

## **Table of Contents**

**State/Territory Name: IA**

**State Plan Amendment (SPA) #: 18-0006**

This file contains the following documents in the order listed:

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

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**

June 22, 2018

Michael Randol, Medicaid Director  
Division of Medical Services  
Department of Human Services  
Iowa Medicaid Enterprise  
100 Army Post Road  
Des Moines, IA 50315

RE: TN 18-006

Dear Mr. Randol:

On May 2, 2018, the Centers for Medicare & Medicaid Services (CMS) received Iowa's State Plan Amendment (SPA) Transmittal #18-006 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 year it results in a reduction of the maximum premium charged. This SPA replaces this page as last approved with Transmittal #17-0002.

SPA 18-006 was approved on June 19, 2018, with an effective date of August 1, 2018, 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,

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

Enclosure

cc:

Mikki Stier, DHS  
Jennifer Steenblock, IME  
Alisa Horn, IME  
Kim Grasty

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

1. TRANSMITTAL NUMBER

1 8 — 0 0 6

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

August 1, 2018

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

1902 (a) (10) (A) (ii) (XIII) of the SSA

7. FEDERAL BUDGET IMPACT

a. FFY 2018 \$ (<100,000)

b. FFY 2019 \$ (<100,000)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 2.6-A, Page 12c

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

Attachment 2.6-A, Page 12c

10. SUBJECT OF AMENDMENT

This SPA adjusts the premium scale per 441 IAC 75.1(39)"b". The maximum premium amount is based on the avg. state employee health insurance premium. Effective 1/1/18, avg cost for a single person is \$768, therefore, the max. premium must not be above that amount.

11. GOVERNOR'S REVIEW (Check One)

☒ 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

Jerry R. Foxhoven

14. TITLE

DIRECTOR

15. DATE SUBMITTED

5-2-18

16. RETURN TO

JERRY R. FOXHOVEN  
DIRECTOR  
DEPARTMENT OF HUMAN SERVICES  
1305 EAST WALNUT 5TH FLOOR  
DES MOINES IA 50319-0114

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

May 2, 2018

18. DATE APPROVED

June 19, 2018

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

August 1, 2018

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

James G. Scott

22. TITLE

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"> <li>◆ 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.</li> <li>◆ 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.</li> </ul> <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, 2018; begin at \$34 with gross income greater than 150% of the federal poverty level and increase to a maximum of \$768 with gross income greater than 1550% 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-18-006</u>
Supersedes	
TN No.	<u>IA-17-002</u>
Approval Date	<u>June 19, 2018</u>
Effective Date	<u>August 1, 2018</u>