STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State/Territory: Iowa

Citation	
42 CFR 430.10	As a condition for receipt of Federal funds under title XIX of the Social Security Act, the

Iowa Department of Human Services

(Single State Agency)

submits the following State plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this State plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State IOWA

SECTION 1 SINGLE STATE AGENCY ORGANIZATION

Citation
42 CFR 431.10
AT-79-29

1.1 Designation and Authority

(a) The Iowa Department of Human Services is the single State agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named in this paragraph.)

ATTACHMENT 1.1-A is a certification signed by the State Attorney General identifying the single State agency and citing the legal authority under which it administers or supervises administration of the program.

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State IOWA

Citation
Sec. 1902(a)
of the Act

1.1(b) The State agency that administered or supervised the administration of the plan approved under title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that part of this plan which relates to blind individuals.

☐ Yes. The State agency so designated is

_____

_____.

This agency has a separate plan covering that portion of the State plan under title XIX for which it is responsible.

☒ Not applicable. The entire plan under title XIX is administered or supervised by the State agency named in paragraph 1.1(a).

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State IOWA

Citation		
Intergovernmental Cooporation Act of 1968	1.1(c)	Waivers of the single State agency requirement which are currently operative have been granted under authority of the Intergovernmental Cooperation Act of 1968.

/_/ Yes. ATTACHMENT 1.1-B describes these waivers and the approved alternative organizational arrangements.

/_/ Not applicable. Waivers are no longer in effect.

/X/ Not applicable. No waivers have ever been granted.

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State IOWA

Citation			
42 CFR 431.10 AT-79-29	1.1(d)	/	The agency named in paragraph 1.1(a) has responsibility for all determinations of eligibility for Medicaid under this plan.
		/X/	Determinations of eligibility for Medicaid under this plan are made by the agency(ies) specified in ATTACHMENT 2.2-A. There is a written agreement between the agency named in paragraph 1.1(a) and other agency(ies) making such determinations for specific groups covered under this plan. The agreement defines the relationships and respective responsibilities of the agencies.

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State IOWA

Citation		
42 CFR 431.10 AT-79-29	1.1(e)	All other provisions of this plan are administered by the Medicaid agency except for those functions for which final authority has been granted to a Professional Standards Review Organization under title XI of the Act.
	(f)	All other requirements of 42 CFR 431.10 are met.

State IOWA

Citation
42 CFR 431.11
AT-79-29

1.2 Organization for Administration

(a) Attachment 1.2-A contains a description of the organization and functions of the Medicaid agency and an organization chart of the agency.

(b) Within the State agency, the Division of Medical Services has been designated as the medical assistance unit. Attachment 1.2-B contains a description of the organization and functions of the medical assistance unit and an organization chart of the unit.

(c) Attachment 1.2-C contains a description of the kinds and numbers of professional medical personnel and supporting staff used in the administration of the plan and their responsibilities.

(d) Eligibility determinations are made by State or local staff of an agency other than the agency named in paragraph 1.1(a). Attachment 1.2-D contains a description of the staff designated to make such determinations and the functions they will perform.

Not applicable. Only staff of the agency named in paragraph 1.1(a) make such determinations.

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State IOWA

Citation		
42 CFR 431.50 (b) AT-79-29	1.3	Statewide Operation

The plan is in operation on a Statewide basis in accordance with all requirements of 42 CFR 431.50.

[X] The plan is State administered.

[ ] The plan is administered by the political subdivisions of the State and is mandatory on them.

Revised 5/23/11

Approved OMB#: 0938-1098

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: IOWA

1.4 State Medical Care Advisory Committee **(42 CFR 431.12(b))**
There is an advisory committee to the Medicaid agency director on health and medical care services established in accordance with and meeting all the requirements of 42 CFR 431.12.

☒ The State enrolls recipients in MCO, PIHP, PAHP, and/or PCCM programs. The state assures that it complies with 42 CFR 438.104(c) to consult with the Medical Care Advisory Committee in the review of marketing materials.

Tribal Consultation Requirements
Section 1902(a)(73) of the Social Security Act (the Act) requires a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular, ongoing basis from designees of Indian health programs, whether operated by the Indian Health Service (IHS), Tribes or Tribal organizations under the Indian Self-Determination and Education Assistance Act (ISDEAA), or Urban Indian Organizations under the Indian Health Care Improvement Act (IHCIA). Section 2107(e)(I) of the Act was also amended to apply these requirements to the Children's Health Insurance Program (CHIP). Consultation is required concerning Medicaid and CHIP matters having a direct impact on Indian health programs and Urban Indian organizations.

Please describe the process the State uses to seek advice on a regular, ongoing basis from federally-recognized tribes, Indian Health Programs and Urban Indian Organizations on matters related to Medicaid and CHIP programs and for consultation on State Plan Amendments, waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects prior to submission to CMS. Please include information about the frequency, inclusiveness and process for seeking such advice.

