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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | 1. TRANSMITTAL NUMBER <u>1 1 — 0 2 5</u> | 2. STATE <u>IOWA</u> |
| | 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 <u>November 1, 2011</u> | |

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)

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| 6. FEDERAL STATUTE/REGULATION CITATION ★ Section 4117 and 2502 of PPACA | 7. FEDERAL BUDGET IMPACT a. FFY '12 \$ <u>20,034</u> b. FFY '13 \$ <u>22,525</u> |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 2 to Attachment 3.1-A, Page 28 | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 2 to Attachment 3.1-A, Page 28 |

10. SUBJECT OF AMENDMENT

Results in all smoking cessation products (legend and nonprescription) being covered by IA Medicaid for all members. Sections in PPACA require coverage for pregnant women by 10/1/10 & for all members by 1/1/14. IA will cover all members beginning 11/1/11.

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

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| 12. SIGNATURE OF STATE AGENCY OFFICIAL <i>Charles M. Palmer</i> | 16. RETURN TO CHARLES M. PALMER DIRECTOR DEPARTMENT OF HUMAN SERVICES 1305 EAST WALNUT 5TH FLOOR DES MOINES IA 50319-0114 |
| 13. TYPED NAME CHARLES M. PALMER | |
| 14. TITLE DIRECTOR | |
| 15. DATE SUBMITTED | |

FOR REGIONAL OFFICE USE ONLY

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| 17. DATE RECEIVED <u>November 22, 2011</u> | 18. DATE APPROVED <u>February 8, 2012</u> |
| PLAN APPROVED - ONE COPY ATTACHED | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL <u>November 1, 2011</u> | 20. SIGNATURE OF REGIONAL OFFICIAL <i>James G. Scott</i> |
| 21. TYPED NAME <u>James G. Scott</u> | 22. TITLE <u>Associate Regional Administrator for Medicaid and Children's Health Operations</u> |

23. REMARKS
* pen and ink change per State e-mail dated 1.30.12