

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>1 0 — 0 0 2</u>	2. STATE <u>IOWA</u>
	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 <u>January 1, 2010</u>	

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

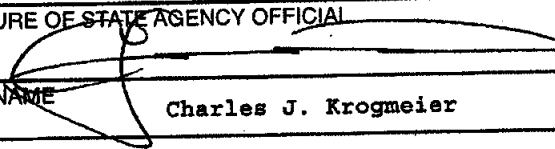
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION <u>1902(a)(10)(E)(i), 1902(a)(10)(E)(iii), 1902(a)(10)(E)(iv), 186DD-14(a)(3)(b)</u>	7. FEDERAL BUDGET IMPACT a. FFY 10 <u>\$ 5,611,387</u> b. FFY 11 <u>\$ 9,057,103</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 2.2-A, Page 9b, 9b1, 9b2, & 9b3 Attachment 2.6-A, Page 22</u>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 2.2-A, Page 9b, 9b1, 9b2, & 9b3 Attachment 2.6-A, Page 22</u>

10. SUBJECT OF AMENDMENT
Increases the resource limits for QMB, SLMB and QL. Adds Qualified Individuals (QI's) to Attachment 2.6-A. Uses current language for Specified Low Income Medicare Beneficiaries (SLMB) in Attachment 2.2-A, and Re-numbers 28 to 29 and 29 to 30 in Attachment 2.2-A.

11. GOVERNOR'S REVIEW (Check One)

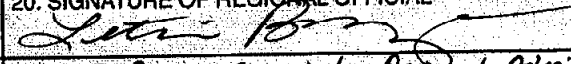
GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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 2/11/10	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED <u>February 15, 2010</u>	18. DATE APPROVED <u>May 14, 2010</u>
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL <u>January 1, 2010</u>	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME <u>Leticia Barraza</u>	22. TITLE <u>Acting Associate Regional Administrator for Medicaid and Children's Health Operations</u>

23. REMARKS
pen and ink changes per e-mail dated 5/5/10.