

February 25, 2021

Ms. Anne Marie Costello
Acting Deputy Administrator and Director
Centers for Medicaid and CHIP Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850

Re: Iowa Wellness Plan §1115 Demonstration Amendment (Project Number 11-W-002289/5)

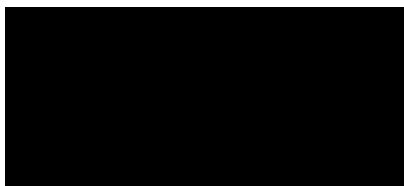
Dear Ms. Costello:

The State of Iowa Department of Human Services (DHS) is pleased to submit the attached amendment request to its Iowa Wellness Plan §1115 Waiver Demonstration. Through this amendment, the State seeks to modify the current Dental Wellness Plan to provide dental benefits for children under age 19 through prepaid ambulatory health plans (PAHPs).

Through this delivery system modification, the State seeks to ensure access to high-quality benefits for all enrollees through the seamless delivery of dental benefits. Additionally, this change is anticipated to improve the oral health of enrollees by encouraging engagement in preventive services and compliance with treatment plans. Further, it will encourage enrollee linkage to a dental home.

The State looks forward to continuing work with its federal partners at CMS to ensure continued improvement to the delivery of dental benefits. Please do not hesitate to contact my team if you have any questions with this submission.

Sincerely,



Julie Lovelady, Interim Medicaid Director
Iowa Medicaid Enterprise
Iowa Department of Human Services

Attachment

cc: Heather Miller, IME
Jennifer Steenblock, IME
Mary Stewart, IME

Section 1115 Demonstration Amendment

**Iowa Wellness Plan
Project #11-W-00289/5**

**State of Iowa
Department of Human Services**

February 25, 2021

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Overview

The Iowa Health and Wellness Plan (IHAWP) was implemented on January 1, 2014. Passed by the Iowa Legislature with bi-partisan support, the IHAWP provides access to healthcare for uninsured, low-income Iowans, while implementing a benefit design intended to address liabilities associated with simply expanding the number of enrollees in traditional Medicaid coverage. The IHAWP's design seeks to improve outcomes, increase personal responsibility, and ultimately lower costs, while supporting a population that may be new to full healthcare coverage. Through a unique incentive program, the IHAWP promotes responsible health care decisions by coupling a monthly required financial contribution with an incentive plan for members to actively seek preventive health services to earn an exemption from the monthly contribution requirement.

On May 1, 2014, the Centers for Medicaid and Medicare Services (CMS) approved the State of Iowa's (State) request to amend the IHAWP to provide tiered dental benefits through a prepaid ambulatory health plan (PAHP) to all expansion adults in Iowa with incomes up to and including 133% FPL under the Dental Wellness Plan (DWP). Under this structure, DWP enrollees were eligible to earn enhanced dental benefits when they demonstrated preventive care-seeking behaviors by returning for regular periodic recall exams. This model was designed to promote and encourage healthy preventive care-seeking behaviors among enrollees and to ensure competitive reimbursement rates for providers and a reduction in administrative barriers.

On July 27, 2017, CMS approved the State's amendment request to convert the DWP into an integrated dental program by enrolling all adult Medicaid beneficiaries aged 19 and over into the DWP portion of the demonstration, in addition to new adult group beneficiaries who were previously enrolled. The revised DWP incentive structure is designed to improve oral health by encouraging utilization of preventive dental services and compliance with treatment plans. Under the modified earned benefit structure, to maintain comprehensive dental benefits after their first year of enrollment without a premium obligation, enrollees must complete State-designated "healthy behaviors." This structure is intended to create incentives for members to establish a dental home and encourage the receipt of preventive dental services to promote oral health. Enrollees over 50% FPL who fail to complete these healthy behaviors within their first year of enrollment are required to contribute financially toward their dental health care costs through monthly premium contributions. Failure to make monthly premium payments result in the enrollee being eligible for basic dental services only for the remainder of the benefit year.

Through this 1115 waiver amendment, the State seeks to modify the current DWP to provide dental benefits for children through PAHPs, in addition to adult enrollees who are already receiving dental benefits under the DWP through PAHPs. Aside from enrollment with a PAHP, there will be no changes to children's dental benefits, they will remain exempt from the incentive structure required for adult enrollees in the DWP, and all enrollees under 21 years of age will continue to be eligible for medically necessary services in accordance with federal early and periodic screening, diagnostic and treatment (EPSDT) requirements. The State seeks to achieve the following goals through this waiver amendment:

1. Ensure access to high quality dental services for all enrollees.
2. Ensure the seamless delivery of dental benefits for enrollees.
3. Allow for the seamless delivery of services by providers.
4. Improve the oral health of enrollees by encouraging engagement in preventive services and compliance with treatment plans.
5. Encourage enrollee linkage to a dental home.
6. Ensure fiscal sustainability.

