## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State: _	Iowa			-		
Medical Assistance Program							
	SECTION 2	– C(	OVERA	AGE AND ELIGIB	ILITY		
Citation(s)							
1902(e)(13) of the Act		Application, Determination of Eligibility and Furnishing Medicaid (Continued)					
	☑ (e)	(e) Express Lane Option. The Medicaid State agency elects the option to rely on a finding from an Express Lane agency when determining whether a child satisfies one or more components of Medicaid eligibility. The Medicaid State agency agrees to meet all of the Federal statutory and regulatory requirements for this option. This authority will apply to Medicaid eligibility determinations made after June 1, 2010, and will remain in effect as long as authorized by federal law.					
		(1)	(1) The Express Lane option is applied to:				
			☑ Init □ Bot	tial determinations th	☐ Redeterminations		
		(2) A child is defined as younger than age:			ger than age:		
•			<b>1</b> 9	<b>□</b> 20	□ 21		
		(3) The following public agencies are approved by t Medicaid State agency as Express Lane agencies					
			Iowa Supplemental Nutrition Assistance Progra (SNAP)				
			Accessing to the second				

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Supersedes		Approval Date	Effective Date	JUN 0 1 2010
TN No.	None		deemed approved	2010

	State:	Iowa
	Med	ical Assistance Program
•		COVERAGE AND ELIGIBILITY
Citation(s)		
		cation, Determination of Eligibility and Furnishing caid (Continued)
	(4	4) The following component/components of Medicaid eligibility are determined under the Express Lane option. Also, specify any differences in budget unit deeming, income exclusions, income disregards, or other methodology between Medicaid eligibility determinations for such children and the determination under the Express Lane option.
		All eligibility requirements with the exception of alien or citi status and related documentation requirements will be determined by Supplemental Nutrition Assistance Program (Food Assistance) policies. Differences in budget unit, deeming, income exclusions, income disregards, or other methodology between Medicaid eligibility determinations fo such children may be compared by reviewing the following references:
		Supplemental Nutrition Assistance Program:  Provisions for income, deductions and exclusions are found 7 CFR441 IAC 65.8(7), 7 CFR 273.1(a), 273.2(f), 273.9(d), 273.10(b), 273.10(c), 273.10(d), 273.10(e), 273.11(d), 273.12(c), Public Law 103-66, and 441 Iowa Administrative Code (IAC) 65.22(1) and 65.33(234).
		Iowa Medicaid: Eligibility provisions may be found in the 441 Iowa Administrative Code Chapter 75, Conditions of Eligibility.

deemed approved TN No. None

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: Iowa **Medical Assistance Program** SECTION 2 - COVERAGE AND ELIGIBILITY Citation(s) 2.1 Application, Determination of Eligibility and Furnishing Medicaid (Continued) (5) Check off which option is used to satisfy the Screen and Enroll requirement before a child may be enrolled under title XXI. ☐ (a) Screening threshold established by the Medicaid agency as: □ (i) percentage of the Federal poverty level (exceeds the highest Medicaid income threshold applicable to a child by a minimum of 30 percentage points); or percentage of the Federal poverty level (that reflects the value of any differences between income methodologies of Medicaid and the Express Lane); or ☐ (b) Temporary enrollment pending screen and enroll. ☑ (6) Check off if the State elects the option for automatic enrollment without a Medicaid application, based on data obtained from other sources and with the child's or family's affirmative consent to the child's Medicaid enrollment. $\square$ (7) Check off if the State elects the option to rely on a finding from an Express Lane agency that includes gross income or adjusted gross income shown by State income tax records or returns.

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