

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

1. TRANSMITTAL NUMBER:
11-009

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
July 1, 2011

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:
Idaho Medicaid has amended a selective contract with a Prepaid Ambulatory Health Plan (PAHP), as that term is defined in 42 CFR § 438.2 to provide dental insurance benefits to Basic and Enhanced participants.

7. FEDERAL BUDGET IMPACT:
Expected FFP Savings:

- SFY 2012 2011 ~~\$4,570,400~~ \$830,993 (P&I)
 - SFY 2013 2012 ~~\$4,570,400~~ \$3,323,973 (P&I)
- \$9,140,800**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

- Attachment 4.19-B, page 21a and 23
- Attachment 3.1-C, Basic Plan Benchmark Benefit Package, page 34
- Attachment 3.1-C, Enhanced Plan Benchmark Benefit Package, pages 41 and 42, 42a (P&I)

+ Attachment 3.1-C, page 34a (BBBB) P&I

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

- Attachment 4.19-B, page 21a and 23
- Attachment 3.1-C, Basic Plan Benchmark Benefit Package, page 34
- Attachment 3.1-C, Enhanced Plan Benchmark Benefit Package, pages 41 and 42, 42a (P&I)

10. SUBJECT OF AMENDMENT:

Due to 2011 Legislative direction, adult dental benefits are now limited to emergency dental care only, effective with dates of service on or after July 1, 2011. Dental benefits for pregnant women will not change; they will still be eligible for preventive exams and restorations as well as emergency dental care.

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:
LESLIE M. CLEMENT

14. TITLE:
Deputy Director

15. DATE SUBMITTED: **9-7-11**

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: **September 8, 2011**

18. DATE APPROVED: **MAY 25 2012**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVAL: **JUL 01 2011**

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:

11/23/2011 - Pen & Ink changes authorized by the State.
2/28/12 - Pen & Ink authorized by state to box 8 to add a page