DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: **13-002**

2. STATE: IDAHO

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
July 1, 2013

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 438; SSA 1915 (b)

7. FEDERAL BUDGET IMPACT:
~~FFY 2013 $0 (zero)~~ FFY 2013 ($26,144,000)
~~FFY 2014 $0 (zero)~~ FFY 2014 ($109,926,500)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-C, Basic – pages 26, 27 (27a, 27b, 27c, 27d, 27e, 27f new pages)
Attachment 3.1-C, Enhanced – pages 30,31, 31a (31b, 31c-new pages), 32, 32a, 32b, 32c, 32d, 50, 50c, 52 and 52c
Attachment 4.19-B, pages 21, 23c, 32 and 40

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:

Attachment 3.1-C, Basic – pages 26 and 27
Attachment 3.1-C, Enhanced – pages 30, 31, 31a, 32, 32a, 32b, 32c, 32d, 50, 50c, 52 and 52c
Attachment 4.19-B, pages 21, 23c, 32 and 40

10. SUBJECT OF AMENDMENT:
Idaho has amended the Basic and Enhanced Benchmark sections of the State Plan in order to implement a 1915(b) waiver and Prepaid Ambulatory Health Plan (PAHP) for Medicaid community-based outpatient behavioral health services.

11. GOVERNOR'S REVIEW *(Check One)*:
☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☒ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
PAUL J. LEARY

14. TITLE:
Administrator

15. DATE SUBMITTED:
2-5-13

16. RETURN TO:

Paul J. Leary, Administrator
Idaho Department of Health and Welfare
Division of Medicaid
PO Box 83720
Boise ID 83720-0009

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: February 5, 2013

18. DATE APPROVED: April 19, 2013

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
July 1, 2013

20. SIGNATURE OF REGIONAL OFFICIAL:
Carol J.C. Peverly

21. TYPED NAME:
Carol J.C. Peverly

22. TITLE:
Associate Regional Administrator
Division of Medicaid &
Children's Health

23. REMARKS:
3/29/2013 State authorized a P&I change to box 7

FORM HCFA-179 (07-92)