaho Medicaid State Plan. Any previously approved language in the State Plan contrary to this is superseded by the following:

**Benefit Provider Qualifications**

**01. Provider Eligibility.** Be licensed or registered as required by the applicable jurisdiction for the profession, have a National Provider Identification or Medicaid provider number, be an enrolled Idaho Medicaid provider, and enter into a written provider agreement with the State Medicaid Agency.

**02. Practice Authority.** Provide the identified service within the practice authority for the applicable profession consistent with the laws and regulations of the state where services are provided.

**03. Standard of Care.** Provide the identified service within the accepted standard of care that would be provided in the same or similar setting by a reasonable and prudent provider with similar education, training, and experience as determined by the applicable oversight authority.

**04. Express Exclusions.** Not perform the service if doing so is expressly prohibited by state or federal regulations.

The State Medicaid Agency adheres to:

42 C.F.R. Part 455 Subpart E Provider Screening and Enrollment.

42 C.F.R. Part 440 Subpart A Definitions.

42 C.F.R. Part 440 Subpart B Requirements and Limits Applicable to All Services.

42 C.F.R. Part 440 Subpart C Benchmark Benefit and Benchmark-Equivalent Coverage

## Methods and Standards for Establishing Payment Rates

The following reimbursement provider qualifications apply to all benefits under the Idaho Medicaid State Plan. Any previously approved language in the State Plan contrary to this is superseded.

### **Reimbursement Provider Qualifications**

**01. Provider Eligibility.** Be licensed or registered as required by the applicable jurisdiction for the profession, have a National Provider Identification or Medicaid provider number, be an enrolled Idaho Medicaid provider, and enter into a written provider agreement with the State Medicaid Agency.

**02. Practice Authority.** Provide the identified service within the practice authority for the applicable profession consistent with the laws and regulations of the state where services are provided.

**03. Standard of Care.** Provide the identified service within the accepted standard of care that would be provided in the same or similar setting by a reasonable and prudent provider with similar education, training, and experience as determined by the applicable oversight authority.

**04. Express Exclusions.** Not perform the service if doing so is expressly prohibited by state or federal regulations.

The State Medicaid Agency adheres to:

42 C.F.R. Part 455 Subpart E Provider Screening and Enrollment.

42 C.F.R. Part 440 Subpart A Definitions.

42 C.F.R. Part 440 Subpart B Requirements and Limits Applicable to All Services.

42 C.F.R. Part 440 Subpart C Benchmark Benefit and Benchmark-Equivalent Coverage