Canes Cr. Ococ	**************************************	TOANGMITTAL NI IMBER	2. STATE	
STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES SECURITY ACT (MEDICAID. 3. PROGRAM IDENTIFICATION: TITLE XX OF THE SOCIAL SECURITY ACT (MEDICAID. 3. PROGRAM IDENTIFICATION: TITLE XX OF THE SOCIAL SECURITY ACT (MEDICAID. 4. PROPOSED EFFECTIVE DATE 5. PROEATINE DATE 5. PROEATINE DATE 5. PROEATINE DATE	ANSWITTALANDINGTO		IOWA	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES CEPARTMENT OF HEALTH AND HUMAN SERVICES TYPE OF PLAN MATERIAL (Check One) NEW STATE PLAN COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment) FEDERAL STATUTE/REGULATION CITATION REGIONAL ASTATUTE/REGULATION CITATION REPY 110 RAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 2 to Attachment 3.1-A, Page 29 RAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT Supplement 2 to Attachment 3.1-A, Page 29 REPY 110 REPUTATION OF AMENDMENT The SSDC Town Medicald Supplemental Drug Rebate Agreement utilized by the State to enter into a rebate agreement with a drug manufacturer has been revised to correct a formatting error on page 14 and must be authorized by CN REPUTATION OF STATE AGENCY OFFICIAL REPUTATION ON REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL REPUTATION FOR REGIONAL OFFICE USE ONLY REPUTATION REPUT	STATE PLAN MATERIAL		XIX OF THE SOCIAL	
REGIONAL ADMINISTRATION CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES TYPE OF PLAN MATERIAL (Check Cine) MEDICARE STATUTE REQULATION AMENDMENT TO BE CONSIDERED AS NEW PLAN COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment) 7. FEDERAL STATUTE REGULATION CITATION REGIONAL ADMINISTRATION 7. FEDERAL BUGGET IMPACT 2. FFY'11 \$ 0 2. FFY'11 \$ 0 3. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 2 to Attachment 3.1-A, Page 29 8. PAGE NUMBER OF THE SUPERISEDED PLAN SECTION OR ATTACHMENT ((I Applicable)) Supplement 2 to Attachment 3.1-A, Page 9. SUBJECT OF AMENDMENT The SSDC Tows Medicaid Supplemental Drug Rebate Agreement utilized by the State to enter into a rebate agreement with a drug manufacturer has been revised to correct a formatting error on page 14 and must be authorized by CN 1. GOVERNOR'S REVIEW (Check One) GOVERNOR'S GEVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL Charles J. Krogmeier DIrector FOR REGIONAL OFFICE USE ONLY 13. NEED-NAME Charles J. Krogmeier DIRECTOR Charles J. Krogmeier DIRECTOR Des Moines, IA 50319-0114 14. TITLE DIRECTOR FOR REGIONAL OFFICE USE ONLY 15. DATE RECEIVED PLAN APPROVED - ONE COPY ATTACHED 20. SIGNATURE OF REGIONAL OFFICIAL 21. TYPED DAMIE TO MEDICAL TO THE ASSOCIATE REGIONAL OFFICIAL 22. TITLE ASSOCIATE REGIONAL OFFICIAL 23. SIGNATURE OF REGIONAL OFFICIAL 24. TITLE 25. SIGNATURE OF REGIONAL OFFICIAL 26. SIGNATURE OF REGIONAL OFFICIAL 27. TITLE ASSOCIATE REGIONAL OFFICIAL 28. DAME 29. MEGICAL THROWS AMENDED 20. SIGNATURE OF REGIONAL OFFICIAL 20. SIGNATURE OF REGIONAL OFFICIAL 21. TYPED DAME TO THE ALTHORY OF THE SUPPLINE T		SECURITY ACT (MEDICAID)		
CENTERS FOR MEDICARE & MEDICAD SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES TYPE OF PLAN MATERIAL (Check One) NEW STATE PLAN	TOLONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
