

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>0 9 — 0 0 6</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>August 1, 2009</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)

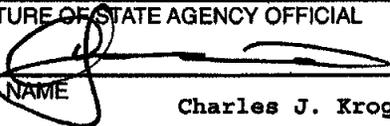
6. FEDERAL STATUTE/REGULATION CITATION ✖ <u>1902(a)(10)(A)(i)(VIII)</u>	7. FEDERAL BUDGET IMPACT a. FFY 09 \$ <u>0</u> b. FFY 10 \$ <u>0</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 2.6-A, Page 12c</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Attachment 2.6-A, Page 12c</b>

10. SUBJECT OF AMENDMENT

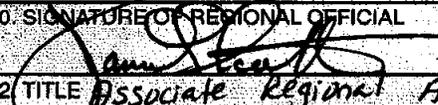
**Request is due to a premium scale adjustment per 441 IAC 75.1(139)"b". The maximum premium amount is based on the average state employee health insurance premium, and that amount decreased for 2009. Therefore, premiums for MEPD have decreased.**

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 <b>Charles J. Krogmeier Director Department of Human Services 1305 East Walnut, 5th Floor Des Moines, IA 50319-0114</b>
13. TYPED NAME <b>Charles J. Krogmeier</b>	
14. TITLE <b>Director</b>	
15. DATE SUBMITTED <b>9-28-09</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED <b>September 28, 2009</b>	18. DATE APPROVED <b>December 18, 2009</b>
<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>August 1, 2009</b>	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME <b>James G. Scott</b>	22. TITLE <b>Associate Regional Administrator for Medicaid and Children's Health</b>

23. REMARKS  
**\* per and wlk change per request by state**