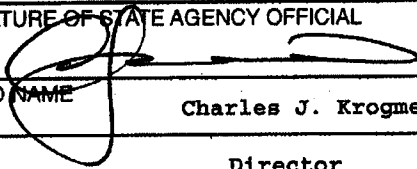


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>0 9 — 0 2 2</u>	2. STATE <u>IOWA</u>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <u>December 1, 2009</u>	
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 '10 <u>\$ (537,458)</u>	
		b. FFY '11 <u>\$ 0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 4.19-A, Page 34, PAGE 35</u>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 4.19-A, Page 34</u>	
10. SUBJECT OF AMENDMENT <u>Reductions in fee schedule payments to providers, per across the board budget cuts made by the Governor</u>			
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 		16. RETURN TO	
13. TYPED NAME <u>Charles J. Krogmeier</u>		<u>Charles J. Krogmeier</u>	
14. TITLE <u>Director</u>		<u>Director</u>	
15. DATE SUBMITTED <u>12/21/9</u>		<u>Department of Human Services</u>	
		<u>1305 East Walnut, 5th Floor</u>	
		<u>Des Moines, IA 50319-0114</u>	
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED		18. DATE APPROVED <u>5-18-10</u>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL <u>DEC - 1 2009</u>		20. SIGNATURE OF REGIONAL OFFICIAL <u>Bill Brown R CM</u>	
21. TYPED NAME <u>William Lasowski</u>		22. TITLE <u>Deputy Director, CMCS</u>	
23. REMARKS <u>Per ink change to block # 8</u>			