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SUPPLEMENT 3 TO ATTACHMENT 2.2-A
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OMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Iowa

Method for Determining Cost Effectiveness of Caring for
Certain Disabled Children At Home

Not applicable

*Agency that determines eligibility for coverage. _____

SN No. MS-91-46

Supersedes _____

Approval Date

JAN 29 1992

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