

## **Table of Contents**

**State/Territory Name: IA**

**State Plan Amendment (SPA) #: 16-0007**

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 12<sup>th</sup> Street, Suite 355  
Kansas City, Missouri 64106



**Division of Medicaid and Children's Health Operations**

September 1, 2016

Charles M. Palmer, Director  
Department of Human Services  
Hoover State Office Building  
1305 East Walnut Street, 5<sup>th</sup> Floor  
Des Moines, IA 50319-0114

Dear Mr. Palmer:

On June 13, 2016, the Centers for Medicare & Medicaid Services (CMS) received Iowa's State Plan Amendment (SPA) transmittal #16-0007, with a proposed effective date of April 1, 2016. This SPA is requesting approval to modify the description of the populations that receive Non-Emergency Medical Transportation (NEMT) services through the transportation broker, as MCOs are responsible for NEMT services for their members. In addition, effective April 1, 2016, members remaining in Fee for Service (FFS) will continue to receive NEMT services through the current transportation broker.

This SPA 16-0007 was approved on August 31, 2016, with an effective date of April 1, 2016, 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 State plan.

If you have any questions regarding this amendment, please contact Gail Brown at (816) 426-5925 or [Gail.Brown@cms.hhs.gov](mailto:Gail.Brown@cms.hhs.gov)

Sincerely,

//s//

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

Enclosure

cc:  
Mikki Stier, Medicaid Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESFORM APPROVED  
OMB No. 0938-0193

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <u>1 6 0 0 7</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>April 1, 2016</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>42 CFR 440.170(a)(4)</u>		7. FEDERAL BUDGET IMPACT a. FFY 2016 <u>\$ (59,800,000)</u> b. FFY 2017 <u>\$ (119,600,000)</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Supplement 2 to Attachment 3.1-A, Pages 35, 35b</u> <u>Attachment 3.1-A, Page 35b</u>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Supplement 2 to Attachment 3.1-A, Pages 35, 35b</u> <u>Attachment 3.1-A, page 35b</u>	
10. SUBJECT OF AMENDMENT <u>Modifies the description of the populations which receive NEMT through the transportation broker, as MCOs are responsible for NEMT for their members. FFS members, after 4/1/16, will continue to receive NEMT through the current transportation broker.</u> <u>4/1/16*</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>6-13-16</u>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED <u>June 13, 2016</u>		18. DATE APPROVED <u>August 31, 2016</u>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL <u>April 1, 2016</u>		20. SIGNATURE OF REGIONAL OFFICIAL <u>//s/</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>*Per email dated 08.25.16 requesting pen and ink changes.</u>			

- ☐ Individuals in special income level group, in a medical institution for at least 30 consecutive days, with gross income not exceeding 300% of SSI income standard
- ☐ Individuals receiving home and community based waiver services who would only be eligible under State plan if in a medical institution (please note that the broker may only provide transportation to and from 1905(a) services)
- ☐ Individuals terminally ill if in a medical institution and will receive hospice care
- ☐ Individuals aged or disabled with income not above 100% FPL
- ☐ Individuals receiving only an optional State supplement in a 209(b) State
- ☐ Individuals working disabled who buy into Medicaid (BBA working disabled group)
- ☐ Employed medically improved individuals who buy into Medicaid under TWWIIA Medical Improvement Group
- ☐ Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids).
- ☒ Other: Individuals not enrolled in the Iowa High Quality Healthcare Initiative §1915(b) waiver, including persons eligible for the Program of All-Inclusive Care for the Elderly (PACE) who voluntarily elect PACE coverage; persons enrolled in the Health Insurance Premium Payment program; persons who are medically needy; presumptively eligible individuals; individuals eligible for the Medicare Savings Program only and American Indian/Alaskan Native (AI/AN) populations who elect to not opt-in to managed care enrollment.

(6) Payment Methodology

(A) The State will pay the contracted broker by the following method:

- ☒ (i) risk capitation
- ☐ (ii) non-risk capitation
- ☐ (iii) other (e.g., brokerage fee and direct payment to providers)

(B) Who will pay the transportation provider?

- ☒ (i) Broker
- ☐ (ii) State
- ☐ (iii) other

State/Territory: Iowa

v. physician referrals under Section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate).

- (4) The broker contract will provide transportation to the following categorically needy mandatory populations:

- ☐ Low-income families with children (section 1931)
- ☐ Deemed AFDC-related eligibles
- ☐ Poverty-level related pregnant women
- ☐ Poverty-level infants
- ☐ Poverty-level children 1 through 5
- ☐ Poverty-level children 6 – 18
- ☐ Qualified pregnant women AFDC – related
- ☐ Qualified children AFDC – related
- ☐ IV-E foster care and adoption assistance children
- ☐ TMA recipients (due to employment) (section 1925)
- ☐ TMA recipients (due to child support)
- ☐ SSI recipients
- ☐ Individuals eligible under 1902(a)(10)(A)(i)

- (5) The broker contract will provide transportation to the following categorically needy optional populations:

- ☐ Optional poverty-level - related pregnant women
- ☐ Optional poverty-level - related infants
- ☐ Optional targeted low income children
- ☐ Non IV-E children who are under State adoption assistance agreements
- ☐ Non IV-E independent foster care adolescents who were in foster care on their 18<sup>th</sup> birthday
- ☐ Individuals who meet income and resource requirements of AFDC or SSI
- ☐ Individuals who would meet the income & resource requirements of AFDC if child care costs were paid from earnings rather than by a State agency
- ☐ Individuals who would be eligible for AFDC if State plan had been as broad as allowed under Federal law
- ☐ Children aged 15-20 who meet AFDC income and resource requirements
- ☐ Individuals who would be eligible for AFDC or SSI if they were not in a medical institution
- ☐ Individuals infected with TB
- ☐ Individuals screened for breast or cervical cancer by CDC program
- ☐ Individuals receiving COBRA continuation benefits