

HUMAN SERVICES DEPARTMENT[441]

Adopted and Filed

Pursuant to the authority of Iowa Code section 249A.4, the Department of Human Services amends Chapter 75, “Conditions of Eligibility,” Iowa Administrative Code.

This amendment increases premiums for applicants and recipients under the Medicaid for Employed People with Disabilities (MEPD) program with income over 150 percent of the federal poverty level (FPL).

The Department requested these changes because Iowa Code section 249A.3(2)“a”(1)(b) requires that “[t]he maximum premium payable by an individual whose income exceeds one hundred fifty percent of the official poverty guidelines shall be commensurate with the cost of state employees’ group health insurance in this state.” The average cost to the state for state employees’ health insurance for a single person is \$707 effective January 1, 2015. Therefore, the maximum premium must be set at that amount.

Notice of Intended Action was published in the Iowa Administrative Bulletin as **ARC 1951C** on April 1, 2015. The Department received no comments on this rule making during the public comment period. This amendment is identical to that published under Notice of Intended Action.

The Council on Human Services adopted this amendment on May 13, 2015.

This amendment does not provide for waivers in specified situations because requests for the waiver of any rule may be submitted under the Department’s general rule on exceptions at 441—1.8(17A,217).

After analysis and review of this rule making, no impact on jobs has been found.

This amendment is intended to implement Iowa Code section 249A.4.

This amendment will become effective August 1, 2015.

The following amendment is adopted.

Amend subparagraph **75.1(39)“b”(3)** as follows:

(3) Premiums shall be assessed as follows:

IF THE INCOME OF THE APPLICANT IS ABOVE:	THE MONTHLY PREMIUM IS:
150% of Federal Poverty Level	\$ 31 <u>\$32</u>
165% of Federal Poverty Level	\$ 42 <u>\$44</u>
180% of Federal Poverty Level	\$ 50 <u>\$53</u>
200% of Federal Poverty Level	\$ 58 <u>\$62</u>
225% of Federal Poverty Level	\$ 68 <u>\$73</u>
250% of Federal Poverty Level	\$ 78 <u>\$84</u>
300% of Federal Poverty Level	\$ 99 <u>\$106</u>
350% of Federal Poverty Level	\$ 119 <u>\$130</u>
400% of Federal Poverty Level	\$ 140 <u>\$153</u>
450% of Federal Poverty Level	\$ 160 <u>\$177</u>
550% of Federal Poverty Level	\$ 201 <u>\$221</u>
650% of Federal Poverty Level	\$ 242 <u>\$268</u>

IF THE INCOME OF THE APPLICANT IS ABOVE:	THE MONTHLY PREMIUM IS:
750% of Federal Poverty Level	\$ 284 <u>\$316</u>
850% of Federal Poverty Level	\$ 335 <u>\$375</u>
1000% of Federal Poverty Level	\$ 404 <u>\$451</u>
1150% of Federal Poverty Level	\$ 475 <u>\$530</u>
1300% of Federal Poverty Level	\$ 556 <u>\$612</u>
1480% of Federal Poverty Level	\$ 647 <u>\$707</u>

[Filed 5/18/15, effective 8/1/15]

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EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 6/10/15.