

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>0 9 — 0 2 3</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>July 1, 2008</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)

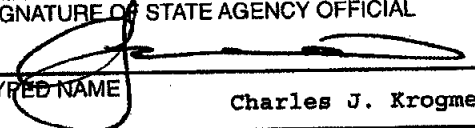
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT * a. FFY '08      \$ <del>102,168.25</del> -0- * b. FFY '09      \$ <del>436,673.00</del> -0-
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Supplement 2 to Attachment 3.1-A, Page 13</u>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Supplement 2 to Attachment 3.1-A, Page 13</u>

10. SUBJECT OF AMENDMENT

*This is a technical amendment to correct a previous technical error in regard to this page. It is being submitted with a retroactive date in accordance with 42 CFR 430.20(b)(3).*

11. GOVERNOR'S REVIEW (Check One)

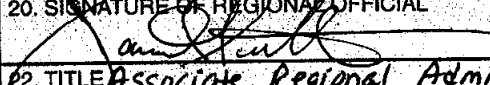
GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Charles J. Krogmeier Director Department of Human Services 1305 East Walnut, 5th Floor Des Moines, IA 50319-0114
13. TYPED NAME <u>Charles J. Krogmeier</u>	
14. TITLE <u>Director</u>	
15. DATE SUBMITTED <u>12/21/09</u>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED <u>December 23, 2009</u>	18. DATE APPROVED <u>February 23, 2010</u>
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL <u>July 1, 2008</u>	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME <u>James G. Scott</u>	22. TITLE <u>Associate Regional Administrator for Medicaid and Children's Health Operations</u>
23. REMARKS	