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**State/Territory Name: Iowa**

**State Plan Amendment (SPA) #: 25-0018**

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# IA - Submission Package - IA2025MS0001O - (IA-25-0018) - Eligibility

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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

March 28, 2025

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

Re: Approval of State Plan Amendment IA-25-0018

Dear Rebecca Curtiss,

On March 20, 2025, the Centers for Medicare and Medicaid Services (CMS) received Iowa State Plan Amendment (SPA) IA-25-0018, in which the state proposed to increase the income eligibility standard for certain pregnant women and infants and deselect the option described in section 1902(e)(16) of the Social Security Act (the Act) to provide 12 months of postpartum coverage to Medicaid-eligible pregnant individuals.

We approve Iowa State Plan Amendment (SPA) IA-25-0018 with an effective date of January 01, 2025.

The approval of this SPA and the companion Medicaid SPA IA-25-0019, also approved today, serve to move the effective date of the state plan changes previously approved through SPAs IA-25-0001 and IA-25-0003, from January 01, 2025, to April 01, 2025.

We further note that the corresponding Children's Health Insurance Program (CHIP) SPAs, IA-25-0020 and IA-25-0021, approved today, similarly move the effective date of the corresponding CHIP SPAs from January 01, 2025, to April 01, 2025.

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

# IA - Submission Package - IA2025MS0001O - (IA-25-0018) - Eligibility

- Summary
- Reviewable Units
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## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | IA2025MS0001O | IA-25-0018

CMS-10434 OMB 0938-1188

### Package Header

|                   |               |                         |            |
|-------------------|---------------|-------------------------|------------|
| Package ID        | IA2025MS0001O | SPA ID                  | IA-25-0018 |
| Submission Type   | Official      | Initial Submission Date | 3/20/2025  |
| Approval Date     | 03/28/2025    | 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 | IA2025MS0001O | IA-25-0018

## Package Header

|                          |               |                                |            |
|--------------------------|---------------|--------------------------------|------------|
| <b>Package ID</b>        | IA2025MS0001O | <b>SPA ID</b>                  | IA-25-0018 |
| <b>Submission Type</b>   | Official      | <b>Initial Submission Date</b> | 3/20/2025  |
| <b>Approval Date</b>     | 03/28/2025    | <b>Effective Date</b>          | N/A        |
| <b>Superseded SPA ID</b> | N/A           |                                |            |

## SPA ID and Effective Date

**SPA ID** IA-25-0018

| Reviewable Unit  | Proposed Effective Date | Superseded SPA ID |
|--|-------------------------|-------------------|
| Mandatory Eligibility Groups   | 1/1/2025                | IA-25-0003        |
| Infants and Children under Age 19  | 1/1/2025                | IA-25-0003        |
| Pregnant Women   | 1/1/2025                | IA-25-0003        |
| Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage | 1/1/2025                | IA-25-0001        |

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | IA2025MS0001O | IA-25-0018

## Package Header

|                   |               |                         |            |
|-------------------|---------------|-------------------------|------------|
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| Submission Type   | Official      | Initial Submission Date | 3/20/2025  |
| Approval Date     | 03/28/2025    | Effective Date          | N/A        |
| Superseded SPA ID | N/A           |                         |            |

## Executive Summary

**Summary Description Including Goals and Objectives** This state plan amendment proposes to revert back to Iowa's current length of postpartum and FPL's for pregnancy and infants for January, February, and March 2025. We are requesting to revert SPA IA-25-0001 and SPA IA-25-0003 that were approved by CMS January 6, 2025 returning coverage for postpartum women in Iowa to 60 days and the FPL for infants and pregnant individuals to 375% effective January 1, 2025.

## Federal Budget Impact and Statute/Regulation Citation

### Federal Budget Impact

|        | Federal Fiscal Year | Amount |
|--------|---------------------|--------|
| First  | 2024                | \$0    |
| Second | 2025                | \$0    |

### Federal Statute / Regulation Citation

42 CFR 435.170  
42 CFR 435.116

Supporting documentation of budget impact is uploaded (optional).

| Name               | Date Created |  |
|--------------------|--------------|--|
| No items available |              |  |

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | IA2025MS0001O | IA-25-0018

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| 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.

