

IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 609

BY STATE AFFAIRS COMMITTEE

AN ACT

1 RELATING TO PUBLIC ASSISTANCE LAW; AMENDING SECTION 56-255, IDAHO CODE,  
2 TO REVISE PROVISIONS RELATING TO DENTAL SERVICES FOR CERTAIN MEDICAID  
3 PARTICIPANTS AND TO MAKE A TECHNICAL CORRECTION; AND AMENDING SECTION  
4 56-264, IDAHO CODE, TO REVISE PROVISIONS RELATING TO THE RULEMAKING  
5 AUTHORITY OF THE DEPARTMENT OF HEALTH AND WELFARE.  
6

7 Be It Enacted by the Legislature of the State of Idaho:

8 SECTION 1. That Section 56-255, Idaho Code, be, and the same is hereby  
9 amended to read as follows:

10 56-255. MEDICAL ASSISTANCE PROGRAM -- SERVICES TO BE PROVIDED. (1)  
11 The department may make payments for the following services furnished by  
12 providers to participants who are determined to be eligible on the dates on  
13 which the services were provided. Any service under this section shall be  
14 reimbursed only when medically necessary within the appropriations provided  
15 by law and in accordance with federal law and regulation, Idaho law and de-  
16 partment rule. Notwithstanding any other provision of this chapter, medical  
17 assistance includes the following benefits specific to the eligibility cat-  
18 egories established in section 56-254(1), (2) and (3), Idaho Code, as well  
19 as a list of benefits to which all Idaho medicaid participants are entitled,  
20 defined in subsection (5) of this section.

21 (2) Specific health benefits and limitations for low-income children  
22 and working-age adults with no special health needs include:

23 (a) All services described in subsection (5) of this section;

24 (b) Early and periodic screening, diagnosis and treatment services for  
25 individuals under age twenty-one (21) years, and treatment of condi-  
26 tions found; and

27 (c) Cost-sharing required of participants. Participants in the low-  
28 income children and working-age adult group are subject to the follow-  
29 ing premium payments, as stated in department rules:

30 (i) Participants with family incomes equal to or less than one  
31 hundred thirty-three percent (133%) of the federal poverty guide-  
32 line are not required to pay premiums; and

33 (ii) Participants with family incomes above one hundred thirty-  
34 three percent (133%) of the federal poverty guideline will be re-  
35 quired to pay premiums in accordance with department rule.

36 (3) Specific health benefits for persons with disabilities or special  
37 health needs include:

38 (a) All services described in subsection (5) of this section;

39 (b) Early and periodic screening, diagnosis and treatment services for  
40 individuals under age twenty-one (21) years, and treatment of condi-  
41 tions found;

