

Table of Contents

State/Territory Name: IA

State Plan Amendment (SPA) #: 25-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

IA - Submission Package - IA2024MS0001O - (IA-25-0001) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Review Assessment Report **Approval Letter** Transaction Logs

News Related Actions

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

January 06, 2025

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

Re: Approval of State Plan Amendment IA-25-0001

Dear Director Curtiss:

On October 15, 2024, the Centers for Medicare & Medicaid Services (CMS) received Iowa State Plan Amendment (SPA) IA-25-0001, in which the state proposed to elect the option described in section 1902(e)(16) of the Social Security Act to provide 12 months of postpartum coverage to Medicaid-eligible pregnant individuals.

We approve Iowa State Plan Amendment (SPA) IA-25-0001 with an effective date(s) of January 01, 2025.

If you have any questions regarding this amendment, please contact Lee Herko at Lee.Herko@cms.hhs.gov.

Sincerely,
James G. Scott
Director, Division of Program Operations
Center for Medicaid & CHIP Services

IA - Submission Package - IA2024MS0001O - (IA-25-0001) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Review Assessment Report](#) [Approval Letter](#) [Transaction Logs](#)

[News](#) [Related Actions](#)

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | IA2024MS0001O | IA-25-0001

CMS-10434 OMB 0938-1188

Package Header

Package ID	IA2024MS0001O	SPA ID	IA-25-0001
Submission Type	Official	Initial Submission Date	10/15/2024
Approval Date	01/06/2025	Effective Date	N/A
Superseded SPA ID	N/A		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

MEDICAID | Medicaid State Plan | Eligibility | IA2024MS0001O | IA-25-0001

Package Header

Package ID	IA2024MS0001O	SPA ID	IA-25-0001
Submission Type	Official	Initial Submission Date	10/15/2024
Approval Date	01/06/2025	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID IA-25-0001

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage	1/1/2025	New

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | IA2024MS0001O | IA-25-0001

Package Header

Package ID	IA2024MS0001O	SPA ID	IA-25-0001
Submission Type	Official	Initial Submission Date	10/15/2024
Approval Date	01/06/2025	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives In accordance with Iowa SF 2251 legislation that was passed and signed into law extending postpartum coverage from 60 days to 12 months for eligible women who were enrolled with Medicaid while pregnant. Extending postpartum Medicaid coverage will promote better maternal health for women. It will reduce the risk of pregnancy-related deaths and complications for the mother as well as provide ongoing care for women in the postpartum periods allowing them care for chronic conditions such as diabetes, high blood pressure, heart disease as well as substance abuse and depression.

Federal Budget Impact and Statute/Regulation Citation


Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$55528

Federal Statute / Regulation Citation

42 CFR 435.170

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
Post Partum Fiscal Impact- SPA_s	8/28/2024 5:07 PM EDT	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | IA2024MS0001O | IA-25-0001

Package Header

Package ID	IA2024MS0001O	SPA ID	IA-25-0001
Submission Type	Official	Initial Submission Date	10/15/2024
Approval Date	01/06/2025	Effective Date	N/A
Superseded SPA ID	N/A		

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.

This view was generated on 1/6/2025 10:39 AM EST

IA - Submission Package - IA2024MS0001O - (IA-25-0001) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Review Assessment Report Approval Letter Transaction Logs

News **Related Actions**

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

MEDICAID | Medicaid State Plan | Eligibility | IA2024MS0001O | IA-25-0001

CMS-10434 OMB 0938-1188

Package Header

Package ID	IA2024MS0001O	SPA ID	IA-25-0001
Submission Type	Official	Initial Submission Date	10/15/2024
Approval Date	01/06/2025	Effective Date	<u>1/1/2025</u>
Superseded SPA ID	New		
	User-Entered		

The state provides continuous eligibility for pregnant individuals and extended postpartum coverage in accordance with the following provisions:

A. Mandatory Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan, without regard to any changes in income that otherwise would result in ineligibility, through the last day of the month in which a 60-day postpartum period (beginning on the last day of the pregnancy) ends. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.

B. Optional 12-Month Postpartum Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan while pregnant (including during a period of retroactive eligibility) through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends. The 12-month postpartum continuous eligibility option applies for the period beginning on the effective date of this reviewable unit and is available through March 31, 2027 (or other date as specified by law).

Yes

No

- This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.
- Full benefits are provided for a pregnant or postpartum individual under this option. This includes all items and services covered under the state plan (or waiver) that are not less in amount, duration, or scope than, or are determined by the Secretary to be substantially equivalent to, the medical assistance available for an individual described in subsection 1902 (a)(10)(A)(i) of the Act.
- Continuous eligibility is provided to pregnant individuals eligible and enrolled under the state plan through the end of the 12-month postpartum period who would otherwise lose eligibility because of a change in circumstances, unless:
 - The individual requests voluntary termination of eligibility;
 - The individual ceases to be a resident of the state;
 - The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse or perjury attributed to the individual; or
 - The individual dies.

C. Additional Information (optional)

Section 5113 of the Consolidated Appropriations Act, 2023 eliminated, without replacement, the March 31, 2027, sunset date of the 12-month postpartum continuous eligibility option. Therefore, the durational limit of the option that is described in Section B. does not apply.

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.

This view was generated on 1/6/2025 10:39 AM EST