

IA - Submission Package - IA2025MS0003O - (IA-25-0031) - Eligibility

- Summary
- Reviewable Units
- Versions
- Correspondence Log
- Analyst Notes
- Approval Letter
- Transaction Logs
- News
- Related Actions

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | IA2025MS0003O | IA-25-0031

CMS-10434 OMB 0938-1188

Package Header

Package ID	IA2025MS0003O	SPA ID	IA-25-0031
Submission Type	Official	Initial Submission Date	8/29/2025
Approval Date	11/24/2025	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name:	Iowa	Medicaid Agency Name:	Iowa Department of Health and Human Services
-----------------------	------	-----------------------	--

Submission Component

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | IA2025MS0003O | IA-25-0031

Package Header

Package ID	IA2025MS0003O	SPA ID	IA-25-0031
Submission Type	Official	Initial Submission Date	8/29/2025
Approval Date	11/24/2025	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID IA-25-0031

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Non-MAGI Methodologies	1/1/2026	New
Optional Eligibility Groups	1/1/2026	IA-19-0006
Work Incentives	1/1/2026	IA-10-011, 13-006, 20-003

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | IA2025MS00030 | IA-25-0031

Package Header

Package ID	IA2025MS00030	SPA ID	IA-25-0031
Submission Type	Official	Initial Submission Date	8/29/2025
Approval Date	11/24/2025	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives SPA adjusts the amount of resources disregarded for disabled individuals under Section 1902(a)(10)(A)(ii)(XIII) of the Act. A maximum of ten thousand dollars of available resources for an individual and twenty-one thousand dollars of available resources for a couple shall be disregarded. This amendment is a legislative mandate.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$591
Second	2026	\$4386

Federal Statute / Regulation Citation

42 U.S.C. §1396a(r)(2)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | IA2025MS0003O | IA-25-0031

Package Header

Package ID	IA2025MS0003O	SPA ID	IA-25-0031
Submission Type	Official	Initial Submission Date	8/29/2025
Approval Date	11/24/2025	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- ☒ No comment
- ☐ Comments received
- ☐ No response within 45 days
- ☐ Other

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 12/8/2025 7:24 PM EST

IA - Submission Package - IA2025MS0003O - (IA-25-0031) - Eligibility

Medicaid State Plan Eligibility

Income/Resource Methodologies

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | IA2025MS0003O | IA-25-0031

CMS-10434 OMB 0938-1188

Package Header

Package ID	IA2025MS0003O	SPA ID	IA-25-0031
Submission Type	Official	Initial Submission Date	8/29/2025
Approval Date	11/24/2025	Effective Date	1/1/2026
Superseded SPA ID	New		
	User-Entered		

The state will apply the methodologies as described below, and consistent with 42 CFR 435.601, 435.602, and 435.831.

A. Basic Financial Methodology

1. The state applies the income and resource methodologies of the SSI program when determining eligibility for a population based on age (65 or older) or having blindness or a disability, with the exceptions described below in B. through G.
2. The state applies the financial methodologies of either the SSI program or the AFDC program in effect as of July 16, 1996 (whichever is most closely related) when determining eligibility for a population based on age (as a child), pregnancy, or status as a caretaker relative, with the exceptions described below in B. through G.

B. Use of Less Restrictive Methodologies

1. The state elects to apply income and/or resources methodologies that are less restrictive than those used under the cash assistance programs, in accordance with 42 CFR 435.601(d).

☒ Yes

☐ No

2. The less restrictive income and resource methodologies are described on the RU for each applicable eligibility group.

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | IA2025MS00030 | IA-25-0031

Package Header

Package ID	IA2025MS00030	SPA ID	IA-25-0031
Submission Type	Official	Initial Submission Date	8/29/2025
Approval Date	11/24/2025	Effective Date	1/1/2026
Superseded SPA ID	New		
	User-Entered		

C. Financial Responsibility of Relatives

1. In determining financial eligibility for an individual, the state does not include income and resources from anyone other than the individual's spouse, and for individuals under age 21 or who have blindness or disability, the individual's parent.