- 1 (c) Case management services as defined in accordance with section  
2 1905(a) (19) or section 1915(g) of the social security act; and
- 3 (d) Mental health services delivered by providers that meet national  
4 accreditation standards, including:
- 5 (i) Inpatient psychiatric facility services whether in a hospi-  
6 tal, or for persons under age twenty-two (22) years in a freestand-  
7 ing psychiatric facility, as permitted by federal law, in excess  
8 of those limits in department rules on inpatient psychiatric fa-  
9 cility services provided under subsection (5) of this section;
- 10 (ii) Outpatient mental health services in excess of those limits  
11 in department rules on outpatient mental health services provided  
12 under subsection (5) of this section; and
- 13 (iii) Psychosocial rehabilitation for reduction of mental dis-  
14 ability for children under the age of eighteen (18) years with a  
15 serious emotional disturbance (SED). Individuals age eighteen  
16 (18) years to age twenty-one (21) years with severe and persistent  
17 mental illness shall have access to benefits up to a weekly cap of  
18 five (5) hours while adults over the age of twenty-one (21) years  
19 with severe and persistent mental illness shall have access to  
20 benefits up to a weekly cap of four (4) hours;
- 21 (e) Long-term care services, including:
- 22 (i) Nursing facility services, other than services in an institu-  
23 tion for mental diseases, subject to participant cost-sharing;
- 24 (ii) Home-based and community-based services, subject to federal  
25 approval, provided to individuals who require nursing facility  
26 level of care who, without home-based and community-based ser-  
27 vices, would require institutionalization. These services will  
28 include community supports, including options for self-determi-  
29 nation or family-directed, which will enable individuals to have  
30 greater freedom to manage their own care within the determined  
31 budget as defined by department rule; and
- 32 (iii) Personal care services in a participant's home, prescribed  
33 in accordance with a plan of treatment and provided by a qualified  
34 person under supervision of a registered nurse;
- 35 (f) Services for persons with developmental disabilities, including:
- 36 (i) Intermediate care facility services, other than such ser-  
37 vices in an institution for mental diseases, for persons deter-  
38 mined in accordance with section 1902(a) (31) of the social secu-  
39 rity act to be in need of such care, including such services in a  
40 public institution, or distinct part thereof, for persons with in-  
41 tellectual disabilities or persons with related conditions;
- 42 (ii) Home-based and community-based services, subject to federal  
43 approval, provided to individuals who require an intermediate  
44 care facility for people with intellectual disabilities (ICF/ID)  
45 level of care who, without home-based and community-based ser-  
46 vices, would require institutionalization. These services will  
47 include community supports, including options for self-determi-  
48 nation or family-directed, which will enable individuals to have  
49 greater freedom to manage their own care within the determined  
50 budget as defined by department rule. The department shall re-

- 1           spond to requests for budget modifications only when health and  
2           safety issues are identified and meet the criteria as defined in  
3           department rule; and  
4           (iii) Developmental disability services for children and adults  
5           shall be available based on need through state plan services or  
6           waiver services as described in department rule. The department  
7           shall develop a blended rate covering both individual and group  
8           developmental therapy services; and  
9       (g) Home health services, including:  
10           (i) Intermittent or part-time nursing services provided by a home  
11           health agency or by a registered nurse when no home health agency  
12           exists in the area;  
13           (ii) Home health aide services provided by a home health agency;  
14           and  
15           (iii) Physical therapy, occupational therapy or speech pathology  
16           and audiology services provided by a home health agency or medical  
17           rehabilitation facility;  
18       (h) Hospice care in accordance with section 1905(o) of the social secu-  
19       rity act;  
20       (i) Specialized medical equipment and supplies;  
21       (j) Medicare cost-sharing, including:  
22           (i) Medicare cost-sharing for qualified medicare beneficiaries  
23           described in section 1905(p) of the social security act;  
24           (ii) Medicare part A premiums for qualified disabled and working  
25           individuals described in section 1902(a)(10)(E)(ii) of the social  
26           security act;  
27           (iii) Medicare part B premiums for specified low-income medicare  
28           beneficiaries described in section 1902(a)(10)(E)(iii) of the so-  
29           cial security act; and  
30           (iv) Medicare part B premiums for qualifying individuals de-  
31           scribed in section 1902(a)(10)(E)(iv) and subject to section 1933  
32           of the social security act; and  
33       (k) Nonemergency medical transportation.  
34       (4) Specific health benefits for persons over twenty-one (21) years of  
35       age who have medicare and medicaid coverage include:  
36           (a) All services described in subsection (5) of this section, other  
37           than if provided under the federal medicare program;  
38           (b) All services described in subsection (3) of this section, other  
39           than if provided under the federal medicare program;  
40           (c) Other services that supplement medicare coverage; and  
41           (d) Nonemergency medical transportation.  
42           (5) Benefits for all medicaid participants, unless specifically lim-  
43       ited in subsection (2), (3) or (4) of this section, include the following:  
44           (a) Health care coverage including, but not limited to, basic inpatient  
45           and outpatient medical services, and including:  
46               (i) Physicians' services, whether furnished in the office, the  
47               patient's home, a hospital, a nursing facility or elsewhere;  
48               (ii) Services provided by a physician or other licensed practi-  
49               tioner to prevent disease, disability and other health conditions