☒ The State of Iowa will send all federally-recognized tribes, Indian Health Programs and Urban Indian Organizations within the State of Iowa an electronic notification for all Medicaid and SCHIP programs regarding state plan amendments, waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects prior to submission to CMS in order for tribal leaders to provide feedback. The electronic notice will be provided to all I/T/U Tribal Leaders and Tribal Medical Directors. The Iowa Indian Health Services Liaison will be responsible for maintaining this list.

Normally, these tribal notifications will be sent at least 60 days prior to submission to CMS and will give a comprehensive summary/outline of the purpose of the state plan amendment and/or waiver request or renewal; and the notification will describe a method for the Tribes to provide comments/questions within a reasonable timeframe. Tribes will have 30 days to respond, allowing 30 days for further discussion, as may be necessary.

Revised 5/23/11

STATE: IOWA

If the state plan amendment needs to be submitted to CMS under circumstances that would require less than 60 days notice, the State would notify the tribe, via a phone call and a follow-up with electronic notification by the State of Iowa's Indian Health Services Liaison, within 10 days of notification from Iowa's Executive branch. This notice will include the authoritative directive and will indicate whether there is any impact to the tribe. An example would be if there is a legislative mandate or Governor's Executive Order that would take effect immediately.

The notification will also describe a method for appropriate Tribal leaders to provide official written comments and questions within a time frame that allows adequate time for State analysis, consideration of any issues that are raised, and time for discussion between the State and Tribes responding to the notification (i.e., 30 days).

The State, if requested by the Tribal Government(s), will provide for an in-person meeting with Tribal representatives. The State does not need to have separate meetings with each Tribe, but may conduct one or more joint meetings with Tribes to discuss issues.

The State will provide a comprehensive summary/outline of all correspondence or other written documentation of contacts, face-to-face meetings, etc. to CMS.

Please describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

As required, on October 14, 2010, an electronic notification was sent by the Iowa Indian Health Services (IHS) Liaison to all I/T/U Tribal Leaders and Medical Directors within the CMS Region 7 notifying them of this state plan amendment request. The Iowa IHS Liaison requested in this electronic notification that it be shared with all staff as appropriate. The Iowa IHS Liaison asked that any questions or concerns be relayed to the Iowa IHS Liaison by November 19, 2010. No responses were received by the Iowa IHS Liaison from any I/T/U Tribal Leader or Medical Director with any concerns regarding this consultation process as proposed by the State of Iowa.

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 **0938-1098**. The time required to complete this information collection is estimated to average 1 hour per response, 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.

Revision: HCFA-PM-94-3 (MB)
APRIL 1994
State/Territory: Iowa

Citation

1.5 Pediatric Immunization Program

1928 of the Act

1. The State has implemented a program for the distribution of pediatric vaccines to program-registered providers for the immunization of federally vaccine-eligible children in accordance with section 1928 as indicated below.

   a. The State program will provide each vaccine-eligible child with medically appropriate vaccines according to the schedule developed by the Advisory Committee on Immunization Practices and without charge for the vaccines.

   b. The State will outreach and encourage a variety of providers to participate in the program and to administer vaccines in multiple settings, e.g., private health care providers, providers that receive funds under Title V of the Indian Health Care Improvement Act, health programs or facilities operated by Indian tribes, and maintain a list of program-registered providers.

   c. With respect to any population of vaccine-eligible children a substantial portion of whose parents have limited ability to speak the English language, the State will identify program-registered providers who are able to communicate with this vaccine-eligible population in the language and cultural context which is most appropriate.

   d. The State will instruct program-registered providers to determine eligibility in accordance with section 1928(b) and (h) of the Social Security Act.

Revision: HCFA-PM-94-3 (MB)
APRIL 1994
State/Territory: Iowa

Citation

1928 of the Act

e. The State will assure that no program-registered provider will charge more for the administration of the vaccine than the regional maximum established by the Secretary. The State will inform program-registered providers of the maximum fee for the administration of vaccine.

f. The State will assure that no vaccine-eligible child is denied vaccines because of an inability to pay an administration fee.

g. Except as authorized under section 1915(b) of the Social Security Act or as permitted by the Secretary to prevent fraud or abuse, the State will not impose any additional qualifications or conditions, in addition to those indicated above, in order for a provider to qualify as a program-registered provider.

2. The State has not modified or repealed any Immunization Law in effect as of May 1, 1993, to reduce the amount of health insurance coverage of pediatric vaccines.

3. The State Medicaid Agency has coordinated with the State Public Health Agency in the completion of this preprint page.

4. The State agency with overall responsibility for the implementation and enforcement of the provisions of section 1928 is:

☐ State Medicaid Agency

☑ State Public Health Agency