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# IA - Submission Package - IA2025MS0001O - (IA-25-0018) - Eligibility

## Medicaid State Plan Eligibility

### Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | IA2025MS0001O | IA-25-0018

CMS-10434 OMB 0938-1188

### Package Header

|                   |               |                         |            |
|-------------------|---------------|-------------------------|------------|
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| Approval Date     | 03/28/2025    | Effective Date          | 1/1/2025   |
| Superseded SPA ID | IA-25-0003    |                         |            |
| User-Entered      |               |                         |            |

### Mandatory Coverage





A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

#### Families and Adults

| Eligibility Group Name   |  | Covered In State Plan               | Include RU In Package ?             | Included in Another Submission Package | Source Type ? |
|--|--|-------------------------------------|-------------------------------------|--|---------------|
| Infants and Children under Age 19  |  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="radio"/>                  | APPROVED      |
| Parents and Other Caretaker Relatives  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="radio"/>                  | CONVERTED     |
| Pregnant Women   |  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="radio"/>                  | APPROVED      |
| Deemed Newborns  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="radio"/>                  | NEW           |
| Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care |  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="radio"/>                  | NEW           |
| Former Foster Care Children  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="radio"/>                  | APPROVED      |
| Transitional Medical Assistance  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="radio"/>                  | NEW           |
| Extended Medicaid due to Spousal Support Collections                           |  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="radio"/>                  | NEW           |

#### Aged, Blind and Disabled

| Eligibility Group Name                 |  | Covered In State Plan               | Include RU In Package ?  | Included in Another Submission Package | Source Type ? |
|--|--|-------------------------------------|--------------------------|--|---------------|
| SSI Beneficiaries                      |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
| Closed Eligibility Groups              |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
| Individuals Deemed To Be Receiving SSI |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |
| Working Individuals under 1619(b)      |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | NEW           |

| Eligibility Group Name                      |   | Covered In State Plan               | Include RU In Package<br><a href="#">?</a> | Included in Another Submission Package | Source Type <a href="#">?</a> |
|---|---|-------------------------------------|--|--|-------------------------------|
| Qualified Medicare Beneficiaries            |  | <input checked="" type="checkbox"/> | <input type="checkbox"/>                   | <input type="radio"/>                  | NEW                           |
| Qualified Disabled and Working Individuals  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/>                   | <input type="radio"/>                  | NEW                           |
| Specified Low Income Medicare Beneficiaries |  | <input checked="" type="checkbox"/> | <input type="checkbox"/>                   | <input type="radio"/>                  | NEW                           |
| Qualifying Individuals                      |  | <input checked="" type="checkbox"/> | <input type="checkbox"/>                   | <input type="radio"/>                  | NEW                           |



# Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | IA2025MS0001O | IA-25-0018

## Package Header

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| Approval Date     | 03/28/2025    | Effective Date          | 1/1/2025   |
| Superseded SPA ID | IA-25-0003    |                         |            |
| User-Entered      |               |                         |            |

B. The state elects the Adult Group, described at 42 CFR 435.119.

☒ Yes ☐ No

### Families and Adults

| Eligibility Group Name |   | Covered In State Plan               | Include RU In Package ?  | Included in Another Submission Package | Source Type ? |
|------------------------|---|-------------------------------------|--------------------------|--|---------------|
| Adult Group            |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/>                  | CONVERTED     |

### C. Additional Information (optional)

## Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

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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# IA - Submission Package - IA2025MS0001O - (IA-25-0018) - Eligibility

## Medicaid State Plan Eligibility

### Eligibility Groups - Mandatory Coverage

#### Infants and Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | IA2025MS0001O | IA-25-0018

Infants and children under age 19 with household income at or below standards established by the state based on age group.

CMS-10434 OMB 0938-1188

#### Package Header

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| Superseded SPA ID | IA-25-0003    |                         |            |
|                   | User-Entered  |                         |            |

The state covers the mandatory infants and children under age 19 group in accordance with the following provisions:

#### A. Characteristics

Children qualifying under this eligibility group must meet the following criteria:

- Are under age 19
- Have household income at or below the standard established by the state.

#### B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

#### C. Income Standards Used

|  |     |         |
|--|-----|---------|
| 1. The amount of the income standard for infants under age one is:             | FPL | 375.00% |
| 2. The amount of the income standard for children age one through five is:     | FPL | 167.00% |
| 3. The amount of the income standard for children age six through eighteen is: | FPL | 167.00% |

# Infants and Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | IA2025MS0001O | IA-25-0018

## Package Header

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| Approval Date     | 03/28/2025    | Effective Date          | 1/1/2025   |
| Superseded SPA ID | IA-25-0003    |                         |            |
| User-Entered      |               |                         |            |

## D. Basis for the Income Standard for Infants under Age 1

### 1. Minimum income standard

a. The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for infants under age one, or as of July 1, 1989, had authorizing legislation to do so.

☒ Yes ☐ No

b. Enter the amount of the minimum income standard (no higher than 185% FPL): FPL 185.00%

### 2. Maximum income standard

☒ a. The state certifies that it has submitted and received approval for its converted income standard(s) for infants under age one to MAGI-equivalent standards and the determination of the maximum income standard to be used for infants under age one.

