

## **Table of Contents**

**State/Territory Name: IA**

**State Plan Amendment (SPA) #: 16-0011**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)

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



**Division of Medicaid and Children's Health Operations**

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July 5, 2016

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

Dear Mr. Palmer:

The Centers for Medicare & Medicaid Services (CMS), Kansas City Regional Office, has completed its review of Iowa State Plan Amendment (SPA) Transmittal Number #16-011. This SPA was submitted on May 24, 2016 to remove Attachment 3.1-F from the Iowa State Plan. This attachment had previously provided federal authority for the state to operate their MediPass and managed care programs through the Medicaid state plan. On February 23, 2016, the delivery system for the state's managed care program was authorized through a 1915(b) waiver with an effective date of April 1, 2016.

Based upon the information received, we approved SPA# 16-011 on June 30, 2016, with an effective date of April 1, 2016 as requested by the state. Enclosed is a copy of the CMS-179 form.

If you have any questions regarding this state plan amendment, please contact Sandra Levels at [Sandra.Levels@cms.hhs.gov](mailto:Sandra.Levels@cms.hhs.gov) or (816) 426-5925.

Sincerely,

7/5/2016

Megan K. Buck  
Acting Associate Regional Administrator  
for Medicaid and Children's Health Operations

Signed by: Megan K. Buck -A

Enclosure

cc:  
Mikki Stier  
Jennifer Steenblock  
Liz Matney  
Alisa Horn

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <u>1 6 0 1 1</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		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 3.1-F - Obsolete		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-F - Obsolete	
10. SUBJECT OF AMENDMENT Removes Attachment 3.1-F, which references PCCM, the authority under which the MediPASS program operates. This program is replaced by the Initiative. also removes references to the current MCO program as the Initiative will now operate under a new 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	
13. TYPED NAME CHARLES M. PALMER		CHARLES M. PALMER DIRECTOR DEPARTMENT OF HUMAN SERVICES 1305 EAST WALNUT 5TH FLOOR DES MOINES IA 50319-0114	
14. TITLE DIRECTOR			
15. DATE SUBMITTED 5-24-16			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED May 24, 2016		18. DATE APPROVED June 30, 2016	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2016		20. SIGNATURE OF REGIONAL OFFICIAL	
21. TYPED NAME Megan K. Buck		22. TITLE Acting Associate Regional Administrator for Medicaid and Children's Health Operations	
23. REMARKS			

\*Pen and Ink change per e-mail from state dated 6.29.16