



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

IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

PAUL J. LEARY - Administrator  
DIVISION OF MEDICAID  
Post Office Box 83720  
Boise, Idaho 83720-0009  
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January 17, 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 14-001, regarding coverage of tobacco cessation counseling and products. Idaho's authority to make these changes is under the regulation in section 1937(b)(5) of the Act.

This change requires updates to the following pages:

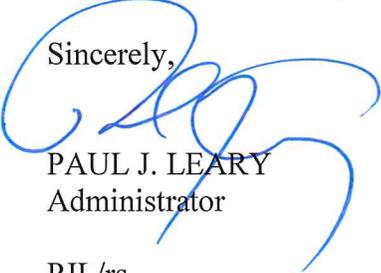
- Attachment 3.1-A, Standard State Plan pages 5a and 21

There is no fiscal impact for this change. This benefit has been covered under the Preventive Health Assistance benefit, and will now be administered through the Pharmacy program for all participants. This change will also be reflected in the State's submission of the Alternative Benefit Plan SPAs for the current Basic, Enhanced and MMCP Plans.

Tribal solicitation was requested for this 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 Arlee Coppinger, Alternative Care Coordinator, Division of Medicaid at 208 364-1958, or by e-mail at [coppinga@dhw.idaho.gov](mailto:coppinga@dhw.idaho.gov).

Sincerely,



PAUL J. LEARY  
Administrator

PJL/rs

Enclosures

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

1. TRANSMITTAL NUMBER:  
**14-001**

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  
**January 1, 2014**

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 1937(b)(5) of the Act

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

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

• Attachment 3.1-A, Standard State Plan pages 5a and 21

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

• Attachment 3.1-A, Standard State Plan pages 5a and 21

10. SUBJECT OF AMENDMENT:

Provision of tobacco cessation products and counseling to all Medicaid participants. This change will also be reflected in the State's Alternative Benefit Plan SPA for the current Basic, Enhanced and MMCP pages.

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:  
PAUL J. LEARY

14. TITLE:  
Administrator

15. DATE SUBMITTED:

1-21-14

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 MEDICAID  
STANDARD STATE PLAN**

**Attachment 3.1-A - AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

**12.a Prescribed Drugs for Tobacco Cessation.**

The Department will cover tobacco cessation counseling and drug products when prescribed by their physician.

IDAHO MEDICAID  
STANDARD STATE PLAN

**Attachment 3.1-A Program Description**

4. d. Tobacco Cessation Counseling Services

**1) Face-to-Face Counseling Services provided:**

(i) By or under supervision of a physician

(ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services; or

(iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (none are designated at this time)

**2) Face-to-Face Tobacco Cessation Counseling Services**

Provided:  No limitations       With limitations\*

\*Any benefit package that consists of less than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period should be explained below.

Individuals under twenty-one (21) years of age pursuant to EPSDT, may receive additional services if determined to be medically necessary and prior authorized by the Department, as required.