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State/Territory Name: IA

State Plan Amendment (SPA) #: 19-0005

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 12th Street, Suite 355
Kansas City, Missouri 64106-2898



Kansas City Regional Operations Group

October 7, 2019

Michael Randol, Medicaid Director
Division of Medical Services
Department of Human Services
Iowa Medicaid Enterprise
611 Fifth Avenue
Des Moines, IA 50309

Dear Mr. Randol:

On August 1, 2019, the Centers for Medicare & Medicaid Services (CMS) received Iowa's State Plan Amendment (SPA) transmittal #19-0005, which adjusts the premium scale for the Medicaid for Employed People with Disabilities (MEPD) program.

SPA #19-0005 was approved October 4, 2019, with an effective date of August 1, 2019, as requested by the state. Enclosed is a copy of the CMS-179 form, as well as the approved page for incorporation into the Iowa State Plan.

If you have any questions regarding this amendment, please contact Michala Walker at (816) 426-5925.

Sincerely, _____

10/7/2019

James G. Scott, Director
Division of Medicaid Field Operations - North

Signed by: James G. Scott -S

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

1. TRANSMITTAL NUMBER

1 9 — 0 0 5

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, 2019

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) (XII) of the SSA

7. FEDERAL BUDGET IMPACT

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

b. FFY 2020 \$ (<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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Adjust the premium scale per 441 IAC 75.1(39) "b". The maximum premium amount is based on the avg. state employee health insurance premium. Avg. cost for a single person is \$734 eff. 1/1/19. Therefore, 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

GERD W. CLABAUGH

14. TITLE

INTERIM DIRECTOR

15. DATE SUBMITTED

8-1-19

16. RETURN TO

GERD W. CLABAUGH
INTERIM DIRECTOR
DEPARTMENT OF HUMAN SERVICES
1305 EAST WALNUT 5TH FLOOR
DES MOINES IA 50319-0114

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

August 1, 2019

18. DATE APPROVED

October 4, 2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

August 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

James G. Scott

22. TITLE

Director

Division of Medicaid Field Operations - North, Kansas City

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, 2019; begin at \$34 with gross income greater than 150% of the federal poverty level and increase to a maximum of \$729 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, 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-19-005</u> Supersedes TN No. <u>IA-18-006</u>	Approval Date <u>October 4, 2019</u> Effective Date <u>August 1, 2019</u>