

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 11-012	2. STATE IDAHO
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 3, 2011

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: 1905(a)(6), 1905(a)(12) and 2110(a)(24) of the Social Security Act	7. FEDERAL BUDGET IMPACT: FFY 2012—(\$2,430,000) FFY 2011 (\$653, 800) (P&I) FFY 2012 (\$2,615,200) (P&I)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-C, Basic Benefits Benchmark Plan, Pgs14, 29, 30, 32 and 33 Attachment 3.1-C, Enhanced Benefits Benchmark Plan, Pgs 17, 36, 37, 39, 40 Attachment 4.19-B, Pg 18,12 (P&I)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-C, Basic Benefits Benchmark Plan, Pgs14, 29, 30, 32 and 33 Attachment 3.1-C, Enhanced Benefits Benchmark Plan, Pgs 17, 36, 37, 39, 40 Attachment 4.19-B, Pg 18,12 (P&I)

10. SUBJECT OF AMENDMENT:

These changes are being made to comply with legislative direction in House Bill 260. They are reductions in audiology, podiatric, vision and chiropractic services.

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: 	16. RETURN TO: Paul D. Leary, Administrator Idaho Department of Health and Welfare Division of Medicaid PO Box 83720 Boise ID 83720-0036
13. TYPED NAME: LESLIE M. CLEMENT	
14. TITLE: Deputy Director	
15. DATE SUBMITTED: 9/23/11	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 26, 2011	18. DATE APPROVED: DEC 21 2011
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL 03 2011	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: 	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health
23. REMARKS: 12/7/11 - Pen & Ink changes authorized by the State (block 7) 12/9/11 - Pen & Ink changes authorized by the State (blocks 8 and 9)	