Medicaid Administration

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

State Plan Administration Designation and Authority	A1

42 CFR 431.10

Designation and Authority

State Name: Iowa

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below 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.

Name of single state agency: Iowa Department of Human Services

Type of Agency:

- (•) Title IV-A Agency
- ( ) Health
- ( ) Human Resources
- ( ) Other

Type of Agency

The above named agency 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 as the single state agency.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

Chapter 249A.4 and 217.1, Code of Iowa

The single state agency supervises the administration of the state plan by local political subdivisions.

( ) Yes (•) No

☑ The 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 has been provided.

An attachment is submitted.

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

(•) Yes ( ) No

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

Attachment 1.1-A

State of Iowa

ATTORNEY GENERAL'S CERTIFICATION

I certify that:

Iowa Department of Human Services is the single State agency responsible for:

X administering the plan.

The legal authority under which the agency administers the plan on a Statewide basis is

Chapter 249A, Code of Iowa
(Statutory Citation)

_____ supervising the administration of the plan by local political subdivisions.

The legal authority under which the agency supervises the administration of the plan on a Statewide basis is contained in

(Statutory Citation)

The agency's legal authority to make rules and regulations that are binding on the political subdivisions administering the plan is

(Statutory Citation)

August 24, 1983
DATE

SIGNATURE

Special Assistant Attorney General
TITLE

July 1983

T.No. MS-83-14 on June 13, 1984
eff. 10-1-83

The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

- ☒ The Medicaid agency
- ☐ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- ☐ The Medicaid agency
- ☐ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ☒ The Federal agency administering the SSI program

  Indicate which agency determines eligibility for any groups whose eligibility is not determined by the Federal agency:

  - ☒ Medicaid agency
  - ☐ Title IV-A agency
  - ☐ An Exchange

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- ☒ Medicaid agency
- ☐ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ☐ An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

◉ Yes ○ No

State Plan Administration
Organization and Administration

A2

42 CFR 431.10
42 CFR 431.11

Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

IOWA DEPARTMENT OF HUMAN SERVICES
NATURE AND EXTENT OF SERVICES

The Iowa Department of Human Services (the Department) is the single state agency responsible for the administration of the Iowa Medicaid Program.
The Mission of the Iowa Department of Human Services (IDHS) is to help individuals and families achieve safe, stable, self-

sufficient, and healthy lives, thereby contributing to the economic growth of the state. We do this by keeping a customer focus, striving for excellence, sound stewardship of state resources, maximizing the use of federal funding and by working with our public and private partners to achieve results.
The Department has six divisions, five field services area offices, and nine state facilities that serve developmentally disabled, mentally ill or juvenile clients. The six divisions of the Department include:

a. The Division of Fiscal Management.
b. The Division of Data Management.
c. The Division of Field Operations.
d. The Division of Adult, Children, and Family Services.
e. The Division of Mental Health and Disability Services.
f. The Division of Medical Services, Iowa Medicaid Enterprise.

The Appeals Unit operates under the Director. The Iowa Medicaid agency is not delegating eligibility determinations or fair hearings to the Exchange or Exchange appeals entity. The Medicaid agency will retain the authority to issue policies, rules and regulations on program matters and retain authority to exercise administrative discretion.

For fair hearings, the Medicaid agency has an interagency agreement with the Iowa Department of Inspections and Appeals (DIA), a state agency independent of the Medicaid agency, to handle state administrative appeals. The Medicaid agency receives the fair hearing requests, logs the request and determines if the appellant can receive an appeal hearing. If the appellant is eligible for a fair hearing, the appeal file is then provided to DIA who schedules and holds the appeal hearings and issued Proposed Decisions.

A review of the Proposed Decision may be requested within ten days of issuance by either the appellant or the Department of Human Services via the Appeals Advisory Council. The standard practice is that reviews of Proposed Decisions are conducted by the Director based on interpretation of law. The Final Decision reflects review by the Director. A "de novo" process may be used by the Director in limited situations when an appellant requests further review, which may include presentation of additional evidence their behalf.

The above process is used for all appeals requested due to medical assistance actions determined by the Department. These actions include, but are not limited to: eligibility determinations for Medicaid, determinations of Level of Care for services, non-payment of medical claims by Medicaid, CHIP determinations, recoupment of member benefits or assessed premiums, of certification of providers, and payments for provider services as well as any other medical assistance issue that an appellant may disagree with.

The responsibilities for the Medicaid program have been dispersed within the Division of Adult, Children, and Family Services, the Division of Data Management, the Division of Fiscal Management , Division of Mental Health and Disability Services and the Division of Medical Services led by the State Medicaid Director, all reporting to the Director for the Department.