- 1 or their progressions, to prolong life, or to promote physical or  
2 mental health; and
- 3 (iii) Hospital care, including:
- 4 1. Inpatient hospital services other than those services  
5 provided in an institution for mental diseases;
- 6 2. Outpatient hospital services; and
- 7 3. Emergency hospital services;
- 8 (iv) Laboratory and x-ray services;
- 9 (v) Prescribed drugs;
- 10 (vi) Family planning services and supplies for individuals of  
11 child-bearing age;
- 12 (vii) Certified pediatric or family nurse practitioners' ser-  
13 vices;
- 14 (viii) Emergency medical transportation;
- 15 (ix) Mental health services, including:
- 16 1. Outpatient mental health services that are appropriate,  
17 within limits stated in department rules; and
- 18 2. Inpatient psychiatric facility services within limits  
19 stated in department rules;
- 20 (x) Medical supplies, equipment, and appliances suitable for use  
21 in the home;
- 22 (xi) Physical therapy and speech therapies combined to align with  
23 the annual medicare caps; and
- 24 (xii) Occupational therapy to align with the annual medicare cap;
- 25 (b) Primary care medical homes;
- 26 (c) Dental services. Children shall have access to prevention, diag-  
27 nosis and treatment services as defined in federal law. Adult coverage  
28 shall be limited to medically necessary oral surgery and palliative  
29 services and associated diagnostic services. Select covered benefits  
30 include: exams, radiographs, periodontal, oral and maxillofacial  
31 surgery and adjunctive general services as defined in department rule.  
32 Pregnant women, participants on the aged and disabled waiver and the  
33 developmental disability waiver shall have access to dental services  
34 that reflect evidence-based practice;
- 35 (d) Medical care and any other type of remedial care recognized under  
36 Idaho law, furnished by licensed practitioners within the scope of  
37 their practice as defined by Idaho law, including:
- 38 (i) Podiatrists' services based on chronic care criteria as de-  
39 fined in department rule;
- 40 (ii) Optometrists' services based on chronic care criteria as de-  
41 fined in department rule;
- 42 (iii) Chiropractors' services shall be limited to six (6) visits  
43 per year; and
- 44 (iv) Other practitioners' services, in accordance with depart-  
45 ment rules;
- 46 (e) Services for individuals with speech, hearing and language disor-  
47 ders as defined in department rule;
- 48 (f) Eyeglasses prescribed by a physician skilled in diseases of the eye  
49 or by an optometrist;
- 50 (g) Services provided by essential providers, including:

- 1 (i) Rural health clinic services and other ambulatory services  
 2 furnished by a rural health clinic in accordance with section  
 3 1905(1) (1) of the social security act;  
 4 (ii) Federally qualified health center (FQHC) services and other  
 5 ambulatory services that are covered under the plan and furnished  
 6 by an FQHC in accordance with section 1905(1) (2) of the social se-  
 7 curity act;  
 8 (iii) Indian health services;  
 9 (iv) District health departments; and  
 10 (v) The family medicine residency of Idaho and the Idaho state  
 11 university family medicine residency; and  
 12 (h) Physician, hospital or other services deemed experimental are ex-  
 13 cluded from coverage. The director may allow coverage of procedures or  
 14 services deemed investigational if the procedures or services are as  
 15 cost-effective as traditional, standard treatments.

