

Table of Contents

State/Territory Name: IA

State Plan Amendment (SPA) #: 17-0018

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

February 13, 2018

Jerry R. Foxhoven, Director
Department of Human Services
Hoover State Office Building
1305 East Walnut Street, 5th Floor
Des Moines, IA 50319-0114

RE: TN 17-018

Dear Mr. Foxhoven:

On December 21, 2017, the Centers for Medicare & Medicaid Services (CMS) received Iowa's State Plan Amendment (SPA) Transmittal #17-018 of Supplement 16 to Attachment 2.6-A, Pages 1-3, to implement an Asset Verification Program. Iowa is using a contractor to provide data to assist in verifying asset information for all individuals who have SSI-related eligibility. The state began a limited implementation on December 1, 2017, with state-wide implementation beginning January 1, 2018.

SPA 17-018 was approved on February 13, 2018, with an effective date of December 1, 2017, as requested. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Iowa State Plan.

If you have any questions regarding this amendment, please contact Barbara Cotterman, at (816) 426-5925.

Sincerely,

2/13/2018

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

Signed by: James G. Scott -A

Enclosure

cc:
Mikki Stier, Deputy Director, Iowa DHS
Michael Randol, Director, IME
Jennifer Steenblock, IME
Alisa Horn, IME
Kim Grasty, DHS
Amela Alibasic, DHS

| | | |
|--|--|---|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | 1. TRANSMITTAL NUMBER <u>1 7 — 0 1 8</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 December 1, 2017 |

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)


| | |
|---|---|
| 6. FEDERAL STATUTE/REGULATION CITATION Section 1940(a) of the Social Security Act* | 7. FEDERAL BUDGET IMPACT a. FFY 2018 \$ 0 b. FFY 2019 \$ 0 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 16 to Attachment 2.6-A, Page 1, 2, 3 | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) NONE |

10. SUBJECT OF AMENDMENT

Amendment implements federally mandated electronic Asset Verification System for purposes of determining Medicaid eligibility for aged, blind & disabled Medicaid applicants & recipients in Iowa. It is expected that any fiscal impact will result in state savings. #

11. GOVERNOR'S REVIEW (Check One)


GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

| | |
|--|--|
| 12. SIGNATURE OF STATE AGENCY OFFICIAL  | 16. RETURN TO Jerry R. Foxhoven DIRECTOR DEPARTMENT OF HUMAN SERVICES 1305 EAST WALNUT 5TH FLOOR DES MOINES IA 50319-0114 |
| 13. TYPED NAME Jerry R. Foxhoven | |
| 14. TITLE DIRECTOR | |
| 15. DATE SUBMITTED 12-21-17 | |

FOR REGIONAL OFFICE USE ONLY

| | |
|--|--|
| 17. DATE RECEIVED December 21, 2017 | 18. DATE APPROVED February 13, 2018 |
|--|--|

PLAN APPROVED - ONE COPY ATTACHED

| | |
|---|--|
| 19. EFFECTIVE DATE OF APPROVED MATERIAL December 1, 2017 | 20. SIGNATURE OF REGIONAL OFFICIAL  |
| 21. TYPED NAME James G Scott | 22. TITLE Associate Regional Administrator for Medicaid and Children's Health Operations |

23. REMARKS
*Per e-mail request dated January 8, 2018 for pen & ink change to add federal citation

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Iowa

ASSET VERIFICATION SYSTEM

- 1940(a)
of the Act
- I. The agency will provide for the verification of assets for purposes of determining or redetermining Medicaid eligibility for aged, blind and disabled Medicaid applicants and recipients using an Asset Verification System (AVS) that meets the following minimum requirements.
 - A. The request and response system must be electronic:
 - (1) Verification inquiries must be sent electronically via the internet or similar means from the agency to the financial institution (FI).
 - (2) The system cannot be based on mailing paper-based requests.
 - (3) The system must have the capability to accept responses electronically.
 - B. The system must be secure, based on a recognized industry standard of security (e.g., as defined by the U.S. Commerce Department's National Institute of Standards and Technology, or NIST).
 - C. The system must establish and maintain a database of FIs that participate in the agency's AVS.
 - D. Verification requests also must be sent to FIs other than those identified by applicants and recipients, based on some logic such as geographic proximity to the applicant's home address, or other reasonable factors whenever the agency determines that such requests are needed to determine or redetermine the individual's eligibility.
 - E. The verification requests must include a request for information on both open and closed accounts, going back up to 5 years as determined by the State.

TN No. IA-17-018

Approval Date February 13, 2018

Effective Date December 1, 2017

Supersedes TN No. NONE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Iowa

ASSET VERIFICATION SYSTEM

2. System Development

A. The agency itself will develop an AVS.

In 3 below, provide any additional information the agency wants to include.

B. The agency will hire a contractor to develop an AVS.

In 3 below provide any additional information the agency wants to include.

C. The agency will be joining a consortium to develop an AVS.

In 3 below, identify the States participating in the consortium. Also, provide any other information the agency wants to include pertaining to how the consortium will implement the AVS requirements.

D. The agency already has a system in place that meets the requirements for an acceptable AVS.

In 3 below, describe how the existing system meets the requirements in Section 1.

E. Other alternative not included in A. – D. above.

In 3 below, describe this alternative approach and how it will meet the requirements in Section 1.

TN No. IA-17-018

Approval Date February 13, 2018

Effective Date December 1, 2017

Supersedes TN No. NONE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Iowa

ASSET VERIFICATION SYSTEM

3. Provide the AVS implementation information requested for the implementation approach checked in Section 2, and any other information the agency may want to include.

Iowa now has a contract, ACFS 17-001, in place with Accuity Asset Verification Services, Inc. of Evanston, Illinois, to provide AVS services for Iowa Medicaid. Accuity will be paid 15% of the average monthly state dollar savings per member, per coverage group denied or cancelled, based on the prior state FY expenditures.

Iowa is in the process of developing an entry system in the current income maintenance eligibility system to link with Accuity's AVS to provide access for verification requests and receipt of verifications.