

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 13-001	2. STATE IDAHO
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE July 1, 2013	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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)

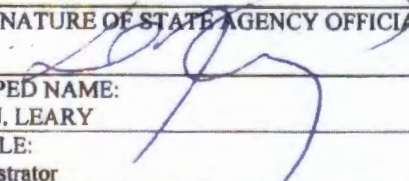
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.170	7. FEDERAL BUDGET IMPACT: FFY 2013 [\$717,500] FFY 2014 [\$2,870,000]
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-C, Basic Benchmark Plan, pages 35 and 36 Attachment 3.1-C, Enhanced Benchmark Plan, page 43 and 43a, 49 Attachment 4.19-B, Reimbursement, pages 36, 36a, 36b, 43 Attachment 3.1-C Page(s) 35a, (BBBBP) and 43b (EBBP) (P&I)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-C, Basic Benchmark Plan, pages 35 and 36 Attachment 3.1-C, Enhanced Benchmark Plan, page 43, 49-49f Attachment 4.19-B, Reimbursement, pages 36, 43 (P&I)
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10. SUBJECT OF AMENDMENT:
Add new school-based developmental disabilities services for children as a result of the removal of children's developmental therapy and intensive behavioral intervention (IBI) from the State Plan.

11. GOVERNOR'S REVIEW (Check One):

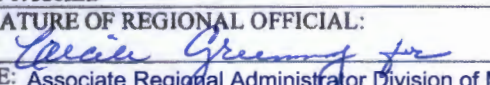
GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Paul J. Leary, Administrator Idaho Department of Health and Welfare Division of Medicaid PO Box 83720 Boise ID 83720-0009
13. TYPED NAME: PAUL J. LEARY	
14. TITLE: Administrator	
15. DATE SUBMITTED: 1-10-13	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 1-10-13	18. DATE APPROVED: August 19, 2013
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PLAN APPROVED -- ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2013	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Carol J.C. Peverly	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health

23. REMARKS:

06/06/13 State authorizes P&I change to box 8
7/12/13 State authorized P&I change to box 9
7/30/13 state authorized P&I change to box 8