#### b. The state's maximum income standard for this age group is:

- ☒ i. The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☐ ii. The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ iii. The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☐ iv. The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ v. 185% FPL

c. The amount of the maximum income standard is: FPL 375.00%

# Infants and Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | IA2025MS0001O | IA-25-0018

## Package Header

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| Superseded SPA ID | IA-25-0003    |                         |            |
| User-Entered      |               |                         |            |

## E. Basis for the Income Standard for Children Age One through Age Five

### 1. Minimum income standard

The minimum income standard used for this age group is 133% FPL.

### 2. Maximum income standard

- ☒ a. The state certifies that it has submitted and received approval for its converted income standard(s) for children age one through five to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age one through five.
- b. The state's maximum income standard for this age group is:**
  - ☐ i. The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
  - ☐ ii. The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
  - ☐ iii. The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
  - ☐ iv. The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
  - ☐ v. 133% FPL
- c. The amount of the maximum income standard is:**

FPL 167.00%

## F. Basis for the Income Standard for Children Age Six through Age Eighteen

### 1. Minimum income standard

The minimum income standard used for this age group is 133% FPL.

### 2. Maximum income standard

- ☒ a. The state certifies that it has submitted and received approval for its converted income standard(s) for children age six through eighteen to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age six through age eighteen.
- b. The state's maximum income standard for this age group is:**
  - ☐ i. The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
  - ☐ ii. The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
  - ☐ iii. The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
  - ☐ iv. The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
  - ☐ v. 133% FPL
- c. The amount of the maximum income standard is:**

FPL 167.00%

# Infants and Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | IA2025MS0001O | IA-25-0018

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| Superseded SPA ID | IA-25-0003    |                         |            |
| User-Entered      |               |                         |            |

## G. 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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# IA - Submission Package - IA2025MS0001O - (IA-25-0018) - Eligibility

## Medicaid State Plan Eligibility

### Eligibility Groups - Mandatory Coverage

#### Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | IA2025MS0001O | IA-25-0018

Women who are pregnant or post-partum, with household income at or below a standard established by the state.

CMS-10434 OMB 0938-1188

#### Package Header

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| Superseded SPA ID | IA-25-0003    |                         |            |
|                   | User-Entered  |                         |            |

The state covers the mandatory pregnant women group in accordance with the following provisions:

#### A. Characteristics

1. Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.
2. Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 C.F.R. 435.110.

- ☒ Yes
- ☐ No

#### B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

#### C. Income Standard Used

The state uses the following income standard for this group:

FPL 375.00%

# Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | IA2025MS0001O | IA-25-0018

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| Superseded SPA ID | IA-25-0003    |                         |            |
| User-Entered      |               |                         |            |

## D. Benefits for Pregnant Women

Benefits for individuals in this eligibility group consist of the following:

- 1. All pregnant women eligible under this group receive full Medicaid coverage under this state plan.
- 2. Pregnant women whose income exceeds the income limit specified for full coverage of pregnant women receive only pregnancy-related services.

# Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | IA2025MS0001O | IA-25-0018

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| Superseded SPA ID | IA-25-0003    |                         |            |
| User-Entered      |               |                         |            |

## E. Basis for Pregnant Women Income Standard

### 1. Minimum income standard

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so.

- ☒ Yes
- ☐ No

a. The amount of the minimum income standard (no higher than 185% FPL) is:

FPL 185.00%

### 2. Maximum income standard

- ☒ a. The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for pregnant women under this eligibility group.
- b. The state's maximum income standard for this eligibility group is:
- ☒ i. The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

☐ ii. The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

☐ iii. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

☐ iv. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

☐ v. 185% FPL
- c. The amount of the maximum income standard is:
- FPL 375.00%

## G. 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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# IA - Submission Package - IA2025MS0001O - (IA-25-0018) - Eligibility

## Medicaid State Plan Eligibility

### Eligibility and Enrollment Processes

### Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

MEDICAID | Medicaid State Plan | Eligibility | IA2025MS0001O | IA-25-0018

CMS-10434 OMB 0938-1188

### Package Header

|                   |               |                         |            |
|-------------------|---------------|-------------------------|------------|
| Package ID        | IA2025MS0001O | SPA ID                  | IA-25-0018 |
| Submission Type   | Official      | Initial Submission Date | 3/20/2025  |
| Approval Date     | 03/28/2025    | Effective Date          | 1/1/2025   |
| Superseded SPA ID | IA-25-0001    |                         |            |
|                   | 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

### C. 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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