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State/Territory Name: IA

State Plan Amendment (SPA) #: 19-0006

This file contains the following documents in the order listed:

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- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

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IA - Submission Package - IA2019MS0002O - (IA-19-0006) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#)

Related Actions

CMS-10434 OMB 0938-1188

Package Information

Package ID	IA2019MS0002O	Submission Type	Official
Program Name	N/A	State	IA
SPA ID	IA-19-0006	Region	Kansas City, KS
Version Number	3	Package Status	Approved
Submitted By	Kristin Jones	Submission Date	9/3/2019
Package Disposition		Approval Date	11/27/2019 6:50 AM EST
Priority Code	P2		

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Kansas City Regional Office
601 E. 12th Street, Suite 355
Kansas City, MO 64106



Division of Medicaid and Children's Health Operations

November 27, 2019

Michael Randol
Medicaid Director
Department of Human Services
611 5th Avenue
Des Moines, IA 50309

Re: Approval of State Plan Amendment IA-19-0006

Dear Michael Randol:

On September 03, 2019, the Centers for Medicare and Medicaid Services (CMS) received Iowa State Plan Amendment (SPA) IA-19-0006 to allow Medicaid coverage to non-IV(e) subsidized guardianship recipients under the age of 21.

We approve Iowa State Plan Amendment (SPA) IA-19-0006 on November 27, 2019 with an effective date(s) of July 01, 2019.

Name	Date Created
No items available	

If you have any questions regarding this amendment, please contact Laura D'Angelo at laura.dangelo1@cms.hhs.gov.

Sincerely,
James G. Scott
Director
Division of Medicaid Field
Operations - North, Kansas City
Division of Medicaid and
Children's Health Operations

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS00020 | IA-19-0006

Package Header

Package ID	IA2019MS00020	SPA ID	IA-19-0006
Submission Type	Official	Initial Submission Date	9/3/2019
Approval Date	11/27/2019	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Iowa **Medicaid Agency Name:** Department of Human Services

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS0002O | IA-19-0006

Package Header

Package ID IA2019MS0002O	SPA ID IA-19-0006
Submission Type Official	Initial Submission Date 9/3/2019
Approval Date 11/27/2019	Effective Date N/A
Superseded SPA ID N/A	

SPA ID and Effective Date

SPA ID IA-19-0006

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	7/1/2019	ia-91-47
Medically Needy Income Level	7/1/2019	IA-91-47
Handling of Excess Income (Spenddown)	7/1/2019	IA-01-1, IA-99-13
Medically Needy Resource Level	7/1/2019	IA-91-47
Mandatory Eligibility Groups	7/1/2019	IA-15-0005
Optional Eligibility Groups	7/1/2019	IA-14-020
Medically Needy Reasonable Classifications of Individuals under Age 21	7/1/2019	new

Page Number of the Superseded Plan Section or Attachment (If Applicable):

MN Income Level - MS-91-47: Suppl 1 to Att 2.6-A pages 8-9
 Handling of Excess Income - MS-01-1: Att 2.6-A page14
 Handling of Excess Income - MS-99-13: Att 2.6-A page 14a
 MN Resource Level - MS-91-47: Suppl 2 to Att 2.6-A page 7

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS00020 | IA-19-0006

Package Header

Package ID	IA2019MS00020	SPA ID	IA-19-0006
Submission Type	Official	Initial Submission Date	9/3/2019
Approval Date	11/27/2019	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Pursuant to 42 CFR 435.308(b), for the reasonable classification of non-IV-E individuals under age 21 with subsidized guardianship agreements with Iowa, disregard all income as allowed under section 1902(r)(2)(A) of the Act and its implementing regulation at 42 CFR 435.601(d)(1)(iii).

