

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Iowa

Citations	Groups Covered
-----------	----------------

B. Optional Groups Other Than the Medically Needy (Continued)

1902(a)(10)(ii)(XIX)
of the Act

X 25. Family Opportunity Act –
Children who have not attained 19 years of age, who
would be considered disabled under Section
1614(a)(3)(C) of the Act, and whose family income
meets the standard described on Page 12e of Attachment
2.6-A.

X Beginning with the effective date of its plan
amendment, the State covers all children eligible
under this group.

TN No.	<u>MS-09-003</u>	Approval Date	<u>JUN 22 2009</u>	Effective Date	<u>JAN 01 2009</u>
Supersedes TN No.	<u>None</u>				

State: Iowa

Citation	Condition or Requirement
1902(a)(10)(A)(ii) (XIX) of the Act (Cont.)	<p data-bbox="454 399 1369 451"><u>Income Standards</u></p> <p data-bbox="454 462 1369 556"><input checked="" type="checkbox"/> The agency uses the family income standard of 300% of federal poverty level.</p> <p data-bbox="454 567 1369 661"><input type="checkbox"/> The agency uses the family income standard of less than 300% of the federal poverty level.</p> <p data-bbox="454 672 1369 724">Specify the income standard _____</p> <p data-bbox="454 735 1369 850"><input type="checkbox"/> The agency uses a family income standard higher than 300% of the federal poverty level (no federal financial participation is provided for benefits to families above 300% FPL).</p> <p data-bbox="454 861 1369 924">Specify the income standard _____</p>
	<p data-bbox="454 945 1369 987"><u>Resource Standards</u></p> <p data-bbox="454 1008 1369 1079">Under this provision agencies may not impose resource standards or asset tests in determining eligibility.</p>

TN No. MS-09-003 Approval Date JUN 22 2009 Effective Date JAN 01 2009
Supersedes
TN No. None

State: Iowa

Citation	Condition or Requirement
1902(a)(10)(A)(ii) (XIX) of the Act (Cont.)	<p data-bbox="487 409 779 451"><u>Income Methodologies</u></p> <p data-bbox="487 472 1347 546">In determining whether a family meets the income standard described above, the agency uses the following methodologies.</p> <p data-bbox="487 577 1136 619"><input checked="" type="checkbox"/> The income methodologies of the SSI program.</p> <p data-bbox="487 640 1347 787"><input type="checkbox"/> The agency uses methodologies for treatment of income that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 8c to Attachment 2.6-A.</p> <p data-bbox="487 808 1364 921"><input type="checkbox"/> The agency uses more liberal income methodologies than the SSI program. More liberal income methodologies are described in Supplement 8a to Attachment 2.6-A.</p>

TN No. MS-09-003 Approval Date JUN 22 2009 Effective Date JAN 01 2009
Supersedes
TN No. None

State: Iowa

Citation	Condition or Requirement
----------	--------------------------

1902(cc) of the Act
and 1903(a)

Interaction with Employer Sponsored Family Coverage

For individuals eligible under the FOA eligibility group described in No. 25 on page 23e of Attachment 2.2-A:

The agency requires parents to enroll in available group health plans through their employers if the plan qualifies under Section 2791(a) of the Public Health Service Act and the employer contributes at least 50 percent of the total cost of annual premiums for such coverage.

If such coverage is obtained, the agency reduces any premium imposed by the State by an amount that reasonably reflects the premium contribution made by the parent for private coverage on behalf of a child with a disability; and treats such coverage as a third party liability.

_____ The agency provides for payment of all or some portion of the annual premium for the employer-provided private family coverage that the parent is required to pay. Any payments made by the State are considered, for purposes of section 1903(a), to be payments for medical assistance.

The agency pays _____ percent of the premium.

TN No. MS-09-003
Supersedes
TN No. None

Approval Date JUN 22 2009 Effective Date JAN 01 2009

State: Iowa

Citation	Condition or Requirement
1902(a)(10)(A)(ii) (XIX), 1916(i) and 1902(cc)(2)(A)(ii) (I) of the Act	<p><u>Payment of Premiums</u></p> <p>For individuals eligible under the FOA eligibility group described in No. 25 on page 23e of Attachment 2.2-A:</p> <p><input checked="" type="checkbox"/> The agency does not require the payment of premiums for Medicaid coverage.</p> <p><input type="checkbox"/> The agency requires payment of premiums on a sliding scale based on income. The premiums, and how they are applied are described below:</p> <p>NOTE: Amounts paid for premiums for Medicaid, required family coverage, and other cost-sharing may not exceed 5% of a family's income for families up to 200% FPL and 7.5% of a family's income for families above 200% and up to 300% FPL.</p> <p>NOTE: A State may not require prepayment of premiums and may not terminate eligibility of a child for medical assistance on the basis of failure to pay a premium until the failure to pay continues for at least 60 days from the date on which the premium was past due.</p> <p>NOTE: The State may waive payment of any such premium in any case where the State determines that requiring payment would create an undue hardship.</p>

TN No. MS-09-003 Approval Date JUN 22 2009 Effective Date JAN 01 2009
Supersedes _____
TN No. None