

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>1 1 — 0 0 2</u>	2. STATE IOWA
		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 January 1, 2011	
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 <i>1902(a)(42)(B) of the Social Security Act Section 6411 of the Affordable Care Act</i>		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 <i>Section 4.5, Page 85, 86 36b and 36c (new pages)</i>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <i>Section 4.5, Page 85, 86</i>	

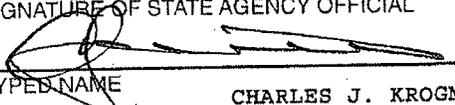
10. SUBJECT OF AMENDMENT
Implementation and attestation for the Medicaid RAC program, as statutorily required in Section 6411 of the Affordable Care Act (ACA).

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 1-5-11	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED January 5, 2011	18. DATE APPROVED February 18, 2011
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2011	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Leticia Baraza	22. TITLE Acting Associate Regional Administrator for Medicaid and Children's Health Operations

23. REMARKS
pen & ink changes per States request