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State/Territory Name: Iowa

State Plan Amendment (SPA) #: 24-0009

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

November 29, 2024

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

Re: Iowa State Plan Amendment (SPA) 24-0009

Dear Iowa Medicaid Director Curtiss:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0009. This amendment proposes to adjust the premium scale per 441 IAC 75.1(39)"b". The maximum premium amount is based on the avg. state employee health insurance premium which is, for a single person, \$958.50 effective January 1, 2024. Therefore, the maximum premium must not be above that amount.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations Section 1902 (a)(10)(A)(ii)(XIII). This letter is to inform you that Iowa Medicaid SPA 24-0009 was approved on November 29, 2024, with an effective date of August 1, 2024.

If you have any additional questions or need further assistance, please contact Lee Herko at 570-230-4048 or via email at lee.herko@cms.hhs.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "JG Scott", is written over a black rectangular redaction box.

Digitally signed by James
G. Scott -S
Date: 2024.11.29 15:40:26
-06'00'

James G. Scott, Director
Division of Program Operations

cc: Jennifer Steenblock
Jeanette Brandner

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 0 9

2. STATE

IA

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL

SECURITY ACT



XIX



XXI

4. PROPOSED EFFECTIVE DATE

August 1, 2024

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID & CHIP SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION

1902(a)(10)(A)(ii)(XIII) of the SSA

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 24 \$ 495

b. FFY 25 \$ 2,963

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 2.6-A, page 12c

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

Supersedes Attachment 2.6-A, page 12c

9. SUBJECT OF AMENDMENT

The proposed SPA adjusts the premium scale per 441 IAC 75.1(39)"b". The maximum premium amount is based on the avg. state employee health insurance premium which is, for a single person, \$958.50 effective January 1, 2024. Therefore, the maximum premium must not be above that amount.

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



OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Elizabeth Matney

13. TITLE Director, Iowa Medicaid & Division of Administration and
HHS Deputy Director

14. DATE SUBMITTED

August 1, 2024

15. RETURN TO

FOR CMS USE ONLY

16. DATE RECEIVED

September 6, 2024

17. DATE APPROVED

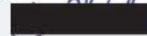
November 29, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

August 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

Digitally signed by James G. Scott -S
Date: 2024.11.29 15:40:56 -06'00'

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

State: Iowa

Citation	Condition or Requirement
	<p>The definition of “family” for purposes of the 250% family income eligibility test includes:</p> <ul style="list-style-type: none">◆ For disabled individuals under 18 and unmarried: the individual, parents living with the individual, unmarried siblings under 18 living with the individual, and children of the individual who live with the individual.◆ For disabled individuals 18 or older or married: the individual, the individual’s spouse living with the individual, and any unmarried children under 18 who are living with the individual. <p>In comparing family income to 250%, SSI income disregards and exemptions are applied. In determining whether the 250% family income eligibility test is met, disregard the amount of income equal to the social security cost-of-living adjustment for the year until the federal poverty level increase goes into effect for the year.</p> <p>Premiums will be charged for recipients with gross income in excess of 150% of the federal poverty level and will be adjusted annually based on changes in the average state employee health insurance premium. The premium is determined according to a sliding scale based on income, with the maximum premium, based on the average state employee’s health insurance premium, charged only when not more than 5% of gross income.</p> <p>Monthly premium amounts established August 1, 2024; begin at \$41 with gross income greater than 150% of the federal poverty level and increase to a maximum of \$879 with gross income greater than 1480% of the federal poverty level. No other cost-sharing charges apply to this group, except for otherwise applicable Iowa Medicaid co-payments, subject to the aggregate limits described in 42 C.F.R. §447.56(f).</p> <p>In determining the monthly premium amount, the gross income figure used in calculation of the monthly premium will not include the cost-of-living adjustment for the year until the federal poverty level for the year goes into effect.</p>
TN No. <u>IA-24-0009</u>	
Supersedes	Approval Date: <u>11/29/2024</u>
TN No. <u>IA-20-003</u>	Effective Date: <u>8/01/2024</u>