Centers for Medicare & Medicaid Services

Section 1115 Demonstration

FAST TRACK Extension Template for Program Changes

DRAFT

Proposed Demonstration Changes for the Extension Period

A. General Description. Provide an overall description of the changes the state proposes for the extension of the demonstration. Specifically, include information on the expected impact these proposed program changes will have on populations covered by the demonstration and how it furthers the approved objectives and goals of the demonstration.

DHS requests a modification to the Iowa Wellness Plan special terms and conditions (STCs) to align with current program operations for retroactive eligibility. In accordance with Iowa Senate File 2418 (2018), the State requests the STCs be updated to reflect the waiver of retroactive coverage does not apply to applicants who are residents of nursing facilities. This technical change is consistent with the goals of the Medicaid program as the State is requesting to reinstate a benefit that would otherwise be required in the absence of CMS' approval of a waiver of Section 1902(a)(34) of the Social Security Act.

B. Expenditure Authorities. List any proposed modifications, additions to, or removal of currently approved expenditure authorities. Indicate how each new expenditure authority is necessary to implement the proposed changes and also how each proposed change furthers the state's intended goals and objectives for the requested extension period.

DHS requests no modifications to expenditure authorities.

C. Waiver Authorities. List any proposed modifications, additions to, or removal of currently approved waiver authorities. Indicate how each new waiver authority is necessary to implement the proposed changes and also how each proposed change furthers the state's intended goals and objectives for the requested extension period.

DHS currently has a waiver of Section 1902(a)(34) related to retroactive eligibility. Specifically, the current special terms and conditions (STCs) indicate this waiver enables "the state not to provide three months of retroactive eligibility coverage for state plan populations. The waiver of retroactive eligibility does not apply to pregnant women (and during the 60-day period beginning on the last day of the pregnancy) and infants under one year of age." The State requests this STC be updated in alignment with Iowa Senate File 2418 (2018), as documented in our letter to CMS on September 4, 2018, and subsequent CMS acknowledgement on September 25, 2018. As noted in that correspondence, effective for Medicaid applications filed on or after July 1, 2018, DHS provides up to three months retroactive coverage for applicants who are residents of a nursing facility at the time of application and are otherwise Medicaid-eligible. Therefore, the State requests an aligning technical change to the STCS to reflect current DHS policy and operations.

D. Eligibility. List any proposed changes to the population(s) currently being served under the demonstration.

If the state is proposing to add populations, please refer to the list of Medicaid Eligibility Groups at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/Downloads/List-of-Eligibility-Groups.pdf when describing Medicaid

State plan populations, and for an expansion eligibility group, please provide a plain language description of the group(s) that is sufficiently descriptive to explain to the public.

If the state is proposing to remove any demonstration populations, please include in the justification how the state intends to transition affected beneficiaries into other eligible coverage as outlined in the Special Terms and Conditions (STCs).

DHS requests no modifications to the populations currently served under the demonstration.

E. Benefits and Cost Sharing. Describe any proposed changes to the benefits currently provided under the demonstration and any applicable cost sharing requirements. The justification should include any expected impact these changes will have on current and future demonstration enrollment.

DHS requests no modifications to the benefits or cost sharing under the demonstration.

F. Delivery System. Describe any proposed changes to the healthcare delivery system by which benefits will be provided to demonstration enrollees. The justification should include how the state intends a seamless transition for demonstration enrollees and any expected impact on current and future demonstration enrollment.

DHS requests no modifications to the healthcare delivery system under the demonstration.

G. Budget/Allotment Neutrality. Describe any proposed changes to state demonstration financing (i.e., sources of state share) and/or any proposed changes to the overall approved budget/allotment neutrality methodology for determining federal expenditure limits (other than routine updates based on best estimate of federal rates of change in expenditures at the time of extension).

DHS requests no modifications to state demonstration financing or budget neutrality.

H. Evaluation. Describe any proposed changes to the overall demonstration evaluation design, research questions or hypotheses being tested, data sources, statistical methods, and/or outcome measures. Justification should include how these changes furthers and does not substantially alter the currently approved goals and objectives for the demonstration.

DHS requests no modifications to the demonstration evaluation for the Dental Wellness Plan. As outlined in Appendix C, modifications are proposed to the evaluation design hypotheses to align with recent CMS release of evaluation design guidance for eligibility and coverage §1115 waivers, where applicable to the Iowa Wellness Plan.

I. Other. Describe proposed changes to any other demonstration program feature that does not fit within the above program categories. Describe how these change(s) furthers the state's intended goals and objectives for the requested extension period.

DHS requests no additional modifications to the demonstration.

State Contact Person(s)

Please provide the contact information for the state's point of contact for this demonstration extension application.

Name: Jennifer Steenblock
Title: Federal Compliance Officer
Agency: Iowa Medicaid Enterprise
Address: 611 Fifth Avenue
City/State/Zip: Des Moines, IA 50309
Telephone Number: 515-256-4636
Email Address: jsteenb@dhs.state.ia.us

Name:
Title:
Agency:
Address:
City/State/Zip:
Telephone Number:
Email Address: