

Table of Contents

State/Territory Name: IA

State Plan Amendment (SPA) #: 14-008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/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

May 8, 2014

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

Dear Mr. Palmer:

On March 20, 2014, the Centers for Medicare & Medicaid Services (CMS) received Iowa's State Plan Amendment (SPA) transmittal #14-008, which revises language in the state plan regarding premium costs for individuals eligible under the Medicaid for Persons with Disabilities group.

Based upon our review, we are now ready to approve SPA #14-008 as of May 6, 2014, with an effective date of August 1, 2014, as requested by the state.

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

Sincerely,

//s//

Leticia Barraza
Acting Associate Regional Administrator
for Medicaid and Children's Health Operations

Enclosure

cc: Jennifer Vermeer
Sally Oudekerk

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>1 4 — 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, 2014</u>	
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) Social Security Act</u>		7. FEDERAL BUDGET IMPACT a. FFY <u>14</u> \$ <u>(3,177)</u> b. FFY <u>15</u> \$ <u>(600,528)*</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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) 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 <u>This amendment is to adjust the premium scale per 441 IAC 75.1(30) "b". Maximum premium amount is based on the avg. state employee health insurance premium which increased for 2013. Therefore, MEPD premiums have increased.</u>			
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 M. PALMER</u>		CHARLES M. PALMER DIRECTOR DEPARTMENT OF HUMAN SERVICES 1305 EAST WALNUT 5TH FLOOR DES MOINES IA 50319-0114	
14. TITLE <u>DIRECTOR</u>			
15. DATE SUBMITTED <u>3-20-14</u>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED <u>March 20, 2014</u>		18. DATE APPROVED <u>May 6, 2014</u>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL <u>August 1, 2014</u>		20. SIGNATURE OF REGIONAL OFFICIAL <u>/s/</u>	
21. TYPED NAME <u>Leticia Barraza</u>		22. TITLE <u>Acting Associate Regional Administrator for Medicaid and Children's Health Operations</u>	
23. REMARKS <u>+Pen and Ink change per states request via e-mail dated 3.21.14.</u>			

State: Iowa

Citation	Condition or Requirement
	<p>The definition of "family" for purposes of the 250% family income eligibility test includes:</p> <ul style="list-style-type: none"> ◆ 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. <p>In comparing family income to 250%, SSI income disregards and exemptions are applied. In determining whether the 250% family income eligibility test is met, disregard the amount of income equal to the social security cost-of-living adjustment for the year until the federal poverty level increase goes into effect for the year.</p> <p>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 5% of an individual's gross income.</p> <p>Monthly premium amounts established August 1, 2013, begin at \$31 for individuals with gross income greater than 150% of the federal poverty level and increase to a maximum of \$647 for individuals with gross income greater than 1480% of the federal poverty level. No other cost-sharing charges apply to this group, except for otherwise applicable Iowa Medicaid co-payments.</p> <p>In determining the monthly premium amount, the gross income figure used in calculation of the monthly premium will not include the cost-of-living adjustment for the year until the federal poverty level for the year goes into effect.</p>
TN No. <u>IA-14-008</u> Supersedes TN No. <u>IA-13-011</u>	Approval Date <u>May 6, 2014</u> Effective Date <u>August 1, 2014</u>