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**State/Territory Name: Iowa**

**State Plan Amendment (SPA) #: 23-0015**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

# IA - Submission Package - IA2023MS00030 - (IA-23-0015) - Administration

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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid and CHIP Operations Group  
601 E. 12th St.  
Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

December 11, 2023

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

Re: Approval of State Plan Amendment IA-23-0015

Dear Director Matney:

On September 14, 2023, the Centers for Medicare and Medicaid Services (CMS) received Iowa State Plan Amendment (SPA) IA-23-0015 to revise the new name of the single state agency to reflect Iowa Department of Health and Human Services.

We approve Iowa State Plan Amendment (SPA) IA-23-0015 with an effective date(s) of July 01, 2023.

If you have any questions regarding this amendment, please contact Lee Herko at [Lee.Herko@cms.hhs.gov](mailto:Lee.Herko@cms.hhs.gov).

Sincerely,  
Ruth A. Hughes, Acting Director  
Division of Program Operations  
Center for Medicaid & CHIP Services

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## Submission - Summary

MEDICAID | Medicaid State Plan | Administration | IA2023MS00030 | IA-23-0015

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	IA2023MS00030	<b>SPA ID</b>	IA-23-0015
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/14/2023
<b>Approval Date</b>	12/11/2023	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

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

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

## Submission - Summary

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### Package Header

**Package ID** IA2023MS00030  
**Submission Type** Official  
**Approval Date** 12/11/2023  
**Superseded SPA ID** N/A

**SPA ID** IA-23-0015  
**Initial Submission Date** 9/14/2023  
**Effective Date** N/A

### SPA ID and Effective Date

**SPA ID** IA-23-0015

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Designation and Authority	7/1/2023	IA-13-038
Eligibility Determinations and Fair Hearings	7/1/2023	IA-13-038
Organization and Administration	7/1/2023	IA-13-038
Single State Agency Assurances	7/1/2023	IA-13-038

## Submission - Summary

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### Executive Summary

**Summary Description Including Goals and Objectives** Updates the Single State Agency to the Iowa Department of Health and Human Services, in accordance with state legislation.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$0
Second	2024	\$0

#### Federal Statute / Regulation Citation

Section 1902(a)(5) of the Social Security Act

**Supporting documentation of budget impact is uploaded (optional).**

Name	Date Created
No items available	

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### Governor's Office Review

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

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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## Medicaid State Plan Administration

### Organization

### Designation and Authority

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CMS-10434 OMB 0938-1188

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<b>Superseded SPA ID</b>	IA-13-038		
	System-Derived		

### A. Single State Agency

1. State Name: Iowa

2. As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named here agrees to administer the Medicaid program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Centers for Medicare and Medicaid Services (CMS).


3. Name of single state agency:

Iowa Department of Health and Human Services

4. This agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

### B. Attorney General Certification:

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

Name	Date Created	
IA Attorney General Certification_Signed	6/6/2023 11:41 AM EDT	

### C. Administration of the Medicaid Program

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

- 1. The single state agency is the sole administrator of the state plan (i.e. no other state or local agency administers any part of it). The agency administers the state plan directly, not through local government entities.
- 2. The single state agency administers portions of the state plan directly and other governmental entity or entities administer a portion of the state plan.

## Designation and Authority

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### D. Additional information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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## Medicaid State Plan Administration

### Organization

### Eligibility Determinations and Fair Hearings

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CMS-10434 OMB 0938-1188

### Package Header

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### A. Eligibility Determinations (including any delegations)

1. The entity or entities that conduct determinations of eligibility for families, adults, and individuals under 21 are:

- a. The Medicaid agency
- b. Delegated governmental agency

2. The entity or entities that conduct determinations of eligibility based on age (65 or older), or having blindness or a disability are:

- a. The Medicaid agency
- b. Delegated governmental agency
- i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- iii. The Social Security Administration determines Medicaid eligibility for:
  - (1) SSI beneficiaries
  - (2) Optional state supplement recipients
- iv. Other

3. Assurances:

- a. The Medicaid agency is responsible for all Medicaid eligibility determinations.
- b. There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).
- c. The Medicaid agency does not delegate authority to make eligibility determinations to entities other than government agencies which maintain personnel standards on a merit basis.
- d. The delegated entity is capable of performing the delegated functions.

# Eligibility Determinations and Fair Hearings

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## B. Fair Hearings (including any delegations)

- The Medicaid agency has a system of hearings that meets all of the requirements of 42 CFR Part 431, Subpart E.
  - The Medicaid agency is responsible for all Medicaid fair hearings.
1. The entity or entities that conduct fair hearings with respect to eligibility based on applicable modified adjusted gross income (MAGI) are:
- a. Medicaid agency
  - d. Delegated governmental agency
3. For all other Medicaid fair hearings (not related to an eligibility determination based on MAGI):
- All other Medicaid fair hearings are conducted at the Medicaid agency or at another state agency authorized under an ICA waiver.

