

State/Territory: IOWA

Name and address of state administering agency, if different from the state Medicaid agency.

Not applicable – The state administering agency is also the state Medicaid agency for the state of Iowa.

**I. Eligibility**

The state determines eligibility for PACE enrollees under rules applying to community groups.

- A.  The state determines eligibility for PACE enrollees under rules applying to institutional groups as provided for in section 1902(a)(10)(A)(ii)(VI) of the Act (42 CFR 435.217 in regulations). The state has elected to cover under its state plan the eligibility groups specified under these provisions in the statute and regulations. The applicable groups are:

Individuals who meet a special income level of 300% of the SSI Federal Benefit Rate (FBR) according to provision of 42 CFR 435.236.

**Note:** Spousal impoverishment eligibility rules under section 1924 of the Social Security Act apply.

- B.  The state determines eligibility for PACE enrollees under rules applying to institutional groups, but chooses not to apply post-eligibility treatment of income rules to those individuals. (If this option is selected, skip to II. Compliance and State Monitoring of the PACE Program.
- C.  The state determines eligibility for PACE enrollees under rules applying to institutional groups, and applies post-eligibility treatment of income rules to those individuals as specified below. Note that the post-eligibility treatment of income rules specified below are the same as those that apply to the state's approved HCBS waiver(s).

**Regular Post Eligibility**

1.  SSI State. The state is using the post-eligibility rules at 42 CFR 435.726. Payment for PACE services is reduced by the amount remaining after deducting the following amounts from the PACE enrollee's income.

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a. Sec. 435.726--States which do not use more restrictive eligibility requirements than SSI.

1) Allowances for the needs of the:

a) Individual (check one):

(1)  The following standard included under the state plan (check one):

- (a)  SSI
- (b)  Medically Needy
- (c)  The special income level for the institutionalized
- (d)  Percent of the Federal Poverty Level: \_\_\_\_\_%
- (e)  Other (specify): \_\_\_\_\_

(2)  The following dollar amount: \$ \_\_\_\_\_

Note: If this amount changes, this item will be revised.

(3)  The following formula is used to determine the needs allowance:

300 % of the SSI benefit and for consumers who have a medical assistance income trust (Miller Trust) an additional 10% (or higher if court ordered) to pay for the administration fees

Note: If the amount protected for PACE enrollees in item 1 is equal to, or greater than the maximum amount of income a PACE enrollee may have and be eligible under PACE, enter N/A in items 2 and 3.

b) Spouse only (check one):

(1)  SSI standard

(2)  Optional state supplement standard

(3)  Medically Needy income standard

(4)  The following dollar amount: \$ \_\_\_\_\_

Note: If this amount changes, this item will be revised.

(5)  The following percentage of the following standard that is not greater than the standards above: \_\_\_\_\_% of \_\_\_\_\_ standard.

(6)  The amount is determined using the following formula:

(7)  Not applicable (N/A)

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## c) Family (check one):

- (1)  AFDC need standard  
 (2)  Medically Needy income standard

The amount specified below cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the state's approved AFDC plan or the medically needy income standard established under 435.811 for a family of the same size.

- (3)  The following dollar amount: \$ \_\_\_\_\_  
 Note: If this amount changes, this item will be revised.  
 (4)  The following percentage of the following standard that is not greater than the standards above: \_\_\_\_\_ % of \_\_\_\_\_ standard.  
 (5)  The amount is determined using the following formula:  
 (6)  Other  
 (7)  Not applicable (N/A)

## 2) Medical and remedial care expenses in 42 CFR 435.726.

2.  209(b) State, a state that is using more restrictive eligibility requirements than SSI. The state is using the post-eligibility rules at 42 CFR 435.735. Payment for PACE services is reduced by the amount remaining after deducting the following amounts from the PACE enrollee's income.

a. 2 CFR 435.735--States using more restrictive requirements than SSI.

## 1) Allowances for the needs of the:

## a) Individual (check one):

- (1)  The following standard included under the state plan (check one):  
 (a)  SSI  
 (b)  Medically Needy  
 (c)  The special income level for the institutionalized  
 (d)  Percent of the Federal Poverty Level: \_\_\_\_\_ %  
 (e)  Other (specify): \_\_\_\_\_

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(2)  The following dollar amount: \$ \_\_\_\_\_  
 Note: If this amount changes, this item will be revised.

(3)  The following formula is used to determine the needs allowance:

Note: If the amount protected for PACE enrollees in item 1 is **equal to, or greater than** the maximum amount of income a PACE enrollee may have and be eligible under PACE, **enter N/A in items 2 and 3.**

b) Spouse only (check one):

(1)  The following standard under 42 CFR 435.121: \_\_\_\_\_

(2)  The Medically Needy income standard: \_\_\_\_\_

(3)  The following dollar amount: \$ \_\_\_\_\_

Note: If this amount changes, this item will be revised.