16 SECTION 2. That Section 56-264, Idaho Code, be, and the same is hereby  
 17 amended to read as follows:

18 56-264. RULEMAKING AUTHORITY. In addition to the rulemaking authority  
 19 granted to the department in this chapter and elsewhere in Idaho Code regard-  
 20 ing the medicaid program and notwithstanding any other Idaho law to the con-  
 21 trary, the department shall have the authority to promulgate rules regard-  
 22 ing:

- 23 (1) Medical services to:  
 24 (a) Change the primary case management paid to providers to a tiered  
 25 payment based on the health needs of the populations that are managed. A  
 26 lower payment is to be made for healthier populations and a higher pay-  
 27 ment is to be made for individuals with special needs, disabilities or  
 28 are otherwise at risk. An incentive payment is to be provided to prac-  
 29 tices that provide extended hours beyond the normal business hours that  
 30 help reduce unnecessary higher-cost emergency care;  
 31 (b) Provide that a healthy connections referral is no longer required  
 32 for urgent care as an alternative to higher cost but unnecessary emer-  
 33 gency services; and  
 34 (c) Eliminate payment for collateral contact;  
 35 (2) Mental health services to:  
 36 (a) Eliminate administrative requirements for a functional and intake  
 37 assessment and add a comprehensive diagnostic assessment addendum;  
 38 (b) Restrict duplicative skill training from being provided by a men-  
 39 tal health provider when the individual has chosen to receive skill  
 40 training from a developmental disability provider. ~~The individual may~~  
 41 ~~choose to receive skill training from a mental health provider but can~~  
 42 ~~not receive skill building simultaneously from two (2) providers~~ Mental  
 43 health providers may not provide training for skills included in the  
 44 individual's developmental disability plan, but may provide services  
 45 related to the individual's mental illness that require specialized  
 46 expertise of mental health professionals, such as management of mental  
 47 health symptoms, teaching coping skills related to mental health diag-  
 48 nosis, assisting with psychiatric medical appointments and educating  
 49 individuals about their diagnosis and treatment;

- 1 (c) Increase the criteria for accessing the partial care benefit and  
2 restrict to those individuals who have a diagnosis of serious and per-  
3 sistent mental illness;
- 4 (d) Eliminate the requirement for new annual plans; and
- 5 (e) Direct the department to develop an effective management tool for  
6 psychosocial rehabilitation services;
- 7 (3) In-home care services to:
- 8 (a) Eliminate personal care service coordination; and
- 9 (b) Restrict duplicative nursing services from a home health agency  
10 when nursing services are being provided through the aged and disabled  
11 waiver;
- 12 (4) Vision services to:
- 13 (a) Align coverage requirements for contact lenses with commercial in-  
14 surers and other state medicaid programs; and
- 15 (b) Limit coverage for adults based on chronic care criteria;
- 16 (5) Audiology services to eliminate audiology benefits for adults;
- 17 (6) Developmental disability services to:
- 18 (a) Eliminate payment for collateral contact;
- 19 (b) Eliminate supportive counseling benefit;
- 20 (c) Reduce annual assessment hours from twelve (12) to four (4) hours  
21 and exclude psychological and neuropsychological testing services  
22 within these limits;
- 23 (d) Reduce plan development payment from twelve (12) to six (6) hours  
24 and reduce requirements related to adult developmental disabilities  
25 plan development;
- 26 (e) Restrict duplicative skill training from being provided by a de-  
27 velopmental disabilities provider when an individual has chosen to  
28 receive skill training from his mental health provider. The individual  
29 may receive skill development services from a developmental disability  
30 provider only for skills that are not addressed by the mental health  
31 service provider's plan and that relate directly to the individual's  
32 developmental disability, such as skills related to activities of daily  
33 living and functional independence;
- 34 (f) Implement changes to certified family homes pursuant to chapter 31,  
35 title 39, Idaho Code, to:
- 36 (i) Create approval criteria and process for approving new certi-  
37 fied family homes;
- 38 (ii) Recertify current certified family homes; and
- 39 (iii) Develop applicant and licensing fees to cover certifying and  
40 recertifying costs;
- 41 ~~(g) Move individualized adult budgets to a tiered approach as currently~~  
42 ~~used by the department for children's developmental therapy; and~~
- 43 (7) Institutional care services to discharge individuals from institu-  
44 tional settings where such services are no longer necessary.