

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>1 0 — 0 1 5</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;">October 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 '11 \$ <u>0</u> b. FFY '12 \$ <u>0</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 3.1-C, Page 4, 11, 25</u>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 3.1-C, Page 4, 11, 25</u>

10. SUBJECT OF AMENDMENT

Removes limits on enrollment and removes option to use waiting lists for 1915^(b) State Plan HCBS services. Iowa's enrollment has never reached the limit and a waiting list has never been utilized, so there is no fiscal impact to this change. E

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 <i>Charles J. Krogmeier sr</i>	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;">10-29-10</p>	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED <u>October 29, 2010</u>	18. DATE APPROVED <u>December 17, 2010</u>
--	---

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL <u>October 1, 2010</u>	20. SIGNATURE OF REGIONAL OFFICIAL <i>Mandy J Hanks</i>
21. TYPED NAME <u>Mandy L. Hanks</u>	22. TITLE <u>Acting Associate Regional Administrator for Medicaid and Children's Health Operations</u>

23. REMARKS
pen and ink change per e-mail from State