

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

1. TRANSMITTAL NUMBER

0 9 — 0 1 3

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, 2010

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 10 \$ 0

b. FFY 11 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 8b to Attachment 2.6-A, Page
1, 2, 3, 4

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Supplement 8b to Attachment 2.6-A, Page
1, 2, 3, 4

10. SUBJECT OF AMENDMENT

Request is being made in accordance to changes to the LTC Partnership Program as directed by the DRA of 2005 and 2009 IA HF 723. Bill directs the IA DHS to amend the Medical Assistance state plan to provide that an asset disregard equal to the amount of the insurance benefits paid to or on behalf of the individual who purchase

11. GOVERNOR'S REVIEW (Check One)

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

Charles J. Krogmeier

14. TITLE

Director

15. DATE SUBMITTED

9-28-09

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

September 28, 2009

18. DATE APPROVED

December 17, 2009

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2010

20. SIGNATURE OF REGIONAL OFFICIAL

Jackie Glaze

21. TYPED NAME

Jackie Glaze

Acting Associate Regional Administrator
for Medicaid and Children's Health Operations

23. REMARKS