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State/Territory Name: Iowa

State Plan Amendment (SPA) #: 23-0016

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 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



November 3, 2023

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

Re: Iowa State Plan Amendment (SPA) IA-23-0016

Dear Iowa Medicaid Director Matney:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) IA-23-0016. This amendment proposes to modify the effective period of the temporary suspension of all co-payments and premiums for Medicaid members in response to the COVID-19 Public Health Emergency originally approved in Disaster Relief SPA IA-23-0010.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Iowa's Medicaid SPA Transmittal Number IA-23-0016 is approved effective January 1, 2024.

If you have any questions, please contact Lee Herko at 570-230-4048 or via 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: 2023.11 03
08 04:44 -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**

1. TRANSMITTAL NUMBER <u>2 3</u> — <u>0 0 1 6</u>	2. STATE <u>IA</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

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

4. PROPOSED EFFECTIVE DATE
January 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
Title XIX of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 23 \$ 72,009
b. FFY 24 \$ 143,814

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
7.4.B, page 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Supersedes TN No. IA-23-0010 (page 1)

9. SUBJECT OF AMENDMENT

Reinstate premiums for Hawki and Medicaid for Employed People with Disabilities (MEPD) enrollees effective January 1, 2024.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. APPROVING OFFICIAL
[Redacted]

12. TYPED NAME
Elizabeth Matney

13. TITLE
Medicaid Director

14. DATE SUBMITTED
09/12/2023

15. RETURN TO
Elizabeth Matney
Medicaid Director
Department of Human Services
Iowa Medicaid Enterprise
1305 East Walnut Street
Des Moines, IA 50319

FOR CMS USE ONLY

16. DATE RECEIVED
September 12, 2023

17. DATE APPROVED
November 3, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL
Alissa M. Deboy -S
Digitally signed by Alissa M. Deboy -S
Date: 2023.11.03 08:05:36 -04'00'

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

Section 7 General Provisions

7.4.B. Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency

Effective May 12, 2023 until June 1, 2024, the agency temporarily extends the following elections of Section 7.4 (approved on May 18, 2020 in SPA Number IA-20-008) of the state plan:

Premiums and Cost Sharing

1. The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

Iowa has suspended all cost sharing for all services and all beneficiaries.

Effective May 12, 2023 until January 1, 2024, the agency temporarily extends the following elections of Section 7.4 (approved on May 18, 2020 in SPA Number IA-20-008) of the state plan:

Premiums and Cost Sharing

2. The agency suspends enrollment fees, premiums and similar charges for:
 - a. All beneficiaries
 - b. The following eligibility groups or categorical populations:

TN: IA-23-0016

Approval Date: 11/3/2023

Supersedes TN: IA-23-0010

Effective Date: 1/1/2024