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$0
Second	2020	\$0

Federal Statute / Regulation Citation

42 CFR 435.308(b)
 Section 1902(r)(2)(A) of the Act
 42 CFR 435.601(d)(1)(iii)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
SPA IA 19-0006 Sub Gdn Med	6/14/2019 4:56 PM EDT	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS0002O | IA-19-0006

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Submission Type	Official	Initial Submission Date	9/3/2019
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Superseded SPA ID	N/A		

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS00020 | IA-19-0006

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Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS00020 | IA-19-0006

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Superseded SPA ID	N/A		

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
- No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

- All Indian Health Programs
- All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

Date of consultation:	Method of consultation:
6/20/2019	Tribal Notice

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
Tribal Notice - Subsidized Guardianship Medicaid as of 062019	10/22/2019 12:38 PM EDT	

Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology

- Eligibility
- Benefits
- Service delivery
- Other issue

Medicaid State Plan Eligibility

Income/Resource Methodologies

Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS0002O | IA-19-0006

Package Header

Package ID	IA2019MS0002O	SPA ID	IA-19-0006
Submission Type	Official	Initial Submission Date	9/3/2019
Approval Date	11/27/2019	Effective Date	7/1/2019
Superseded SPA ID	ia-91-47		
	User-Entered		

A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

- 1. SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.
- 2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.
- 3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

B. Additional information (optional)

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS0002O | IA-19-0006

Package Header

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	User-Entered		

A. Income Level Used

- The state employs a single income level for the medically needy.
- The income level varies based on differences between shelter costs in urban and rural areas.

- Yes
 No

3. The level used is:

Household size	Standard
1	\$483.00
2	\$483.00
3	\$566.00
4	\$666.00
5	\$733.00
6	\$816.00
7	\$891.00
8	\$975.00
9	\$1058.00
10	\$1158.00

The state uses an additional incremental amount for larger household sizes.

- Yes
 No

Incremental Amount:

\$116.00

The dollar amounts increase automatically each year

- Yes
 No

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS00020 | IA-19-0006

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B. Basis for Income Level

1. Minimum Income Level

The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

2. Maximum Income Level

The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS00020 | IA-19-0006

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	User-Entered		

C. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Standards

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS00020 | IA-19-0006

Package Header

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	User-Entered		

If countable income exceeds the income standard, the state must deduct from income medical expenses incurred by the individual or family or financially responsible relatives that are not subject to payment by a third party, in accordance with 42 CFR 435.831 and 42 CFR 435.121.

A. Budget Periods

Income in excess of the appropriate income standard is considered available for payment of medical or remedial care expenses in budget periods that do not exceed six months.

1. In determining income eligibility, countable income is reduced by the amount of incurred medical or remedial care expenses during the budget period specified below:

- a. One budget period of:
 - i. 6 months
 - ii. 5 months
 - iii. 4 months
 - iv. 3 months
 - v. 2 months
 - vi. 1 month

b. More than one budget period, as described below:

2. The state includes part or all of the retroactive period in the budget period.

- Yes
- No

Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS0002O | IA-19-0006

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	User-Entered		

B. Types of Eligible Expenses

1. In determining incurred expenses to be deducted from income, the state includes:

- a. Medicare, Medicaid, and other health insurance premiums and enrollment fees.
- b. Cost sharing, including copayments, coinsurance, and deductibles, imposed by Medicare, Medicaid or other health insurance.
- c. Expenses for necessary medical and remedial services recognized by state law but not included in the state plan.
- d. Expenses for necessary medical and remedial services included in the state plan, including those that exceed limitations on the amount, duration, and scope of services.

2. The state also includes medical institutional expenses projected to the end of the budget period at the Medicaid reimbursement rate.

- Yes
- No

3. Incurred expenses subject to payment by a third party are not deducted unless the third party is a public program (other than Medicaid) of a state and the program is financed by the state.

Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS00020 | IA-19-0006

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	User-Entered		

C. Timeframe of Deduction of Expenses

In determining incurred expenses to be deducted from income, the state deducts:

1. For retroactive budget periods and a budget period that includes both retroactive and prospective budget, the state deducts:

- a. Eligible expenses incurred during the budget period, whether paid or unpaid.
- b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.
- c. Unpaid eligible expenses, which have not been deducted previously in establishing eligibility, and were incurred:
 - i. At any time prior to the budget period.
 - ii. Prior to the third month before the month of application, but no earlier than:
 - iii. No earlier than the third month before the month of application.

2. For prospective budget period(s), the state deducts:

- a. Eligible expenses incurred during the budget period, whether paid or unpaid.
- b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.
- c. Unpaid eligible expenses that are carried over from the prior budget period and have not been deducted previously in establishing eligibility.

