ENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2. STATE
TRANSMITTAL AND NOTICE OF APPROVAL OF	1 1 _ 0 0 5 IOWA
STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
	4. PROPOSED EFFECTIVE DATE
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2011
5. TYPE OF PLAN MATERIAL (Check One)	
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSID	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)	
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT
CFR 42 at 440.70 and 440.90	b FFY 13 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
Attachment 4.19-B, page 8, 9, 9x, 9b, 9c, 9d	OR ATTACHMENT (If Applicable)
Supplement 2 to Att. 3.1-A Page 21	Attachment 4.19-B, page 8, 9, 9x, 9b Supplement 2 -b AH. 3-1-A, Page 21
Supplies of the second	Supplied a 40 All. 5
10. SUBJECT OF AMENDMENT	
Amend/clarify state plan language for home health agencies, community mental health centers, and maternal health centers in response to the CMS corrective action plan for approved SPA MS-09-021.	
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	
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO
C/n falmer	CHARLES M. PALMER DIRECTOR
13. TYPED NAME CHARLES M. PALMER	DEPARTMENT OF HUMAN SERVICES 1305 EAST WALNUT 5TH FLOOR DES MOINES IA 50319-0114
14. TITLE DIRECTOR	
15. DATE SUBMITTED	
2 - //-// FOR REGIONAL O	FFICE USE ONLY
17. DATE RECEIVED	18. DATE APPROVED_
tehruary 112011	October 13,2011
PLAN APPROVED - O	NE COPY ATTACHED 20. SIGNATURE OF REGIONAL OFFICIAL
19. EFFECTIVE DATE OF APPROVED MATERIAL	20, 510 200 100
January 2011	22. TITLE Associate Regional Administrator
21. TYPED NAME	for Medicaid and Children's Health Operation
James G. JCOH	to medicare una Uniterans marin oporation
23. REMARKS	
23. REMARKS Pen and ink changes per 10.3.11 amail from State.	
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