- a.The state includes the income and resources of a spouse or parent only when they are living with the individual in the same household, except as follows:

i. In the case of spouses who are age 65 or older or who have blindness or disability and who share the same room in a Medicaid institution, the state:

(1) Considers these couples either as living together or as living separately for the purpose of counting income and resources, whichever is more advantageous to the couple.

(2) Considers these couples as living separately for the purpose of counting income and resources.

ii. Where applicable, the state determines income and resource eligibility consistent with the spousal impoverishment rules of section 1924 of the Act, as described in the Resource Assessment and Eligibility reviewable unit.

b. In the case of individuals under age 21 for whom AFDC is the most closely related cash assistance program, the income and resources of parents and spouses are included only if the individual would have been considered a dependent under the state's approved AFDC state plan in effect as of July 16, 1996.

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | IA2025MS0003O | IA-25-0031

Package Header

Package ID	IA2025MS0003O	SPA ID	IA-25-0031
Submission Type	Official	Initial Submission Date	8/29/2025
Approval Date	11/24/2025	Effective Date	1/1/2026
Superseded SPA ID	New		
	User-Entered		

D. Family Size

1. The family size of an individual for whom the SSI income and resource methodologies are used (as described in section A) includes the persons identified below:
- a. The individual applying, or
 - b. If the individual lives together with his or her spouse, the individual applying and the spouse, or
 - c. If the individual lives together with his or her parent(s) and the individual is under 21 or has blindness or a disability, the individual applying and the parent(s).
2. The family size of an individual for whom the AFDC income and resource methodologies are used (as described in section A.), includes the persons who would have been included in the family under the state's July 16, 1996 AFDC state plan, except where the state has elected to use the MAGI-like methodologies (as described in section E).
3. The state defines family size for one or more of the following FPL eligibility groups to include others beyond those identified in D.1. and D.2.
- ☒ Yes
 - ☐ No
 - ☐ a. Qualified Medicare Beneficiaries (described in section 1902(a)(10)(E)(i) of the Act)
 - ☐ b. Specified Low Income Medicare Beneficiaries (described in section 1902(a)(10)(E)(iii) of the Act)
 - ☐ c. Qualifying Individuals (described in section 1902(a)(10)(E)(iv) of the Act)
 - ☐ d. Qualified Disabled and Working Individuals (described in section 1902(a)(10)(E)(ii) of the Act)
 - ☐ e. Age and Disability-Related Poverty Level (described in section 1902(a)(10)(A)(ii)(X) of the Act)
 - ☒ f. Work Incentives (described in section 1902(a)(10)(A)(ii)(XIII) of the Act)
 - ☒ g. Family Opportunity Act Children with a Disability (described in section 1902(a)(10)(A)(ii)(XIX) of the Act)
 - ☐ h. Individuals Receiving State Plan Home and Community-Based Services (described in 42 CFR 435.219)
4. The state uses the same definition of family size for the selected FPL eligibility groups.
- ☐ Yes
 - ☒ No

Work Incentives

5. The following family size definition is used for this eligibility group:
- ☐ a. Family is defined as the individual, the individual's spouse and the individual's children under age 18 living together in the same household. If the individual is a child, the child's parents and siblings under age 18 are also included in the household if living together.
 - ☒ b. The state uses another definition of family.

Name of other definition:	Description:
The definition of "family" for purposes of the 250% family income eligibility test	For disabled individuals under 18 and unmarried: the individual, parents living with the individual, unmarried siblings under 18 living with the individual, and children of the individual who live with the individual. For disabled individuals 18 or older or married: the individual, the individual's spouse living with the individual, and any unmarried children under 18 who are living with the individual.

