

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>11-027</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

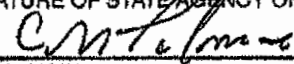
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION <u>1927d) (2) of SSA & Section 1927(k) (2) of SSA</u>	7. FEDERAL BUDGET IMPACT a. FFY '12 <u>\$ 0</u> b. FFY '13 <u>\$ 0</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Supplement 2 to Attachment 3.1-A, Page 29</u>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Supplement 2 to Attachment 3.1-A, Page 29</u>


10. SUBJECT OF AMENDMENT
This change (per the request of CMS in the letter dated November 21, 2011, to Jennifer Vermeer as attached) removes from coverage in the Non-prescription Drugs portion of the Pharmacy Program area, four categories of products that do not meet the definition of a covered outpatient drug as defined by section 1927(k)(2) of the Social Security Act (SSA). These products will be covered under medical supplies.

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 	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

17. DATE RECEIVED <u>December 21, 2011</u>	18. DATE APPROVED <u>January 27, 2012</u>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL <u>November 1, 2011</u>	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME <u>James G. Scott</u>	22. TITLE <u>Associate Regional Administrator for Medicaid and Children's Health Operations</u>

23. REMARKS