

JUL 24 09

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

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|---|-------------------------|
| 1. TRANSMITTAL NUMBER <u>0 9 - 0 0 8</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
July 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

7. FEDERAL BUDGET IMPACT

a. FFY '09 \$ 3,280,115

b. FFY '10 \$ 10,356,388

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-D, Page 2, 2a, 5a, 5b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-D, Page 2, 2a, 5a, 5b

10. SUBJECT OF AMENDMENT

Identifies inflation methodology for nursing facility rate setting effective July 1, 2009

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


13. TYPED NAME **Charles J. Krogmeier**

14. TITLE **Director**

15. DATE SUBMITTED **7-28-09**

16. RETURN TO

**Charles J. Krogmeier
Director
Department of Human Services
1305 East Walnut, 5th Floor
Des Moines, IA 50319-0114**

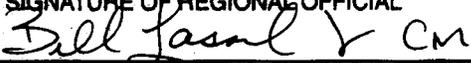
FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED **July 29, 2009**

18. DATE APPROVED **12-23-09**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
JUL 1 - 2009

20. SIGNATURE OF REGIONAL OFFICIAL


21. TYPED NAME
William Lasowski

22. TITLE
Deputy Director, CMSO

23. REMARKS