TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 13-006	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 February 1, 2013 (P&I)	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE	CONSIDERED AS NEW PLAN	X AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		
6. FEDERAL STATUTE/REGULATION CITATION: Section 1860-2(e)(2)(A) of the SSA	7. FEDERAL BUDGET IMPACT: FFY 2013 – (\$60,376.50) FFY 2014 – (\$80,502.00)	
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	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, Enhanced Benchmark Benefit Package, page 25	Attachment 3.1-C, Enhanced Benchmark Benefit Package, page 25	
10. SUBJECT OF AMENDMENT:		
Barbiturates and benzodiazepines when provided for dually eligib	ple participants.	
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 SPEC	CIFIED:
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
13. TYPED NAME:	Paul J. Leary, Administrator	
PAUL J. LEARY	Idaho Department of Health and Welfare Division of Medicaid	
14. TITLE:	PO Box 83720	
Administrator / 15. DATE SUBMITTED:	Boise ID 83720-0009	
FOR REGIONAL OF	FICE USE ONLY	
17. DATE RECEIVED: MAR 0 1 2013	18. DATE APPROVED: May 28, 2013	
PLAN APPROVED ON		
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2013	20. SIGNATURE OF REGIONAL OF	FICIAL:
21.TYPED NAME: Carol J.C. Peverly	22. TITLE: Associate Regional Division of Medical	
23. REMARKS:		
23. REMARKS;		