The Division of Medical Services, also known as the Iowa Medicaid Enterprise (IME), administers the Iowa Medicaid Program and the CHIP Program and coordinates the activities of its bureaus: Long Term Care, Adult and Children's Medical Programs, Operations, Program Integrity, and the Contracting teams. All activities associated with national Health Care Reform, as it applies to the Medicaid program, except policy related to expanded eligibility, are also administered out of this Division. Support of the Medical Assistance Advisory Council (MAAC) is also provided.

The division directs, coordinates, and oversees the IME operations, quality assurance, and cost containment activities in order to ensure effective program administration and adherence to laws, rules, regulations, and established policies. The IME operations include claims processing, member support and services, provider support and services, medical services, pharmacy medical and pharmacy point of sale services, provider cost audit, revenue collections, program integrity, and data warehouse.

IME ADMINISTRATION/OPERATIONS UNIT INCLUDES:
PROGRAM INTEGRITY
This unit is responsible for all activities necessary to ensure the integrity of the Medicaid program and oversight of the transportation brokerage contract. Program integrity encompasses activities associated with initiating sanctions for excluded providers and oversight of the timeliness and accuracy of claims filed by Medicaid providers. The activities of the transportation broker include arranging and paying for non-emergency transportation for eligible Medicaid members.

HEALTH CARE REFORM This unit is responsible for those activities necessary to administer the Medicaid expansion provisions of the Patient Protection and Affordable Care Act (H.R. 3590), except eligibility policy and procedures. Administration includes planning, developing, and implementing work activities that impact the various units of the Iowa Medicaid Enterprise to ensure that appropriate medical services are approved for Members eligible under the Act.

DIRECTOR OF CLINICAL SERVICES
The staff of this unit have responsibility for policy development and quality oversight for the Department's managed care efforts as they relate to Health Maintenance Organizations (HMO's), prepaid insurance plans, and managed mental health and substance abuse plans.

PHARMACIST
This unit serves as the Pharmacy Consultant and Program Manager for the prescribed drug program within the Iowa Medicaid program and the advisor on medical science and healthcare policy. The unit will be responsible for planning, developing, and implementing all work activities related to the Medicaid drug program; including developing and interpreting federal regulations and federal and state laws to ensure accuracy of program policies and procedures, supervising the functions and activities of the Medicaid DUR, pharmacy budget development, writing rules, manuals, acting as a liaison for the Iowa Department of Human Services regarding pharmacy issues, and other pharmacy duties.

IME CONTRACT ADMINISTRATION OFFICE INCLUDES:
MEDICAID CONTRACT ADMINISTRATIVE UNIT
This unit is responsible for oversight and performance monitoring of the Iowa Medicaid Enterprise (IME) contracts to ensure compliance with the contract between the Contractors and Department of Human Services. Staff in this cost center specifically approve and facilitate system changes to the Iowa Medicaid Management Information System (MMIS) necessitated by program policy change including HIPAA, and other changes required to enhance the system. Other responsibilities include: oversight of day to day activities of IME components including the provider services unit, oversight of the IME facility including building security, and production of the MMIS related Advanced Planning Documents and requests for proposals.

IME BUREAU OF LONG TERM CARE INCLUDES:
The staff of this bureau have responsibility for policy development and quality oversight for the State's Skilled Nursing Facilities (SNF), Intermediate Care Facilities (ICF), ICF-Mental Retardation (ICF-MR), Home Health agencies, Rehabilitative Services, and Medicaid waiver programs.

WEB-BASED PROVIDER TRAINING
Contract to expand the provision of nationally accredited and recognized internet-based training to include mental health and disability services providers. This will pay for access for users, server-side set-up, telephone-based implementation training and support, and maintenance and backups. This also includes expenditures for coordination of provider access and user administration.

TRAINING AND TECHNICAL ASSISTANCE
Implement a program to provide technical assistance, support, and consultation to providers of habilitation services and home and community-based waiver services for adults with disabilities under the medical assistance program. This contract provides training to providers in the areas of rules and regulations, audits and compliance, quality assurance, and transitioning consumers to community settings. These expenditures are for training and technical assistance including in-person training programs, and technical assistance provided both in-person and by email, as well as oversight and coordination through a statewide provider association.

IME BUREAU OF ADULT AND CHILDREN'S MEDICAL PROGRAMS INCLUDES:
The staff of this bureau provide supervision and support for the Clinical Services policy unit, the hawk-i unit, and the Health Insurance Premium Payment (HIPP) unit.

