State: _____ Iowa _____

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation   2.1   Application, Determination of Eligibility and
42 CFR   Furnishing Medicaid
435.10 and
Subpart J   (a)   The Medicaid agency meets all requirements of
                               42 CFR Part 435, Subpart J for processing
                               applications, determining eligibility, and furnishing
                               Medicaid.

TN No. MS-91-45
Supersedes   Approval Date _____ DEC 0 6 1991 Effective Date _____ NOV 0 1 1991
TN No. MS-91-38   HCFA ID: 7982E

State: _____ Iowa _____

Citation

42 CFR 435.914 2.1 (b) (1) Except as provided in items 2.1(b)(2) and (3) below,
1902(a)(34) of the Act individuals are entitled to Medicaid services under the
plan during the three months preceding the month of
application if they were, or on application would have
been, eligible. The effective date of prospective and
retroactive eligibility is specified in ATTACHMENT
2.6-A.

1902(e)(8) and (2) For individuals who are eligible for Medicare cost-
1905(a) of the Act sharing expenses as qualified Medicare beneficiaries
under section 1902(a)(10)(E)(i) of the Act, coverage is
available for services furnished after the end of the
month in which the individual is first determined to be
a qualified Medicare beneficiary. ATTACHMENT
2.6-A specifies the requirements for determination of
eligibility for this group.

1902(a)(47) and ☒ (3) Pregnant women are entitled to ambulatory prenatal
1920 of the Act care under the plan during a presumptive eligibility
period in accordance with section 1920 of the Act.
ATTACHMENT 2.6-A specifies the requirements for
determination of eligibility for this group.

42 CFR 438.6 (c) The Medicaid agency elects to enter into a risk contract
that complies with 42 CFR 438.6 and that is procured
through an open, cooperative procurement process that is
consistent with 45 CFR Part 74. The risk contract is with
(check all that apply):

☐ Qualified under title XIII of the Public Health
Services Act.
X A Managed Care Organization that meets the
definition of 1903(m) of the Act and 42 CFR
438.2.
☐ A Prepaid Inpatient Health Plan that meets the
definitions of 42 CFR 438.2.
X A Prepaid Ambulatory Health Plan that meets the
definition of 42 CFR 438.2.
☐ Not applicable.

TN No. IA-16-003 Approval Date June 9, 2016 Effective Date April 1, 2016
Supersedes
TN. No. MS-03-14

Revision: HCFA-PM-91-6 (BPD)　　　　　　　　OMB No.: 0938-
　　　　　September 1991

　　　　State/Territory: _____Iowa_____

Citation

1902(a)(55)　　　2.1(d)　　The Medicaid agency has procedures to take
of the Act　　　　　　　　　applications, assist applicants, and perform
　　　　　　　　　　　　　　initial processing of applications from those low
　　　　　　　　　　　　　　income pregnant women, infants, and children under
　　　　　　　　　　　　　　age 19, described in §1902(a)(10)(A)(i)(IV),
　　　　　　　　　　　　　　(a)(10)(A)(i)(VI), (a)(10)(A)(i)(VII), and
　　　　　　　　　　　　　　(a)(10)(A)(ii)(IX) at locations other than those
　　　　　　　　　　　　　　used by the title IV-A program including FQHCs and
　　　　　　　　　　　　　　disproportionate share hospitals. Such
　　　　　　　　　　　　　　application forms do not include the ADFC form
　　　　　　　　　　　　　　except as permitted by HCFA instructions.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____ Iowa _____

Medical Assistance Program
SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

1902(e)(13) of the Act

2.1 <u>Application, Determination of Eligibility and Furnishing Medicaid</u> (Continued)

☑ (e) Express Lane Option. The Medicaid State agency elects the option to rely on a finding from an Express Lane agency when determining whether a child satisfies one or more components of Medicaid eligibility. The Medicaid State agency agrees to meet all of the Federal statutory and regulatory requirements for this option. This authority will apply to Medicaid eligibility determinations made after June 1, 2010, and will remain in effect as long as authorized by federal law.

(1) The Express Lane option is applied to:

☑ Initial determinations   ☐ Redeterminations
☐ Both

(2) A child is defined as younger than age:

☑ 19   ☐ 20   ☐ 21

(3) The following public agencies are approved by the Medicaid State agency as Express Lane agencies:

> Iowa Supplemental Nutrition Assistance Program (SNAP)

TN No.	MS-10-001			
Supersedes		Approval Date _____	Effective Date	JUN 0 1 2010
TN No.	None			

deemed approved

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____ Iowa _____

Medical Assistance Program

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

2.1 Application, Determination of Eligibility and Furnishing Medicaid (Continued)

(4) The following component/components of Medicaid eligibility are determined under the Express Lane option. Also, specify any differences in budget unit, deeming, income exclusions, income disregards, or other methodology between Medicaid eligibility determinations for such children and the determination under the Express Lane option.

