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State/Territory Name: Iowa

State Plan Amendment (SPA) #: IA-25-0021

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

March 28, 2025

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

Dear Director Curtiss:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) IA-25-0021, submitted on March 20, 2025, has been approved. This SPA has an effective date of April 1, 2025.

Through this SPA, Iowa provides 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). Section 9822 of the ARP added section 2107(e)(1)(J) to the Social Security Act (the Act), which requires states to provide continuous eligibility throughout an individual's pregnancy and 12-month postpartum period in CHIP if the state has elected this option in Medicaid.

In addition, this SPA modifies the income levels for both the separate CHIP and title XXI funded Medicaid expansion program for children from ages 0 to 1. It reduces the income level from 375 to 300 percent FPL in the Medicaid expansion program for children ages 0 to 1. It also permits the state to provide coverage for children in its separate CHIP from ages 0 to 1 from 300 to 302 percent FPL.

The Medicaid companion SPA, IA-25-0019, effectuates corresponding changes in the Medicaid state plan by reinstating postpartum coverage and revising the income standard in the same age group from 375 to 300 percent FPL.

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.

Page 2 – Director Curtiss

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

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



State Name:	Iowa	OMB Control Number: 0938-1148

Transmittal Number: IA - 25 - 0021

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	300	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.

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tate Name: Iowa			OMB Control Number: 09381148			
Γransmittal N	umber: <u>IA</u> - <u>25</u> -	- 0021				
-		surance Progr v-Income Chil				CS7
. , , , , ,	. ,	d 42 CFR 457.310				
Targeted l state.	Low-Income Chi	ldren - Uninsured	children under age 1	9 whose household income is within	standards establis	hed by the
✓ The C	HIP Agency oper	ates this covered g	roup in accordance v	with the following provisions:		
Age						
Must be u	nder age 19.					
ncome Standa	ards					
Income s	tandards are appl	ied statewide. Y	es			
stand	here any exception ard or a county in wide Income Stan	acome standard?	ns in a county which	may qualify under either a statewide	income	0
Pleas		wer bound for CH	IP eligibility should by groups entered here.	be the highest standard used for Med	icaid poverty-	
Add	From Age	To Age	Above (% FPL)	Up to & including (% FPL)	Remove	
Add	0	19	167	302	Remove	
		•		an explanation. Include the age rang		
	m for Children w		ldren with disabilitie	s? No		

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CHIP state plan.

CHIP Eligibility

State Name: Iowa	OMB Control Number: 0938-1148			
Transmittal Number: IA - 25 - 0021				
Separate Child Health Insurance Program	CS27			
General Eligibility - Continuous Eligibility	C521			
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 f	or 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 Yes			
The state assures the extended postpartum period available to p income pregnant women under section 2107(e)(1)(J) of the SSA	regnant targeted low-income children or targeted low-A is provided consistent with the following provisions:			
Continuous eligibility is provided to targeted low-income child women (if applicable) who are eligible for and enrolled under t postpartum period who would otherwise lose eligibility because	he state child health plan through the end of the 12-month			
■ The individual or representative requests voluntary disen	rollment.			
■ The individual is no longer a resident of the state.				
The Agency determines that eligibility was erroneously grenewal of eligibility because of Agency error or fraud, a	granted at the most recent determination or buse, or perjury attributed to the individual.			
■ The individual dies.				
Unlike continuous eligibility for children, states providing the 12-n eligibility due to becoming eligible for Medicaid.	nonth postpartum period may not end an individual's continuous			
Consistent with section 2107(e)(1)(J) of the SSA, the sta individual's pregnancy and 12-month postpartum period	te assures that continuous eligibility is provided through an regardless of an individual becoming eligible for Medicaid.			
Benefits provided during the 12-month postpartum period mus with the benefit package elected by the state under section 210 children and/or targeted low-income pregnant women and may	3(a) of the SSA that is available to targeted low-income			



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").

No

PRA Disclosure Statement

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