

<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 1 8</u>	2. STATE <b>IOWA</b>
	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 <b>September 1, 2010</b>	

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)

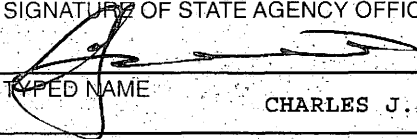
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT a. FFY '10 \$ <u>0</u> b. FFY '11 \$ <u>0</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Supplement 2 to Attachment 4.19-B, Page 24b</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Supplement 2 to Attachment 4.19-B, Page 24b</b>


10. SUBJECT OF AMENDMENT

**This request removes language that limits reimbursement for public hospitals to no more than cost.**

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 <b>CHARLES J. KROGMEIER DIRECTOR DEPARTMENT OF HUMAN SERVICES 1305 EAST WALNUT 5TH FLOOR DES MOINES IA 50319-0114</b>
13. TYPED NAME <b>CHARLES J. KROGMEIER</b>	
14. TITLE <b>DIRECTOR</b>	
15. DATE SUBMITTED <b>9/29/10</b>	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED <b>September 30, 2010</b>	18. DATE APPROVED <b>June 1, 2011</b>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>September 1, 2010</b>	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME <b>James G. Scott</b>	22. TITLE <b>Associate Regional Administrator for Medicaid and Children's Health Operations</b>
23. REMARKS <b>pen and ink change per state request 5.17.11</b>	