

Table of Contents

State/Territory Name: IA

State Plan Amendment (SPA) #: 13-024

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 355
Kansas City, Missouri 64106



Division of Medicaid and Children's Health Operations

October 18, 2013

Charles M. Palmer, Director
Department of Human Services
Hoover State Office Building
1305 East Walnut, 5th Floor
Des Moines, Iowa 50319-0119

Dear Mr. Palmer:

On August 2, 2013, the Centers for Medicare & Medicaid Services (CMS) received Iowa's state plan amendment (SPA), transmittal #13-024 to make changes, as outlined in the CMS companion letter for SPA 1A 12-013, for skilled nursing, home health aide, therapy services and medical supplies, and equipment under the home health services program. Also, hospice is being revised to reflect compliance with ACA 2302 – Concurrent Hospice Care (for children).

Based upon the information received, we are now ready to approve SPA #13-024 as of October 18, 2013, with an effective date of August 1, 2013, as requested by the State.

Enclosed is a copy of the CMS-179 form, as well as, the approved pages for incorporation into the Iowa Medicaid State Plan. If you have any questions regarding this amendment, please contact Rhonda Wells at (816) 426-5925 or Rhonda.Wells@cms.hhs.gov.

Sincerely,

//s//

James G. Scott
Associate Regional Administrator
for Medicaid and Children's Health Operations

Enclosure

cc: Jennifer Vermeer

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>1 3 — 0 2 4</u>	2. STATE IOWA
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE August 1, 2013	
5. TYPE OF PLAN MATERIAL (Check One)			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 42CFR440.230, 440.70, 431 Sbpt F, 440.110, etc.		7. FEDERAL BUDGET IMPACT a. FFY '13 \$ 14,153 b. FFY '14 \$ 55,034	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Page 14 Supplement 2 to Attachment 3.1-A, Page 18, 19, 20, 21, 25 Attachment 3.1-B		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A, Page 14 Supplement 2 to Attachment 3.1-A, Page 18, 19, 20, 21, 25 Attachment 3.1-B	
10. SUBJECT OF AMENDMENT Changes, as outlined in the CMS companion letter for SPA IA-12-013, for the skilled nursing, home health aide, therapy services & medical supplies & equipment under the home health services program. Also hospice revised to reflect compliance with ACA Section 2302.			
11. GOVERNOR'S REVIEW (Check One)			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL		16. RETURN TO	
13. TYPED NAME CHARLES M. PALMER		CHARLES M. PALMER DIRECTOR DEPARTMENT OF HUMAN SERVICES 1305 EAST WALNUT 5TH FLOOR DES MOINES IA 50319-0114	
14. TITLE DIRECTOR			
15. DATE SUBMITTED 8/2/13			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED August 2, 2013		18. DATE APPROVED October 18, 2013	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL August 1, 2013		20. SIGNATURE	
21. TYPED NAME James G. Scott		22. TITLE Associate Regional Administrator for Medicaid and Children's Health Operations	
23. REMARKS			

State/Territory: IOWA

17. Nurse-midwife services as defined in 42 CFR 440.165, are provided with additional limitations described in Supplement 2 to Attachment 3.1-A(6d8A). (For methods and standards for payment rates see Attachment 4.19-B(16).
18. Hospice care (in accordance with section 1905(o) of the Act).
 Provided
 No limitations
 Provided in accordance with Section 2302 of the Affordable Care Act
(For methods and standards for payment rates see Attachment 4.19-B(17).
19. Case management services and tuberculosis related services
- a. Case management services as defined in, and to the group specified in, Supplement 2 to Attachment 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act. (For methods and standards for payment rates see Attachment 4.19-B(18).
- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act are not provided.
20. Extended services for pregnant women
- a. Pregnancy-related and postpartum for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.
____ Additional coverage. ++
- b. Services for any other medical conditions that may complicate pregnancy.
____ Additional coverage ++
- ++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.
21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by an eligible provider in accordance with section 1920 of the Social Security Act are provided without limitations. (For methods and standards for payment rates see Attachment 4.19-B(21).
22. Respiratory care services for ventilator dependent individuals (in accordance with section 1902(e)(9)(A) through (C) of the Act) are not provided.

State Plan TN #	<u>IA-13-024</u>	Effective	<u>AUG 1 2013</u>
Superseded TN #	<u>MS-09-021</u>	Approved	<u>OCT 18 2013</u>

State/Territory:

IOWA

- (1) Nursing visits are limited to 5 per week per recipient.
Additional nursing visits may be provided with submission of an exception to policy with adequate medical documentation to support medical necessity.