NEW STATE PLAN	ENTERS FOR MEDICARE & MEDICAID SERVICES EPARTMENT OF HEALTH AND HUMAN SERVICES	April 28, 2010		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment) FEDERAL STATUTE/REGULATION CITATION PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 2 to Attachment 3.1-A, Page 29 O. SUBJECT OF AMENDMENT The SBDC Iowa Medicaid Supplemental Drug Rebate Agreement utilized by the State to enter into a rebate agreement with a drug manufacturer has been revised to correct a formatting error on page 14 and must be authorized by Check One) GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 10. SUBJECT OF STATE AGENCY OFFICIAL COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. DATE RECEIVED FOR REGIONAL OFFICE USE ONLY 12. SIGNATURE OF STATE AGENCY OFFICIAL TO DES Moines, IA 50319-0114 15. DATE SUBMITTED April 28, 2010 PLAN APPROVED - ONE COPY ATTACHED 16. RETURN TO Charles J. Krogmeier Director Department of Human Services 1305 East Walnut, 5th Ploor Des Moines, IA 50319-0114 17. DATE RECEIVED PLAN APPROVED - ONE COPY ATTACHED 18. DATE APPROVED 19. EFFECTIVE DATE OF APPROVED MATERIAL 20. SIGNATURE OF REGIONAL OFFICIAL 19. EFFECTIVE DATE OF APPROVED MATERIAL 21. TYPED NAME CAMPS G. SCOTT	PE OF PLAN MATERIAL (Check One)		A AAFAIDAAFAIT	
THE STATUTE/REGULATION CITATION PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 2 to Attachment 3.1-A, Page 29 D. SUBJECT OF AMENDMENT The SSDC Iowa Medicaid Supplemental Drug Rebate Agreement utilized by the State to enter into a rebate agreement with a drug manufacturer has been revised to correct a formatting error on page 14 and must be authorized by the State to enter into a rebate agreement with a drug manufacturer has been revised to correct a formatting error on page 14 and must be authorized by the State to enter into a rebate agreement with a drug manufacturer has been revised to correct a formatting error on page 14 and must be authorized by the State to enter into a rebate agreement with a drug manufacturer has been revised to correct a formatting error on page 14 and must be authorized by the State to enter into a rebate agreement of the State to enter into a rebate agreement of the State to enter into a rebate agreement of the State to enter into a rebate agreement with a drug manufacturer has been revised to correct a formatting error on page 14 and must be authorized by the State to enter into a rebate agreement of the State to		LDAONETTE		
7. FEDERAL BUDGET IMPAUT 8. D. S. D. B. FFY-11. S. D. D. SUBJECT OF AMENDMENT Supplement 2 to Attachment 3.1-A, Page 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 2 to Attachment 3.1-A, Page 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 2 to Attachment 3.1-A, Page 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 2 to Attachment 3.1-A, Page 10. SUBJECT OF AMENDMENT The SSDC Iowa Medicaid Supplemental Drug Rebate Agreement utilized by the State to enter into a rebate agreement with a drug manufacturer has been revised to correct a formatting error on page 14 and must be authorized by Charles Of Charles Of Charles J. Krogmeier D. COMMENT OF GOVERNOR'S OFFICE ENCLOSED OF SUBMITTAL 10. GOVERNOR'S REVIEW (Check One) 11. GOVERNOR'S OFFICE REPORTED NO COMMENT OFFICE ENCLOSED OF STATE AGENCY OFFICIAL 12. SIGNATURE OF STATE AGENCY OFFICIAL 13. NEEDNAME Charles J. Krogmeier Director Department of Human Services 1305 East Walnut, 5th Floor Des Moines, IA 50319-0114 14. TITLE Director Department of Human Services 1305 East Walnut, 5th Floor Des Moines, IA 50319-0114 15. DATE SUBMITTED April 28, 2010 16. RETURN TO Charles J. Krogmeier Director Des Moines, IA 50319-0114 16. RETURN TO Charles J. Krogmeier Director Des Moines, IA 50319-0114 16. RETURN TO Charles J. Krogmeier Director Des Moines, IA 50319-0114 16. RETURN TO Charles J. Krogmeier Director Des Moines, IA 50319-0114 16. RETURN TO Charles J. Krogmeier Director Des Moines, IA 50319-0114 17. DATE RECEIVED DIRECTOR DIRECTOR DES MOINES DIRECTOR DIRECTO	COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDM	ENT (Separate transmittal for each	amendment)	
