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State/Territory Name: IA

State Plan Amendment (SPA) #: 13-021

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 355
Kansas City, Missouri 64106



Division of Medicaid and Children's Health Operations

February 7, 2014

Charles M. Palmer, Director
Department of Human Services
Hoover State Office Building
1305 East Walnut, 5th Floor
Des Moines, Iowa 50319-0119

Dear Mr. Palmer:

The Centers for Medicare & Medicaid Services (CMS) received Iowa SPA #13 - 21 on November 8, 2013, to disregard all income for the following reasonable classifications:

- children under the age of 21, placed in licensed foster care, for whom the state pays non-IV-E foster care maintenance payments
- children under age 21 with non-IV-E adoption assistance agreements with Iowa or with a state with which Iowa has a reciprocity agreement.

Based upon the information received, we are now ready to approve SPA #13-21 as of February 5, 2014, with an effective date of December 1, 2013, as requested by the state.

Enclosed is a copy of the CMS-179 form, as well as, the approved pages for incorporation into the Iowa Medicaid State Plan. If you have any questions regarding this amendment, please contact Sandra Levels at (816) 426-5925 or Sandra.Levels@cms.hhs.gov

Sincerely,

//s//

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

Enclosure

cc: Jennifer Vermeer
Bethany Mengel
Alisa Horn

TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER

1 3 — 0 2 1

2. STATE

IOWA

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

December 1, 2013

5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION

* 42 CFR 435.222 & Section 1902(r)(2) of the Act

7. FEDERAL BUDGET IMPACT

a. FFY '14 \$ 1,125,161

b. FFY '15 \$ 1,294,488

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 2.2-A, Page 13a
Supplement 1 to Attachment 2.2-A, Page 1
Supplement 8a to Attachment 2.6-A, Page* 29. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Attachment 2.2-A, Page 13a
Supplement 1 to Attachment 2.2-A, Page 1
~~Supplement 8a to Attachment 2.6-A, Page 1~~ *

10. SUBJECT OF AMENDMENT **

For the reasonable classifications of children under the age of 21 placed in licensed
foster care for whom the state pays non-IV-E foster care maintenance payments or with a children under age 21
with non-IV-E adoption assistance agreement, ~~disregard all income~~, with Iowa or with a state with which Iowa has a

11. GOVERNOR'S REVIEW (Check One) reciprocity agreement, disregard all income.

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

CHARLES M. PALMER

14. TITLE

DIRECTOR

15. DATE SUBMITTED

11/8/2013

16. RETURN TO

CHARLES M. PALMER
DIRECTOR
DEPARTMENT OF HUMAN SERVICES
1305 EAST WALNUT 5TH FLOOR
DES MOINES IA 50319-0114

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

November 8, 2013

18. DATE APPROVED

February 5, 2014

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

December 1, 2013

20. SIGNATURE OF REGIONAL OFFICIAL

//s//

21. TYPED NAME

James G. Scott

22. TITLE Associate Regional Administrator
for Medicaid and Children's Health Operations

23. REMARKS

* Pen and Ink changes per e-mail from state on January 30, 2014

** Pen and Ink changes per e-mail from state on January 29, 2014

Revision: HCFA-PM-91-4 (BPD)
August 1991

ATTACHMENT 2.2-A
Page 13a
OMB NO.: 0938-

State: Iowa

| Agency* | Citation(s) | Groups Covered |
|---------|-------------|----------------|
|---------|-------------|----------------|

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

 (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of). Inpatient psychiatric services for Individuals under age 21 are provided under this plan.

 X (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

*Agency that determines eligibility for coverage.

TN No. IA-13-021

Supersedes

Approval Date February 5, 2014

Effective Date December 1, 2103

TN No. MS-91-46

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
August 1991

SUPPLEMENT 1 TO ATTACHMENT 2.2-A

Page1

OMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: IOWA

REASONABLE CLASSIFICATIONS OF INDIVIDUALS UNDER
THE AGE OF 21, 20, 19, AND 18

The following reasonable classifications of children are covered under 42 CFR 435.222:

- Children under age 21 placed in licensed foster care for whom the state pays non-IV-E foster care maintenance payments; and
- Children under age 21 with non-IV-E adoption assistance agreements with Iowa or with a state with which Iowa has a reciprocity agreement.

*Agency that determines eligibility for coverage.

TN No. IA-13-021

Supersedes

TN No. MS-91-46

Approval Date February 5, 2013

Effective Date December 1, 2013

HCFA ID: 7983E

New: HCFA-PM-91-4 (BPD)
August 1991

SUPPLEMENT 8a TO ATTACHMENT 2.6-A
Page 2
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Iowa

MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT

 Section 1902(f) State

 X Non-Section 1902(f) State

- G. For the reasonable classifications of children covered under 42 CFR 435.222 as specified on Supplement 1 to Attachment 2.2-A page 1, disregard all income.
- H. For non-IV-E state subsidized adoption children covered under 42 CFR 435.227 as specified on Attachment 2.2-A page 14, disregard all income.

| | | | | | |
|------------|------------------|---------------|-------------------------|----------------|-------------------------|
| TN No. | <u>IA-13-021</u> | Approval Date | <u>February 5, 2014</u> | Effective Date | <u>December 1, 2013</u> |
| Supersedes | | | | | |
| TN No. | <u>NONE</u> | | | | |