Discussion

Amendment Overview

Currently, Medicaid-enrolled children in the State receive State Plan dental benefits via a fee-for-service delivery system. Meanwhile, adult DWP benefits are delivered via a managed care delivery system; the State contracts with two PAHPs for the delivery of dental services to the DWP population. Additionally, children in the CHIP program (Hawki in Iowa) also receive dental benefits via a PAHP. The State seeks to provide dental benefits to children via PAHPs through this amendment as this mechanism will allow the State to better coordinate dental care for children, helping to promote oral health in an accessible and cost-effective manner. The State only seeks to enroll children in PAHPs; there are no proposed changes to children's dental benefits, they will remain exempt from the incentive structure required for adult enrollees in the DWP, and all enrollees under 21 years of age will continue to be eligible for medically necessary services in accordance with federal early and periodic screening, diagnostic and treatment (EPSDT) requirements.

Delivery System

The DWP benefits will be provided through a managed care delivery system via PAHPs. The State currently contracts with two PAHPs to deliver DWP benefits to adult Medicaid enrollees. Effective July 1, 2021, all Medicaid enrollees under the age of 19 will be transitioned from the current dental fee-for-service delivery system and will begin receiving dental benefits through a PAHP.

The DWP PAHPs are currently compliant with provider network adequacy standards. Additionally, prior to initial contracting with the State, they were deemed to have met requirements to ensure sufficient access, quality of care and care coordination for beneficiaries. However, prior to the transition of current fee-for-service children, the State will conduct a readiness review to ensure operational readiness for additional enrollment. The readiness review process will include an assessment of the ability and capacity of the PAHP to perform satisfactorily within all applicable areas as outlined at 42 CFR §438.66(d)(4).

Additionally, the State intends to renegotiate and amend the existing PAHP contractual requirements, which will be submitted to CMS for review and approval, to implement the amendment. Contract amendments will be submitted for CMS review and approval.

Demonstration Eligibility

Currently, Iowa Medicaid enrollees age 19 and over¹ are enrolled in a PAHP for receipt of dental benefits. Through this amendment, the State will enroll the eligibility groups outlined in Table 1 in a dental PAHP and remove the age limitation on all currently enrolled populations.

Table 1: Children's Populations Eligible for Dental PAHP Enrollment

Eligibility Group Name	Social Security Act and CFR Citations	Income Limit
Deemed Newborn Children	42 CFR §435.117	N/A
Infants and Children under Age 19	42 CFR §435.118	Infants under 1: 375% FPL Age 1 -5: 167% FPL Age 6-18: 167% FPL
Children with Adoption Assistance, Foster	42 CFR §435.145	N/A

¹ With the exception of: (i) persons enrolled in the Program of All-Inclusive Care for the Elderly (PACE); (ii) persons enrolled in the Health Insurance Premium Payment Program (HIPPP); (iii) presumptively eligible individuals; (iv) nonqualified immigrants receiving time-limited coverage of certain emergency medical conditions; (v) persons eligible only for the Medicare Savings Program; (vi) medically needy; and (vii) periods of retroactive eligibility.

Eligibility Group Name	Social Security Act and CFR Citations	Income Limit
Care, or Guardianship Care Under Title IV-E	1902(a)(10)(A)(i)(I) 473(b)(3)	
Children with Non IV-E Adoption Assistance	42 CFR §435.277 1902(a)(10)(A)(ii)(VIII)	N/A
Family Opportunity Act Children with Disabilities	1902(a)(10)(ii)(XIX)	300% FPL
§1915(c) Children’s Mental Health Waiver	1902(a)(10)(A)(ii)(VI) 42 CFR §435.217	300% SSI FBR

Notwithstanding the foregoing, enrollees who meet one of the following conditions will not be enrolled in a dental PAHP and will continue to receive dental services through the fee-for-service delivery system: (i) enrolled in the Health Insurance Premium Payment Program (HIPP); (ii) presumptively eligible individuals; (iii) nonqualified immigrants receiving time-limited coverage of certain emergency medical conditions; (iv) persons eligible only for the Medicare Savings Program; (v) medically needy; and (vi) periods of retroactive eligibility.

Implementation Plan

Statewide enrollment of children with dental PAHPs will be effective July 1, 2021. The State will initiate a comprehensive communication strategy to impacted enrollees, providers and stakeholders. To facilitate the PAHP assignment for enrollees who are currently receiving dental benefits via fee-for-service, enrollees will receive enrollment notices that include a tentative PAHP assignment based on an algorithm to: (i) distribute the population evenly among the PAHPs; and (2) assign all family members to the same PAHP. The notice will also include information regarding both available PAHP options and will provide the opportunity for enrollees to make an alternative selection. Enrollees will be fully-enrolled based on their tentative assignment in the absence of an alternative choice made by the required response date listed on the notice. Once fully enrolled, members will have the opportunity to change PAHPs in the first 90 days of enrollment without cause. The State will ensure continuity of care for transitioning participants by requiring that PAHPs honor existing authorizations for covered benefits for a minimum of ninety calendar days, without regard to whether such services are being provided by contract or non-contract providers.

Title XIX Waiver Request

The State requests to continue all currently approved waivers and proposes the following revisions to the existing Iowa Wellness Plan Title XIX waivers:

- 1. Freedom of Choice Section 1902(a)(23)(A)

To the extent necessary to permit the State to add the eligibility groups identified in Table 1 to the populations required to receive dental services through a carved-out contracted dental benefit with no access to other providers, as well as remove the age limitation on all populations currently required to receive dental services through a carved-out contracted dental benefit with no access to other providers.

