

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
13-008

2. STATE
IDAHO

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
September 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:
N/A

8. PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:

Attachment 3.1-C, Basic – pages 26, 27 27a, 27b, 27c,
27d, 27e, 27f
Attachment 3.1-C, Enhanced – pages 30,31, 31a, 31b,
31c, 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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, 27 27a, 27b, 27c, 27d, 27e, 27f
Attachment 3.1-C, Enhanced – pages 30,31, 31a, 31b, 31c, 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 in SPA 13-002. This submission is strictly to revise the effective date of the SPA material approved under SPA 13-002. This SPA has absolutely no changes from the approved content of SPA 13-002, except for changing the effective date and superseded notation in the footer of each page and one change on Attachment 4.19-B, page 23c, changing the reference to the effective date of the Idaho Behavioral Health Plan only.

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: **6/3/13**

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: **June 3, 2013**

18. DATE APPROVED: **June 24, 2013**

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
September 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: