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State/Territory Name: Iowa

State Plan Amendment (SPA) #: IA-25-0008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 3) Approved SPA Page(s)

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

May 8, 2025

Rebecca Curtiss, Medicaid Director
Iowa Medicaid Enterprise
1305 E. Walnut Street
Des Moines, IA 50319

RE: TN 25-0008 §1915(i) Home and Community-Based Services (HCBS) Habilitation State Plan Amendment (SPA)

Dear Director Curtiss:

The Centers for Medicare & Medicaid Services (CMS) approves the state's request to amend its 1915(i) state plan HCBS benefit, transmittal number TN 25-0008. The effective date for this amendment is January 1, 2025. With this amendment, the state replaces the participant survey tool from the Iowa Participant Experience Survey (IPES) to the Consumer Assessment of Healthcare Providers and Systems (CAHPS) and updates quality measures to align with the new CAHPS survey tool.

Enclosed are the following approved SPA pages that should be incorporated into your approved state plan:

- Attachment 3.1-C pages 57 and 60

CMS reminds the state that the state must have an approved spending plan in order to use the money realized from section 9817 of the ARP. Approval of this action does not constitute approval of the state's spending plan.

It is important to note that CMS' approval of this change to the state's 1915(i) HCBS state plan benefit solely addresses the state's compliance with the applicable Medicaid authorities. CMS' approval does not address the state's independent and separate obligations under federal laws including, but not limited to, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, or the Supreme Court's Olmstead decision. Guidance from the Department of Justice concerning compliance with the Americans with Disabilities Act and the Olmstead decision is available at http://www.ada.gov/olmstead/q&a_olmstead.htm.

Thank you for your cooperation during the review process. If you have any questions concerning this information, please contact me at (410) 786-7561. You may also contact Essence McKnight at essence.mcknight@cms.hhs.gov or (945) 356-1279.

Sincerely,

George P. Failla, Jr., Director
Division of HCBS Operations and Oversight

Enclosure

cc: Bernice Denbow, CMS
Lee Herko, CMS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2. STATE

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX

XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

5. FEDERAL STATUTE/REGULATION CITATION

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY _____ \$ _____

b. FFY _____ \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

10. GOVERNOR'S REVIEW (Check One)

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

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME

13. TITLE

14. DATE SUBMITTED

March 27, 2025

15. RETURN TO

FOR CMS USE ONLY

16. DATE RECEIVED

March 27, 2025

17. DATE APPROVED

May 8, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

George P. Failla, Jr.

21. TITLE OF APPROVING OFFICIAL

Director, Division of HCBS Operations and Oversight

22. REMARKS

	<p>SP-2 Number and percent of members who responded “Yes” on the HCBS Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey to the question, “If your needs have changed, did your services change to meet your needs?”</p> <p>Numerator: Number of members who responded “Yes” on the HCBS CAHPS survey to the question, “If your needs have changed, did your services change to meet your needs?”</p> <p>Denominator: Total number of members who answered the question “If your needs have changed, did your services change to meet your needs?” on the HCBS CAHPS survey.</p>	<p>CAHPS Surveys are reviewed at a 95% confidence level with +/- 5% margin of error on a three-year cycle. Data is inductively analyzed and reported to the state.</p>	<p>Contracted Entity (Including MCOs)</p>	<p>Data is Collected Monthly and Quarterly</p>	<p>The MCO ensures that the Case Manager, Community-based Case Manager, or Integrated Health Home Care Coordinator has addressed the member’s changing needs in the member’s service or treatment plan and that services change as necessary to meet those needs.</p> <p>The Medical Services Unit completes a quality assurance desk review of member service plans within 10 days of receipt. The Medical Services Unit sends review results, notification of any deficiency, and expectations for remediation to Contracted Entity (Including MCOs) within 2 business days of completing the review. The Contracted Entity (Including MCOs) addresses any deficiencies with the provider, Case Manager, or Integrated Health Home and target training and technical assistance to those deficiencies. General methods for problem correction at a systemic level include informational letters, provider training, and collaboration with stakeholders and changes in policy.</p>	<p>Data is Aggregated and Analyzed Quarterly</p>
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	<p>SP-5: Number and percent of members from the HCBS CAHPS who responded that they had a choice of services.</p> <p>Numerator: Number of HCBS CAHPS respondents who responded that they had a choice of services.</p> <p>Denominator: Total number of HCBS CAHPS respondents that answered the question asking if they had a choice of services.</p>	<p>CAHPS Surveys are reviewed at a 95% with +/- 5% margin of error confidence level on a three-year cycle. Data is inductively analyzed and reported to the state.</p>	<p>Contracted Entity (Including MCOs)</p>	<p>Data is Collected Monthly and Quarterly</p>	<p>See SP-2 Above</p>	<p>Data is Aggregated and Analyzed Quarterly</p>
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