

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>1 0 — 0 2 4</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 December 1, 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)

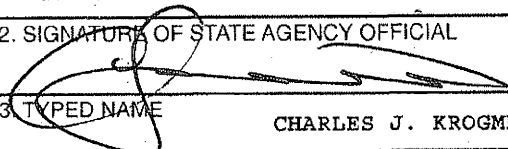
6. FEDERAL STATUTE/REGULATION CITATION <i>Section 1902(a)(73) of the Social Security Act</i>	7. FEDERAL BUDGET IMPACT a. FFY '11 \$ <u>0</u> b. FFY '12 \$ <u>0</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <i>Section 1.4, Page 9 Section 1.4, page 9.1</i>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <i>Section 1.4, Page 9</i>

10. SUBJECT OF AMENDMENT

This amendment describes the steps the State of Iowa will take regarding Tribal Consultations.

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 <i>11-30-10</i>	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED <i>November 30, 2010</i>	18. DATE APPROVED <i>May 27, 2011</i>
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL <i>December 1, 2010</i>	20. SIGNATURE OF REGIONAL OFFICIAL <i>Mandy J Hanks</i>
21. TYPED NAME <i>Mandy Hanks</i>	22. TITLE <i>Acting Associate Regional Administrator for Medicaid and Children's Health Operations</i>
23. REMARKS	