

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>1 1 0 0 8</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 September July 1, 2011	

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 SSA 1919(b) (3) (F) /42 CFR 483.100-138	7. FEDERAL BUDGET IMPACT a. FFY '11 \$ <u>571,950</u> b. FFY '12 \$ <u>571,950</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.39, Page 1 Attachment 4.39-A, Page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

10. SUBJECT OF AMENDMENT

Nursing Facility Preadmission Screening and Resident Review (PASRR) Specialized Services and Categorical Determinations definitions.

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>CM Palmer</i>	16. RETURN TO CHARLES M. PALMER DIRECTOR DEPARTMENT OF HUMAN SERVICES 1305 EAST WALNUT 5TH FLOOR DES MOINES IA 50319-0114
13. TYPED NAME CHARLES M. PALMER	
14. TITLE DIRECTOR	
15. DATE SUBMITTED 5-17-11	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED May 17, 2011	18. DATE APPROVED August 15, 2011
--	---

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL September 1, 2011	20. SIGNATURE OF REGIONAL OFFICIAL <i>[Signature]</i>
21. TYPED NAME James G. Scott	22. TITLE Associate Regional Administrator for Medicaid and Children's Health Operations

23. REMARKS

pen and ink change per state dated 7.21.11.