

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <u>0 9</u> — <u>0 1 8</u>	2. STATE <b>IOWA</b>
		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 <p style="text-align: center;">July 1, 2009</p>	
5. TYPE OF PLAN MATERIAL (Check One)			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> 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      \$ 578,198 1 qtr	
		b. FFY '10      \$ 2,163,833	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 4.19-A, Pages 34, 35 Attachment 4.19-A, Page 36 (new page)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  Attachment 4.19-A, Pages 34, 35	
10. SUBJECT OF AMENDMENT  Increase PMIC maximum rate to 103% of the statewide weighted average for SFY 2010. Transition out-of-state placements to in-state and allow for Third Party Liability payments from other insurers for SFY 2011. Implement 100% cost reimbursement with cost settlement for state-owned PMIC.			
11. GOVERNOR'S REVIEW (Check One)			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL <i>Charles Krogmeier Jr for</i>		16. RETURN TO  Charles J. Krogmeier Director Department of Human Services 1305 East Walnut, 5th Floor Des Moines, IA 50319-0114	
13. TYPED NAME Charles J. Krogmeier			
14. TITLE Director			
15. DATE SUBMITTED			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED <i>September 30, 2009</i>		18. DATE APPROVED <i>5-4-10</i>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL JUL - 1 2009		20. SIGNATURE OF REGIONAL OFFICIAL <i>Bill Lasowski</i>	
21. TYPED NAME William Lasowski		22. TITLE Deputy Director, CMSO	
23. REMARKS			