D. SUBJECT OF AMENDMENT Supplement 2 to Attachment 3.1-A, Page 29 D. SUBJECT OF AMENDMENT The SSDC Love Medicaid Supplemental Drug Rebate Agreement utilized by the State to enter into a rebate agreement with a drug manufacturer has been revised to correct a formatting error on page 14 and must be authorized by Charles J. Rrogmeier COMMENTS OF GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 2. SIGNATURE OF STATE AGENCY OFFICIAL Charles J. Krogmeier Director Director Director Department of Human Services 1305 East Walnut, 5th Floor Des Moines, IA 50319-0114 16. DATE APPROVED Des Moines, IA 50319-0114 17. DATE RECEIVED DIRECTOR DES MOINES OFFICE RECORDED DES MOINES, IA 50319-0114 18. DATE APPROVED DES MOINES, IA 50319-0114 19. EFFECTIVE DATE OF APPROVED MATERIAL DIRECTOR DES MOINES, IA 50319-0114 20. SIGNATURE OF REGIONAL OFFICIAL DES MOINES, IA 50319-0114 22. TITLE ASSOCIATE REGIONAL Children'S Health. DATE OF Medicaid And Children'S Health.		7. FEDERAL BUDGET IMPACT		
9. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 2 to Attachment 3.1-A, Page 29 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 2 to Attachment 3.1-A, Page Supple		a. 111		
SUBJECT OF AMENDMENT The SSDC Lowa Medicaid Supplemental Drug Rebate Agreement utilized by the State to enter into a rebate agreement with a drug manufacturer has been revised to correct a formatting error on page 14 and must be authorized by the State to enter into a rebate agreement with a drug manufacturer has been revised to correct a formatting error on page 14 and must be authorized by the State to enter into a rebate agreement with a drug manufacturer has been revised to correct a formatting error on page 14 and must be authorized by the State to enter into a rebate agreement of the SSDC Loward Must be authorized by the State to enter into a rebate agreement of the SSDC Loward Must be authorized by the State to enter into a rebate agreement of the SSDC Loward Must be authorized by the State to enter into a rebate agreement of the SSDC Loward Must be authorized by the State to enter into a rebate agreement of the SSDC Loward Must be authorized by the State to enter into a rebate agreement of the SSDC Loward Must be authorized by the State to enter into a rebate agreement of the SSDC Loward Must be authorized by the State to enter into a rebate agreement of the SSDC Loward Must be authorized by the State to enter into a rebate agreement of the SSDC Loward Must be authorized by the State to enter into a rebate agreement of the SSDC Loward Must be authorized by the State to enter into a rebate agreement of the SSDC Loward Must be authorized by the State to enter into a rebate agreement of the SSDC Loward Must be authorized by the State to enter into a rebate agreement of the SSDC Loward Must be authorized by the State to enter into a rebate agreement of the SSDC Loward Must be authorized by the State to enter into a rebate agreement of the SSDC Loward Must be authorized by the State to enter into a rebate agreement of the SSDC Loward Must be authorized by the State to enter into a rebate agreement of the SSDC Loward Must be authorized by the State to enter into a rebate agreement of the SSDC Loward Must be a	TO ATTACHMENT			
D. SUBJECT OF AMENDMENT The SSDC Iowa Medicaid Supplemental Drug Rebate Agreement utilized by the State to enter into a rebate agreement with a drug manufacturer has been revised to correct a formatting error on page 14 and must be authorized by CMENOR'S REVIEW (Check One) GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED OTHER, AS SPECIFIED OTHER, AS SPECIFIED OTHER, AS SPECIFIED OTHER, AS SPECIFIED	AGE NUMBER OF THE FLAN SECTION OTTAL MANAGEMENT	OR ATTACHMENT (If Applicable)		
