

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
**13-005**

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 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:  
1905(a)(6), 1905(a)(12) and 2110(a)(24) of the Social Security Act

7. FEDERAL BUDGET IMPACT:  
**Total (\$) Federal Funds**  
FFY 2013 (\$0)  
FFY 2014 (\$0)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

**Attachment 3.1-C, Medicare/Medicaid Coordinated Benchmark  
Plan, pages 2 and 13**

**Attachment 3.1-C, Medicare/Medicaid Coordinated  
Benchmark Plan, pages 2 and 13**

10. SUBJECT OF AMENDMENT:

This proposed change to reimbursement will update services and expanded geographic classification in the Medicare/Medicaid Coordinated Plan (MMCP)

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:

13. TYPED NAME:

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

Paul J. Leary

14. TITLE:

Administrator

15. DATE SUBMITTED:

3/11/13

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

**MAR 11 2013**

18. DATE APPROVED:

June 4, 2013

PLAN APPROVED -- ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 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: