

**CENTERS FOR MEDICARE & MEDICAID SERVICES**

**WAIVER LIST**

**NUMBER:** 11-W-00289/5

**TITLE:** Iowa Wellness Plan Section 1115 Demonstration

**AWARDEE:** Iowa Department of Human Services

All requirements of the Medicaid program expressed in law, regulation and policy statement, not expressly waived or identified as not applicable in accompanying expenditure authorities, shall apply to the demonstration project effective from January 1, 2014 through December 31, 2016. In addition, these waivers may only be implemented consistent with the approved Special Terms and Conditions (STCs).

Under the authority of section 1115(a)(1) of the Social Security Act (the Act), the following waivers of state plan requirements contained in section 1902 of the Act are granted subject to the STCs for the Iowa Health and Wellness Plan section 1115 demonstration.

**1. Premiums**

**Section 1902(a)(14) and  
Section 1916**

To enable the state to charge premiums beyond applicable Medicaid limits to the Wellness demonstration populations above 50 percent of the federal poverty level, with cost-sharing subject to a quarterly aggregate cap of 5 percent of family income.

**2. Methods of Administration**

**Section 1902(a)(4) insofar  
as it incorporates 42 CFR  
431.53**

To the extent necessary, to relieve the state of the responsibility to assure transportation to and from providers for individuals in the new adult population who are not affected by the Marketplace Choice Plan demonstration. This waiver authority will expire on March 31, 2016 unless an extension is otherwise approved under the requirements of paragraph 7 (Amendment Process) of the STCs.

**3. Comparability**

**Section 1902(a)(17)**

To enable Iowa to provide different benefits for different populations of Medicaid beneficiaries. Also, to enable Iowa to provide coverage through different delivery systems for different populations of Medicaid beneficiaries. Specifically, to permit the state to provide reduced cost sharing for the newly eligible population. This will be done through an \$8 copay for non-emergency use of the emergency department. This copay will

**Approval Period: January 1, 2014 through December 31, 2016  
Amended July 31, 2015**

not apply to other Medicaid populations; copays applied to other Medicaid populations will not be imposed on this population.