

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>0 9 — 0 1 4</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 March 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 42 CFR 435.1101 and 435.1102	7. FEDERAL BUDGET IMPACT a. FFY '10 \$ 759,513 b. FFY '11 \$ 2,981,858
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 2.2-A, Page 23 <i>ef</i>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) None

10. SUBJECT OF AMENDMENT

Iowa is implementing presumptive eligibility for children. the fiscal estimate assumes 1,176 children will become eligible because of presumptive eligibility by the end of FFY 2010, and 2,446 children will become eligible by the end of FFY 2011.

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED November 19, 2009	18. DATE APPROVED December 17, 2010
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL March 1, 2010	20. SIGNATURE OF REGIONAL OFFICIAL Mandy J Hanks
21. TYPED NAME Mandy Hanks	22. TITLE Acting Associate Regional Administrator for Medicaid and Children's Health Operations

23. REMARKS
per a/c ink change per email from State.