

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>0 9 — 0 0 3</u>	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 JANUARY 1, 2009	

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>1902(a)(10)(A)(i)(Y)(Y)</u> <u>1902(cc)(1) of the Social Security Act</u>	7. FEDERAL BUDGET IMPACT a. FFY '09 <u>\$ 397,933 282,960</u> b. FFY '10 <u>\$ 4,180,122 1,428,000</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 2.2-A, Page 23e Attachment 2.6-A, Page 12e, 12f, 12g, 12h Supplement 8c to Attachment 2.6-A, page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) None

10. SUBJECT OF AMENDMENT

The State implemented a new Medicaid group for children with disabilities per the Family Opportunity Act (FOA).

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 Eugene I. Gessow Director Department of Human Services 1305 East Walnut, 5th Floor Des Moines, IA 50319-0114
13. TYPED NAME Eugene I. Gessow	
14. TITLE Director	
15. DATE SUBMITTED <u>8-24-09 March 24 2009</u>	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED March 24, 2009	18. DATE APPROVED June 22, 2009
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2009	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME James G. Scott	22. TITLE Associate Regional Administrator for Medicaid and Children's Health Operations

23. REMARKS
Pen and ink changes per State e-mail 6/1/09