D. SUBJECT OF AMENDMENT The SSDC Iowa Medicaid Supplemental Drug Rebate Agreement utilized by the State to enter into a rebate agreement with a drug manufacturer has been revised to correct a formatting error on page 14 and must be authorized by Charles and Department of Page 14 and must be authorized by Charles and Department of Ruman Services and Department of Human Services and Department	supplement 2 to Attachment 3.1-A, Page 29			
The SSDC Iowa Medicaid Supplemental Drug Rebate Agreement utilized by the State to enter into a rebate with a drug manufacturer has been revised to correct a formatting error on page 14 and must be authorized by Charles of State Agreement utilized by the State to enter into a rebate agreement with a drug manufacturer has been revised to correct a formatting error on page 14 and must be authorized by Charles of State Agreement utilized by the State to enter into a rebate agreement utilized by the State to enter into a rebate agreement utilized by the State to enter into a rebate agreement utilized by the State to enter into a rebate agreement utilized by the State to enter into a rebate agreement utilized by the State to enter into a rebate to enter				
The SSDC Iowa Medicaid Supplemental Drug Rebate Agreement utilized by the State to enter into a rebate agreement with a drug manufacturer has been revised to correct a formatting error on page 14 and must be authorized by Charles of Review (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT				
The SSDC Iowa Medicaid Supplemental Drug Rebate Agreement utilized by the State to enter into a food with a drug manufacturer has been revised to correct a formatting error on page 14 and must be authorized by Charles of Review (Check One) GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED OTHER, AS SPECI	7			
The SSDC Iowa Medicaid Supplemental Drug Rebate Agreement utilized by the State to enter into a rebate with a drug manufacturer has been revised to correct a formatting error on page 14 and must be authorized by Charles of Review (Check One) GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED O				
1. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 2. SIGNATURE OF STATE AGENCY OFFICIAL Charles J. Krogmeier Director Department of Human Services 1305 East Walnut, 5th Floor Des Moines, IA 50319-0114 FOR REGIONAL OFFICE USE ONLY 18. DATE APPROVED PLAN APPROVED - ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL 20. SIGNATURE OF REGIONAL OFFICIAL 21. TYPED NAME 22. TITLE ASSOCIATE REGIONAL OFFICIAL 22. TITLE ASSOCIATE REGIONAL OFFICIAL 24. TITLE DIRECTORY DES G. SCOLL 16. RETURN TO Charles J. Krogmeier Director Department of Human Services 1305 East Walnut, 5th Floor Des Moines, IA 50319-0114 20. SIGNATURE OF REGIONAL OFFICIAL 20. SIGNATURE OF REGIONAL OFFICIAL 21. TYPED NAME CAMPBER OF APPROVED MATERIAL 22. TITLE ASSOCIATE REGIONAL OFFICIAL AMBRICATION OF REGIONAL OFFICIAL AMBRICATION OF REGIONAL OFFICIAL 22. TITLE ASSOCIATE REGIONAL OFFICIAL AMBRICATION OF REGIONAL OFFICIAL AMBRICATION OF REGIONAL OFFICIAL AMBRICATION OFFICIAL 22. TITLE ASSOCIATE REGIONAL OFFICIAL AMBRICATION OFFICIAL AMBRICATION OFFICIAL 22. TITLE ASSOCIATE REGIONAL OFFICIAL AMBRICATION OFFICIAL AMBRICATION OFFICIAL AMBRICATION OFFICIAL 22. TITLE ASSOCIATE REGIONAL OFFICIAL AMBRICATION OFFICIAL AMBRICATION OFFICIAL 22. TITLE ASSOCIATE REGIONAL OFFICIAL AMBRICATION OFFICIAL AMBRICATION OFFICIAL AMBRICATION OFFICIAL AMBRICATION OFFICIAL AMBRICATION OFFICIAL 22. TITLE ASSOCIATE REGIONAL OFFICIAL AMBRICATION OFFICIAL	The SSDC lowa Medicaid Supplemental Drug Rebate Agreement ut	tilized by the State to enter :	into a rebate agreement st be authorized by CMS.	
