

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 235
Kansas City, Missouri 64106



Division of Medicaid and Children's Health Operations

October 1, 2010

Refer to:
DMCH: BC
IA SPA 10-008

Charles Krogmeier, Director
Department of Human Services
Hoover State Office Building
1305 East Walnut, 5th Floor
Des Moines, Iowa 50319 – 0119

Dear Mr. Krogmeier:

On July 1, 2010, the Centers for Medicare & Medicaid Services (CMS) received Iowa's state plan amendment (SPA), transmittal #10-008, to adjust premiums for the Medicaid for Employed People with Disabilities (MEPD) eligibility group. By state law, the maximum premium charged is based on the average state employee health insurance premium which increased for 2010. We were assured that the state has a process to identify and exempt tribal members from the premiums imposed for this group as required by federal law.

Based upon the information received, we are pleased to inform you that SPA 10-008 was approved on September 29, 2010 with an effective date of August 1, 2010. Enclosed is a copy of the CMS 179 form, as well as, the approved page for incorporation into the Iowa State plan. If you have any questions regarding this amendment, please call Barbara Cotterman at (816) 426-5925.

Sincerely,

James G. Scott
Associate Regional Administrator
for Medicaid and Children's Health Operations

Enclosure

cc: Jennifer Vermeer
Alisa Horn
Jill Whitten

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>1 0 — 0 0 8</u>	2. STATE <u>IOWA</u>
		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 <u>August 1, 2010</u> July 31, 2011	
5. TYPE OF PLAN MATERIAL (Check One)			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION <u>1902(a)(10)(A)(ii)(XIII)</u>		7. FEDERAL BUDGET IMPACT a. FFY '10 <u>\$ (6,120)</u> b. FFY '11 <u>\$ (222,899)</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 2.6-A, Page 12c</u>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 2.6-A, Page 12c</u>	
10. SUBJECT OF AMENDMENT Request is due to a premium scale adjustment per 441 IAC 75.1(39) "b". The maximum premium amount is based on the average state employee health insurance premium, and that amount increased for 2010. Therefore, premiums for Medicaid for Employed People with Disabilities (MEPD) have increased.			
11. GOVERNOR'S REVIEW (Check One)			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL		16. RETURN TO	
13. TYPED NAME <u>Charles J. Krogmeier</u>		Charles J. Krogmeier Director Department of Human Services 1305 East Walnut, 5th Floor Des Moines, IA 50319-0114	
14. TITLE <u>Director</u>			
15. DATE SUBMITTED <u>7-1-10</u>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED <u>July 1, 2010</u>		18. DATE APPROVED <u>September 29, 2010</u>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL <u>August 1, 2010</u>		20. SIGNATURE OF REGIONAL OFFICIAL <u>[Signature]</u>	
21. TYPED NAME <u>James G. Scott</u>		22. TITLE <u>Associate Regional Administrator for Medicaid and Children's Health Operations</u>	
23. REMARKS <u>Pen and ink charges per e-mail from state</u>			

State: Iowa

Citation	Condition or Requirement
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The definition of "family" for purposes of the 250% family income eligibility test includes:

- ◆ For disabled individuals under 18 and unmarried: the individual, parents living with the individual, unmarried siblings under 18 living with the individual, and children of the individual who live with the individual.
- ◆ For disabled individuals 18 or older or married: the individual, the individual's spouse living with the individual, and any unmarried children under 18 who are living with the individual.

In comparing family income to 250%, SSI income disregards and exemptions are applied.

Premiums will be charged for recipients with individual gross income in excess of 150% of the federal poverty level and will be adjusted annually based on changes in the average state employee health insurance premium. The premium is determined according to a sliding scale based on income, with the maximum premium, based on the average state employee's health insurance premium, charged only when not more than 7.5% of an individual's gross income.

Monthly premium amounts established August 1, 2010, begin at \$33 for individuals with gross income greater than 150% of the federal poverty level and increase to a maximum of \$608 for individuals with gross income greater than 900% of the federal poverty level. No other cost-sharing charges apply to this group, except for otherwise applicable Iowa Medicaid co-payments.

TN No.	<u>MS-10-008</u>	Approval Date	Effective Date
Supersedes			
TN No.	<u>MS-09-006</u>		