

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>1 0 — 0 0 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>3/1/10</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 <u>Section 1902(x) (1) (A) (ii) of the Social Security Act</u>	7. FEDERAL BUDGET IMPACT a. FFY '10 <u>\$ 0</u> b. FFY '11 <u>\$ 0</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Supplement 3 to Attachment 2.6-A, Page 1</u>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Supplement 3 to Attachment 2.6-A, Page 1</u>

10. SUBJECT OF AMENDMENT

CMS clarified that Section 1902(x) (1) (A) (ii) of the Social Security Act requires Medicaid to take into account only expenses for care not covered under the State plan. This amendment is being made to not allow any medical and remedial care expenses incurred as a result of imposition of a transfer of assets penalty period.

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>3-18-10</u>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED <u>March 18, 2010</u>	18. DATE APPROVED <u>June 3, 2010</u>
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL <u>March 1, 2010</u>	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME <u>Leticia Barraza</u>	22. TITLE <u>Acting Associate Regional Administrator for Medicaid and Children's Health Operations</u>

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Iowa

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL  
OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

Long term care expenses not covered under Medicaid because they were incurred during a period of ineligibility imposed pursuant to Supplement 9b to Attachment 2.6-A – due to disposal of resources for less than fair market value are not deducted in the application of an individual's or couple's income to the cost of care pursuant to Section B of Attachment 2.6-A.

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TN No. MS-10-003 Approval Date **JUN 03 2010** Effective Date MAR 01 2010  
Supersedes  
TN No. MS-85-17