> All eligibility requirements with the exception of alien or citizen status and related documentation requirements will be determined by Supplemental Nutrition Assistance Program (Food Assistance) policies. Differences in budget unit, deeming, income exclusions, income disregards, or other methodology between Medicaid eligibility determinations for such children may be compared by reviewing the following references:
>
> Supplemental Nutrition Assistance Program:
> Provisions for income, deductions and exclusions are found in 7 CFR441 IAC 65.8(7), 7 CFR 273.1(a), 273.2(f), 273.9(d), 273.10(b), 273.10(c), 273.10(d), 273.10(e), 273.11(d), 273.12(c), Public Law 103-66, and 441 Iowa Administrative Code (IAC) 65.22(1) and 65.33(234).
>
> Iowa Medicaid:
> Eligibility provisions may be found in the 441 Iowa Administrative Code Chapter 75, Conditions of Eligibility.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____Iowa_____

Medical Assistance Program
SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)	

2.1 <u>Application, Determination of Eligibility and Furnishing Medicaid</u> (Continued)

(5) Check off which option is used to satisfy the Screen and Enroll requirement before a child may be enrolled under title XXI.

☐ (a) Screening threshold established by the Medicaid agency as:

☐ (i) ___ percentage of the Federal poverty level (exceeds the highest Medicaid income threshold applicable to a child by a minimum of 30 percentage points); or

☐ (ii) ___ percentage of the Federal poverty level (that reflects the value of any differences between income methodologies of Medicaid and the Express Lane); or

☐ (b) Temporary enrollment pending screen and enroll.

☑ (6) Check off if the State elects the option for automatic enrollment without a Medicaid application, based on data obtained from other sources and with the child's or family's affirmative consent to the child's Medicaid enrollment.

☐ (7) Check off if the State elects the option to rely on a finding from an Express Lane agency that includes gross income or adjusted gross income shown by State income tax records or returns.

TN No.	MS-10-001			
Supersedes		Approval Date _____	Effective Date	JUN 0 1 2010
TN No.	None			

deemed approved

Revision: HCFA-PM-91-4   (BPD)   OMB No.: 0938-
         August 1991

State: _____ Iowa _____

Citation   2.2 <u>Coverage and Conditions of Eligibility</u>
42 CFR
435.10   Medicaid is available to the groups specified in
             <u>ATTACHMENT 2.2-A</u>.

            /_/   Mandatory categorically needy and other required
                     special groups only.

            /_/   Mandatory categorically needy, other required special
                     groups, and the medically needy, but no other
                     optional groups.

            /_/   Mandatory categorically needy, other required special
                     groups, and specified optional groups.

            /X/   Mandatory categorically needy, other required special
                     groups, specified optional groups, and the medically
                     needy.

            The conditions of eligibility that must be met are
            specified in <u>ATTACHMENT 2.6-A</u>.

            All applicable requirements of 42 CFR Part 435
            and sections 1902(a)(10)(A)(i)(IV), (V), and (VI),
            1902(a)(10)(A)(ii)(XI), 1902(a)(10)(E), 1902(l) and (m),
            1905(p), (q) and (s), 1920, and 1925 of the Act are met.

TN No. MS-91-45
Supersedes   Approval Date ___DEC 0 6 1991___ Effective Date ___NOV 0 1 1991___
TN No. MS-87-6   HCFA ID: 7982E

OMB No.: 0938-0193

State: _____Iowa_____

Citation   2.4 **Blindness**
42 CFR 435.530(b)
42 CFR 435.531   All of the requirements of 42 CFR 435.530 and
AT-78-90   42 CFR 435.531 are met. The more restrictive
AT-79-29   definition of blindness in terms of ophthalmic
                          measurement used in this plan is specified in
                          ATTACHMENT 2.2-A.

Revision: HCFA-PM-91- (BPD)
1991

OMB No. 0938-

State: _____ Iowa _____

Citation   2.5   Disability
42 CFR
435.121,
435.540(b)   All of the requirements of 42 CFR 435.540 and 435.541
435.541   are met. The State uses the same definition of
                                    disability used under the SSI program unless a more
                                    restrictive definition of disability is specified in
                                    Item A.13.b. of ATTACHMENT 2.2-A of this plan.

Revision: HCFA-PM-92-1 (MB) OMB No.: 0938-
February 1992

State: _____Iowa_____

<u>Citation</u>   2.6   <u>Financial Eligibility</u>
42 CFR
435.10 and   (a)   The financial eligibility conditions for
Subparts G & H   Medicaid-only eligibility groups and for
1902(a)(10)(A)(1)   persons deemed to be cash assistance
(III), (IV), (V),   recipients are described in <u>ATTACHMENT 2.6-A</u>.
(VI), and (VII),
1902(a)(10)(A)(11)
(IX), 1902(a)(10)
(A)(11)(X), 1902
(a)(10)(C),
1902(f), 1902(l)
and (m),
1905(p) and (s),
1902(r)(2),
and 1920 of
the Act

State: _____ Iowa _____

Reserved for future use.

Approval Date ___ DEC 0 6 1991 Effective Date ___ NOV 0 1 1991

HCFA ID: 7982E

State/Territory: _____IOWA_____

__Citation__   2.7   __Medicaid Furnished Out of State__

431.52 and   Medicaid is furnished under the conditions
1902(b) of the   specified in 42 CFR 431.52 to an eligible
Act, P.L. 99-272   individual who is a resident of the State
(Section 9529)   while the individual is in another State, to the
                       same extent that Medicaid is furnished to residents
                       in the State.

TN NO. __MS-86-38__
Supersedes   Approval Date__1/15/87__   Effective Date __11-1-86__
TN NO. __MS-82-12__
                                                        HCFA ID:0053C/0061E