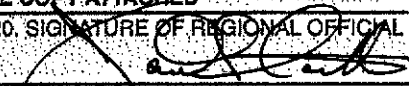


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 1 2 — 0 0 2	2. STATE IOWA
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (Check One) ☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT		4. PROPOSED EFFECTIVE DATE March 1, 2012	
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 '12 \$ 0 b. FFY '13 \$ 0		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-F, Pages 1-20	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-F, Pages 1-20		
10. SUBJECT OF AMENDMENT Will allow the IA DHS to add enrollment in an HMO to the options available to members required currently to participate in medical managed care. Only the PCCM program (Medipass) is available at this time. HMO will be available in selected counties.			
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 M. PALMER DIRECTOR DEPARTMENT OF HUMAN SERVICES 1305 EAST WALNUT 5TH FLOOR DES MOINES IA 50319-0114		
13. TYPED NAME CHARLES M. PALMER	15. DATE SUBMITTED 2-16-12		
14. TITLE DIRECTOR			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED February 16, 2012	18. DATE APPROVED March 22, 2012		
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL March 1, 2012	20. SIGNATURE OF REGIONAL OFFICIAL 		
21. TYPED NAME James G. Scott	22. TITLE Associate Regional Administrator For Medicaid and Children's Health Operations		
23. REMARKS			