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL 13. RED NAME Charles J. Krogmeier Director 14. TITLE Director 15. DATE SUBMITTED April 28, 2010 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED 19. EFFECTIVE DATE OF APPROVED MATERIAL 20. SIGNATURE OF REGIONAL OFFICIAL 21. TYPED NAME 22. TITLE ASSOCIATE REGIONAL OFFICIAL 22. TITLE ASSOCIATE REGIONAL OFFICIAL 22. TITLE ASSOCIATE REGIONAL OFFICIAL 23. SOUTH REGIONAL OFFICIAL 24. TYPED NAME CAMPES G. SCOTT CHARLES J. Krogmeier Director Department of Human Services 13.05 East Walnut, 5th Floor Department of Human Services 13.05 East Wal	with a drug manufacturer has been revised to correct a former	acting care on page		
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL 13. NEED-NAME Charles J. Krogmeier Director 14. TITLE Director 15. DATE SUBMITTED April 28, 2010 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED 19. EFFECTIVE DATE OF APPROVED MATERIAL 20. SIGNATURE OF REGIONAL OFFICIAL 21. TYPED NAME 22. TITLE ASSOCIATE REGIONAL OFFICIAL 23. COLL CHARLES J. Krogmeier Director Department of Human Services 13.05 East Walnut, 5th Flo				
GOVERNOR'S OFFICE REPORTED NO COMMENTS OF GOVERNOR'S OFFICE ENCLOSED COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL Charles J. Krogmeier Director Department of Human Services 1305 East Walnut, 5th Floor Des Moines, IA 50319-0114 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED PLAN APPROVED - ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL 20. SIGNATURE OF REGIONAL OFFICIAL AND COMMENT OF THE MEDICAL ADMINISTRACE 21. TYPED NAME Cames G. Scott For Medicaid Ond Children's Health	OVERNOR'S REVIEW (Check One)	_		
Comments of Governor's Office Enclosed No reply received within 45 days of submittal 12. Signature of State agency Official 13. Need-name Charles J. Krogmeier Charles J. Krogmeier Director Department of Human Services 1305 East Walnut, 5th Floor Des Moines, IA 50319-0114 FOR REGIONAL OFFICE USE ONLY 17. Date received April 28, 2010 FOR REGIONAL OFFICE USE ONLY 18. Date Approved Dunc 15, 2010 Plan approved - One copy attached 19. Effective Date of Approved Material Des Moines, IA 50319-0114 20. Signature of Regional Administration of Medicaid and Children's Health For Medicaid and Children's Health	GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED		
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL 13. NORED NAME Charles J. Krogmeier Director 14. TITLE Director 15. DATE SUBMITTED April 28, 2010 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED PLAN APPROVED - ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL 19. SIGNATURE OF REGIONAL OFFICIAL April 28, 2010 21. TYPED NAME 22. TITLE ASSOCIATE REGIONAL OFFICIAL FOR Medicaid and Children's Health	COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
Charles J. Krogmeier Director Department of Human Services 1305 East Walnut, 5th Floor Des Moines, IA 50319-0114 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED PLAN APPROVED - ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL 20. SIGNATURE OF REGIONAL OFFICIAL 21. TYPED NAME 22. TITLE Associate Regional Administration of Medicaid and Children's Health	NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