Family Opportunity Act Children with a Disability

5. The following family size definition is used for this eligibility group:
- ☐ a. Family is defined as the individual, the individual's spouse and the individual's children under age 18 living together in the same household. If the individual is a child, the child's parents and siblings under age 18 are also included in the household if living together.
 - ☒ b. The state uses another definition of family.

Name of other definition:	Description:
The definition of "family" for purposes of the 300% family income eligibility test	<p>For this purpose, the child's household shall include any of the following persons who are living with the child and are not receiving Medicaid on another case:</p> <p>The child's parents, the child's siblings under the age of 19, the child's spouse, the child's children, the children of the child's spouse.</p>

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | IA2025MS0003O | IA-25-0031

Package Header

Package ID	IA2025MS0003O	SPA ID	IA-25-0031
Submission Type	Official	Initial Submission Date	8/29/2025
Approval Date	11/24/2025	Effective Date	1/1/2026
Superseded SPA ID	New		
	User-Entered		

E. Use of MAGI-like Methodologies

1. The state uses MAGI-like methodologies for one or more populations for whom the most closely related cash assistance program would be the AFDC program in effect as of July 16, 1996.

- ☐ Yes
- ☒ No

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | IA2025MS0003O | IA-25-0031

Package Header

Package ID	IA2025MS0003O	SPA ID	IA-25-0031
Submission Type	Official	Initial Submission Date	8/29/2025
Approval Date	11/24/2025	Effective Date	1/1/2026
Superseded SPA ID	New		
	User-Entered		

F. Countable Income Deductions for the Medically Needy

In determining countable income for individuals who are age 65 or older or who have blindness or a disability, the state deducts:

1. Amounts that would be deducted in determining eligibility under SSI.
2. The highest amounts that would be deducted in determining eligibility for optional state supplements if these supplements are paid to all individuals who are receiving SSI or would be eligible for SSI except for their income.

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | IA2025MS0003O | IA-25-0031

Package Header

Package ID	IA2025MS0003O	SPA ID	IA-25-0031
Submission Type	Official	Initial Submission Date	8/29/2025
Approval Date	11/24/2025	Effective Date	1/1/2026
Superseded SPA ID	New		
	User-Entered		

G. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 12/8/2025 7:25 PM EST

IA - Submission Package - IA2025MS0003O - (IA-25-0031) - Eligibility

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | IA2025MS0003O | IA-25-0031

CMS-10434 OMB 0938-1188

Package Header

Package ID	IA2025MS0003O	SPA ID	IA-25-0031
Submission Type	Official	Initial Submission Date	8/29/2025
Approval Date	11/24/2025	Effective Date	1/1/2026
Superseded SPA ID	IA-19-0006		
	User-Entered		

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.
















☒ Yes ☐ No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | IA2025MS00030 | IA-25-0031

Package Header

Package ID	IA2025MS00030	SPA ID	IA-25-0031
Submission Type	Official	Initial Submission Date	8/29/2025
Approval Date	11/24/2025	Effective Date	1/1/2026
Superseded SPA ID	IA-19-0006		
User-Entered			

B. Medically Needy Options for Coverage



The state provides Medicaid to specified groups of individuals who are medically needy.

☒ Yes ☐ No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults



Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled


Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Populations Based on Age, Blindness or Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | IA2025MS00030 | IA-25-0031

Package Header

Package ID	IA2025MS00030	SPA ID	IA-25-0031
Submission Type	Official	Initial Submission Date	8/29/2025
Approval Date	11/24/2025	Effective Date	1/1/2026
Superseded SPA ID	IA-19-0006		
User-Entered			

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 12/8/2025 7:26 PM EST

IA - Submission Package - IA2025MS0003O - (IA-25-0031) - Eligibility

Eligibility Groups - Options for Coverage

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | IA2025MS0003O | IA-25-0031

Individuals with a disability with income below 250% of the FPL, who would qualify for SSI except for earned income.

