

**HUMAN SERVICES DEPARTMENT[441]**

**Notice of Intended Action**

**Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”**

**Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.**

Pursuant to the authority of Iowa Code section 249A.4, the Department of Human Services proposes to amend 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). These changes to the premiums are necessary due to the annual changes in the federal poverty level.

Any interested person may make written comments on the proposed amendment on or before April 19, 2016. Comments should be directed to Harry Rossander, Bureau of Policy Coordination, Department of Human Services, Hoover State Office Building, Fifth Floor, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980 or by e-mail to [policyanalysis@dhs.state.ia.us](mailto:policyanalysis@dhs.state.ia.us).

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.

The following amendment is proposed.

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	\$32 <u>\$33</u>
165% of Federal Poverty Level	\$44 <u>\$46</u>
180% of Federal Poverty Level	\$53 <u>\$55</u>
200% of Federal Poverty Level	\$62 <u>\$64</u>
225% of Federal Poverty Level	\$73 <u>\$76</u>
250% of Federal Poverty Level	\$84 <u>\$88</u>
300% of Federal Poverty Level	\$106 <u>\$110</u>
350% of Federal Poverty Level	\$130 <u>\$135</u>
400% of Federal Poverty Level	\$153 <u>\$158</u>
450% of Federal Poverty Level	\$177 <u>\$183</u>
550% of Federal Poverty Level	\$221 <u>\$228</u>
650% of Federal Poverty Level	\$268 <u>\$276</u>
750% of Federal Poverty Level	\$316 <u>\$324</u>
850% of Federal Poverty Level	\$375 <u>\$383</u>

IF THE INCOME OF THE APPLICANT IS ABOVE:	THE MONTHLY PREMIUM IS:
1000% of Federal Poverty Level	<del>\$451</del> <u>\$460</u>
1150% of Federal Poverty Level	<del>\$530</del> <u>\$539</u>
1300% of Federal Poverty Level	<del>\$612</del> <u>\$622</u>
1480% of Federal Poverty Level	<del>\$707</del> <u>\$718</u>
<u>1530% of Federal Poverty Level</u>	<u>\$735</u>
<u>1590% of Federal Poverty Level</u>	<u>\$767</u>