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State/Territory Name: Iowa

State Plan Amendment (SPA) #: 26-0009

This file contains the following documents in the order listed:

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

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

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

October 15, 2026

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

Re: Iowa State Plan Amendment (SPA) 26-0009

Dear Iowa Medicaid Director Grossman:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 26-0009. This amendment proposes an increase to the premium scale for the Medicaid work incentives eligibility group based on changes in the average state employee health insurance premium.

We conducted our review of your submittal according to statutory requirements in section 1902(a)(10)(A)(ii)(XIII) of the Social Security Act. This letter informs you that Iowa's Medicaid SPA TN IA-26-0009 was approved on October 13, 2026, with an effective date of August 1, 2026.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into Iowa's State Plan and the premium schedule for Iowa's Medicaid for Employed People with Disabilities program.

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,

Megan K. Buck
Director, Division of Program Operations

Enclosures

cc: Latisha McQuire

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 26 — 0009

2. STATE: IA

3. 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
8/1/2026

5. FEDERAL STATUTE/REGULATION CITATION
1902(a)(10)(A)(ii)(XIII) of the SSA

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 26 $ 97
b. FFY 27 $ 579

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
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~~ $982 effective January 1, 2026. 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
Rebecca Curtiss

13. TITLE
Medicaid Deputy Director of Operations

14. DATE SUBMITTED
8/25/2026

15. RETURN TO
Iowa Department of Health and Human Services
Iowa Medicaid
321 E 12th St
Des Moines, IA 50319

FOR CMS USE ONLY

16. DATE RECEIVED
August 27, 2026

17. DATE APPROVED
October 13, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
August 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Megan K. Buck

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

State authorizes pen and ink change to Box 9 to reflect "$982 effective 1/1/2026" on October 6th, 2026.

Instructions on Back

State: Iowa

Citation	Condition or Requirement

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, 2026; begin at $44 with gross income greater than 150% of the federal poverty level and increase to a maximum of $931 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.