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State/Territory Name: Iowa

State Plan Amendment (SPA) #: 22-0007

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form/Summary Form
3) Approved SPA Page
June 24, 2022

Elizabeth Matney
Medicaid Director
Iowa Department of Human Services
1305 East Walnut Street
Des Moines, IA 50319

Re: Iowa State Plan Amendment (SPA) 22-0007

Dear Iowa Medicaid Director Ms. Matney:

We have reviewed the proposed amendment to add section 7.4.A. Rescissions to the State’s Disaster Relief Policies for the COVID-19 National Emergency to Iowa’s Medicaid state plan, as submitted under transmittal number (TN) 22-0007. This amendment proposes to rescind temporary policies, in section 7.4. Medicaid Disaster Relief for the National Emergency.

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Social Security Act and implementing regulations. Section 7.4 of the Medicaid state plan provides temporary authority for these provisions and is intended to be in effect only for the duration of the COVID-19 public health emergency. Due to the temporary nature of this provision, Medicaid SPA Transmittal Number 22-0007 is approved effective July 1, 2022.

Enclosed is a copy of the CMS-179 summary form and the approved state plan page.

Please contact Lee Herko at 570-230-4048 or by email at lee.herko@cms.hhs.gov if you have any questions about this approval.

Sincerely,

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

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

TO: CENTER DIRECTOR
    CENTERS FOR MEDICAID & CHIP SERVICES
    DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
   July 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION
   1135(b) of the Social Security Act and 42 C.F.R. 430.20

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
   a. FFY 22 $ 6,366 0
   b. FFY 23 $ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
   7.4.A

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
   OR ATTACHMENT (If Applicable)
   N/A

9. SUBJECT OF AMENDMENT
   Ending Nursing Facility COVID Relief Rate (NF CRR) Payments to Medicaid enrolled nursing facilities.

10. GOVERNOR’S REVIEW (Check One)
    Ø GOVERNOR’S OFFICE REPORTED NO COMMENT
    Ø COMMENTS OF GOVERNOR’S OFFICE ENCLOSED
    Ø NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
    Ø OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
    Elizabeth Matney

13. TITLE
    Medicaid Director

14. DATE SUBMITTED
    5/11/2022

FOR CMS USE ONLY

16. DATE RECEIVED
   May 12, 2022

17. DATE APPROVED
   June 24, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
    July 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL
    Alissa Mooney DeBoy

20. TYPED NAME OF APPROVING OFFICIAL
    Alissa Mooney DeBoy

21. TITLE OF APPROVING OFFICIAL
    On Behalf of Anne Marie Costello, Deputy Director, CMCS

22. REMARKS
    Box 6: State authorized pen
    and ink change on 6/14/2022

Instructions on Back
Section 7 General Provisions

7.4.A. Recission to the State’s Disaster Relief Policies for the COVID-19 National Emergency

Effective July 1, 2022, the State rescinds the election at Item E.4 of Section 7.4 (approved on July 1, 2020, in SPA Number IA-20-013) of the state plan to make COVID-19 Relief Rate (CRR) payments to nursing facilities.