CLINICAL SERVICES POLICY UNIT
The staff of this unit are responsible for policy development and quality oversight for IowaCare and hospitals, clinics, and individual practitioner services.

IOWACARE

This unit is responsible for all activities necessary to administer the IowaCare program and management of miscellaneous special projects. Administration of the IowaCare program includes planning, developing, and implementing all work activities associated with the IowaCare program, including IowaCare expansion activities and development of a "medical home" associated with the expansion providers.

hawk-i
The staff of this unit have responsibility for policy development and ongoing administration of the Department's Children's Health Insurance Program (CHIP) which is known in Iowa as the Healthy and Well Kids in Iowa (hawk-i) program.

HEALTH INSURANCE PREMIUM (HIPP) PROGRAM UNIT
The Health Insurance Premium Payment (HIPP) Program unit is responsible for enrolling eligible Medicaid recipients in employer-related group health insurance plans when it is determined cost effective to do so. The activities of this unit result in reduced costs to the Medicaid program by establishing or maintaining a third-party resource as the primary payer of the recipient's medical expenses. Section 4402 of the Omnibus Budget Reconciliation Act (OBRA) permits states to pay for the costs of this unit.

The HIPP Program Unit is also responsible for enrolling non-Medicaid eligible persons in the 100% state-funded AIDS/HIV HIPP program. Costs for the AIDS/HIV HIPP program are identified and tracked separately from the regular HIPP program through use of a separate sub organization within this cost center. Staff time and costs are determined by using current quarter caseload information. Other costs are determined proportionate to the number of AIDS/HIV cases to regular HIPP cases.

The Division of Fiscal Management is part of the DHS General Administration infrastructure that supports all other functions of the department. This division works to:

•Ensure policy and program are compliant with federal and state regulations•Ensure sound stewardship of State resources, including oversight and management of more than a $5.2 billion budget annually
•Position the Department to leverage and maximize federal funding by developing, implementing, and monitoring the DHS federal cost allocation plan
•Track and measure results achieved through performance monitoring, review, and oversight of all contracts
•Manage public and private partnerships to support the DHS business and vendor relationships
•Provides corporate human resources support for the department.

Division of Mental Health and Disability Services
MHDS is responsible for planning, coordinating, monitoring, improving and partially funding mental health and disability services for the State of Iowa. The division engages in a wide variety of activities that promote a well-coordinated statewide system of high quality disability-related services and supports including:

•Setting disability policy
The division provides leadership and sets the direction of state policy for the system of mental health and disability services for Iowa. MHDS plans for and oversees the provision of disability-related services for children and adults with a wide range of disability conditions, including mental illness, serious emotional disturbance, intellectual disabilities, developmental disabilities, and brain injury. MHDS is the designated State Mental Health Authority. It is responsible for statewide planning and oversight of mental health services and distribution of federal funds received through the Community Mental Health Block Grant.

•Service coordination
The division works with counties, advisory and planning councils, other DHS programs, and other state agencies to coordinate services. We provide staff support to the Mental Health and Disability Services Commission; the Mental Health Planning and Advisory Council; and the Olmstead Consumer Task Force, and welcome input from individuals and families.

•Quality review
The division works with service providers to assure quality by setting standards for certain facilities and services that are provided to adults and children with mental illness, intellectual disabilities, developmental disabilities and brain injury and evaluating how well those standards are met through an accreditation process.

•Managing grants and contracts
The division distributes and oversees the use of federal and state funding through contracts with providers or other agencies that

offer services or coordinate projects that promote the division's goals.

The Division of Adult, Children, and Family Services includes the Bureau of Financial Health and Work Supports (FHWS), Bureau of Child Care and Community Services, and Bureau of Child Welfare and Protective Services.

Medicaid Policy Managers in the Bureau of FHWS:
develop Medicaid eligibility policy and determine work processes for the eligibility workers
•program policy and budget development
•State Plans
•federal data reporting
•communication and collaboration with stakeholders and other systems serving the same populations

Bureau of Child Care and Community Services
Key work performed by this Bureau includes policy and budget development as well as grants management and federal data reporting for, child care programs, family planning, teen pregnancy prevention, Community Partnerships for Protecting Children, permanency planning. and community empowerment. The Bureau is also responsible for provider accreditation/certification.

