

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>1 2 0 0 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 <u>April 1, 2012</u>	

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 <u>42 CFR 455 Subpart E</u>	7. FEDERAL BUDGET IMPACT a. FFY '12 <u>\$ 0</u> b. FFY '13 <u>\$ 21,313</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Section 4.46 pages 86, 87 and 88</u>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Section 4.46 pages 86, 87 and 88</u>

10. SUBJECT OF AMENDMENT

This is Iowa's assurances that the IA DHS/IME will implement the provider enrollment and screening requirements as identified in the Affordable Care Act.

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>C.M. 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 <u>3-22-12</u>	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED March 22, 2012 18. DATE APPROVED April 26, 2012

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL <u>April 1, 2012</u>	20. SIGNATURE OF REGIONAL OFFICIAL <i>James G. Scott</i>
21. TYPED NAME <u>James G. Scott</u>	22. TITLE <u>Associate Regional Administrator for Medicaid and Children's Health Operations</u>

23. REMARKS