	1. TRANSMITTAL NUMBER	2. STATE
TRANSMITTAL AND NOTICE OF APPROVAL OF	10-001	IOWA
STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	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 June 1, 2010	
5. TYPE OF PLAN MATERIAL (Check One)		
NEW STATE PLAN	ERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEND	MENT (Separate transmittal for each am	endment)
6. FEDERAL STATUTE/REGULATION CITATION		8,089 952,415
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Section 2, Page 11b, 11c, 11d	9. PAGE NUMBER OF THE SUPERSEL OR ATTACHMENT (If Applicable) None	DED PLAN SECTION
10. SUBJECT OF AMENDMENT		
CHIPPRA 2009 gave states the option to use express lane pro children. SF 389 requires IA DHS to implement this option. Supplemental Nutrition Food Assistance Program aligibility who are not current Medicaid members.	DHS has chosen to rely on informs	tion from the IA
11. GOVERNOR'S REVIEW (Check One)		
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED	
12. SIGNATURE OF STATE AGENCY OFFICIAL	RETURN TO Charles J. Krogmeier	
13. TYPER NAME Charles J. Krogmeier	Director Department of Human Servic	
14. TITLE Director	1305 East Walnut, 5th Floo Des Moines, IA 50319-0114	r
15. DATE SUBMITTED 2/11/10		
FOR REGIONAL OFF	ICE USE ONLY	
February 15,2010	DATE APPROVED	oved
J PLAN APPROVED - ONE	COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL 20	SIGNATURE OF REGIONAL OFFICIAL	
21. TYPED NAME James G. Scott f	TITLE Associate Regional or Medicaid and Children."	Administratur s Health Operation
23. REMARKS		