

Revision: HCFA-PM-91-4 (BPP)
August 1991

OMB No.: 0938-

State: Iowa

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation
42 CFR
435.10 and
Subpart J

2.1 Application, Determination of Eligibility and
Furnishing Medicaid

- (a) The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.

Substitute for letter dated

8/15/03 PHWS

Revision: HCFA-PM-

State: IOWA

Citation

42 CFR 435.914 2.1 (b) (1) Except as provided in items 2.1(b)(2) and (3) below, 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 1905(a) of the Act (2) For individuals who are eligible for Medicare cost-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 1920 of the Act (3) Pregnant women are entitled to ambulatory prenatal 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 the 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.
- 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 definition of 42 CFR 438.2.
- A Prepaid ambulatory Health Plan that meets the definition of 42 CFR 438.2.
- Not applicable.

TN No. MS-03-14 (substitute page)

Requester:

Approval Date

AUG 22 2003

Effective Date

JUL 01 2003

TN No. MS-93-10

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State/Territory: Iowa

Citation

1902(a)(55)
of the Act

2.1(d) The Medicaid agency has procedures to take 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.

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Supersedes

Approval Date

DEC 06 1991

Effective Date

NOV 01 1991

TN No. None

HCFA ID: 7985E

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 Application, Determination of Eligibility and Furnishing Medicaid (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)

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Supersedes
TN No. None

Approval Date _____

Effective Date JUN 01 2010

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 CFR 441 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.

TN No. MS-10-001
 Supersedes _____ Approval Date _____ Effective Date JUN 01 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)

(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.

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State: Iowa

Citation
42 CFR
435.10

2.2 Coverage and Conditions of Eligibility

Medicaid is available to the groups specified in
ATTACHMENT 2.2-A.

- 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.
- 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 ATTACHMENT 2.6-A.

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

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DEC 06 1991

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NOV 01 1991

TN No. MS-87-6

HCFA ID: 7982E

Revision: HCFA-PH-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State: Iowa

Citation

435.10 and
435.403, and
1902(b) of the
Act, P.L. 99-272
(Section 9529)
and P.L. 99-509
(Section 9405)

2.3 Residence

Medicaid is furnished to eligible individuals who are residents of the State under 42 CFR 435.403, regardless of whether or not the individuals maintain the residence permanently or maintain it at a fixed address.

TN No. MS-877
Supersedes
TN No. MS-86-38

Approval Date AUG 05 1987

Effective Date 4/1/87

HCFA ID: 1006P/0010P

Revision: HCFA-PH-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State: Iowa

Citation

42 CFR 435.530(b)
42 CFR 435.531
AT-78-90
AT-79-29

2.4 Blindness

All of the requirements of 42 CFR 435.530 and 42 CFR 435.531 are met. The more restrictive definition of blindness in terms of ophthalmic measurement used in this plan is specified in ATTACHMENT 2.2-A.

TN No. MS-87-6
Supersedes
TN No. MS-80-13

Approval Date AUG 05 1987

Effective Date 4-1-87

HCFA ID: 1006P/0010P

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

OMB No. 0938-

State: Iowa

Citation
42 CFR
435.121,
435.540(b)
435.541

2.5 Disability

All of the requirements of 42 CFR 435.540 and 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.

TN No. MS-92-10
Supersedes
TN No. MS-91-45

Approval Date AUG 07 1992

Effective Date NOV 01 1991
HCFA ID: 7982E

2

Revision: HCFA-PM-92-1 (MB)
February 1992

OMB No.: 0938-

State: Iowa

Citation 2.6 Financial Eligibility

42 CFR

435.10 and

Subparts G & H

1902(a)(10)(A)(i)

(III), (IV), (V),

(VI), and (VII),

1902(a)(10)(A)(ii)

(IX), 1902(a)(10)

(A)(ii)(X), 1902

(a)(10)(C),

1902(f), 1902(l)

and (m),

1905(p) and (s),

1902(r)(2),

and 1920 of

the Act

(a) The financial eligibility conditions for Medicaid-only eligibility groups and for persons deemed to be cash assistance recipients are described in ATTACHMENT 2.6-A.

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Reserved for future use.

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SEPTEMBER 1986

OMB-No.. 0938-0193

State/Territory: IOWA

Citation 2.7 Medicaid Furnished Out of State

431.52 and
1902(b) of the
Act, P.L. 99-272
(Section 9529)

Medicaid is furnished under the conditions specified in 42 CFR 431.52 to an eligible individual who is a resident of the State 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
TN NO. MS-82-12

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