

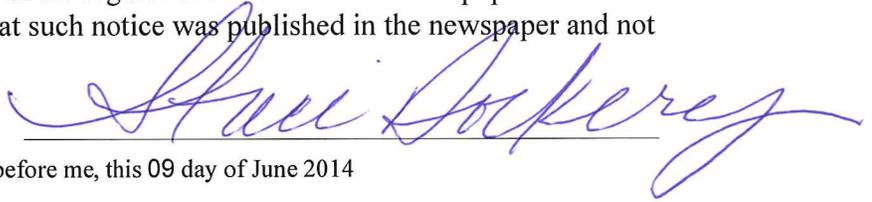
Proof of Publication The Post Register

State of Idaho
Bonneville County:

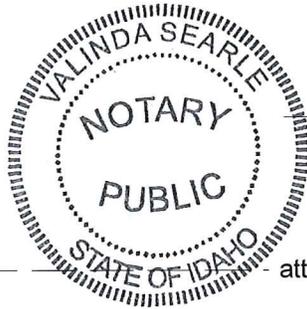
I, ~~Hilary Witt~~ or Staci Dockery, first being duly sworn, depose and say: That I am the ~~Classifieds Manager~~ or Legal Notice Representative of the Post Company, a corporation of Idaho Falls, Bonneville County, Idaho, publishers of The Post Register, a newspaper of general circulation, published 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 uninterruptedly, 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: **657338**, for **1** consecutive (days) weeks, between **06/07/2014** and **06/07/2014**,

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.



Subscribed and sworn to before me, this 09 day of June 2014



Valinda Searle

Notary Public

My Commission expires: 1/10/2015
11-10-2017

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

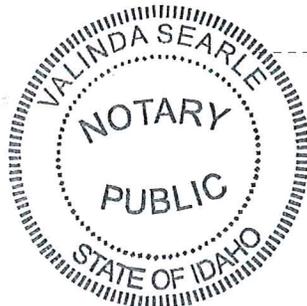
STATE OF IDAHO

ss.

COUNTY OF BONNEVILLE

Subscribed and sworn to before me, this 09 day of June 2014, 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.



Valinda Searle

Notary Public for The Post Company
Residing at: Idaho Falls
My Commission expires: 1/10/2015

11-10-2017

LEGAL NOTICE

Pursuant to 42 CFR §440.386 and 42 CFR §447.205 the Idaho Department of Health and Welfare gives notice of its proposed amendments to the Idaho State Medicaid Plan effective no sooner than July 1, 2014. The proposed change shall revise the Enhanced Alternative Benefit Plan to add dental benefits for adults covered by this plan.

The Department has notified and consulted with tribal representatives on May 8, 2014, regarding this change in compliance with section 5006(e) of the American Recovery and Reinvestment Act of 2009. While this proposed change does not affect individuals who are under twenty-one (21) years of age, 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 continue to receive additional services if determined to be medically necessary and prior authorized by the Department.

This change is occurring because the Governor signed into law House Bill 395, which restores full dental services to adults covered under Medicaid's Enhanced Alternative Benefit Plan by amending Idaho Code § 56-255(5)(c). Services shall be delivered through the Idaho Smiles dental program under a managed care structure with a capitated rate on a per-member-per-month basis provided to Blue Cross of Idaho/DentaQuest. The fiscal impact is approximately \$5,000,000 for State Fiscal Year 2015. The fiscal impact for the state's portion of these funds for these services and was included in the Department's Medicaid Division budget for SFY 2015 under Senate Bill 1424.

To review the proposed changes or to submit written comments about the state plan amendment, contact Arlee Coppinger by email to coppinga@dhw.idaho.gov or by phone at 208-364-1958. Alternatively, to submit comments by mail, please use the following address:

Division of Medicaid
Medical Care Unit
Attn: Arlee Coppinger
P.O. Box 83720
Boise, ID 83720-0009
Published: June 7, 2014

(657338)

65801 1109017

1 DIVISION OF MEDICAID

PO BOX 83720
BOISE ID 83720--009

AFFIDAVIT OF PUBLICATION
STATE OF IDAHO)

)SS.
County of Canyon)

LINDA SPENCER
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:
06/09/2014

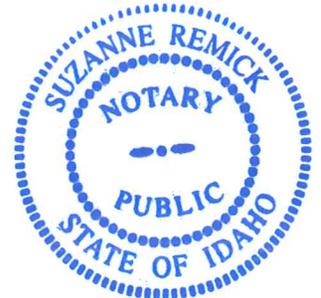
Linda Spencer

STATE OF IDAHO)
County of Canyon)

On this 9th day of June in the year of 2014 before me a Notary Public, personally appeared. LINDA SPENCER, 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



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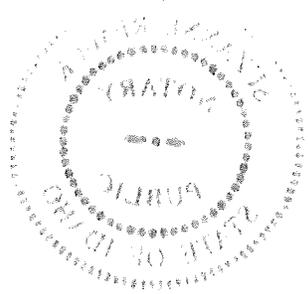
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To review the proposed changes or to submit written comments about the state plan amendment, contact Arlee Coppinger by email to coppin-ga@dhw.idaho.gov or by phone at 208-364-1958. Alternatively, to submit comments by mail, please use the following address:

Division of Medicaid
Medical Care Unit
Attn: Arlee Coppinger
P.O. Box 83720
Boise, ID 83720-0009

June 09, 2014

1109017



PROOF OF PUBLICATION

STATE OF IDAHO
County of Bannock

LN21661

KAREN MASON

LEGAL NOTICE

Pursuant to 42 CFR §440.386 and 42 CFR §447.205 the Idaho Department of Health and Welfare gives notice of its proposed amendments to the Idaho State Medicaid Plan effective no sooner than July 1, 2014. The proposed change shall revise the Enhanced Alternative Benefit Plan to add dental benefits for adults covered by this plan.

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Division of Medicaid
Medical Care Unit
Attn: Arlee Coppinger
P.O. Box 83720
Boise, ID 83720-0009

June 8, 2014

LN21661

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:

June 08	2014	2014
	2014	2014
	2014	2014
	2014	2014

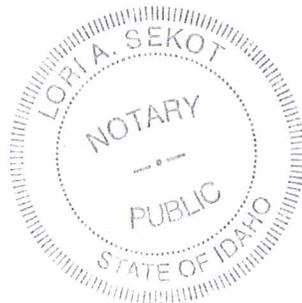
That said paper has been continuously and uninterruptedly published in said County for a period of seventy-eight weeks prior to the publication of said notice of advertisement and is a newspaper within the meaning of the laws of Idaho.

K. Mason

STATE OF IDAHO
COUNTY OF BANNOCK

On this 09th. of June in the year of 2014, 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



LEGAL PROOF OF PUBLICATION

Account #	Ad Number	Identification	PO	Amount	Cols	Lines
262720	0001080631	LEGAL NOTICE Pursuant to 42 CFR 440.3	Chg Dental Serv	\$69.72	1	72

Attention: RACHEL STRUTTON

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

LEGAL NOTICE

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Division of Medicaid
Medical Care Unit
Attn: Arlee Coppinger
P.O. Box 83720
Boise, ID 83720-0009

0001080631-01

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: 06/09/2014

Ending issue of: 06/09/2014

Janice Hildreth
(Legals Clerk)

STATE OF IDAHO)

.SS

COUNTY OF ADA)

On this 9th day of June in the year of 2014 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: 2/11/2020

