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

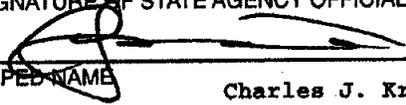
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| 6. FEDERAL STATUTE/REGULATION CITATION | 7. FEDERAL BUDGET IMPACT a. FFY 10 \$ <u>0</u> b. FFY 11 \$ <u>0</u> |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 2 to Attachment 3.1-A, Page 29 | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 2 to Attachment 3.1-A, Page 29 |

10. SUBJECT OF AMENDMENT

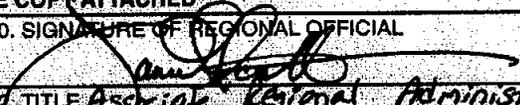
The SSDC Iowa Medicaid Supplemental Drug Rebate Agreement utilized by the state to enter into a rebate agreement with a drug manufacturer has been revised and must be authorized by CMS.

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

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| 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 9-28-09 | |

FOR REGIONAL OFFICE USE ONLY

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| 17. DATE RECEIVED September 28, 2009 | 18. DATE APPROVED November 4, 2009 |
| PLAN APPROVED - ONE COPY ATTACHED | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2010 | 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 | |