Charles J. Krogmeier Director 14. TITLE Director Department of Human Services 1305 East Walnut, 5th Floor Des Moines, IA 50319-0114 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED PLAN APPROVED - ONE COPY ATTACHED PLAN APPROVED - ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL 20. SIGNATURE OF REGIONAL OFFICIAL 21. TYPED NAME Tames G. Scott Charles J. Krogmeier Director Department of Human Services 1305 East Walnut, 5th Floor Department of Human Services 1305 East Walnut, 5th Floor Department of Human Services 1305 East Walnut, 5th Floor Department of Human Services 1305 East Walnut, 5th Floor Department of Human Services 1305 East Walnut, 5th Floor Des Moines, IA 50319-0114 20. SIGNATURE OF REGIONAL OFFICIAL 21. TYPED NAME Tames G. Scott Por Medicaid and Children's Health		RETURN TO		
Director 14. TITLE Director 15. DATE SUBMITTED April 28, 2010 FOR REGIONAL OFFICE USE ONLY 17. DATE RECEIVED 19. EFFECTIVE DATE OF APPROVED MATERIAL 20. SIGNATURE OF REGIONAL OFFICIAL April 28, 2010 21. TYPED NAME James G. Scott Director Department of Human Services 1305 East Walnut, 5th Floor Des Moines, IA 50319-0114 18. DATE APPROVED 18. DATE APPROVED 20. SIGNATURE OF REGIONAL OFFICIAL 22. TITLE Associate Regional Administration of Human Services 1305 East Walnut, 5th Floor Department of Human Services 1305 East Walnut, 5th Floor Department of Human Services 1305 East Walnut, 5th Floor Des Moines, IA 50319-0114 18. DATE APPROVED 20. SIGNATURE OF REGIONAL OFFICIAL April 28, 2010 22. TITLE Associate Regional Administration of Human Services 1305 East Walnut, 5th Floor Des Moines, IA 50319-0114 18. DATE APPROVED 20. SIGNATURE OF REGIONAL OFFICIAL April 28, 2010 22. TITLE Associate Regional Administration of Human Services 1305 East Walnut, 5th Floor Department of Human Services 1305 East Walnut, 5th Floor Des Moines, IA 50319-0114	SIGNATURE OF STATE OF	Charles J. Krogmeier		
13.05 East Walnut, 5th Floor Des Moines, IA 50319-0114 15. DATE SUBMITTED April 28, 2010 FOR REGIONAL OFFICE USE ONLY 18. DATE APPROVED 18. DATE APPROVED 19. EFFECTIVE DATE OF APPROVED MATERIAL April 28, 2010 20. SIGNATURE OF REGIONAL OFFICIAL 21. TYPED NAME Cames G. Scott Scott Con Medicaid and Children's Health		Director	Director	
Des Moines, IA 50319-0114 15. DATE SUBMITTED April 28, 2010 FOR REGIONAL OFFICE USE ONLY 18. DATE APPROVED 18. DATE APPROVED 19. EFFECTIVE DATE OF APPROVED MATERIAL April 28, 2010 20. SIGNATURE OF REGIONAL OFFICIAL April 28, 2010 21. TYPED NAME Tames G. Scott Scott Tor Medicaid and Children's Health		Department of Human Services		
15. DATE SUBMITTED April 28, 2010 FOR REGIONAL OFFICE USE ONLY 18. DATE APPROVED 18. DATE APPROVED 19. EFFECTIVE DATE OF APPROVED MATERIAL April 28, 2010 PLAN APPROVED - ONE COPY ATTACHED 20. SIGNATURE OF REGIONAL OFFICIAL April 28, 2010 22. TITLE Associate Regional Administration of Medicaid and Children's Health Tames G. Scott To Medicaid and Children's Health	Charles J. Krogmeier	1205 Fact Walnut, 5th F	vices loor	
17. DATE RECEIVED April 28,2010 19. EFFECTIVE DATE OF APPROVED MATERIAL 20. SIGNATURE OF REGIONAL OFFICIAL 21. TYPED NAME 32. TITLE Associate Regional Administration of Medicaid and Children's Health	Charles C. Alogaette	1305 East Walnut, 5th F	loor	
