

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>1 0 — 0 0 5</u>	2. STATE IOWA
	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 April 28, 2010	

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 '10 \$ <u>0</u> b. FFY '11 \$ <u>0</u>
8. 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 2 to Attachment 3.1-A, Page 29

10. SUBJECT OF AMENDMENT

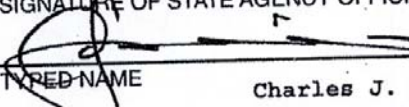
The SSDC Iowa Medicaid Supplemental Drug Rebate Agreement utilized by the State to enter into a rebate agreement with a drug manufacturer has been revised to correct a formatting error on page 14 and must be authorized by CMS.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

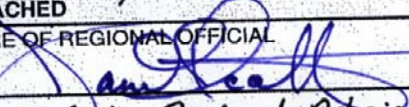
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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 Charles J. Krogmeier	
14. TITLE Director	
15. DATE SUBMITTED April 28, 2010	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED April 28, 2010	18. DATE APPROVED June 15, 2010
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL April 28, 2010	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME James G. Scott	22. TITLE Associate Regional Administrator for Medicaid and Children's Health Operations

23. REMARKS