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State/Territory Name: IA

State Plan Amendment (SPA) #: 17-0002

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

June 29, 2017

Jerry R. Foxhoven, Director
Department of Human Services
Hoover State Office Building
1305 East Walnut, 5th Floor
Des Moines, IA 50319-0114

Dear Mr. Foxhoven:

On May 5, 2015, the Centers for Medicare & Medicaid Services (CMS) received Iowa's State Plan Amendment (SPA) transmittal #17-002 of Attachment 2.6-A, Page 12c to adjust premiums for persons who are eligible under the Medicaid for Employed Persons with Disabilities (MEPD) group. These premiums are adjusted as often as annually according to state law which ties the maximum premium to the average state employee's health insurance premium. This SPA replaces this page as last approved with Transmittal 16-025.

SPA 17-002 was approved on June 28, 2017, with an effective date of August 1, 2017, as requested. Enclosed is a copy of the CMS-179 summary form, 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.

Sincerely,

6/29/2017

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

Signed by: James G. Scott -A

Enclosure

cc:

Mikki Stier
Kim Grasty
Alisa Horn

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER	2. STATE
		1 7 — 0 0 2	IOWA
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE <div style="text-align: right;">August 1, 2017</div>	
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		7. FEDERAL BUDGET IMPACT	
CFR 1902(a)(10)(A)(ii)(XIII) of SSA		a. FFY 2017 \$ (<100,000)	
		b. FFY 2018 \$ (<100,000)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
Attachment 2.6-A, Page 12c		Attachment 2.6-A, Page 12c	
10. SUBJECT OF AMENDMENT			
Adjust premium scale per 441 IAC 75.1(39)"b". Max premium amount is based on the avg. state employee health insurance premium, and that amount increased in 2017. Therefore, premiums for MRPD have increased.			
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		CHARLES M. PALMER DIRECTOR DEPARTMENT OF HUMAN SERVICES 1305 EAST WALNUT 5TH FLOOR DES MOINES IA 50319-0114	
CHARLES M. PALMER			
14. TITLE			
DIRECTOR			
15. DATE SUBMITTED			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED		18. DATE APPROVED	
May 5, 2017		June 28, 2017	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL		20. SIGNATURE OF REGIONAL OFFICIAL	
August 1, 2017			
21. TYPED NAME		22. TITLE	
James G. Scott		Associate Regional Administrator for Medicaid and Children's Health Operations	
23. REMARKS			

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 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 gross income.</p> <p>Monthly premium amounts established August 1, 2017; begin at \$34 with gross income greater than 150% of the federal poverty level and increase to a maximum of \$852 with gross income greater than 1740% of the federal poverty level. No other cost-sharing charges apply to this group, except for otherwise applicable Iowa Medicaid co-payments, subject to the aggregate limits described in 42 C.F.R. §447.56(f).</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-17-002</u>
Supersedes	Approval Date
TN No.	<u>IA-16-025</u>
	<u>June 28, 2017</u>
	Effective Date
	<u>August 1, 2017</u>