Amendment Process Required Elements

Public Notice

The State provided the public the opportunity to review and provide input on this amendment in accordance with the requirements set forth in the Iowa Wellness Plan Demonstration (11-W-00289/5)

special terms and conditions (STCs) and with 42 CFR §431.408. Public notice was provided on January 7, 2021. This notice, the waiver amendment, and other documentation regarding the proposal were posted at <https://dhs.iowa.gov/public-notices/dwp-kids>, and non-electronic copies were made available for review at Iowa Department of Human Services (DHS) Field Offices. Additional notice was also provided to stakeholders via the Iowa Medicaid e-News on January 15, 2021. A summary notice was published in several newspapers of widest circulation in each city with a population of 100,000 or more, including: (i) The Gazette; (ii) Council Bluffs Nonpareil; (iii) Des Moines Register; (iv) Dubuque Telegraph Herald; (v) Iowa City Press Citizen; (vi) Mason City Globe Gazette; (vii) Sioux City Journal; (viii) Waterloo-Cedar Falls Courier; and (ix) Quad-City Times. The notice provided the option for any individual to submit written feedback to the State by email or by USPS mail. Comments were accepted via email and a physical address was provided for written comments to be submitted by mail.

In addition, the State held two public hearings to offer an opportunity for the public to provide written or verbal comments on the amendment. Due to the COVID-19 public health emergency, hearings were held virtually on January 20, 2021 and on January 21, 2021 per the information contained in the public notices included as Appendices A and B. The public comment period ended on February 10, 2021.

Summary of Public Comments and State Response

Throughout the public comment period, the State received 27 questions and comments on the amendment (11 verbal and 16 written). As further outlined below, questions and comments centered around three common themes, including: (i) program questions; (ii) access, administrative burdens and reimbursement; and (iii) State oversight procedures.

i. Program Questions

During the public comment process, many individuals took the opportunity to ask questions related to program design and the implementation process. Questions addressed the general following themes: (i) availability of provider training sessions; (ii) policies and process to assign enrollees to a PAHP and to make subsequent changes in assignment; (iii) resources available to verify enrollee eligibility and PAHP assignment; (iv) prior authorization requirements and processes; (v) impact to Hawki enrollees; (vi) ability to contract with PAHPs to serve only children or to contract with only one PAHP; (vii) impact to foster children; (viii) reimbursement rates and policies; (ix) provider contracting processes; (x) continuity of care provisions for existing prior authorizations; (xi) service limitations; (xii) claims submission requirements; and (xiii) methods to evaluate the effectiveness of managed care.

State Response

Because the program questions did not provide specific feedback on the waiver proposal, no modifications were made. The general themes raised in questions received are being utilized by the State to continue developing communication materials, coordinate with PAHP efforts to inform the transition process and ensure providers and enrollees receive timely and sufficient outreach regarding this change. Additionally, the State responded to all written questions received.

ii. Access, Administrative Burdens and Reimbursement

Several comments were received concerning the impact of the waiver on enrollee access to dental providers and benefits. One commenter indicated there is currently insufficient access to oral surgeons, endodontists and periodontists in particular, and transitioning children to dental PAHPs will further exacerbate access issues due to providers being unwilling to contract with the PAHPs. One commenter was concerned emergency room visits may increase due to access issues. Multiple commenters were concerned a requirement to contract with PAHPs to serve both adult and child enrollees will also limit provider willingness to sign contracts. One mother of a Medicaid enrollee urged the State not to transition away from fee-for-service, fearing this change would require switching dentists due to providers being

unwilling to see Medicaid enrollees. Another commenter indicated the process of PAHP assignment is confusing to enrollees, requiring dental providers to assist them in navigating. Commenters also indicated insufficient reimbursement rates and high patient no-show rates, coupled with increased provider administrative burdens associated with managed care (e.g., claims submission, prior authorization and eligibility verification), would cause providers to be unwilling to serve this population. Commenters suggested options to increase provider willingness to contract, including making incentives available, raising reimbursement rates, charging enrollees for no-show appointments and creating consistency in the program for providers. Another commenter indicated the current Hawki program is easier for providers to navigate, particularly for claims processing and customer service issues, as there is only one PAHP for providers to navigate versus two under the waiver proposal. Commenters also indicated additional provider training was necessary on the transition and expressed confusion and anxiety about the transition.

State Response

The State monitors provider availability and enrollee access to services under the dental PAHPs via several monitoring activities and contractual requirements. For example, the dental PAHP contracts include a performance withhold program wherein a percentage of the capitation payment is withheld and earned back based on performance related to enrollee's accessing any dental service, preventive dental service and follow up preventive exams. Additionally, in the event access standards are not met, the PAHPs are contractually required to adequately and timely cover the services out of network.

