

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>1 1 - 0 2 4</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>October 1, 2011</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 <u>12 12</u> \$ <u>0</u> b. FFY <u>12 13</u> \$ <u>0</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 4.19-A, Page 26e</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Attachment 4.19-A, Page 26e</b>

10. SUBJECT OF AMENDMENT

**House File 649, as authorized by the IA General Assembly, modified the maximum amount of disproportionate share hospital payments that could be paid to Broadlawns Medical Center.**

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 <i>C.M. Palmer</i>	16. RETURN TO <b>CHARLES M. PALMER DIRECTOR DEPARTMENT OF HUMAN SERVICES 1305 EAST WALNUT 5<sup>TH</sup> FLOOR DES MOINES IA 50319-0114</b>
13. TYPED NAME <b>CHARLES M. PALMER</b>	
14. TITLE <b>DIRECTOR</b>	
15. DATE SUBMITTED <b>11-18-11</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:	18. DATE APPROVED: <b>FEB 17 2012</b>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>Oct - 1 2011</b>	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Thompson</i>
21. TYPED NAME: <b>Penny Thompson</b>	22. TITLE: <b>Deputy Director, CMCS</b>
23. REMARKS: <b>Pen &amp; ink change made to block # 7</b>	