IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

PAUL J. LEARY - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-5747
FAX: (208) 364-1811

March 26, 2014

Carol J.C. Peverly
Associate Regional Administrator
Division of Medicaid and Children's Health Operations
M/S RSX-43
2201 Sixth Avenue
Seattle, WA 98121

Dear Ms. Peverly:

Enclosed is Idaho State Plan Amendment (SPA) TN 14-008, regarding removal of Idaho's Basic Benchmark Benefit Package. These pages will be replaced with the Basic Alternative Benefit Plan which was submitted to the Medicaid Model Data Lab on March 14, 2014. Please coordinate approval of this SPA with the approval of SPA TN 14-0005, Basic Alternative Benefit Plan. Authority for this submission is from changes to section 1937(b)(5) of the Act as a result of the Affordable Care Act.

Effective January 1, 2014 Idaho's Basic Alternative Benefit Plan will be in effect and the following pages will be removed from Idaho's State Plan:

- Attachment 3.1-C, Basic Benchmark Benefit Package, Pre-Print Pages 1 – 7
- Attachment 3.1-C, Basic Benchmark Benefit Package, Pages 1 - 45

There is no fiscal impact for this change. Since 2006 the Basic Benchmark Benefits Plan has covered all Essential Health Benefits including those required by the Affordable Care Act.

Tribal solicitation was requested for the Basic Alternative Benefit Plan SPA. Please see attached Tribal Representative Letter. This letter was mailed, e-mailed and posted to the Medicaid-Tribes team site (website) with a specified due date for any feedback.

Please direct questions regarding this State Plan Amendment to Jeanne Siroky, Alternative Care Coordinator, Division of Medicaid at 208 364-1897, or by e-mail at sirokyj@dhw.idaho.gov.

Sincerely,

PAUL J. LEARY
Administrator

PJL/rs

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: **14-008**

2. STATE: IDAHO

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, 2014

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 AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
Section 2302 of the Affordable Care Act

7. FEDERAL BUDGET IMPACT:
FFY 2014 $0 (zero)
FFY 2015 $0 (zero)

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, BBBP, Preprint Pages 1 – 7 (Removal)
Attachment 3.1-C, BBBP, Pages 1 – 45 (Removal)

10. SUBJECT OF AMENDMENT:
This amendment removes the Idaho Basic Benchmark Benefit Package (BBBP) to comply with the requirements in the Affordable Care act to ensure that the essential health benefits and other standards are met. The Idaho Basic Alternative Benefit Plan has been submitted on the MMDL to replace these pages.

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: 3/27/14

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:

18. DATE APPROVED:

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

PAUL J. LEARY - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-5747
FAX: (208) 364-1811

August 2, 2013

Dear Tribal Representative:

This is to let you know that the Idaho Department of Health and Welfare intends to seek approval from the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services, for multiple state plan amendments to comply with regulations of the Affordable Care Act (ACA). These changes will include

- Confirming already existing coverage of essential health benefits (ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care).
- Updating State Agency information.
- Modifying state plan language and requirements around Medicaid eligibility.

These amendments will apply to both our Title XIX Medicaid State Plan and our Title XXI State Plan. We intend to submit the SPAs no later than October 1, 2013.

Idaho Medicaid's development of these proposed SPA's will be reviewed as part of the Policy Update at the next quarterly Tribal meeting scheduled for August 14, 2013. Idaho Medicaid is interested in receiving your comments, questions or suggestions relating to these changes. Should you have questions about this letter or the upcoming SPA submission, please contact Cindy Brock at 208-364-1983 or by email at brockc@dhw.idaho.gov by September 2, 2013.

Sincerely,

PAUL J. LEARY
Administrator

PJL/rs

PROOF OF PUBLICATION

STATE OF IDAHO
County of Bannock

LN20900 **KAREN MASON**

being first duly sworn on oath deposes and says: that SHE was at all times herein mention a citizen of the United States of America more than 21 years of age, and the Principal Clerk of the Idaho State Journal, a daily newspaper, printed and published at Pocatello, Bannock County Idaho and having a general circulation therein.
That the document or notice, a true copy of which is attached, was published in the said IDAHO STATE JOURNAL, on the following dates, to-wit:

_Aug._11__2013_____2013
_____2013_____2013
_____2013_____2013
_____2013_____2013

That said paper has been continuously and uninterruptedly published in said County for a period of seventy-eight weeks prior to the publication of said notice of advertisement and is a newspaper within the meaning of the laws of Idaho.