Handling of Excess Income (Spendedown)

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Superseded SPA ID	IA-01-1, IA-99-13 User-Entered		

D. Order of Deduction of Expenses

Incurred medical or remedial care expenses are deducted in the following order:

- 1. By the type of service, in the following order:
 - a. Premiums, deductibles, coinsurance and co-payments.
 - b. Expenses for necessary medical or remedial care services that are recognized under state law but not included in the State Plan.
 - c. Expenses for necessary medical or remedial care services that are included in the state Plan that exceed agency limitations on amount, duration, or scope of services.
 - d. Expenses for necessary medical or remedial care services that are included in the state Plan that are within the agency limitations on amount, duration, or scope of services.
- 2. In chronological order by the date of the service, or the date cost sharing payments are due.
- 3. In chronological order by the date the bill is submitted to the state by the individual.

Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS0002O | IA-19-0006

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	User-Entered		

E. Reasonable Limitations

The state sets reasonable limits on the amount to be deducted for expenses.

- Yes
- No

Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS0002O | IA-19-0006

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	User-Entered		

F. Spendedown Payments Made by Individuals

The state permits individuals to pay-in their spenddown liability.

- Yes
- No

Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS0002O | IA-19-0006

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	User-Entered		

G. Additional Information (optional)

If the income calculation results in \$0 spenddown, the individual is certified for 12 months rather than 2 months.

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS0002O | IA-19-0006

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Superseded SPA ID	IA-91-47		
	User-Entered		

A. Medically Needy Resource Level Structure

1. The state employs a single resource level for the medically needy.
2. The resource level is equal to or higher than the lowest resource standard used under the most closely related cash assistance program.

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS0002O | IA-19-0006

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Superseded SPA ID	IA-91-47		
	User-Entered		

B. Resource Level Used

The level used is:

Household size	Standard
1	\$10000.00

The state uses an additional incremental amount for larger household sizes.

- Yes
- No

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS0002O | IA-19-0006

Package Header

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	User-Entered		

C. Additional Information (optional)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS0002O | IA-19-0006

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Superseded SPA ID	IA-15-0005		
	System-Derived		

Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Working Individuals under 1619(b)					
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualifying Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS00020 | IA-19-0006

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	System-Derived		

B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Adult Group		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS00020 | IA-19-0006

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Submission Type Official	Initial Submission Date 9/3/2019
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Superseded SPA ID IA-14-020 System-Derived	

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

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	System-Derived		

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Medically Needy Populations Based on Age, Blindness or Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS0002O | IA-19-0006

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	System-Derived		

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS0002O | IA-19-0006

One or more reasonable classifications of individuals under age 21 who do not qualify as categorically needy.

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The state covers the optional Medically Needy Reasonable Classifications of Individuals under Age 21 eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 21, or a lower age, as specified in section C.
2. Would not qualify under the Medically Needy Children under Age 18 eligibility group (42 CFR 435.301)
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Reasonable Classifications of Individuals under Age 21

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Superseded SPA ID new User-Entered	

B. Individuals Covered

The state covers the following populations:

- 1. All children under a specified age limit:
 - i. Under age 21
 - ii. Under age 20
 - iii. Under age 19
- 2. Reasonable classifications of children

Name of classification	Age Range
Non-IV-E Subsidized Guardianship	Under age 21

Name: Non-IV-E Subsidized Guardianship	Description: Limited to children who have subsidized guardianship agreements with the State of Iowa.
Age Covered: Under age 21	

Medically Needy Reasonable Classifications of Individuals under Age 21

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C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.

- Yes
- No

2. The financial methodologies are:

All children under age 21

The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

4. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

- The following less restrictive methodologies are used:

Name of methodology:	Description:
Disregard	Disregard countable resources of all family members.

Non-IV-E Subsidized Guardianship

The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- All income is disregarded. No income test is applied.

- The following less restrictive methodologies are used:

Name of methodology:	Description:
Exempt Income	All income will be disregarded.

4. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

The following less restrictive methodologies are used:

Name of methodology:	Description:
Exempt Resources	Disregard all resources.

Medically Needy Reasonable Classifications of Individuals under Age 21

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D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Reasonable Classifications of Individuals under Age 21

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G. Additional Information (optional)

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