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## **Table of Contents**

**State/Territory Name: Iowa**

**State Plan Amendment (SPA) #: IA-14-0021**

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**

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**MAR 26 2014**

Charles M. Palmer, Director  
Iowa Department of Human Services  
Hoover State Office Building  
1305 East Walnut, 5<sup>th</sup> Floor  
Des Moines, IA 50319-0119

Dear Mr. Palmer:

I am pleased to inform you that the Centers for Medicare & Medicaid Services (CMS) has approved Iowa's Children's Health Insurance Program (CHIP) state plan amendment (SPA), IA-13-0021, submitted on December, 30, 2013. This SPA incorporates the MAGI-based eligibility process requirements in accordance with the Affordable Care Act. The effective date of this SPA is October 1, 2013.

The state is using interim alternative single streamlined paper and online applications and by December 31, 2014, will implement revised alternative single streamlined paper and online applications that address CMS concerns outlined in the companion letter issued with this SPA approval.

Enclosed is a copy of the following CS24 state plan pages and attachments to be incorporated within a separate section at the end of Iowa's approved state plan:

- CS24
- Attachment 1 – Statement of use with respect to the alternative single streamlined paper application
- Attachment 2 – Statement of use with respect to the alternative single streamlined online application

This approval and the enclosures supercede the following sections of the current CHIP state plan:

- Section 4.3: Single Streamlined Application Screen and Enroll Process
- Section 4.4: Renewals, Screening by Other Insurance Affordability Programs

The CMS appreciates the significant amount of work your staff dedicated to preparing this State Plan Amendment. Your title XXI project officer is Mr. Martin Burian. He is available to answer

Page 2 – Mr. Charles Palmer

questions concerning this amendment and other CHIP-related issues. Mr. Burian's contact information is as follows:

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

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

Mr. James Scott  
Office of the Regional Administrator  
601 E. 12<sup>th</sup> Street, Suite 235  
Kansas City, MO 64106

If you have additional questions, please contact Linda Nablo, Director, Division of State Coverage Programs at (410) 786-5143.

We look forward to continuing to work with you and your staff.

Sincerely,

A black rectangular redaction box covering the signature of Eliot Fishman.

Eliot Fishman  
Director

Enclosure

cc:

Mr. James Scott, ARA, CMS Region VII, Kansas City



**Children and Adults Health Programs Group**

**MAR 26 2014**

Charles M. Palmer, Director  
Iowa Department of Human Services  
Hoover State Office Building  
1305 East Walnut, 5<sup>th</sup> Floor  
Des Moines, Iowa 50319-0119

RE: CS24 – Eligibility Process State Plan Amendment (SPA), IA-13-0021

Dear Mr. Palmer:

This letter is being sent as a companion to the Centers for Medicare & Medicaid Services (CMS) approval of state plan amendment (SPA) IA-13-0021, which was submitted to CMS on December 30, 2013. Our review of this submission included a review of the alternative single streamlined paper and online applications developed by the state.

Until December 31, 2014, the state is using interim alternative single streamlined online and paper applications. By December 31, 2014, the state will implement revised applications to reflect the following changes indicated below:

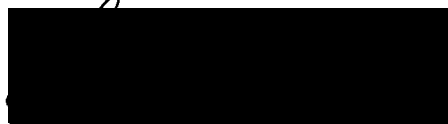
<b>Alternative Single Streamlined Online Application:</b>	
<b>Necessary changes:</b>	<b>Date by which changes will be completed:</b>
<p>The following questions will not appear on the online application for health coverage only:</p> <ul style="list-style-type: none"> <li>• Questions regarding “Last Year’s Tax Return”</li> <li>• “When did the new person join the household?” (unless the applicant is requesting retroactive coverage and indicated that someone moved into or out of the household)</li> </ul>	December 31, 2014
<b>Necessary changes:</b>	<b>Date by which changes will be completed:</b>
<p>The following questions will not appear for household members not seeking any benefits:</p> <ul style="list-style-type: none"> <li>• The three non-MAGI screening questions related to disability, blindness and long term care need</li> <li>• Are you a resident of Iowa?</li> <li>• All citizenship and immigration questions</li> </ul>	December 31, 2014

All applicants will be given the option to consent to their tax data being checked at the time of renewal, for up to 5 years, or a lower number of years.	December 31, 2014
Only applicants who do not appear eligible for Medicaid and CHIP based on income attestation will be asked information about access to employer-sponsored coverage, beyond what is needed for Medicaid and CHIP.	December 31, 2014
<b>Alternative Single Streamlined Paper Application:</b>	
The state will rephrase the question asking for amount of premium for the applicant's lowest cost offer of employer-sponsored coverage so that it collects this premium amount for everyone with an offer, not just those employees offered wellness plans.	December 31, 2014

Please submit the revised alternative single streamlined online application to CMS for review no later than December 1, 2014, to ensure approval by December 31, 2014. We continue to be available to provide technical assistance. If you have any questions about your application, please contact Victoria Collins at [Victoria.Collins@cms.hhs.gov](mailto:Victoria.Collins@cms.hhs.gov) or (410) 786-2167.