KMason

STATE OF IDAHO
COUNTY OF BANNOCK
On this 12th. of Aug. in the year of 2013, before me, a Notary Public, personally appeared KAREN MASON Known or identified to me to be the person whose name subscribed to the within instrument, and being by me first duly sworn, declared that the statements therein are true, and acknowledge to me that he executed the same.

Notary of Public
Lori A. Sekot
Residing at Arimo exp. 3/3/2015

LORI A. SEKOT
NOTARY
PUBLIC
STATE OF IDAHO

LEGAL NOTICE

Pursuant to 42 CFR § 440.305(d) and 42 CFR § 440.386 the Idaho Department of Health and Welfare gives notice of its proposed amendments to the Idaho State Medicaid Plan to confirm coverage of all essential health benefits and to update eligibility methods and state agency information in accordance with Affordable Care Act requirements. Essential health benefits include ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care. These benefits are already covered by Idaho Medicaid. Methods of determining eligibility will be updated to comply with the national standards established by the Affordable Care Act. State agency information in the state plan will be updated to ensure accuracy and consistency with federal requirements.

The Department assures these changes are in compliance with 42 CFR § 440.345, and that individuals under twenty-one (21) years of age, pursuant to EPSDT, may receive additional services if determined medically necessary and prior authorized by the Department. Medicaid has consulted with Idaho Tribal representatives regarding this change in compliance with section 5006(e) of the American Recovery and Reinvestment Act of 2009.

To review the proposed changes or to submit written comments about the state plan amendment, please contact:

Jeanne Siroky at sirokyj@dhw.idaho.gov or by phone at (208) 364-1897.

Alternatively, to submit comments by mail, please use the following address:

Division of Medicaid
Bureau of Medical Care
Attn: Jeanne Siroky
P.O. Box 83720
Boise, Idaho 83720-0009

August 11, 2013

LN20900

Idaho Statesman

The Newspaper of the Treasure Valley
IDAHOSTATESMAN.COM
PO Box 40, Boise, ID 83707-0040

LEGAL PROOF OF PUBLICATION

Account #	Ad Number	Identification	PO	Amount	Cols	Lines
262720	0000612340	LEGAL NOTICE Pursuant to 42 CFR 440.	08072013	$67.44	1	69

Attention: Rachel Stratton

ID DEPT H&W / MEDICAID
3232 ELDER ST
BOISE, ID 837054711

LEGAL NOTICE

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Alternatively, to submit comments by mail, please use the following address:

Division of Medicaid
Bureau of Medical Care
Attn: Jeanne Siroky
P.O. Box 83720
Boise, Idaho 83720-0009

Pub. Aug. 10, 2013

0000612340-01

JANICE HILDRETH, being duly sworn, deposes and says: That she is the Principal Clerk of The Idaho Statesman, a daily newspaper printed and published at Boise, Ada County, State of Idaho, and having a general circulation therein, and which said newspaper has been continuously and uninterruptedly published in said County during a period of twelve consecutive months prior to the first publication of the notice, a copy of which is attached hereto: that said notice was published in The Idaho Statesman, in conformity with Section 60-108, Idaho Code, as amended, for:

1 Insertions

Beginning issue of: 08/10/2013

Ending issue of: 08/10/2013

Janice Hildreth
(Legals Clerk)

STATE OF IDAHO)
.SS
COUNTY OF ADA)

On this 23 day of May in the year of 2013 before me, a Notary Public, personally appeared before me Janice Hildreth known or identified to me to be the person whose name subscribed to the within instrument, and being by first duly sworn, declared that the statements therein are true, and acknowledged to me that she executed the same.