(4)  The following percentage of the following standard that is not greater than the standards above: \_\_\_\_\_ % of \_\_\_\_\_ standard.

(5)  The amount is determined using the following formula:

(6)  Not applicable (N/A)

c) Family (check one):

(1)  AFDC need standard

(2)  Medically Needy income standard

The amount specified below cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the state's approved AFDC plan or the medically needy income standard established under 435.811 for a family of the same size.

(3)  The following dollar amount: \$ \_\_\_\_\_

Note: If this amount changes, this item will be revised.

(4)  The following percentage of the following standard that is not greater than the standards above: \_\_\_\_\_ % of \_\_\_\_\_ standard.

(5)  The amount is determined using the following formula:

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2) Medical and remedial care expenses specified in 42 CFR 435.735.

**Spousal Post Eligibility**

3.  State uses the post-eligibility rules of Section 1924 of the Act (spousal impoverishment protection) to determine the individual's contribution toward the cost of PACE services if it determines the individual's eligibility under section 1924 of the Act. There shall be deducted from the individual's monthly income a personal needs allowance (as specified below), and a community spouse's allowance, a family allowance, and an amount for incurred expenses for medical or remedial care, as specified in the state Medicaid plan.

a. Allowances for the needs of the:

1) Individual (check one):

a)  The following standard included under the state plan (check one):(1)  SSI(2)  Medically Needy(3)  The special income level for the institutionalized(4)  Percent of the Federal Poverty Level: \_\_\_\_\_%(5)  Other (specify): \_\_\_\_\_b)  The following dollar amount: \$ \_\_\_\_\_

Note: If this amount changes, this item will be revised.

c)  The following formula is used to determine the needs allowance:

300 % of the SSI benefit and for consumers who have a medical assistance income trust (Miller Trust) an additional 10 (or higher if court ordered) to pay for the administration fees

If this amount is different than the amount used for the individual's maintenance allowance under 42 CFR 435.726 or 42 CFR 435.735, explain why you believe that this amount is reasonable to meet the individual's maintenance needs in the community:

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**II. Rates and Payments**

A. The state assures CMS that the capitated rates will be equal to or less than the cost to the agency of providing those same fee-for-service state plan approved services on a fee-for-service basis, to an equivalent non-enrolled population group based upon the following methodology. A description of the negotiated rate setting methodology and how the state will ensure that rates are less than the cost in fee-for-service is attached.

- 1.  Rates are set at a percent of fee-for-service costs
- 2.  Experience-based (contractors/state's cost experience or encounter date) (please describe)
- 3.  Adjusted community rate (please describe)
- 4.  Other (please describe)

The PACE capitation rates will be set as a percent of the amount that would have otherwise been paid (AWOP). The AWOP will be developed using the available historical experience which may include fee-for-service claims, managed care encounter data or other available sources.

B. The state Medicaid agency assures that the rates were set in a reasonable and predictable manner. Please list the name, organizational affiliation of any actuary used, and attestation/description for the capitation rates.

- 1. Actuary

The Iowa Department of Human Services (DHS) retains actuarial services to calculate capitation rates that are reasonable and predictable for the Program of All-Inclusive Care for the Elderly (PACE) for the State of Iowa. The actuary shall determine capitation rates for all CMS-approved PACE organizations within the State.

- 2. Attestation/Description for the Capitation Rates

- a. General Statements

The PACE capitation rate report will illustrate the development of the AWOP.

The AWOP will be developed separately for appropriate rate categories. The base data utilized in the development of the AWOP will contain claims experience for a population that can be considered comparable to the PACE population.

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The PACE capitation rates will be developed as a percentage discount off the AWOP.

The base data sources and adjustments utilized in the development of the AWOP will be established in a manner that complies with CMS guidance.

The PACE capitation rates will comply with 42 CFR 460.182 and therefore:

- Be less than the AWOP under the State Plan if the participants were not enrolled under the PACE program.
- Take into account the comparative frailty of PACE participants.
- Be a fixed amount regardless of changes in the participant's health status.

b. Rate Setting Methodology

The PACE capitation rates will be set as a percent of the AWOP. The AWOP will be developed using the available historical experience which may include fee-for-service claims, managed care encounter data or other available sources.

The PACE organization capitation rates will be calculated prospectively, for a period no longer than 12 months. Additionally, PACE capitation rates and the AWOP calculation will be rebased at least every 3 years.

The state will submit all purposed capitated rates and supporting documentation to the CMS regional office for review and approval.

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**III. Enrollment and Disenrollment**

The state assures that there is a process in place to provide for dissemination of enrollment and disenrollment data between the state and the state administering agency.

The state Medicaid agency and the state administering agency are the same entity.

The state assures that it has developed and will implement procedures for the enrollment and disenrollment of participants in the state's management information system, including procedures for any adjustment to account for the difference between the estimated number of participants on which the prospective monthly payment was based and the actual number of participants in that month.

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