Bureau of Child Welfare and Protective Services
Key work performed by this Bureau includes policy and budget development as well as grants management and federal data reporting for child welfare and child protection prorams. The Bureau is responsible for the child and dependent adult abuse registries, as well as record check evaluations, the CAPTA and CJA plans. The Bureau is also responsible for family safety, risk, and permenancy services, adoptions, foster care and kinship care and federal data reporting for foster care transition services. The Bureau is also responsible for group care and group care licensing, and interstate compacts.The Bureau is also acts as lead on the federal Child and Family Services Review and federal child welfare outcomes. The Team is also responsible for the Title IV-B and IV-E state plans.

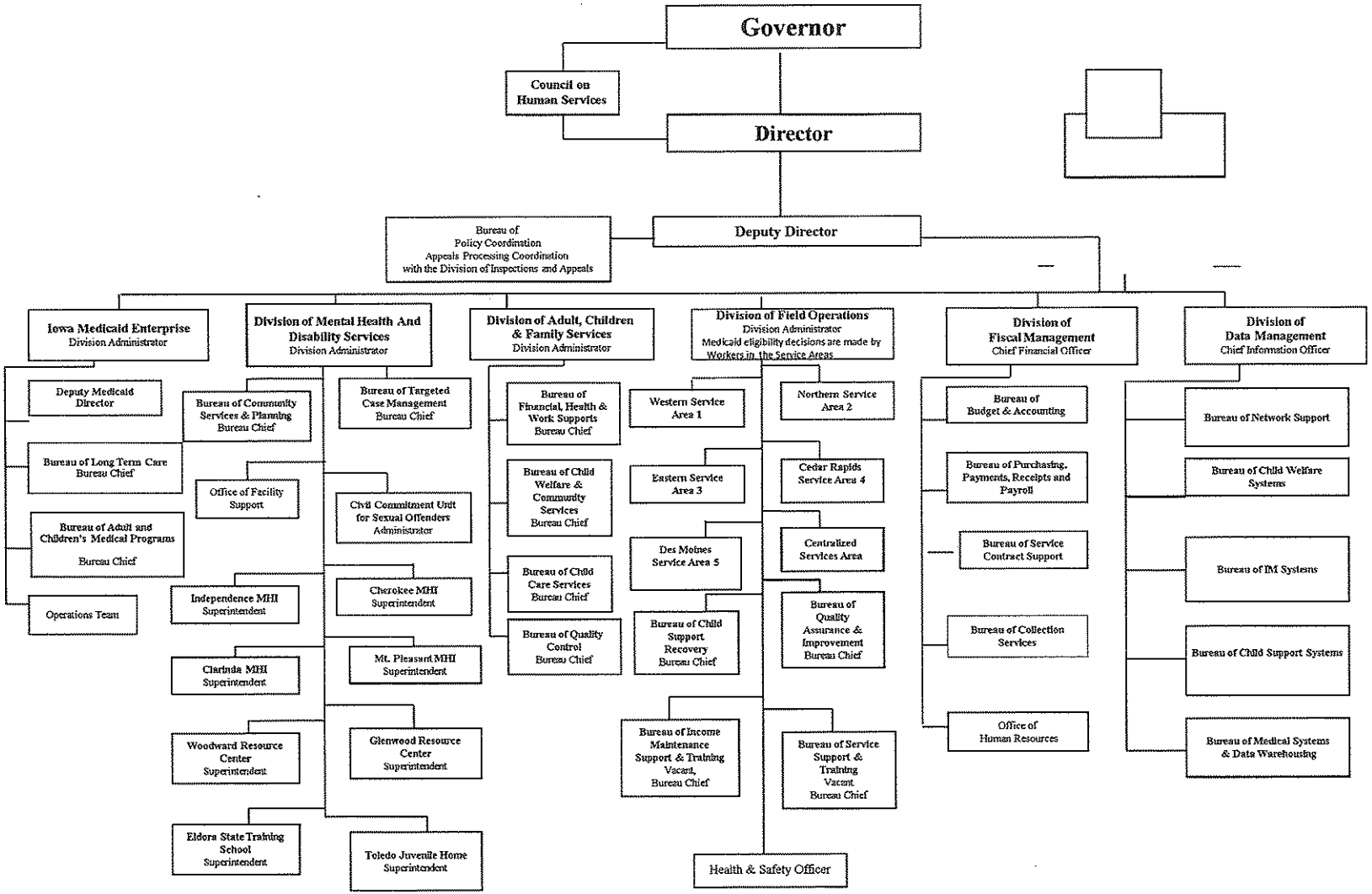
Division of Field Operations
The Service Area offices are overseen by Field Operations. Income Maintenance Workers in the six Service Areas process and make eligibility determinations for medical assistance programs.
The core functions of Field Operations include the following:
• Human Resource Management
• Results-based strategic planning, monitoring and reporting of performance and results
• Technical assistance to promote quality, accountability and continuous improvement
• Technical assistance for compliance with Accountable Government Act performance-based contracting
• Quality Control/Auditing of food stamp and Medicaid cases for accurate eligibility determination and benefits
• Federal and management reporting
• Service Authorization Review and Appeal process for Title XIX Targeted Case Management cases
• Research and data analysis