Heather Harradine
Notary Public FOR Idaho
Residing at: Boise, Idaho

My Commission expires: 2/08/2017

HEATHER HARRADINE NOTARY PUBLIC STATE OF IDAHO

65801 944207

1 DIVISION OF MEDICAID

PO BOX 83720
BOISE ID 83720--003

AFFIDAVIT OF PUBLICATION

STATE OF IDAHO)
)SS.
County of Canyon)

Shara Foreman
of Nampa, Canyon County, Idaho, being first duly sworn, deposes and says:

1. That I am a citizen of the United States, and at all times hereinafter mentioned was over the age of eighteen years, and not a party to the above entitled action.
2. That I am the Principle Clerk of the Idaho Press-Tribune, a daily newspaper published in the City of Nampa, in the County of Canyon, State of Idaho; that the said newspaper is in general circulation in the said County of Canyon, and in the vicinity of Nampa and Caldwell, and has been uninterruptedly published in said County during a period of seventy-eight consecutive weeks prior to the first publication of this notice, a copy of which is hereto attached.
3. That the notice, of which the annexed is a printed copy, was published in said newspaper 1 times(s) in the regular and entire issue of said paper, and was printed in the newspaper proper, and not in a supplement.

That said notice was published the following:
08/11/2013

Shara Foreman

STATE OF IDAHO)
County of Canyon)
On this 12th day of August in the year of 2013 before me a Notary Public, personally appeared. Shara Foreman, known or identified to me to be the person whose name is subscribed to the within instrument, and being by me first duly sworn, declared that the statements therein are true, and acknowledge to me that he/she executed the same.

Suzanne Remick

Notary Public for Idaho
Residing at Canyon County
My Commission expires 07/25/2018

SUZANNE REMICK
NOTARY
PUBLIC
STATE OF IDAHO

LEGAL NOTICE

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Alternatively, to submit comments by mail, please use the following address:

Division of Medicaid
Bureau of Medical Care
Attn: Jeanne Siroky
P.O. Box 83720
Boise, Idaho 83720-0009

August 11, 2013

944207

Proof of Publication
The Post Register

State of Idaho
Bonneville County:

I, ~~Hilary Witt~~ or Staci Dockery, first being duly sworn, depose and say: That I am the ~~Classifieds Manager~~ or Legal Notice Representative of the Post Company, a corporation of Idaho Falls, Bonneville County, Idaho, publishers of The Post Register, a newspaper of general circulation, published Tuesday through Sunday at Idaho Falls, Idaho; said Post Register being a consolidation of the Idaho Falls Times, established in the year 1890, The Idaho Register, established in the year 1880, and the Idaho Falls Post, established in 1903, such consolidation being made on the First day of November 1931, and each of said newspapers have been published continuously and uniterruptedly, prior to consolidation, for more than twelve consecutive months and said Post Register having been published continuously and uninterruptedly from the date of such consolidations up to and including the last publication of notice hereinafter referred to.

That the notice, of which a copy is hereto attached and made a part of this affidavit, was published in said Post Register under this ad number: **585853**, for **1** consecutive (days) weeks, between **08/09/2013** and **08/09/2013**,

and that the said notice was published in the regular and entire issue of said paper on the respective dates of publication, and that such notice was published in the newspaper and not in a supplement.

Staci Dockery

Subscribed and sworn to before me, this 09 day of August 2013

BARBARA E. ROBERTS NOTARY PUBLIC STATE OF IDAHO

Barbara E. Roberts
Notary Public

My Commission expires: 5/9/2019

---------- attached jurat ----------

STATE OF IDAHO

ss.

COUNTY OF BONNEVILLE

Subscribed and sworn to before me, this 09 day of August 2013, before me, the undersigned, a Notary public for said state, personally appeared ~~Hilary Witt~~ or Staci Dockery, known or identified to me to be the person(s) whose name(s) is/are subscribed to the within instrument, and being by me duly sworn, declared that the statements therein are true, and acknowledged to me that he/she/they executed the same,

IN WITNESS WHEREOF, I have herunto set my hand and affixed my official seal the day and year in this certificate first above written.

BARBARA E. ROBERTS NOTARY PUBLIC STATE OF IDAHO

Barbara E. Roberts
Notary Public for The Post Company
Residing at: Idaho Falls
My Commission expires: 5/9/2019

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Boise, Idaho 83720-0009

Published: August 9, 2013 (585853)