DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 13 — 003

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: April 1, 2013

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

~~Section 2703 of PPACA~~ Section 2301 of PPACA

7. FEDERAL BUDGET IMPACT
a. FFY '13 $ 0
b. FFY '14 $ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

~~Attachment 3.1-B, Page 16~~
Attachment 4.19-B, Page 15a
Attachment 3.1-A, Page 18

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*

~~Attachment 3.1-B, Page 16~~
~~Attachment 4.19-B, Page 15a~~

10. SUBJECT OF AMENDMENT To align state plan with requirements under PPACA Section 2301, regarding coverage of free-standing birth centers (FSBCs)

~~Regards free-standing birth centers, pursuant to ACA Section 2301. Moves existing birth center coverage provisions to a different portion of the State Plan, per requirements under the ACA.~~

11. GOVERNOR'S REVIEW *(Check One)*

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED

12. SIGNATURE OF STATE AGENCY OFFICIAL

C M Palmer

13. TYPED NAME: CHARLES M. PALMER

14. TITLE: DIRECTOR

15. DATE SUBMITTED

16. RETURN TO

CHARLES M. PALMER
DIRECTOR
DEPARTMENT OF HUMAN SERVICES
1305 EAST WALNUT 5TH FLOOR
DES MOINES IA 50319-0114

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: April 3, 2013

18. DATE APPROVED: July 2, 2013

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2013

20. SIGNATURE OF REGIONAL OFFICIAL: /s/

21. TYPED NAME: Leticia Barraza

22. TITLE: Acting Associate Regional Administrator for Medicaid and Children's Health Operations

23. REMARKS

Pen and Ink changes per state e-mail dated 6.27.13.