Additionally, the State has implemented contractual requirements intended to address and reduce provider administrative burdens. For example, PAHPs must obtain IME approval prior to imposing any additional prior authorization obligations beyond those in the fee-for-service program. IME and the dental PAHPs have worked collaboratively to streamline prior authorization requirements between managed care and fee-for-service and between the PAHPs. There are also contractual requirements related to timely payment of claims, ease of use in the provider billing system and conducting an annual provider satisfaction survey. IME monitors compliance in these areas and in the event of identified deficiencies, a corrective action plan or other contractually agreed upon remedy is required. Further, while the State contracting with one PAHP may provide operational simplifications to providers, the State is committed to ensuring enrollees have a choice between PAHPs.

Regarding sufficiency of reimbursement rates, while the State does not impose minimum provider reimbursement rates upon PAHPs, there are mechanisms in place to assist in the adequacy of negotiated provider reimbursement rates. For example, the State has established a medical loss ratio (MLR) to ensure State funding is spent on the delivery of services to members. An MLR caps the portion of State dollars that can be spent by the PAHP on non-healthcare related services such as administration, marketing, and profits. The State will recoup funding if a PAHP does not meet the required MLR. Further, as described above, if insufficient provider reimbursement impacts access, there are contractual safeguards in place.

Finally, the State is committed to ensuring provider training on this transition through a variety of mechanisms, including frequently asked questions, provider bulletins, virtual trainings and PAHP outreach activities.

As the comments received regarding access, administrative burdens and reimbursement are related to operational and contractual requirements and activities, no specific updates to the waiver application have been made in response.

iii. State Oversight Procedures

One commenter expressed concerns regarding State oversight of the current DWP PAHPs, referencing previous evaluation reports from the Public Policy Center and departure of State employees responsible

for monitoring PAHP compliance. This commenter questioned if there will be increased oversight of the PAHPs, specifically regarding claims and prior authorization issues to ensure accountability.

State Response

The State is committed to ensuring PAHP compliance with contractual, state and federal requirements. The Iowa Medicaid Enterprise (IME) has instituted a variety of PAHP oversight activities which will continue with the transition of children to this new delivery system arrangement. For example, PAHPs submit a variety of monthly, quarterly and annual reports on operational, access and quality performance metrics. IME staff review reports and any problems, issues or discrepancies are acted upon promptly. In the event of identified deficiencies, a corrective action plan or other contractually agreed upon remedy is required. Additionally, the PAHPs undergo an annual external quality review (EQR) in accordance with 42 CFR Part 438 Subpart E. Finally, the PAHPs are required to undergo a readiness review in accordance with 42 CFR §438.66. As monitoring activities are not specifically articulated in the waiver application, no updates were made in response to this comment. Rather, the State will continue ongoing compliance and quality monitoring.

Tribal Notice

The State initiated consultation with Iowa's federally recognized Indian tribes, Indian health programs, and urban Indian health organizations on December 14, 2020. Consultation was conducted in accordance with the process outlined in Iowa's Medicaid State Plan. A copy of the tribal notice is contained in Appendix C. The State received one question from the Meskwaki Tribe related to provision of fluoride treatment as a result of this consultation period and subsequently provided a response clarifying the fluoride coverage policies which will continue under the proposed managed care delivery system.

Evaluation

The State does not propose any modifications to the current evaluation plan as a result of this amendment.

Conclusion

The State seeks to provide dental benefits to children via PAHPs through this amendment as this mechanism will allow the State to better coordinate dental care for children, helping to promote oral health in an accessible and cost-effective manner. All dental benefits will remain unchanged. Children will not be required to meet the healthy behaviors or premium payment requirements of adult DWP enrollees. They will remain eligible for State Plan dental benefits, including medically necessary EPSDT services.

Appendix A – Public Notice
NOTICE OF IOWA DEPARTMENT OF HUMAN SERVICES
PUBLIC COMMENT PERIOD TO AMEND THE §1115 IOWA WELLNESS PLAN
DEMONSTRATION WAIVER

Notice is hereby given that the Iowa Department of Human Services (DHS) will hold public hearings to amend the §1115 Iowa Wellness Plan (IWP) Demonstration Waiver to provide dental benefits for children through prepaid ambulatory health plans (PAHP).

Hearings offer an opportunity for the public to provide written or verbal comments about the IWP Demonstration Waiver amendment. All comments will be summarized and taken into consideration prior to submission to the Centers for Medicare and Medicaid Services (CMS). Hearings will be held at the following dates, times, and locations:

January 20, 2021

1:30 to 2:30 p.m.

Call: 312-626-6799

Meeting ID: 959 2360 9141

Passcode: 295230

January 21, 2021

9:30-10:30 a.m.

Call: 312-626-6799

Meeting ID: 995 8612 3237

Passcode: 556364

This notice provides details about the Demonstration Waiver amendment and serves to open the 30-day public comment period. The comment period closes February 10, 2021.

