

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>1 0 — 0 0 7</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>July 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)

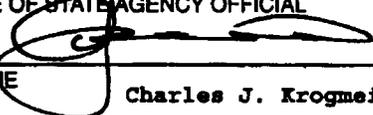
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT a. FFY '10 <u>\$ 1,190,813</u> b. FFY '11 <u>\$ 4,697,250</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 4.19-A, Page 5, 6, 26c, 26d, 26e, 28a, 29, 32, 33</u>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 4.19-A, Page 5, 6, 26c, 26d, 26e, 28a, 29, 32, 33, 5a, 26e.1, 26f, 26g, 28b</u>

10. SUBJECT OF AMENDMENT

Remove IACare expansion language and establish disproportionate share hospital (DSH) payments. The non-federal share of the \$7,500,000 increase in DSH payment to the UI is provided by the UI through an IGT, therefore we have shown \$0 as the state dollar impact. DSH to Broadlawn has been moved from an IACare expenditure to a regular Medicaid expenditure freeing up budget neutrality space for IowaCare.

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 <u>7-1-10</u>	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED <u>July 8, 2010</u>	18. DATE APPROVED <u>02-02-11</u>
--	--------------------------------------

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL <u>JUL - 1 2010</u>	20. SIGNATURE OF REGIONAL OFFICIAL <u>Bill Rowen p.c.</u>
21. TYPED NAME <u>William Lasowski</u>	22. TITLE <u>Deputy Director, CMCS</u>

23. REMARKS
Pen & ink change made to block #9