

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 8 - 0 1 3

2. STATE:

IOWA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
November 1, 2008

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42CFR 100 and 42CFR 120

7. FEDERAL BUDGET IMPACT:

a. FFY 09 \$ -0-  
b. FFY 10 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 2 to Attachment 3.1-A, Page 37, 38  
Page 46, Page 47, Page 48, Page 49 and Page 50

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Supplement 2 to Attachment 3.1-A, Page 37, 38  
Page 46, Page 47, Page 48, Page 49 and  
Page 50

10. SUBJECT OF AMENDMENT: This state plan submission withdraws the TCM program for EPSDT and LEAs and changes it for the I&T program. CMS requested that it be submitted now. We still do not know what CMS will recommend for target group 1 - pregnant women.

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Kevin W. Concannon

14. TITLE:

Director

15. DATE SUBMITTED:

6-24-08

16. RETURN TO:

Iowa Department of Human Services  
Kevin W. Concannon  
Director  
Hoover State Office Building  
Des Moines, Iowa 50319

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

June 24, 2008

18. DATE APPROVED:

June 15, 2010

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

November 1, 2010

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

James G. Scott

22. TITLE: Associate Regional Administrator  
for Medicaid and Children's Health Operations

23. REMARKS:

State/Territory:

IOWA

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RESERVED

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State Plan TN # MS-08-013  
Superseded TN # MS-06-003

Effective NOV 01 2008  
Approved JUN 15 2010

State/Territory:

IOWA

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RESERVED

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State Plan TN # MS-08-013  
Superseded TN # MS-06-003

Effective NOV 0 1 2008  
Approved JUN 1 5 2010

State Plan under Title XIX of the Social Security Act  
State/Territory: IOWA

TARGETED CASE MANAGEMENT SERVICES  
Target Group 3

Target Group (42 Code of Federal Regulations 441.18(8)(i) and 441.18(9)):  
Children from birth to age three who meet the "developmental delay" eligibility categories set forth in the federal regulations under Part C of the Individuals with Disabilities Education Act (IDEA).

\_\_\_ Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to \_\_\_\_\_ consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act):

- Entire State  
\_\_\_ Only in the following geographic areas:

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

- \_\_\_ Services are provided in accordance with §1902(a)(10)(B) of the Act.  
 Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

- ❖ Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
  - taking client history;
  - identifying the individual's needs and completing related documentation; and
  - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;
  - A face-to-face assessment must be conducted every 6 months at a minimum, and more frequently if changes occur in the individual's condition.
  
- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
  - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
  - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and

TN# MS-08-013 Approval Date JUN 15 2010 Effective Date NOV 01 2009 Supersedes TN# MS-06-003

State Plan under Title XIX of the Social Security Act  
State/Territory: IOWA

TARGETED CASE MANAGEMENT SERVICES  
Target Group 3

- identifies a course of action to respond to the assessed needs of the eligible individual;
- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
  - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities:
  - activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
    - services are being furnished in accordance with the individual's care plan;
    - services in the care plan are adequate; and
    - changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers. A face-to-face contact between the case manager and the child and family is required within the first 30 days of service and every three months thereafter. In months in which there is no face-to-face contact, a telephone contact with the family is required.

X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.  
(42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

Case management services will be provided by:

- A person who has been determined to meet the qualifications in Iowa Administrative Code 281—19(8):

The case manager must complete a competency-based training program with content related to knowledge and understanding of eligible children, Early ACCESS rules, the nature and scope of services in Early ACCESS, and the system of payments for services, as well as service coordination responsibilities and strategies. The competency-based program, approved by the Department of Education, shall include different training formats and differentiated training to reflect the background and knowledge of the trainees, including those persons who are state-licensed professionals whose scope of practice includes service

TN# MS-08-013 Approval Date JUN 15 2008 Effective Date NOV 01 2008 Supersedes TN# MS-06-003



State Plan under Title XIX of the Social Security Act  
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**TARGETED CASE MANAGEMENT SERVICES**  
**Target Group 3**

coordination. The Department of Education or its designee shall determine whether service coordinators have successfully completed the training.

- A case management provider accredited pursuant to Iowa Administrative Code 441—Chapter 24.

Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The

TN# MS-08-013 Approval Date JUN 15 2010 Effective Date NOV 01 2008 Supersedes TN# MS-06-003

State Plan under Title XIX of the Social Security Act  
State/Territory: IOWA

TARGETED CASE MANAGEMENT SERVICES  
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need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §441.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

State Plan under Title XIX of the Social Security Act  
State/Territory: IOWA

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TN# MS-08-013 Approval Date JUN 15 2010 Effective Date NOV 01 2008 Supersedes TN# MS-06-003