CENTERS FOR MEDICARE & MEDICAID SERVICES		0110 110, 0000 0 100
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER 1 3 — 0 1 0	2. STATE
STATE PLAN MATERIAL	A.,	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX SECURITY ACT (MEDICAID)	OF THE SOCIAL
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	May 1, 2013	
5. TYPE OF PLAN MATERIAL (Check One)		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSID	in the state of th	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENI		endment)
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT a. FFY '13 \$ 0	
	b. FFY 14 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEI OR ATTACHMENT (If Applicable)	DED PLAN SECTION
Supplement 2 to Attachment 3.1-A, Page 21, 22, 23, 24, 25	Supplement 2 to Attachment 3.1-A, Page 21, 22, 23, 24, 25	
		,
10. SUBJECT OF AMENDMENT		***************************************
Dental service changes to cover services that a requests.	are always approved on an ex	ception to policy
· · · · · · · · · · · · · · · · · · ·		
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	
	0.0000000000000000000000000000000000000	
12, SIGNATURE OF STATE OF STAT	6. RETURN TO	
C/n to lones	CHARLES M. PALMER DIRECTOR	
13. TYPED NAMÉ CHARLES M. PALMER	DEPARTMENT OF HUMAN SERVICES 1305 EAST WALNUT 5TH FLOOR DES MOINES IA 50319-0114	
14. TITLE DIRECTOR		
15. DATE SUBMITTED		
FOR REGIONAL OF		
7. DATE RECEIVED June 24, 2013 PLANAPPROVED - ON	8. DATE APPROVED September 20.	2013
130 14 1 1850 196 1970 1970 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E COPT ATTACHED RO. SIGNATURE OF REGIONAL OFFICIA	
May 1, 2013.	(8/	
21/TYPED NAME Megan Buck	2. TITLE Acting Associate Regional Administrator for Medicaid and Children's Health Operations	
23. REMARKS		