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**State/Territory Name:** Iowa

**State Plan Amendment (SPA) #:** IA-25-0020

This file contains the following documents in the order listed:

- 1) Approval Letter
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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-01-16  
Baltimore, MD 21244-1850



**Children and Adults Health Programs Group**

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March 28, 2025

Rebecca Curtiss  
Interim Medicaid Director  
Iowa Department of Human Services  
Iowa Medicaid Enterprise  
611 5<sup>th</sup> Avenue  
Des Moines, IA 50309

Dear Director Curtiss:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) IA-25-0020, submitted on March 20, 2025, has been approved. This SPA has an effective date of January 1, 2025.

Under IA-24-0014, Iowa received approval to provide 12 months of continuous postpartum coverage to individuals enrolled in its separate CHIP, pursuant to section 9822 of the American Rescue Plan Act of 2021 (ARP). In addition, under IA-24-0016, Iowa modified the income levels for both the separate CHIP and title XXI funded Medicaid expansion program for children from ages 0 to 1. Specifically, the state reduced the income level from 375 to 300 percent FPL in the Medicaid expansion program for children ages 0 to 1 and adopted coverage for children in its separate CHIP from ages 0 to 1 from 300 to 302 percent FPL. These changes had an effective date of January 1, 2025.

Iowa subsequently requested to modify its effective date for the changes adopted under IA-24-0014 and IA-24-0016 from January 1, 2025, to April 1, 2025, because the state planned to implement the changes effective April 1. To accurately reflect this later effective date in its state plan, Iowa submitted IA-25-0020 to rescind the previously approved SPAs IA-24-0014 and IA-24-0016. In addition, the state submitted CHIP SPA, IA-25-0021, to reinstate IA-24-0014 and IA-24-0016 changes with an April 1, 2025, effective date. Thus, under IA-25-0021, effective April 1, 2025, Iowa provides 12 months of continuous postpartum coverage to individuals enrolled in its separate CHIP, and coverage to children from ages 0 to 1 from 300 to 302 percent of the FPL. The state's Medicaid expansion program provides coverage for children ages 0 to 1 from 240 to 300 percent of the FPL. Please see the approval letter for IA-25-0021 for additional details.

Medicaid SPAs, IA-25-0018 and IA-25-0019, make corresponding changes to the Medicaid state plan.

A copy of the approved CS3, CS7, and CS27 state plan pages are attached to be incorporated into the state's approved CHIP state plan.

Your Project Officer is Carrie Grubert. Carrie is available to answer your questions concerning these amendments and other CHIP-related matters. Carrie's contact information is as follows:

Centers for Medicare & Medicaid Services  
Center for Medicaid and CHIP Services  
7500 Security Boulevard, Mail Stop: S2-01-16  
Baltimore, MD 21244-1850  
Telephone: (410) 786-8319  
E-mail: [Carrie.Grubert@cms.hhs.gov](mailto:Carrie.Grubert@cms.hhs.gov)

If you have additional questions, please contact Mary Beth Hance, Acting Director, Division State Coverage Programs, at (410) 786-4299. We look forward to continuing to work with you and your staff.

Sincerely,

/Signed by Sarah deLone/

Sarah deLone  
Director



# CHIP Eligibility

State Name: Iowa

OMB Control Number: 0938-1148

Transmittal Number: IA - 25 - 0020

## Eligibility for Medicaid Expansion Program

CS3

42 CFR 457.320(a)(2) and (3)

Income eligibility for children under the Medicaid Expansion is determined in accordance with the following income standards:

There should be no overlaps or gaps for the ages entered.

### Age and Household Income Ranges

Add	From Age	To Age	Above (% FPL)	Up to & including (% FPL)	Remove
Add	0	1	240	375	Remove
Add	6	19	122	167	Remove

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20181119



# CHIP Eligibility

State Name:

OMB Control Number: 09381148

Transmittal Number: IA - 25 - 0020

## Separate Child Health Insurance Program Eligibility - Targeted Low-Income Children

CS7

2102(b)(1)(B)(v) of the SSA and 42 CFR 457.310, 315 and 320

☒ **Targeted Low-Income Children** - Uninsured children under age 19 whose household income is within standards established by the state.

☒ The CHIP Agency operates this covered group in accordance with the following provisions:

Age

Must be under age 19.

Income Standards

Income standards are applied statewide.

Are there any exceptions, e.g. populations in a county which may qualify under either a statewide income standard or a county income standard?

Statewide Income Standards

Begin with lowest age range first.

Please note that the lower bound for CHIP eligibility should be the highest standard used for Medicaid poverty-level children for the same age group or groups entered here.

Add	From Age	To Age	Above (% FPL)	Up to & including (% FPL)	Remove
<b>Add</b>	<input type="text" value="1"/>	<input type="text" value="19"/>	167	302	<b>Remove</b>

Age ranges may overlap. If there is an overlap, provide an explanation. Include the age ranges for each income standard that has overlapping ages and the reason for having different income standards.

Special Program for Children with Disabilities

Does the state have a special program for children with disabilities?

PRA Disclosure Statement



# CHIP Eligibility

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V.20181119



# CHIP Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: IA - 25 - 0020

## Separate Child Health Insurance Program General Eligibility - Continuous Eligibility

CS27

2107(e)(1)(K) of the SSA and 42 CFR 457.342 and 435.926; 2107(e)(1)(J) and 1902(e)(16) of the SSA

### Mandatory 12-Month Postpartum Continuous Eligibility in CHIP for States Electing This Option in Medicaid

At state option in Medicaid, states may elect to provide continuous eligibility for an individual's 12-month postpartum period consistent with section 1902(e)(16) of the SSA. If elected under Medicaid, states are required to provide the same continuous eligibility and extended postpartum period for pregnant individuals in its separate CHIP. A separate CHIP cannot implement this option if not also elected under the Medicaid state plan.

State elected the Medicaid option to provide continuous eligibility through the 12- month postpartum period

### Mandatory Continuous Eligibility for Children

The CHIP Agency must provide that children who have been determined eligible under the state plan shall remain eligible, regardless of any changes in the family's circumstances, for a 12-month continuous eligibility period.

☒ Consistent with section 2107(e)(1)(K) of the SSA, the state assures that continuous eligibility is provided to its targeted low-income children for a duration of 12 months, regardless of any changes in circumstances, unless:

- ☐ The child attains age 19.
- ☐ The child or child's representative requests voluntary disenrollment.
- ☐ The child is no longer a resident of the state.
- ☐ The Agency determines that eligibility was erroneously granted at the most recent determination or renewal of eligibility because of Agency error or fraud, abuse, or perjury attributed to child or child's representative.
- ☐ The child dies.
- ☐ The child becomes eligible for Medicaid.

The state elects to provide coverage to the from-conception-to-end-of-pregnancy (FCEP) population (otherwise known as the "unborn").

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V.20240322