PROGRAM DESCRIPTION, GOALS AND OBJECTIVES

Currently, Medicaid-enrolled children in the State receive State Plan dental benefits via a fee-for-service delivery system. Meanwhile, adult Dental Wellness Plan (DWP) benefits are delivered via a managed care delivery system; the State contracts with two PAHPs for the delivery of dental services to the DWP population. Additionally, children in the CHIP program (Hawki in Iowa) also receive dental benefits via a PAHP. The State seeks to provide dental benefits to children via PAHPs through this amendment as this mechanism will allow the State to better coordinate dental care for children, helping to promote oral health in an accessible and cost-effective manner. The State only seeks to enroll children in PAHPs; there are no proposed changes to children's dental benefits. They will remain exempt from the incentive structure required for adult enrollees in the DWP, and all enrollees under 21 years of age will continue to be eligible for medically necessary services in accordance with federal early and periodic screening, diagnostic and treatment (EPSDT) requirements.

The State seeks to achieve the following goals through this waiver amendment:

1. Ensure access to high quality dental services for all enrollees.
2. Ensure the seamless delivery of dental benefits for enrollees.
3. Allow for the seamless delivery of services by providers.
4. Improve the oral health of enrollees by encouraging engagement in preventive services and compliance with treatment plans.
5. Encourage enrollee linkage to a dental home.
6. Ensure fiscal sustainability.

DEMONSTRATION ELIGIBILITY

Currently, the majority of Iowa Medicaid enrollees age 19 and over are enrolled in a PAHP for receipt of dental benefits. Through this amendment, the State will enroll the eligibility groups outlined in Table 1 in a dental PAHP and remove the age limitation on all currently enrolled populations.

Table 2: Children's Populations Eligible for PAHP Enrollment

Eligibility Group Name	Social Security Act and CFR Citations	Income Limit
Deemed Newborn Children	42 CFR §435.117	N/A
Infants and Children under Age 19	42 CFR §435.118	Infants under 1: 375% FPL Age 1 -5: 167% FPL Age 6-18: 167% FPL
Children with Adoption Assistance, Foster Care, or Guardianship Care Under Title IV-E	42 CFR §435.145 1902(a)(10)(A)(i)(I) 473(b)(3)	N/A
Children with Non IV-E Adoption Assistance	42 CFR §435.277 1902(a)(10)(A)(ii)(VIII)	N/A
Family Opportunity Act Children with Disabilities	1902(a)(10)(ii)(XIX)	300% FPL
§1915(c) Children's Mental Health Waiver	1902(a)(10)(A)(ii)(VI) 42 CFR §435.217	300% SSI FBR

Notwithstanding the foregoing, enrollees who meet one of the following conditions will not be enrolled in a dental PAHP and will continue to receive dental services through the fee-for-service delivery system: (i) enrolled in the Health Insurance Premium Payment Program (HIPP); (ii) presumptively eligible individuals; (iii) nonqualified immigrants receiving time-limited coverage of certain emergency medical conditions; (iv) persons eligible only for the Medicare Savings Program; (v) medically needy; and (vi) periods of retroactive eligibility.

BENEFITS

There will be no changes to children's dental benefits as a result of this amendment. They will remain exempt from the incentive structure required for adult enrollees in the DWP. All enrollees under 21 years of age will continue to be eligible for medically necessary services in accordance with federal early and periodic screening, diagnostic and treatment (EPSDT) requirements.

COST SHARING

There will be no changes to cost sharing as a result of this amendment. Children will continue to remain exempt from any cost sharing for dental benefits.

DELIVERY SYSTEM

Through this waiver amendment, the DWP benefits will be provided through a managed care delivery system via PAHPs. The State currently contracts with two PAHPs to deliver DWP benefits to adult Medicaid enrollees. Effective July 1, 2021, Medicaid enrollees under the age of 19, who are not otherwise exempt as outlined in the Demonstration Eligibility section, will be transitioned from the current dental fee-for-service delivery system and will begin receiving dental benefits through a PAHP.

Prior to the transition of current fee-for-service children, the State will conduct a readiness review to ensure operational readiness for additional enrollment. The readiness review process will include an assessment of the ability and capacity of the PAHP to perform satisfactorily within all applicable areas as outlined at 42 CFR §438.66(d)(4).

WAIVER AUTHORITY

The State requests to continue all currently approved waivers and proposes the following revisions to the existing Iowa Wellness Plan Title XIX waivers:

1. Freedom of Choice Section 1902(a)(23)(A)

To the extent necessary to permit the State to add the eligibility groups identified in Table 1 to the populations required to receive dental services through a carved-out contracted dental benefit with no access to other providers, as well as remove the age limitation on all populations currently required to receive dental services through a carved-out contracted dental benefit with no access to other providers.

EVALUATION

The State does not propose any modifications to the current evaluation plan as a result of this amendment.

SUBMISSION OF COMMENTS

This notice and all waiver documents are available online at: <https://dhs.iowa.gov/public-notices/dwp-kids>. To reach all stakeholders, non-electronic copies will also be made available for review at DHS Field Offices. A complete listing of DHS Field Offices is provided as an Attachment to this notice. Written comments may be addressed to Heather Miller, Department of Human Services, Iowa Medicaid Enterprise, 1305 East Walnut, Des Moines, IA 50309-0114. Comments may also be sent to the attention of: DHS, Iowa Health and Wellness Plan at: hmiller@dhs.state.ia.us through February 10, 2021. After the comment period has ended, a summary of comments received will be made available at: <https://dhs.iowa.gov/public-notices/dwp-kids>.

