
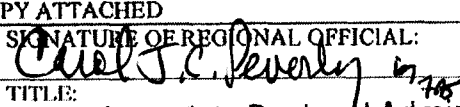


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 12-006	2. STATE IDAHO
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE April 1, 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: Social Security Act Sections 1902(a)(77), 1902(a)(39), 1902(kk) [P.L. 111-148 and P.L. 111-152]		7. FEDERAL BUDGET IMPACT: None	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 4.46 Provider Screening and Enrollment (new section) Pages 35c and 35d Pages 79aa, 79bb and 79cc (new) (P&I)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): NA	
10. SUBJECT OF AMENDMENT: The additional page is to comply with the new provider screening and enrollment requirements detailed in section 6401 of the Affordable Care Act.			
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: 3/28/12			
FOR REGIONAL OFFICE USE ONLY MAY 30 2012			
17. DATE RECEIVED: MAR 29 2012		18. DATE APPROVED:	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: APR 01 2012		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Carol J.C. Peverly		22. TITLE: Associate Regional Administrator	
23. REMARKS: 05/03/2012 - Pen and Ink (P&I) changes authorized by State in block #8.			
Division of Medicaid & Children's Health			