## **Table of Contents**

**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

## DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, Maryland 21244-1850



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 M. Deboy -S Digitally signed by Alissa M. Deboy -S Date: 2022.06 24 08:08:22 -04'00'

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  5. FEDERAL STATUTE/REGULATION CITATION  1135(b) of the Social Security Act and 42 C.F.R. 430.20  7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  7.4.A	3. PROGRAM IDENTIFICATION: TITLE OF SECURITY ACT XIX  4. PROPOSED EFFECTIVE DATE  July 1, 2022  6. FEDERAL BUDGET IMPACT (Amour	nts in WHOLE dollars)	
9. SUBJECT OF AMENDMENT  Ending Nursing Facility COVID Relief Rate (NF CRR) Payments to Medicaid enrolled nursing facilities.			
10. GOVERNOR'S REVIEW (Check One)  GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO		
	Elizabeth Matney, Medicaid Director lowa Department of Human Services		
12. TYPED NAME Elizabeth Matney	1305 East Walnut Street	05 East Walnut Street	
13. TITLE	es Moines, IA 50319		
Medicaid Director			
14. DATE SUBMITTED 5/11/2022			
FOR CMS USE ONLY			
16. DATE RECEIVED	17. DATE APPROVED		
May 12, 2022	June 24, 2022		
PLAN APPROVED - OF	NE COPY ATTACHED 19. SIGNATURE OF APPROISSIG MEFICIA	Digitally signed by Alissa	
18. EFFECTIVE DATE OF APPROVED MATERIAL	Deboy -S	Date: 2022.06.24	
July 1, 2022 20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL	08:08:47 -04'00'	
Alissa Mooney DeBoy  22. REMARKS	On Behalf of Anne Marie Costello,	Deputy Director, CMCS	
Box 6: State authorized pen and ink change on 6/14/2022			

State/Territory: <u>Iowa</u> Page 1

## 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.

TN: <u>IA –22-0007</u> Approval Date: June 24, 2022

Supersedes TN: <u>NEW</u> Effective Date: <u>July 1, 2022</u>