Submitted by:
Julie Lovelady
Interim Medicaid Director
Iowa Medicaid Enterprise
Iowa Department of Human Services

Attachment: Iowa Department of Human Services Field Office Locations

County	Building Name	Building Address	City	Zip
Adair	Adair County DHS	400 Public Square	Greenfield	50849
Adams	Adams County DHS	500 Ninth Street	Corning	50841
Allamakee	Allamakee County DHS	12 1 st Avenue NW	Waukon	52172
Appanoose	Appanoose County DHS	209 East Jackson	Centerville	52544
Audubon	Audubon County DHS	318 Leroy Street	Audubon	50025
Benton	Benton County DHS	811 D Ave., Ste. 20	Vinton	52349
Black Hawk	Black Hawk County DHS	1407 Independence Ave.	Waterloo	50704
Boone	Boone County DHS	900 West Third Street	Boone	50036
Bremer	Bremer County DHS	203 1 st Ave.	Waverly	50677
Buchanan	Buchanan County DHS	1415 1st Street West	Independence	50644
Buena Vista	Buena Vista County DHS	311 E. 5th Street	Storm Lake	50588
Butler	Butler County DHS	713 Elm Street	Allison	50602
Calhoun	Calhoun County DHS	515 Court Street	Rockwell City	50579
Carroll	Carroll County DHS	608 N Court Street, Ste. C	Carroll	51401
Cass	Cass County DHS	601 Walnut Street	Atlantic	50022
Cedar	Cedar County DHS	101 Lynn Street	Tipton	52772
Cerro Gordo	Cerro Gordo County DHS	525 9 th Street Ste. 1	Mason City	50401
Cherokee	Cherokee County DHS	1251 W. Cedar Loop	Cherokee	51012
Chickasaw	Chickasaw County DHS	260 E. Prospect Street	New Hampton	50659
Clarke	Clarke County DHS	109 S Main	Osceola	50213
Clay	Clay County DHS	1900 Grand Ave. Ste. E-8	Spencer	51301
Clayton	Clayton County DHS	600 Gunder Rd.	Elkader	52043
Clinton	Clinton County DHS	121 Sixth Ave S.	Clinton	52733
Crawford	Crawford County DHS	27 South Main	Denison	51442
Dallas	Dallas County DHS	25747 N. Avenue, Suite A	Adel	50003
Davis	Davis County DHS	203 South Madison	Bloomfield	52537
Decatur	Decatur County DHS	308 NE Idaho Street	Leon	50144
Delaware	Delaware County DHS	721 South Fifth Street	Manchester	52057
Des Moines	Des Moines County DHS	560 Division Street, Suite 200	Burlington	52601
Dickinson	Dickinson County DHS	Dickinson County Courthouse 1802 Hill Ave, Suite 2401	Spirit Lake	51360
Dubuque	Dubuque County DHS	410 Nesler Center, 799 Main Street	Dubuque	52004

County	Building Name	Building Address	City	Zip
Emmet	Emmet County DHS	220 S 1st Street	Estherville	51334
Fayette	Fayette County DHS	129 A North Vine	West Union	52175
Floyd	Floyd County DHS	1206 S Main Street	Charles City	50616
Franklin	Franklin County DHS	123 First Ave SW	Hampton	50441
Fremont	Fremont County DHS	414 Clay Street	Sidney	51652
Greene	Green County DHS	114 North Chestnut	Jefferson	50129
Grundy	Grundy County DHS	706 H Ave.	Grundy Center	50638
Guthrie	Guthrie County DHS	200 North Fifth Street	Guthrie Center	50115
Hamilton	Hamilton County DHS	1900 Superior Street	Webster City	50595
Hancock	Hancock County DHS	Courthouse Annex, 120 East Eighth Street	Garner	50438
Hardin	Hardin County DHS	1204 14 th Ave.	Eldora	50627
Harrison	Harrison County DHS	204 E 6th St	Logan	51546
Henry	Henry County DHS	205 W Madison Street	Mt. Pleasant	52641
Howard	Howard County DHS	205 E. Second Street	Cresco	52136
Humboldt	Humboldt County DHS	203 Main Street	Dakota City	50526
Ida	Ida County DHS	401 Moorehead Street	Ida Grove	51445
Iowa	Iowa County DHS	901 Court Ave	Marengo	52301
Jackson	Jackson County DHS	201 W. Platt Street	Maquoketa	52060
Jasper	Jasper County DHS	115 N 2nd Ave E. Suite H	Newton	50208
Jefferson	Jefferson County DHS	304 South Maple, Suite 100	Fairfield	52556
Johnson	Johnson County DHS	855 S. Dubuque Street	Iowa City	52240
Jones	Jones County DHS	105 Broadway Place, Suite 1	Anamosa	52205
Keokuk	Keokuk County DHS	1303 S. 200 th Ave	Sigourney	52591
Kossuth	Kossuth County DHS	109 West State Street	Algona	50511
Lee	Lee County DHS	933 Avenue H	Ft. Madison	52627
Lee	Lee County DHS	307 Bank Street	Keokuk	52632
Linn	Linn County DHS	411 3rd Street SE, Suite 600	Cedar Rapids	52401
Linn	Linn County DHS, Harambee House	404 17th Street Southeast	Cedar Rapids	52403
Linn	Cedar Rapids Child Support Recovery Office	411 3 rd Street SE, Suite 600	Cedar Rapids	52401
Louisa	Louisa County DHS	12635 County Road G56	Wapello	52641
Lucas	Lucas County DHS	125 South Grand	Chariton	50049
Lyon	Lyon County DHS	315 Fist Ave, Suite 210	Rock Rapids	51246
Madison	Madison County DHS	209 East Madison	Winterset	50273

