



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 12-003	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 January 11, 2012	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 1905(a)(6), and 2110(a)(9) of the Social Security Act		7. FEDERAL BUDGET IMPACT: FFY 2012 - <del>(\$161,563.50)</del> (\$152,733) 4/1/12-9/30/12 P&I FFY 2013 - <del>(\$323,127)</del> (\$305,466) 10/1/12-9/30/12 P&I	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Standard Plan, Pg 9 pg 25 P&I Attachment 3.1-C, Basic Benefits Benchmark Plan, Pg 14 Attachment 3.1-C, Enhanced Benefits Benchmark Plan, Pg 17 Attachment 4.19-B Pgs 18b & 18c (new pages) Attachment 4.19-B Pgs 24 & 34 Attachment 4.19-B, page 18 (added)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A Standard Plan, Pg 9 pg 25 P&I Attachment 3.1-C, Basic Benefits Benchmark Plan, Pg 14 Attachment 3.1-C, Enhanced Benefits Benchmark Plan, Pg 17 Attachment 4.19-B Pgs 24 & 34	
10. SUBJECT OF AMENDMENT: The changes are made to comply with State legislative changes requiring Medicaid reimbursement for midwife providers licensed by the Idaho Board of Midwifery which is part of the Board of Occupational Licensing.			
11. GOVERNOR'S REVIEW (Check One): <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 83720-0009	
13. TYPED NAME: LESLIE M. CLEMENT			
14. TITLE: Deputy Director			
15. DATE SUBMITTED: 3/12/12			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: MARCH 12, 2012		18. DATE APPROVED: June 7, 2012	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 11, 2012		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Carol J.C. Peverly		22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health Operations	
23. REMARKS: P&I change authorized by Sate on 04/06/2012. 5/25/12 P&I state authorized change to Boxes 7, 8, 9			