We look forward to continuing to work with you and your staff.

Sincerely,



Linda Nablo  
Director, Division of State Coverage Programs

cc:  
Mr. James Scott, ARA, CMS Region 7, Kansas City



# CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

## Separate Child Health Insurance Program General Eligibility - Eligibility Processing

CS24

2102(b)(3) & 2107(e)(1)(O) of the SSA and 42 CFR 457, subpart C

- The CHIP Agency meets all of the requirements of 42 CFR 457, subpart C for application processing, eligibility screening and enrollment.

### Application Processing

Indicate which application the agency uses for individuals applying for coverage who may be eligible based on the applicable modified adjusted gross income standard:

- The single, streamlined application developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act.
- An alternative single, stream lined application developed by the state and approved by the Secretary in accordance with section 1413(b)(1)(B) of the Affordable Care Act.

An attachment is submitted.

- An alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single or alternative application used only for insurance affordability programs to individuals seeking assistance only through such programs.

An attachment is submitted.

- The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in CFR 457.340(a), by telephone, via mail, in person and other commonly available electronic means.

The agency accepts applications in the following other electronic means.

- Other electronic means:

	Name of method	Description	
+	Facsimile	FAX	X

### Screen and Enroll Process

- The CHIP Agency has coordinated eligibility and enrollment screening procedures in place that are applied at time of initial application, periodic redeterminations, and follow-up eligibility determinations. The procedures ensure that only targeted low-income children are provided CHIP coverage and that enrollment is facilitated for applicants found to be potentially eligible for other insurance affordability programs.

Procedures include:



# CHIP Eligibility

- Screening of application to identify all individuals eligible or potentially eligible for CHIP or other insurance affordability programs; and
- Income eligibility test, with calculation of household income consistent with 42 CFR 457.315 for individuals identified as potentially eligible for Medicaid or other insurance affordability programs based on household income; and
- Screening process for individuals who may qualify for Medicaid on a basis other than having household income at or below the applicable MAGI standard, based on information in the single streamlined application.

The CHIP agency has entered into an arrangement with the Exchange to make eligibility determinations for advanced premium tax credits in accordance with section 1943(b)(2) of the SSA.

Yes

## Redetermination Processing

- Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 457.343:
    - Once every 12 months.
    - Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency.
- If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional
- information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.

## Screening by Other Insurance Affordability Programs

- The CHIP Agency provides assurance that it has adopted procedures to accept and process electronic accounts of individuals screened as potentially eligible for CHIP by other insurance affordability programs in accordance with the requirements of 42
- CFR 457.348(b) and to determine eligibility in accordance with 42 CFR 457.340 in the same manner as if the application had been submitted directly to, and processed by the state.

- The CHIP Agency elects the option to accept CHIP eligibility decisions made by the Exchange or other agencies administering insurance affordability programs as provided in 42 CFR 457.348 and to furnish CHIP in accordance with requirements of 42
- CFR 457.340 to the same extent and in the same manner as if the applicant had been determined by the state to be eligible for CHIP.

- The CHIP Agency has entered into an agreement with agencies administering other insurance affordability programs to fulfill the requirements of 457.348(b) and will provide this agreement to the Secretary upon request.

## 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.

**USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION**

Paper Application

Online Application

**TRANSMITTAL NUMBER:**

IA-13-0021

**STATE:**

Iowa

Through December 31, 2014, the state is using an interim alternative single streamlined application. After December 31, 2014, the state will use a revised alternative single streamlined application. The revised application will address the issues outlined in the CMS letter, which was issued with the approval of this state plan amendment, concerning the state's application. The revised application will be incorporated by reference into the state plan.



**USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION**

Paper Application

Online Application

**TRANSMITTAL NUMBER:**

IA-13-0021

**STATE:**

Iowa

Through December 31, 2014, the state is using an interim alternative single streamlined application. After December 31, 2014, the state will use a revised alternative single streamlined application. The revised application will address the issues outlined in the CMS letter, which was issued with the approval of this state plan amendment, concerning the state's application. The revised application will be incorporated by reference into the state plan.

Children's Health Insurance Program Eligibility

IA.0688.R00.00 - Oct 01, 2013

Home Logout Finder Save Validate Print Help

Control Panel

General Information

File Management

Tribal Input

Summary

Children's Health Insurance Program Eligibility: Summary Page

State/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-14-0027

Type of SPA:

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

Proposed Effective Date

10/01/2013 (mm/dd/yyyy)

Federal Statute/Regulation Citation

2102(b)(3) & 2107(e)(1)(O) of the SSA and 42 CFR 457, subpart C

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: 75 out of 2000

This SPA will contain the single application for Medicaid and CHIP in Iowa.

**Signature of State Agency Official**

Submitted By: Anna Ruggle  
Last Revision Date: Oct 15, 2014  
Submit Date: Dec 30, 2013

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