

Table of Contents

State/Territory Name: IA

State Plan Amendment (SPA) #: 14-0007-MM1

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 26, 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:

On February 19, 2014, the Centers for Medicare & Medicaid Services (CMS) received Iowa's State Plan Amendment (SPA) transmittal #14-0007-MM1, which adds the states election to cover the new adult group – non-pregnant individuals ages 19-64, not otherwise mandatorily eligible, with income at or below 133% of the federal poverty level (FPL). The MAGI based eligibility group, mandatory coverage adult group is set forth at 1902(a)(10)(A)(i)(VIII) of the Act and in 42 CFR § 435.119.

SPA 14-0007-MM1 was approved on February 21, 2014, with an effective date of January 1, 2014, as requested by the state. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Iowa State Plan.

If you have any questions regarding this amendment, please contact Karen Hatcher or Sandra Levels at (816) 426-5925.

Sincerely,

//s//

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

Enclosure

cc: Jennifer Vermeer
Brenda Hall
Alisa Horn

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: **Iowa**

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY= the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

IA-14-0007

Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

1902(a)(10)(A)(i)(VIII); 42 CFR 435.119

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	14	\$ 567513248.00
Second Year	15	\$ 1074529811.00

Subject of Amendment

This amendment is for the adult group - non-pregnant individuals age 19-64, not otherwise mandatorily eligible, with income at or below 133% FPL.

Governor's Office Review

☒ Governor's office reported no comment

☐ Comments of Governor's office received

Describe:

☐ No reply received within 45 days of submittal

☐ Other, as specified

Describe:

Signature of State Agency Official

Submitted By: **Alisa Horn**

Last Revision Date: **Feb 19, 2014**

Submit Date: **Feb 19, 2014**



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Mandatory Coverage

S32

Adult Group

1902(a)(10)(A)(i)(VIII)
42 CFR 435.119

The state covers the Adult Group as described at 42 CFR 435.119.

☒ Yes ☐ No

☒ **Adult Group** - Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.

☒ The state attests that it operates this eligibility group in accordance with the following provisions:

☒ Individuals qualifying under this eligibility group must meet the following criteria:

☒ Have attained age 19 but not age 65.

☒ Are not pregnant.

☒ Are not entitled to or enrolled for Part A or B Medicare benefits.

☒ Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.

Note: In 209(b) states, individuals receiving SSI or deemed to be receiving SSI who do not qualify for mandatory Medicaid eligibility due to more restrictive requirements may qualify for this eligibility group if otherwise eligible.

☒ Have household income at or below 133% FPL.

☒ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

☒ There is no resource test for this eligibility group.

Parents or other caretaker relatives living with a child under the age specified below are not covered unless the child is ☒ receiving benefits under Medicaid, CHIP or through the Exchange, or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

☐ Under age 19, or

☒ A higher age of children, if any, covered under 42 CFR 435.222 on March 23, 2010:

☐ Under age 20

☒ Under age 21

☒ Presumptive Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

☐ Yes ☒ No



Medicaid Eligibility

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 40 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.