18. DATE APPROVED June 15, 2010 PLAN APPROVED - ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL April 28, 2010 21. TYPED NAME Tames G. Scott 18. DATE APPROVED 20. SIGNATURE OF REGIONAL OFFICIAL 22. TITLE Associate Regional Administration For Medicaid and Children's Health	Charles C. Alogaette	1305 East Walnut, 5th F	loor	
19. EFFECTIVE DATE OF APPROVED MATERIAL 19. TYPED NAME 20. SIGNATURE OF REGIONAL OFFICIAL 21. TYPED NAME 22. TITLE Associate Regional Administration of Medicaid and Children's Health	TITLE Director	1305 East Walnut, 5th F	loor	
19. EFFECTIVE DATE OF APPROVED MATERIAL 19. EFFECTIVE DATE OF APPROVED MATERIAL 19. EFFECTIVE DATE OF APPROVED MATERIAL 20. SIGNATURE OF REGIONAL OFFICIAL 21. TYPED NAME 22. TITLE Associate Regional Administration of the provided and Children's Health	TITLE Director DATE SUBMITTED April 28, 2010 FOR REGIONAL OFFI	1305 East Walnut, 5th F Des Moines, IA 50319-01	loor	
19. EFFECTIVE DATE OF APPROVED MATERIAL 20. SIGNATURE OF REGIONAL OFFICIAL 21. TYPED NAME 22. TITLE Associate Regional Administration of the second of th	TITLE Director DATE SUBMITTED April 28, 2010 FOR REGIONAL OFFI	1305 East Walnut, 5th F Des Moines, IA 50319-01 ICE USE ONLY	14	
19. EFFECTIVE DATE OF APPROVED MINISTERS And September 19. EFFECTIVE DATE of Associate Regional Administration of Medicaid and Children's Health Tames G. Scott For Medicaid and Children's Health	TITLE Director DATE SUBMITTED April 28, 2010 FOR REGIONAL OFFI 18	Des Moines, IA 50319-01 ICE USE ONLY DATE APPROVED	14	
James G. Scott for Medicaid and Children's Health	TITLE Director DATE SUBMITTED April 28, 2010 FOR REGIONAL OFFI 18 PLAN APPROVED - ONE	Des Moines, IA 50319-01 ICE USE ONLY DATE APPROVED COPY ATTACHED	14 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
James G. Scott for Medicaid and Children's Health	TITLE Director DATE SUBMITTED April 28, 2010 FOR REGIONAL OFFI 18 PLAN APPROVED - ONE	Des Moines, IA 50319-01 ICE USE ONLY DATE APPROVED COPY ATTACHED	2	
Junes G. Devec	DATE SUBMITTED April 28, 2010 FOR REGIONAL OFFI DATE RECEIVED April 28, 2010 PLAN APPROVED - ONE EFFECTIVE DATE OF APPROVED MATERIAL April 28, 2010 PLAN APPROVED - ONE	ICE USE ONLY DATE APPROVED COPY ATTACHED SIGNATURE OF REGIONAL OFF	CIAL (CIAL)	
	TITLE Director DATE SUBMITTED April 28, 2010 FOR REGIONAL OFFI 18 DATE RECEIVED April 28, 2010 PLAN APPROVED - ONE EFFECTIVE DATE OF APPROVED MATERIAL April 28, 2010	Des Moines, IA 50319-01 ICE USE ONLY DATE APPROVED COPY ATTACHED SIGNATURE OF REGIONAL OFF	Icial Administrator	
PRINCIPAL STATEMENT OF THE PROPERTY OF THE PRO	TITLE Director DATE SUBMITTED April 28, 2010 FOR REGIONAL OFFI 18 DATE RECEIVED April 28, 2010 PLAN APPROVED - ONE EFFECTIVE DATE OF APPROVED MATERIAL April 28, 2010	Des Moines, IA 50319-01 ICE USE ONLY DATE APPROVED COPY ATTACHED SIGNATURE OF REGIONAL OFF	CIAL (CIAL)	
	TITLE Director DATE SUBMITTED April 28, 2010 FOR REGIONAL OFFI 18 PLAN APPROVED - ONE EFFECTIVE DATE OF APPROVED MATERIAL POIL 28, 2010 TYPED NAME Sames G. Scott	Des Moines, IA 50319-01 ICE USE ONLY DATE APPROVED COPY ATTACHED SIGNATURE OF REGIONAL OFF	Icial Administrator	
	TITLE Director DATE SUBMITTED April 28, 2010 FOR REGIONAL OFFI 18 DATE RECEIVED April 28, 2010 PLAN APPROVED - ONE EFFECTIVE DATE OF APPROVED MATERIAL April 28, 2010	Des Moines, IA 50319-01 ICE USE ONLY DATE APPROVED COPY ATTACHED SIGNATURE OF REGIONAL OFF	Icial Administrator	