CMS-10434 OMB 0938-1188

Package Header

Package ID	IA2025MS0003O	SPA ID	IA-25-0031
Submission Type	Official	Initial Submission Date	8/29/2025
Approval Date	11/24/2025	Effective Date	1/1/2026
Superseded SPA ID	IA-10-011, 13-006, 20-003		
	User-Entered		

The state covers the optional Work Incentives eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Have earned income.
2. Meet the SSI definition of disability, but for earned income.
3. Meet income and resource standards following a two-step process, which includes:

a. Step One - A comparison of family net income to 250% FPL; and

b. Step Two - A comparison of individual net income and resources to the SSI standards, excluding earned income.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | IA2025MS0003O | IA-25-0031

Package Header

Package ID	IA2025MS0003O	SPA ID	IA-25-0031
Submission Type	Official	Initial Submission Date	8/29/2025
Approval Date	11/24/2025	Effective Date	1/1/2026
Superseded SPA ID	IA-10-011, 13-006, 20-003		
	User-Entered		

B. Step One Financial Methodologies and Income Test

1. Financial methodologies

a. SSI methodologies are used in calculating family income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

b. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

☒ A specified type of income is disregarded:

Name of income type:	Description:
COLA	Disregard the amount of income equal to the social security cost-of-living adjustment for the year until the federal poverty level increase goes into effect for the year

2. Income Test

Family net income must be less than 250% FPL. Please refer as necessary to Non-MAGI Methodologies for the definition of family size.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | IA2025MS00030 | IA-25-0031

Package Header

Package ID	IA2025MS00030	SPA ID	IA-25-0031
Submission Type	Official	Initial Submission Date	8/29/2025
Approval Date	11/24/2025	Effective Date	1/1/2026
Superseded SPA ID	IA-10-011, 13-006, 20-003		
	User-Entered		

C. Step Two Financial Methodologies and Income/Resource Test

1. Financial methodologies

a. SSI methodologies are used in calculating income and resources, except that earned income is not counted. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

b. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

☒ General income disregard:

Name of disregard:	Description:
Individual Income	All income of the disabled individual is disregarded

c. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

☒ General resource disregard:

Name of disregard:	Description:
Individual and couples resource disregard	\$10,000 worth of resources for an individual. \$21,000 worth of resources for a couple.

☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Pension or retirement funds/accounts	Pension or retirement funds or accounts authorized under federal law and retirement plans established pursuant to a "qualified domestic relations order" as defined by federal law (26 U.S.C. § 414).
Assistive technology accounts	Accounts set aside for assistive technology services or devices which can reasonably be expected to enhance the individual's employment when the usefulness for such technology has been verified by a physician, certified vocational rehabilitation counselor, licensed physical therapist, licensed speech therapist, or licensed occupational therapist.
Medical savings accounts	Medical savings accounts exempt from federal income taxation pursuant to Section 220 of the United States Internal Revenue Code (26 U.S.C. § 220).

2. Income Test

For individuals who pass Step One, in Step Two, the individual's unearned income (plus deemed income, if appropriate) must be less than one of the following income standards:

- ☒ a. The SSI income standard.
- ☐ b. The income standard of the state supplement program.

3. Resource Test

The individual's resources must be less than the SSI resource standard.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | IA2025MS0003O | IA-25-0031

Package Header

Package ID	IA2025MS0003O	SPA ID	IA-25-0031
Submission Type	Official	Initial Submission Date	8/29/2025
Approval Date	11/24/2025	Effective Date	1/1/2026
Superseded SPA ID	IA-10-011, 13-006, 20-003		
	User-Entered		

D. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | IA2025MS0003O | IA-25-0031

Package Header

Package ID	IA2025MS0003O	SPA ID	IA-25-0031
Submission Type	Official	Initial Submission Date	8/29/2025
Approval Date	11/24/2025	Effective Date	1/1/2026
Superseded SPA ID	IA-10-011, 13-006, 20-003		
	User-Entered		

E. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 12/8/2025 7:27 PM EST