Division of Data Management
The Division of Data Management is the primary responsible entity for information technology support for the Department of Human Services. Ensuring that guidelines and policies for both federal and state guidelines on security and administration of data networks are being met is the responsibility of the Division of Data Management. The Division of Data Management (DDM) is responsible for providing or facilitating most Information Technology services consumed throughout the agency. These services consist of applications development, maintenance, enhancement, support, operations, and project management. In addition, the division supports and maintains a large enterprise network that includes approximately 160 physical sites, 400 servers, 6000 desktop and laptop computers, 2000 printers, and numerous other types of network attached devices.

Upload an organizational chart of the Medicaid agency.

An attachment is submitted.

State of Iowa Department of Human Services



July 2013

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

State of Iowa Executive Branch Organization

The agencies which make up the executive branch of state government are organized into a number of departments, each with a department head.

The department head coordinates, directs, and executes the department's functions, compiles a comprehensive budget, and submits an annual report to the Governor and the Legislature on the operation of the department.

Executive branch departments: Administrative Services, (Department for the) Blind, Civil Rights Commission, College Student Aid Commission, Commerce, Corrections, Cultural Affairs, Drug Control Policy, Economic Development, Education, Elder Affairs, Human Rights, Human Services, Inspections and Appeals, Iowa Communications Network, Iowa Finance Authority, Iowa Public Employee Retirement System, Law Enforcement Academy, Lottery, Management, Natural Resources, Public Defense, Public Health, Public Safety, (Board of) Regents, Revenue, Transportation, Veterans Affairs, Veterans Home, Workforce Development.

The Iowa Department of Human Services (IDHS) actively reaches out to work with other state agencies and to expand community partnerships and involvement across Iowa. Projects are often undertaken with the Department of Corrections, Department of Education, Department of Elder Affairs, Department of Public Health, the Iowa Veteran's Home, Department of Administrative Services, the Iowa Regent Universities, Department of Management, and Iowa's Homeland Security and Emergency Management Department.

IDHS delegates fair hearings to the Department of Inspections and Appeals (DIA). The Administrative Law Judges who hear state administrative appeals are employed and appointed to particular cases by the Iowa Department of Inspections and Appeals. The Administrative Law Judge writes and issues a Proposed Decision.

Examples of successful partnerships with other Departments are:
• Partners with the Iowa Department of Public Health (IDPH) by making referrals to Women, Infants and Children programs to enable pregnant women and children in low-income families to receive nutrition assistance through the WIC program administered by IDPH.
• DHS also partners with the Department of Public Health to conduct state-wide and local grassroots outreach efforts for the CHIP hawk-i program that focus on schools, health care providers, businesses and faith-based organizations.

• DHS partners with the Department of Education to conduct outreach activities in conjunction with the Free and Reduced Meals programs.

• When needed, DHS partners with the Iowa Disaster and Emergency Management, for Crisis Hotlines and Emergency Food Assistance. In the past, DHS has partnered with the Department of Homeland Security and Emergency Management and the Federal Emergency Management Agency (FEMA), the Small Business Administration (SBA) and many county emergency response teams, managed the state's Other Needs Assistance Program (ONA), provided Crisis Counseling, and received federal approval to implement an enhanced Disaster Food Assistance benefit in the designated Federal Disaster Relief Areas.

• Partners with counties to provide targeted case management for persons with mental retardation, chronic mental illness, and/or developmental disabilities.

• Partners with Juvenile Court Services to contract for services for youth adjudicated delinquent.

Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- ○ Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ○ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ◉ The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Pursuant to a 1634 agreement, the Social Security Administration determines Medicaid eligibility for Supplemental Security Income recipients.

Add

Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)

Remove

Type of entity that conducts fair hearings:

- ○ An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ○ An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Add

Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

○ Yes ○ No

State Plan Administration Assurances — A3

42 CFR 431.10
42 CFR 431.12
42 CFR 431.50

Assurances

- ☑ The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- ☑ All requirements of 42 CFR 431.10 are met.
- ☑ There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.
- ☑ The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

Assurance for states that have delegated authority to determine eligibility:

☐ There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

Assurances for states that have delegated authority to conduct fair hearings:

☐ There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).

☐ When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:

☑ The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours 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.