

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER  
1 1 - 0 0 6

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  
**August 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  
**42 CFR 440.160**

7. FEDERAL BUDGET IMPACT  
a. FFY '11 **\$ 36,534.16**  
b. FFY '12 **\$ 212,485.00**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 4.19-A, Pages 34, 35**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**Attachment 4.19-A, Pages 34, 35**

10. SUBJECT OF AMENDMENT  
**HF 649, as authorized by the Iowa General Assembly, restored the 5% payment reduction applied to PMIC reimbursement on December 1, 2009.**

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  
*Charles M. Palmer*

13. TYPED NAME  
**CHARLES M. PALMER**

14. TITLE  
**DIRECTOR**

15. DATE SUBMITTED  
**9-23-11**

16. RETURN TO  
**CHARLES M. PALMER  
DIRECTOR  
DEPARTMENT OF HUMAN SERVICES  
1305 EAST WALNUT 5TH FLOOR  
DES MOINES IA 50319-0114**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

18. DATE APPROVED  
**FEB 17 2012**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL  
**AUG - 1 2011**

20. SIGNATURE OF REGIONAL OFFICIAL  
*Thompson*

21. TYPED NAME  
**Penny Thompson**

22. TITLE  
**Deputy Director, CMCS**

23. REMARKS