

Table of Contents

State/Territory Name: IA

State Plan Amendment (SPA) #: 16-0005

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 355
Kansas City, Missouri 64106



Division of Medicaid and Children's Health Operations

June 28, 2016

Charles M. Palmer, Director
Department of Human Services
Hoover State Office Building
1305 East Walnut, 5th Floor
Des Moines, IA 50319-0114

Dear Mr. Palmer:

On May 24, 2016, the Centers for Medicare & Medicaid Services (CMS) received Iowa's State Plan Amendment (SPA) transmittal #16-005, which removes references to the restriction of disenrollment from an MCO, PIHP, PAHP, or PCCM. This change will bring the state plan into conformity with the State's approved 1915(b) waiver, which outlines disenrollment rights. Enrollees can disenroll within the first 90 days of enrollment with an MCO, after the first 90 days for cause, and annually thereafter.

Based upon the information received, we are now ready to approve SPA #16-005 as of June 21, 2016, with an effective date of April 1, 2016, as requested by the State.

Enclosed is a copy of the CMS-179 form, as well as the approved page for incorporation into the Iowa State Plan.

If you have any questions regarding this amendment, please contact Michala Walker or Sandra Levels at (816) 426-5925.

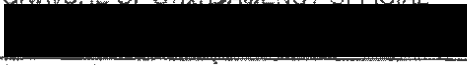
Sincerely,

//s//

James G. Scott
Associate Regional Administrator
for Medicaid and Children's Health Operations

Enclosures

cc:
Mikki Stier
Liz Matney
Alisa Horn

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>1 6 — 0 0 5</u>	2. STATE IOWA
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE April 1, 2016	
5. TYPE OF PLAN MATERIAL (Check One)			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 438.56		7. FEDERAL BUDGET IMPACT a. FFY 2016 \$ (59,800,000) b. FFY 2017 \$ (119,600,000)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 2.2-A, Page 10a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 2.2-A, Page 10a	
10. SUBJECT OF AMENDMENT Removes references to the restriction of disenrollment from an MCO, PIHP, PAHP or PCCM. This is a technical change as disenrollment rights for the Initiative are outlined in the State's approved 1915(b) waiver.			
11. GOVERNOR'S REVIEW (Check One)			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO CHARLES M. PALMER DIRECTOR DEPARTMENT OF HUMAN SERVICES 1305 EAST WALNUT 5TH FLOOR DES MOINES IA 50319-0114	
13. TYPED NAME CHARLES M. PALMER			
14. TITLE DIRECTOR			
15. DATE SUBMITTED 5-24-16			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED May 24, 2016		18. DATE APPROVED June 21, 2016	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2016		20. SIGNATURE OF REGIONAL OFFICIAL /s/	
21. TYPED NAME James G. Scott		22. TITLE Associate Regional Administrator for Medicaid and Children's Health Operations	
23. REMARKS			

State: Iowa

Citation(s)	Groups Covered
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**B. Optional Groups Other Than the Medically Needy
(Continued)**

1932(a)(4) of the Act

The Medicaid Agency may elect to restrict the disenrollment of Medicaid enrollees of MCOs, PIHPs, PAHPs and PCCMs in accordance with the regulations at 42 CFR 438.56. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible.

- Disenrollment rights are restricted for a period of ____ months (not to exceed 12 months), and every (six) months thereafter.

During the first three months of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least once per year, to recipients enrolled with each organization of their right to and restrictions of terminating such enrollment.

- No restrictions upon disenrollment rights.

1902(m)(2)(H),
1902(a)(52) of the Act
P.L. 101-508
42 CFR 438.56(g)

In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who are enrolled with an MCO, PIHP, PAHP, or PCCM which they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract.

- The agency elects to reenroll the above individuals who are eligible in a month but in the succeeding two months became eligible, into the same entity in which they were enrolled at the time eligibility was lost.
- The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.

*Agency that determined eligibility for coverage

TN No. IA-16-005
Supersedes
TN No. MS-03-14

Approval Date June 21, 2016 Effective Date April 1, 2016