

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>0 8 - 0 3 0</u>	2. STATE <u>IOWA</u>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <u>JANUARY 1, 2009</u>	

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	7. FEDERAL BUDGET IMPACT a. FFY '09      \$ (10,506,631) / 1,015,485 b. FFY '10      \$ (10,506,631) / 1,015,485
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 4.19-A, Page 32</u>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 4.19-A, Page 32</u>

10. SUBJECT OF AMENDMENT

To modify the IowaCare PIP payments to comply with the terms and conditions of the 1115 Medicaid Demonstration project entitled IowaCare (project No. 11-W-00189/7).

11. GOVERNOR'S REVIEW (Check One)

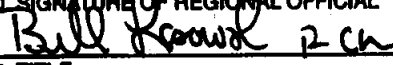
GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Eugene I. Gassow Director Department of Human Services Hoover State Office Building 1305 East Walnut 5th Floor Des Moines, IA 50319-0114
13. TYPED NAME <u>Eugene I. Gassow</u>	
14. TITLE <u>Director</u>	
15. DATE SUBMITTED <u>12-23-08</u>	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED <u>December 29, 2008</u>	18. DATE APPROVED <u>02-18-10</u>
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL <u>JAN - 1 2009</u>	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME <u>William Lasowski</u>	22. TITLE <u>Deputy Director, CMSO</u>

23. REMARKS  
Pen & ink change made to block # 7