DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 11-0002

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: January 1, 2011

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
1902(a)(42)(B) of the Social Security Act
~~Section 6411 of the Affordable Care Act~~

7. FEDERAL BUDGET IMPACT
a. FFY '11 $ 0
b. FFY '12 $ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Section 4.5, Page ~~85, 86~~ 36b and 36c (new pages)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
~~Section 4.5, Page 85, 86~~

10. SUBJECT OF AMENDMENT
Implementation and attestation for the Medicaid RAC program, as statutorily required in Section 6411 of the Affordable Care Act (ACA).

11. 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
☐ OTHER, AS SPECIFIED

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME: CHARLES J. KROGMEIER

14. TITLE: DIRECTOR

15. DATE SUBMITTED: 1-5-11

16. RETURN TO
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: January 5, 2011

18. DATE APPROVED: February 18, 2011

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2011

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME: Leticia Barraza

22. TITLE: Acting Associate Regional Administrator for Medicaid and Children's Health Operations

23. REMARKS
pen & ink changes per States request

FORM CMS-179 (07/92)

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