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State/Territory Name: IA

State Plan Amendment (SPA) #: 25-0025

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 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

October 17, 2025

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

Re: Iowa State Plan Amendment (SPA) 25-0025

Dear Iowa Medicaid Director Grossman:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0025. This amendment proposes an adjustment to the premium scale based on the average state employee health insurance premium and adjusts the personal needs allowance for disabled individuals.

We conducted our review of your submittal according to statutory requirements in sections 1902(a)(10)(A)(ii)(XIII), 1916, 1916A, and 1924 of the Social Security Act, and 42 CFR 447.50-57. This letter informs you that Iowa's Medicaid SPA TN IA-25-0025 was approved on October 17, 2025, with an effective date of August 1, 2025.

Enclosed are copies of Form CMS-179, approved SPA pages to be incorporated into the Iowa's State Plan and the Iowa's MEPD Premium Schedule.

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,

Nicole McKnight
On Behalf of Courtney Miller, MCOG Director

Enclosures

cc: Jennifer Steenblock

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 2 5

2. STATE

IA3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX



XXI

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

4. PROPOSED EFFECTIVE DATE

08/01/2025

5. FEDERAL STATUTE/REGULATION CITATION

CFR Citation: 1902(a)(10)(A)(ii)(XIII) of the SSA, 42 U.S.C. §1396a
(r)(2), 1924 of the Act Section 1916 and 1916A of the Act,
and 42 CFR 447.50-57

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 1,505 914b. FFY 2026 \$ 9,872 5

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

~~Supplement 8b to Attachment 2.6-A page 1-4~~

Attachment 2.6-A page 4a 4a.1

Attachment 2.6-A page 12c

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 2.6-A PAGE 4a and 4a.1 supersedes MS-07-020
Attachment 2.6-A page 12c supersedes IA-24-0009

9. SUBJECT OF AMENDMENT

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, \$980 effective January 1, 2025. Therefore, the maximum premium must not be above that amount. SPA adjusts the personal needs allowance for disabled individuals.

~~SPA adjusts the amount of resources disregarded for disabled individuals under Section 1902(a)(10)(A)(ii)(XIII) of the Act. A~~

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

Rebecca Curtiss

13. TITLE

Interim Medicaid Director

14. DATE SUBMITTED

07/31/2025

15. RETURN TO

Iowa HHS Division of Iowa Medicaid
321 E 12th St
Des Moines, IA 50319

FOR CMS USE ONLY

16. DATE RECEIVED

August 8, 2025

17. DATE APPROVED

October 17, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

August 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

Digitally signed by Nicole

20. TYPED NAME OF APPROVING OFFICIAL

Nicole McKnight

21. TITLE OF APPROVING OFFICIAL

15:18:25 -04'00'

on behalf of Courtney Miller, MCOG Director

22. REMARKS

State approved pen and ink change on
October 3, 2025 to update Box 9 to
reflect SPA request.

State: Iowa

Citation	Condition or Requirement
1924 of the Act 435.725 435.733 435.832	<p>2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:</p> <p>Personal Needs Allowance (PNA) of not less than \$30 for individuals and \$60 for couples for all institutionalized persons:</p> <p>a. Aged, blind, disabled: Individuals <u>\$55</u> Couples <u>\$110</u></p> <p>For the following persons with greater need: Persons with earned income, home expenses in the month of entry or discharge, or persons with a trust described in 1917(d)(4) of the Social Security Act.</p> <p>Supplement 12 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>b. AFDC related: Children <u>\$55</u> Adults <u>\$55</u></p> <p>For the following persons with greater need: Persons with earned income, home expenses in the month of entry or discharge, or persons with a trust described in 1917(d)(4) of the Social Security Act.</p> <p>Supplement 12 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p>
TN No. <u>IA-25-0025</u> Supersedes TN No. <u>MS-07-020</u>	Approval Date <u>10/17/2025</u> Effective Date <u>08/01/2025</u>

State: Iowa

Citation	Condition or Requirement
	<p>c. Individual under age 21 covered in the plan as specified in Item B. 7 of <u>Attachment 2.2-A</u>. <u>\$55</u></p> <p>For the following persons with greater need: Persons with earned income, home expenses in the month of entry or discharge, or persons with a trust described in 1917(d)(4) of the Act.</p> <p>Supplement 12 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p>

TN No.	<u>IA-25-0025</u>	Approval Date	<u>10/17/2025</u>	Effective Date	<u>08/01/2025</u>
Supersedes					
TN No.	<u>MS-07-020</u>				

State: _____ Iowa

Citation	Condition or Requirement
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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.

Monthly premium amounts established August 1, 2025; begin at \$43 with gross income greater than 150% of the federal poverty level and increase to a maximum of \$913 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).

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.

TN No.	<u>IA-25-0025</u>	Approval Date: <u>10/17/2025</u>	Effective Date: <u>8/01/2025</u>
Supersedes			
TN No.	<u>IA-24-0009</u>		