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State/Territory Name: Iowa

State Plan Amendment (SPA) #: 25-0030

This file contains the following documents in the order listed:

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- 2) Form CMS 179
- 3) Approved SPA Pages

IA - Submission Package - IA2025MS00070 - (IA-25-0030) - Health Homes

Summary Reviewable Units Versions Correspondence Log Analyst Notes **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 23, 2026

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

Re: Approval of State Plan Amendment IA-25-0030 Migrated_HH.IA-16-013 IA SPMI Health Home - Managed Care Implementation

Dear Lee Grossman,

On October 27, 2025, the Centers for Medicare and Medicaid Services (CMS) received Iowa State Plan Amendment (SPA) IA-25-0030 for Migrated_HH.IA-16-013 IA SPMI Health Home - Managed Care Implementation to phase out Health Homes.

We approve Iowa State Plan Amendment (SPA) IA-25-0030 with an effective date of December 31, 2025.

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

Sincerely,

Wendy E. Hill Petras

Acting Director, Division of Program
Operations

Center for Medicaid & CHIP Services

IA - Submission Package - IA2025MS00070 - (IA-25-0030) - Health Homes

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Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | IA2025MS00070 | IA-25-0030 | Migrated_HH.IA-16-013 IA SPMI Health Home - Managed Care Implementation

CMS-10434 OMB 0938-1188

Package Header

Package ID	IA2025MS00070	SPA ID	IA-25-0030
Submission Type	Official	Initial Submission Date	10/27/2025
Approval Date	01/23/2026	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Superseded SPA ID	N/A		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 | Health Homes | IA2025MS00070 | IA-25-0030 | Migrated_HH.IA-16-013 IA SPMI Health Home - Managed Care Implementation

Package Header

Package ID	IA2025MS00070	SPA ID	IA-25-0030
Submission Type	Official	Initial Submission Date	10/27/2025
Approval Date	01/23/2026	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID IA-25-0030

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
1945 Health Home Program Termination - Phase-Out Plan	12/31/2025	IA-22-0004

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | IA2025MS00070 | IA-25-0030 | Migrated_HH.IA-16-013 IA SPMI Health Home - Managed Care Implementation

Package Header

Package ID	IA2025MS00070	SPA ID	IA-25-0030
Submission Type	Official	Initial Submission Date	10/27/2025
Approval Date	01/23/2026	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Iowa HHS has been working to align Behavioral Health Services state plan and system to make it easier for mental health and substance use providers to connect lowans with the care they need. Starting July 1, 2025, Iowa HHS will start the transition to the new Certified Community Behavioral Health Clinic (CCBHC) Model. Iowa HHS will sunset the current Integrated Health Home (IHH) program by December 31, 2025.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2026	\$76573
Second	2027	\$103172

Federal Statute / Regulation Citation

The Affordable Care Act of 2010, Section 2703 (1945 of the Social Security Act)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
CMS 179_25-0030	10/27/2025 9:25 AM EDT	
Final SPA Sign Off 25-0030	10/27/2025 9:25 AM EDT	

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | IA2025MS00070 | IA-25-0030 | Migrated_HH.IA-16-013 IA SPMI Health Home - Managed Care Implementation

Package Header

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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 - IA2025MS00070 - (IA-25-0030) - Health Homes

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

1945 Health Home Program Termination - Phase-Out Plan

MEDICAID | Medicaid State Plan | Health Homes | IA2025MS00070 | IA-25-0030 | Migrated_HH.IA-16-013 IA SPMI Health Home - Managed Care Implementation

CMS-10434 OMB 0938-1188

Package Header

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Submission Type	Official	Initial Submission Date	10/27/2025
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Superseded SPA ID	IA-22-0004		
	User-Entered		

Provide a description of the phase-out or transition plan for the 1945 Health Home Program that is being terminated

Describe the reason for termination

Describe the overall approach the state will use to terminating the program

Indicate method of termination

- The state will terminate all participants from the 1945 Health Home Program on the same date
- The state will phase-out the termination of participation in the 1945 Health Home Program

Describe the process the state will use to transition all participants and how referrals will be made to other health care providers

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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