DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES	FORM APPROVED OMB No. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2012
5. TYPE OF PLAN MATERIAL (Check One)	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT: (Separate transmittal for each amendment)	
6. FEDERAL STATUTE/REGULATION CITATION 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	7. FEDERAL BUDGET IMPACT a. FFY <u>12</u> \$ <u>403,502</u> b. FFY <u>13</u> \$ <u>1,188,173</u> 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 1d	OR ATTACHMENT (<i>if Applicable</i>) Attachment 4.19-B, Page 1d
10. SUBJECT OF AMENDMENT Iowa SF 2366 required implementation of a two percent payment increase for home health - intermittent services.	
11. GOVERNOR'S REVIEW (Check One)	C OTHER, AS SPECIFIED
12. SIGNATURE OF STATE AGENO OFFICIAL	6. RETURN TO CHARLES M. PALMER
13. TYPED NAMÉ CHARLES M. PALMER	DIRECTOR DEPARTMENT OF HUMAN SERVICES
14. TITLE DIRECTOR	1305 EAST WALNUT 5TH FLOOR DES MOINES IA 50319-0114
15. DATE SUBMITTED 9-26-12	
FOR REGIONAL O	
17. DATE RECEIVED September 26, 2012	18. DATE APPROVED May 9, 2013
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2012	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME	22. TITLE Associate Regional Administrator
James G. Scott	for Medicaid and Children's Health Operations
23. REMARKS	

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