

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>1 0 — 0 1 1</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 <p style="text-align: center;">July 1, 2010</p>	

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>0</u> b. FFY '11 \$ <u>0</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Section 4, page 53B, 53a</u> <u>Supplement 8b to Attachment 2.6-A, Page 1, 2, 3, 4</u>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Section 4, page 53B, 53a</u> <u>Supplement 8b to Attachment 2.6-A, Page 1, 2, 3, 4</u>

10. SUBJECT OF AMENDMENT

SPA is being submitted because of changes to the LTC Partnership Program as directed by the DRA of 2005 and clarification from CMS. Determined that the placement for the asset exemption from estate recovery is on page 53b and removed from Sup. 8b to Attachment 2.6-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 <p style="text-align: center;">CHARLES J. KROGMEIER</p>	
14. TITLE <p style="text-align: center;">DIRECTOR</p>	
15. DATE SUBMITTED <p style="text-align: center;">9-23-10</p>	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED <u>September 23, 2010</u>	18. DATE APPROVED <u>December 9, 2010</u>
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL <u>July 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 from State