Medicaid State Plan Administration

Organization

Organization and Administration

MEDICAID | Medicaid State Plan | Administration | IA2023MS0003O | IA-23-0015

Package Header

Package ID IA2023MS0003O
SPA ID IA-23-0015
Submission Type Official
Initial Submission Date 9/14/2023
Approval Date 12/11/2023
Effective Date 7/1/2023
Superseded SPA ID IA-13-038

System-Derived

A. Description of the Organization and Functions of the Single State Agency

1. The single state agency is:

- ○ a. A stand-alone agency, separate from every other state agency
- ○ b. Also the Title IV-A (TANF) agency
- ○ c. Also the state health department
- ◉ d. Other:

Description:

The Iowa Department of Health & Human Services is an umbrella agency housing the Title IV-A agency, state health department, and Medicaid

2. The main functions of the Medicaid agency and where these functions are located within the agency are described below. This description should be consistent with the accompanying organizational chart attachment. (If the function is not performed by the Medicaid agency, indicate in the description which other agency performs the function.)

a. Eligibility Determinations

Medicaid eligibility determinations for all Medicaid populations, with the exception of SSI beneficiaries, are conducted within the Eligibility Bureau under the Community Access Division of HHS. Iowa delegates authority to the Social Security Administration to determine Medicaid eligibility for SSI beneficiaries.

b. Fair Hearings (including expedited fair hearings)

The Administrative Rules and Appeals Bureau within the HHS Compliance Bureau is responsible for conducting Medicaid Fair Hearings. This includes scheduling, coordinating, and reviewing fair hearings in accordance with 42 CFR Part 431 – Subpart E.

c. Health Care Delivery, including benefits and services, managed care (if applicable)

Within the HHS Medicaid Division, the Quality Innovation & Medical Policy Bureau is responsible for medical policy development and quality for all Medicaid enrolled populations and delivery systems (i.e., fee-for-service and managed care). Policy specific to long term services and supports (LTSS) is managed by the LTSS Policy Bureau. Oversight of managed care falls under the purview of the Managed Care Reporting and Oversight Bureau.

d. Program and policy support including state plan, waivers, and demonstrations (if applicable)

Within the HHS Medicaid Division, the Program Integrity and Compliance Bureau holds primary responsibility for coordination with CMS on state plan and waiver approvals. Policy support for SPAs, 1915(b) and 1115 waivers is the responsibility of the Quality Innovation and Medical Policy Bureau. The LTSS Policy Bureau is responsible for policy support for 1915(c) waivers and 1915(i) State Plan programs.

e. Administration, including budget, legal counsel

The Finance Bureau within the Administration Division is responsible for budget and planning. Legal counsel is provided by the Iowa Attorney General's Office.

f. Financial management, including processing of provider claims and other health care financing

The Finance Bureau under the HHS Administration Division is responsible for accounting services.

g. Systems administration, including MMIS, eligibility systems

The Information Technology Bureau under the HHS Administration Division oversees all IT systems, including the MMIS and eligibility systems.

h. Other functions, e.g., TPL, utilization management (optional)

3. An organizational chart of the Medicaid agency has been uploaded:

Name	Date Created	
HHS-Agency-Wide-TO-Program-Names 12.2023	12/7/2023 11:54 AM EST	
Division-of-Compliance-TO	12/11/2023 12:15 PM EST	

Package Header

Package ID	IA2023MS0003O	**SPA ID**	IA-23-0015
Submission Type	Official	**Initial Submission Date**	9/14/2023
Approval Date	12/11/2023	**Effective Date**	7/1/2023
Superseded SPA ID	IA-13-038		
	System-Derived		

B. Entities that Determine Eligibility or Conduct Fair Hearings Other than the Medicaid Agency

Title	Description of the functions the delegated entity performs in carrying out its responsibilities:
The Social Security Administration	Pursuant to a 1634 agreement, the Social Security Administration determines Medicaid eligibility for Supplemental Security Income recipients.

Organization and Administration

MEDICAID | Medicaid State Plan | Administration | IA2023MS0003O | IA-23-0015

Package Header

Package ID	IA2023MS0003O	**SPA ID**	IA-23-0015
Submission Type	Official	**Initial Submission Date**	9/14/2023
Approval Date	12/11/2023	**Effective Date**	7/1/2023
Superseded SPA ID	IA-13-038		
	System-Derived		

E. Coordination with Other Executive Agencies

The Medicaid agency coordinates with any other Executive agency related to any Medicaid functions or activities not described elsewhere in the Organization and Administration portion of the state plan (e.g. public health, aging, substance abuse, developmental disability agencies):.

- ○ Yes
- ◉ No

Organization and Administration

MEDICAID | Medicaid State Plan | Administration | IA2023MS0003O | IA-23-0015

Package Header

Package ID	IA2023MS0003O	**SPA ID**	IA-23-0015
Submission Type	Official	**Initial Submission Date**	9/14/2023
Approval Date	12/11/2023	**Effective Date**	7/1/2023
Superseded SPA ID	IA-13-038		
	System-Derived		

F. Additional information (optional)