County	Building Name	Building Address	City	Zip
Mahaska	Mahaska County DHS	410 S 11th Street	Oskaloosa	52577
Marion	Marion County DHS	104 S 6 th Street	Knoxville	50138
Marshall	Marshall County DHS	206 W State Street	Marshalltown	50158
Mills	Mills County DHS	Building 106, Glenwood Resource Center	Glenwood	51534
Mitchell	Mitchell County DHS	415 Pleasant Street	Osage	50461
Monona	Monona County DHS	Monona County Courthouse, 610 Iowa Ave.	Onawa	51040
Monroe	Monroe County DHS	1801 South B Street	Albia	52531
Montgomery	Montgomery County DHS	1109 Highland Ave. Suite A	Red Oak	51566
Muscatine	Muscatine County DHS	315 Iowa Ave, Suite 2	Muscatine	52653
O'Brien	O'Brien County DHS	160 Second Street Se	Primghar	51245
Osceola	Osceola County DHS	300 7 th Street	Sibley	51249
Page	Page County	615 Northwest Rd	Shenandoah	51601
Palo Alto	Palo Alto County DHS	1010 Broadway	Emmetsburg	50536
Plymouth	Plymouth County DHS	215 Central Avenue SE	Orange City	51031
Plymouth	Plymouth County DHS	19 2 nd Avenue NW	Le Mars	51031
Pocahontas	Pocahontas County DHS	23 Third Ave NE	Pocahontas	50574
Polk	Polk County DHS	Polk County River Place, 2309 Euclid Ave	Des Moines	50310
Polk	Polk County DHS- Carpenter Office	1900 Carpenter Street	Des Moines	50314
Polk	Centralized Service Intake Unit	525 SW 5 th , Suite A-B	Des Moines	50309
Polk	DMSA Refugee Services	1914 Carpenter Street	Des Moines	50314
Pottawattamie	Pottawattamie County DHS	417 E Kanesville Blvd.	Council Bluffs	51503
Pottawattamie	Income Maintenance Customer Call Center	300 W Broadway, Suite 110	Council Bluffs	51503
Poweshiek	Poweshiek County DHS	717 5 th Ave, Suite 6	Grinnell	50112
Ringgold	Ringgold County DHS	Courthouse, 119 West Madison	Mount Ayr	50854
Sac	Sac County DHS	116 South State St, Suite B	Sac City	50583
Scott	Scott County DHS	600 W. 4th St. 2nd & 3rd Floors	Davenport	52801
Shelby	Shelby County DHS	612 Court Street, 1 st Floor	Harlan	51537
Sioux	Sioux County DHS	215 Central Ave. SE	Orange City	50141
Story	Story County DHS	126 S Kellogg Ave, Suite 101	Ames	50010
Tama	Tama County DHS	129 West High St	Toledo	52342
Taylor	Taylor County DHS	Taylor County Courthouse, 2 nd Floor	Bedford	50833
Union	Union County DHS	201 N Elm St	Creston	50801
Van Buren	Van Buren County DHS	406 Dodge St.	Keosauqua	52556

County	Building Name	Building Address	City	Zip
Wapello	Wapello County DHS	120 E Main St	Ottumwa	52501
Warren	Warren County DHS	1005 South Jefferson Way	Indianola	50125
Washington	Washington County DHS	2175 Lexington Blvd., Bld 3	Washington	52353
Wayne	Wayne County DHS	117 West Jackson	Corydon	50060
Webster	Webster County DHS	330 1st Ave. N	Fort Dodge	50501
Winnebago	Winnebago County DHS	126 South Clark St	Forest City	50436
Winneshiek	Winneshiek County DHS	2307 US Highway 52 South	Decorah	52101
Woodbury	Woodbury County DHS	Trosper-Hoyt Co Svc Bld., 822 Douglas St	Sioux City	51101
Worth	Worth County DHS	95 Ninth Street North	Northwood	50459
Wright	Wright County DHS	120 1 st St., NE	Clarion	50525

Appendix B – Abbreviated Public Notice
NOTICE OF IOWA DEPARTMENT OF HUMAN SERVICES
PUBLIC COMMENT PERIOD TO AMEND THE §1115 IOWA WELLNESS PLAN
DEMONSTRATION WAIVER

Notice is hereby given that the Iowa Department of Human Services (DHS) will hold public hearings to amend the §1115 Iowa Wellness Plan (IWP) Demonstration Waiver to provide dental benefits for children through prepaid ambulatory health plans (PAHP).

