



Region 10
2201 Sixth Avenue, MS/RX 43
Seattle, Washington 98121

JUN 28 2011

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

RE: Idaho State Plan Amendment (SPA) Transmittal Number 11-003

Dear Mr. Armstrong:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional office has completed its review of State Plan Amendment (SPA) Transmittal Number 11-003. This SPA amends the Title XIX Medicaid State Plan to comply with the CMS State Medicaid Director Letter #10-026, which provides guidance on implementing Section 6505 of the Affordable Care Act of 2010, Prohibition on Payments to Institutions or Entities Located Outside of the United States.

This SPA is approved effective June 1, 2011.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Erin Cassady at (206) 615-2739 or erin.cassady@cms.hhs.gov.

Sincerely,

Carol J.C. Peverly
Acting Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

cc:

Leslie Clement, Administrator, Idaho Department of Health and Welfare
Rachel Strutton, State Plan Coordinator, Idaho Department of Health and Welfare

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 11-003	2. STATE IDAHO
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE June 1, 2011	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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: Section 1902(a)(80) of the Social Security Act, P.L. 111-148 (Section 6505)	7. FEDERAL BUDGET IMPACT: N/A
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 4.44, page 35b (new page)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT:
Prohibition on payments to institutions or entities located outside of the United States

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 STAFF/AGENCY OFFICIAL:	16. RETURN TO:
13. TYPED NAME: LESLIE M. CLEMENT	Leslie M. Clement, Administrator Idaho Department of Health and Welfare Division of Medicaid PO Box 83720 Boise ID 83720-0009
14. TITLE: Administrator	
15. DATE SUBMITTED: 5/21/11	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: MAY 31 2011	18. DATE APPROVED: JUN 28 2011
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: JUN 01 2011	20. SIGNATURE OF REGIONAL OFFICIAL: <i>[Signature]</i>
21. TYPED NAME: Carol J.C. Peverly	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health
23. REMARKS:	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: IDAHO

Citation	
1902(a)(80) of the Act, P.L. 111-148 (Section 6505)	<p><u>4.44 Medicaid Prohibition on Payments to Institutions or Entities Located Outside of the United States</u></p> <p>The state shall not provide any payments for items or services provided under the State plan or under a waiver to any financial institution or entity located outside of the United States.</p>

TN No.: 11-003
Supersedes TN No.:

Approval Date:

Effective Date: 6-1-2011

JUN 28 2011