## Eligibility Determinations and Fair Hearings

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### C. Evidentiary Hearings

The Medicaid agency uses local governmental entities to conduct local evidentiary hearings.

- Yes  
 No

### D. Additional information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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## Medicaid State Plan Administration

### Organization

#### Organization and Administration

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### A. Description of the Organization and Functions of the Single State Agency

#### 1. The single state agency is:

- a. A stand-alone agency, separate from every other state agency
- b. Also the Title IV-A (TANF) agency
- c. Also the state health department
- d. Other:

#### Description:

The Iowa Department of Health & Human Services is an umbrella agency housing the Title IV-A agency, state health department, and Medicaid

**2. The main functions of the Medicaid agency and where these functions are located within the agency are described below. This description should be consistent with the accompanying organizational chart attachment. (If the function is not performed by the Medicaid agency, indicate in the description which other agency performs the function.)**

#### a. Eligibility Determinations

Medicaid eligibility determinations for all Medicaid populations, with the exception of SSI beneficiaries, are conducted within the Eligibility Bureau under the Community Access Division of HHS. Iowa delegates authority to the Social Security Administration to determine Medicaid eligibility for SSI beneficiaries.

#### b. Fair Hearings (including expedited fair hearings)

The Administrative Rules and Appeals Bureau within the HHS Compliance Bureau is responsible for conducting Medicaid Fair Hearings. This includes scheduling, coordinating, and reviewing fair hearings in accordance with 42 CFR Part 431 – Subpart E.

#### c. Health Care Delivery, including benefits and services, managed care (if applicable)

Within the HHS Medicaid Division, the Quality Innovation & Medical Policy Bureau is responsible for medical policy development and quality for all Medicaid enrolled populations and delivery systems (i.e., fee-for-service and managed care). Policy specific to long term services and supports (LTSS) is managed by the LTSS Policy Bureau. Oversight of managed care falls under the purview of the Managed Care Reporting and Oversight Bureau.

#### d. Program and policy support including state plan, waivers, and demonstrations (if applicable)

Within the HHS Medicaid Division, the Program Integrity and Compliance Bureau holds primary responsibility for coordination with CMS on state plan and waiver approvals. Policy support for SPAs, 1915(b) and 1115 waivers is the responsibility of the Quality Innovation and Medical Policy Bureau. The LTSS Policy Bureau is responsible for policy support for 1915(c) waivers and 1915(i) State Plan programs.

#### e. Administration, including budget, legal counsel

The Finance Bureau within the Administration Division is responsible for budget and planning. Legal counsel is provided by the Iowa Attorney General's Office.

#### f. Financial management, including processing of provider claims and other health care financing



The Finance Bureau under the HHS Administration Division is responsible for accounting services.

#### g. Systems administration, including MMIS, eligibility systems

The Information Technology Bureau under the HHS Administration Division oversees all IT systems, including the MMIS and eligibility systems.

#### h. Other functions, e.g., TPL, utilization management (optional)

**3. An organizational chart of the Medicaid agency has been uploaded:**

Name	Date Created	
<a href="#">HHS-Agency-Wide-TO-Program-Names 12.2023</a>	12/7/2023 11:54 AM EST	
<a href="#">Division-of-Compliance-TO</a>	12/11/2023 12:15 PM EST	

# Organization and Administration

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## B. Entities that Determine Eligibility or Conduct Fair Hearings Other than the Medicaid Agency

Title	Description of the functions the delegated entity performs in carrying out its responsibilities:
The Social Security Administration	Pursuant to a 1634 agreement, the Social Security Administration determines Medicaid eligibility for Supplemental Security Income recipients.

# Organization and Administration

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## E. Coordination with Other Executive Agencies

The Medicaid agency coordinates with any other Executive agency related to any Medicaid functions or activities not described elsewhere in the Organization and Administration portion of the state plan (e.g. public health, aging, substance abuse, developmental disability agencies):

- Yes
- No

## Organization and Administration

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### F. Additional information (optional)

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## Medicaid State Plan Administration

### Organization

### Single State Agency Assurances

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### A. Assurances

- 1. The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- 2. All requirements of 42 CFR 431.10 are met.
- 3. There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with 42 CFR 431.12. All requirements of 42 CFR 431.12 are met.
- 4. The Medicaid agency does not delegate, other than to its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.
- 5. The Medicaid agency has established and maintains methods of personnel administration on a merit basis in accordance with the standards described at 5 USC 2301, and regulations at 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.
- 6. All requirements of 42 CFR Part 432, Subpart B are met, with respect to a training program for Medicaid agency personnel and the training and use of sub-professional staff and volunteers.

### B. Additional information (optional)

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