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State/Territory Name: Iowa

State Plan Amendment (SPA) #: IA-13-0019

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) SPA Summary Form
- 3) Approved SPA Pages

The complete title XXI state plan for Iowa consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below. The following approved templates are in addition to, or replace sections of the state's posted current state plan. The attached approval letter(s) explain how these templates fit into that state plan.

Link to state title XXI state plans and amendments: XXI state plans and amendments:

<http://medicaid.gov/chip/state-program-information/chipstate-program-information.html>

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-26-12
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

JUN 17 2014

Charles M. Palmer, Director
Iowa Department of Human Services
Hoover State Office Building
1305 East Walnut, 5th Floor
Des Moines, IA 50319

Dear Mr. Palmer:

I am pleased to inform you that the Centers for Medicare & Medicaid Services has approved your Children's Health Insurance Program (CHIP) state plan amendment (SPA) number IA-13-0019 submitted on December 30, 2013, with additional information provided on June 9, 2014. This SPA relates to Modified Adjusted Gross Income (MAGI) Eligibility and has an effective date of January 1, 2014.

The SPA number IA-13-0019 converts the state's existing income eligibility standards to MAGI-equivalent standards, by age group, for children covered in its title XXI-funded Medicaid program. A copy of the approved state plan page (CS3) is attached, and should be incorporated into the state's approved CHIP state plan. This page supersedes the current Medicaid expansion Section (4.0) of the current CHIP state plan.

Your title XXI project officer is Mr. Martin Burian. He is available to answer questions concerning this amendment. Mr. Burian's contact information is as follows:

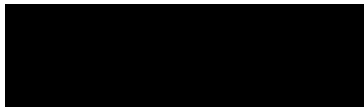
Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850
Telephone: (410) 786-3246
Facsimile: (410) 786-5882
E-mail: Martin.Burian@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Mr. Burian and to Mr. James G. Scott, Associate Regional Administrator (ARA) in our Kansas City Regional Office. Mr. Scott's address is:

Centers for Medicare & Medicaid Services
Division of Medicaid and Children's Health Operations
Richard Bolling Federal Building
601 East 12th Street, Room 355
Kansas City, MO 64103-2808

Congratulations on the approval. We look forward to continuing to work with you and your staff toward the approval of your remaining MAGI Eligibility SPAs. If you have additional questions, please contact Ms. Barbara K. Richards, Acting Director, Division of State Coverage Programs at (410) 786-5920.

Sincerely,



Eliot Fishman
Director

Enclosure

cc:

James G. Scott, ARA, CMS Region VII



CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

Eligibility for Medicaid Expansion Program

CS3

42 CFR 457.320(a)(2) and (3)

Income eligibility for children under the Medicaid Expansion is determined in accordance with the following income standards:

There should be no overlaps or gaps for the ages entered.

Age and Household Income Ranges

	From Age	To Age	Above (% FPL)	Up to & including (% FPL)	
+	0	1	240	375	X
+	6	19	122	167	X

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, 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.

Children's Health Insurance
Program Eligibility

IA.0686.R00.00 - Jan 01, 2014

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Children's Health Insurance Program Eligibility:
Summary PageState/Territory Iowa
name:

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

IA-13-0019

Type of SPA:

- ☐ MAGI Eligibility & Methods
- ☒ XXI Medicaid Expansion
- ☐ Establish 2101(f) Group
- ☐ Eligibility Processing
- ☐ Non-Financial Eligibility

Proposed Effective Date

01/01/2014

(mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 457.320(a)(2) and (3)

Federal Budget Impact

- ☐ This SPA has a budget impact.

Total budget impact:

State Funds: \$ Federal Funds: \$

Subject of Amendment

Please provide a brief summary of SPA changes.

Character Count: 53 out of 2000

New federal poverty levels based on MAGI calculations

Signature of State Agency Official

Submitted By: Anna Ruggle

Last Revision Date: Dec 31, 2013

Submit Date: Dec 30, 2013

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