DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 0 9 — 0 2 0

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: December 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 '10 $ (20,685,858)
b. FFY '11 $ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-A, Page 12, 24, 25, 26b
Attachment 4.19-C, Page 1, 2
Attachment 4.19-D, Page 2, 2a, 5a, 5b, 13
Supplement 4 to Attachment 4.19-D, Page 4, 5

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*

Attachment 4.19-A, Page 12, 24, 25, 26b
Attachment 4.19-C, Page 1, 2
Attachment 4.19-D, Page 2, 2a, 5a, 5b, 13
Supplement 4 to Attachment 4.19-D, Page 4, 5

10. SUBJECT OF AMENDMENT

Reductions in payment rates and changes in payment standards for inpatient hospital and NFs related to across the board budget cuts made by the Governor.

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: 12/21/9

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: December 24 2009

18. DATE APPROVED: AUG 19 2010

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: DEC - 1 2009

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME: CINDY MANN

22. TITLE: DIRECTOR, CMCS

23. REMARKS

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