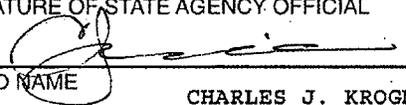


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>1 0 — 0 1 4</u>	2. STATE <u>IOWA</u>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <p style="text-align: center;">November 1, 2010</p>	
5. TYPE OF PLAN MATERIAL (Check One)			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION <u>Social Security Act 1902(a)(3D)</u>		7. FEDERAL BUDGET IMPACT a. FFY '11 <u>\$ 0</u> b. FFY '12 <u>\$ 0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Supplement 2 to Attachment 3.1-A, Page 17</u>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Supplement 2 to Attachment 3.1-A, Page 17</u>	
10. SUBJECT OF AMENDMENT <p>Pharmacies who admin. the influenza vaccine which is available through the VFC program to Medicaid members shall enroll in the VFC program and receive reimbursement for the admin. of this vaccine to Medicaid members similar to the other providers that admin. the vaccine.</p>			
11. GOVERNOR'S REVIEW (Check One)			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> 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 <u>CHARLES J. KROGMEIER</u>			
14. TITLE <u>DIRECTOR</u>			
15. DATE SUBMITTED <u>9-23-10</u>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED <u>September 23, 2010</u>		18. DATE APPROVED <u>December 16, 2010</u>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL <u>November 1, 2010</u>		20. SIGNATURE OF REGIONAL OFFICIAL <u>Mandy Hanks</u>	
21. TYPED NAME <u>Mandy Hanks</u>		22. TITLE <u>Acting Associate Regional Administrator for Medicaid and Children's Health Operations</u>	
23. REMARKS <u>pen and ink change per e-mail from State.</u>			