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## **Table of Contents**

**State/Territory Name: Idaho**

**State Plan Amendment (SPA) #: 16-0002**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Seattle Regional Office  
701 Fifth Avenue, Suite 1600, MS/RX-200  
Seattle, WA 98104



Division of Medicaid & Children's Health Operations

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June 20, 2016

Richard Armstrong, Director  
Department of Health and Welfare  
Towers Building – Tenth Floor  
Post Office Box 83720  
Boise, ID 83720-0036

RE: Idaho State Plan Amendment (SPA) Transmittal Number 16-0002

Dear Mr. Armstrong:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number 16-0002. This SPA ends the Health Home program authorized under Section 2703 of the Patient Protection and Affordable Care Act.

This SPA is approved with an effective date of February 1, 2016 based on the state's agreement to implement and comply with CMS' health home core set of quality measures and evaluation requirements. The CMS expects that the state will continue to work with CMS to report on the data that was required while the SPA was effective.

If you have any additional questions concerning this SPA or require further assistance, please contact me or have your staff contact Walter Neal at [walter.neal@cms.hhs.gov](mailto:walter.neal@cms.hhs.gov) or (206) 615-2330.

Sincerely,

Digitally signed by David L.



Date: 2016.06.20 15:06:39 -07'00'

David L. Meacham  
Associate Regional Administrator

Enclosure

cc: Matt Wimmer, Administrator

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

1. TRANSMITTAL NUMBER:  
**16-0002**

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, 2016**

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:  
**1902(a)(10)(E), 1905(a)(6), 1905(a)(12), and 2110(a)(24) of the Social Security Act**

7. FEDERAL BUDGET IMPACT:  
**Total (\$) Federal Funds**  
**FFY 2016 – \$0**  
**FFY 2017 – \$0**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 4.19-B, Pages 49, 49a**  
**Attachment 3.1-H, Pages 1-34**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  
**Attachment 4.19-B, Pages 49, 49a**  
**Attachment 3.1-H, Pages 1-34**

10. SUBJECT OF AMENDMENT:

**Change to remove the Health Homes programmatic and reimbursement structure.**

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:

13. TYPED NAME:  
**LISA HETTINGER**

14. TITLE:  
**Administrator**

15. DATE SUBMITTED:

**3/25/16**

16. RETURN TO:

**Lisa Hettinger, 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:

**03/25/2016**

18. DATE APPROVED:

**06/20/2016**

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
**2/1/2016**

20. SIGNATURE OF

Digitally signed by David L. Meacham - S  
DN: c=US, o=U.S. Government, ou=HHS,  
cn=David L. Meacham - S  
0.9.2342.19200300.100.1.1=2000041858,  
Date: 2016.06.20 12:48:03 -0700

21. TYPED NAME:

**David L. Meacham**

22. TITLE:

**Associate Regional Administrator**

23. REMARKS:

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