Hearings offer an opportunity for the public to provide written or verbal comments about the IWP Demonstration Waiver amendment. All comments will be summarized and taken into consideration prior to submission to the Centers for Medicare and Medicaid Services (CMS). Hearings will be held at the following dates, times, and locations:

January 20, 2021

1:30 to 2:30 p.m.

Call: 312-626-6799

Meeting ID: 959 2360 9141

Passcode: 295230

January 21, 2021

9:30-10:30 a.m.

Call: 312-626-6799

Meeting ID: 995 8612 3237

Passcode: 556364

Currently, Medicaid-enrolled children in the State receive State Plan dental benefits via a fee-for-service delivery system. Meanwhile, adult DWP benefits are delivered via a managed care delivery system; the State contracts with two PAHPs for the delivery of dental services to the DWP population. Additionally, children in the CHIP program, Hawki in Iowa, also receive dental benefits via a PAHP. The State seeks to provide dental benefits to children via PAHPs through this amendment as this mechanism will allow the State to better coordinate dental care for children, helping to promote oral health in an accessible and cost-effective manner. The State only seeks to enroll children in PAHPs; there are no proposed changes to children's dental benefits. They will remain exempt from the incentive structure required for adult enrollees in the DWP, and all enrollees under 21 years of age will continue to be eligible for medically necessary services in accordance with federal early and periodic screening, diagnostic and treatment (EPSDT) requirements.

A full public notice, waiver documents, and information about the Iowa Wellness Plan are available at: <https://dhs.iowa.gov/public-notices/dwp-kids> and non-electronic copies will be made available for review at DHS Field Offices.

Written comments may be addressed to Heather Miller, Iowa Medicaid Enterprise, 1305 East Walnut, Des Moines, IA 50309-0114. Comments may also be sent to the attention of: DHS, Iowa Health and Wellness Plan at: hmiller@dhs.state.ia.us through February 10, 2021.

Submitted by:

Julie Lovelady, Interim Medicaid Director

Iowa Medicaid Enterprise

Iowa Department of Human Services

Appendix C – Tribal Notice
NOTICE OF IOWA DEPARTMENT OF HUMAN SERVICES
TRIBAL COMMENT PERIOD TO AMEND THE §1115 IOWA WELLNESS PLAN
DEMONSTRATION WAIVER

Pursuant to 42 CFR §431.408(b), notice is hereby given to all federally recognized tribes, Indian Health Programs and Urban Indian Organizations within the State of Iowa that the Iowa Department of Human Services (DHS) will be submitting a request to the Centers for Medicare and Medicaid Services (CMS) to amend the §1115 Iowa Wellness Plan Demonstration Waiver to enroll children in a prepaid ambulatory health plan (PAHP) for receipt of dental benefits effective July 1, 2021. This notice provides a summary of the purpose of the proposed changes and describes the method for providing comments and questions.

AMENDMENT PROPOSAL SUMMARY

Currently, Medicaid-enrolled children in the State receive State Plan dental benefits via a fee-for-service delivery system. Meanwhile, adult DWP benefits are delivered via a managed care delivery system; the State contracts with two PAHPs for the delivery of dental services to the DWP population. Additionally, children in the CHIP program, Hawki in Iowa, also receive dental benefits via a PAHP. The State seeks to provide dental benefits to children via PAHPs through this amendment as this mechanism will allow the State to better coordinate dental care for children, helping to promote oral health in an accessible and cost-effective manner. The State only seeks to enroll children in PAHPs; there are no proposed changes to children's dental benefits. They will remain exempt from the incentive structure required for adult enrollees in the DWP, and all enrollees under 21 years of age will continue to be eligible for medically necessary services in accordance with federal early and periodic screening, diagnostic and treatment (EPSDT) requirements.

TRIBAL IMPACT

American Indian and Alaskan Native (AI/AN) Medicaid enrollees under age 19, with the exception of the following, will be enrolled in a dental PAHP:

- Persons enrolled in the Health Insurance Premium Payment Program (HIPP)
- Presumptively eligible individuals
- Persons eligible only for the Medicare Savings Program
- Medically needy
- Nonqualified immigrants receiving time-limited coverage of certain emergency medical conditions
- Periods of retroactive eligibility

PAHP contracts will include protections for Medicaid participating Indian health care providers and AI/AN enrollees required pursuant to Section 5006(d) of the American Recovery and Reinvestment Act of 2009 (AARA) and 42 CFR §438.14. Additionally, enrollees under 21 years of age will continue to be eligible for medically necessary dental services in accordance with EPSDT requirements.

SUBMISSION OF COMMENTS

Written comments may be addressed to Alisa Horn, Department of Human Services, Iowa Medicaid Enterprise, 1305 East Walnut, Des Moines, IA 50319-0114. Comments may also be sent via electronic mail to ahorn@dhs.state.ia.us. DHS would be happy to schedule a phone or in-person consultation to discuss the amendment in further detail. All comments must be received by January 15, 2021.

Submitted by:
Julie Lovelady, Interim Medicaid Director
Iowa Medicaid Enterprise
Iowa Department of Human Services