7c. HOME HEALTH SERVICES – HOME HEALTH AIDE

In addition to the rules contained in 42 CFR 440.70 (Home Health Services), the following limitations apply to home health aide services under Iowa Medicaid, except for children under 21 years of age for which medically necessary services are covered in accordance with the EPSDT provisions:

- (1) Home health aide services provide personal care services for activities of daily living that the member would ordinarily perform if otherwise able. Home health aide services do not provide skilled services. When the primary need of the recipient is for personal care, household services may be provided by the aide to prevent or postpone the recipient’s institutionalization. The household services must be incidental and not substantially increase the time spent in the home by the aide.
- (2) The services shall be provided under the supervision of a registered nurse, physical, speech or occupational therapist.
- (3) Home health aide daily care may be provided to persons employed or attending school whose disabling conditions require the persons to be assisted with morning and evening activities of daily living in order to support their independent living.
- (4) Home health aide visits are limited to 28 per week per recipient.

Additional home health aide may be provided with submission of an exception to policy with adequate medical documentation to support medical necessity.

7d. HOME HEALTH – MEDICAL SUPPLIES, EQUIPMENT AND APPLIANCES

In addition to the rules contained in 42 CFR 440.70 (Home Health Services), the purchase or rental of medical supplies, equipment and appliances under Iowa Medicaid are covered when prescribed by a physician. To qualify as a covered service, the item must be medically necessary and meet the definitions in the Iowa Administrative Code, the state regulations that govern the Iowa Medicaid program. Coverage is limited to the least costly item that will meet the medical needs of the member. Coverage is in compliance with the guidance provided in the September 4, 1998 SMD letter related to the DeSario v Thomas decision.

Each specific item covered is identified by procedure code and name and is listed on the fee schedules published on the Iowa Medicaid Enterprise website. Specific coverage criteria are included in the Provider Manual, also published on that website. Prior authorization is

State Plan TN # IA-13-024
Superseded TN # MS-06-003

Effective AUG 1 2013
Approved OCT 18 2013

State/Territory: _____

IOWA

required for certain items. Services requiring prior authorization and the criteria for approval are listed in the Iowa Administrative Code as well as the Provider Manual. When a request for prior authorization is denied, the requesting provider as well as the member are sent a Notice of Decision advising of the right to appeal the denial and the process for doing so in compliance with 42 CFR Part 431 Subpart E. Additionally, an exception to policy may be requested in exceptional or unusual situations for otherwise non-covered items, including for both children and adults.

Coverage for medical equipment and supplies does not generally include members living in nursing homes or intermediate care facilities for persons with an intellectual disability. Coverage is allowed for orthotics and prosthetics for members residing in these facilities.

Items that are not primarily and customarily used to serve a medical purpose are not covered.

7e. HOME HEALTH SERVICES – PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY

Services and Provider Qualifications

Physical therapy, occupational therapy and speech therapy services provided or subcontracted by a home health agency meet the service and provider qualifications pursuant to 42 CFR 440.110 (1) and (2).

Limitations

Iowa Medicaid does not cover audiology services provided by or subcontracted by a home health agency. 42 CFR 440.110(3) is not applicable to the Iowa State Plan.

Limitations (1), (2), and (3) listed below apply to physical therapy, occupational therapy and speech therapy services. Limitation (4) applies to occupational and physical therapy only. Limitation (5) applies to speech therapy only.

All limitations exclude children under 21 years of age for which medically necessary services are covered in accordance with the EPSDT provisions.

- (1) Therapy includes coverage of initial rehabilitation instruction. Payment is made for a maximum of three visits to establish the evaluation and instruction of caregivers. Payment for supervisory shifts to monitor the therapy program shall be limited to two per month for a maximum period of 12 months.

State Plan TN #IA-13-024 _____
Superseded TN # MS-06-003 _____

Effective AUG 1 2013
Approved OCT 18 2013

State/Territory: _____

IOWA

- (2) Services must be provided primarily on an individual basis. Group therapy is payable, but total units of service in a month shall not exceed total units of individual therapy.
- (3) Payment will be made for individual diagnostic or trial therapy pursuant to a plan, once per year per condition. Such service shall not exceed 12 hours per month for two months.
- (4) Use of isokinetic or isotonic equipment in occupational and physical therapy is covered when normal ambulation or range of motion of a joint is affected due to bone, joint, ligament or tendon injury or due to post-surgical trauma. Only the time actually spent by the therapist in instructing the patient and assessing the patient's progress is covered.
- (5) Teaching a patient to use a speech generating device is payable. The patient must show significant progress outside the therapy sessions in order for these services to be covered.

8. RESERVED

9. CLINIC SERVICES

Clinic services, as defined in 42 CFR 440.90, which are provided by a clinic which is otherwise required as a matter of state or federal law to be licensed, certified or approved to provide health care services, are covered services under Iowa Medicaid only if the clinic is so licensed, certified or approved.

Services provided by facilities which are not clinic services (as defined in 42 CFR 440.90) may be provided through the facility if provided by licensed practitioner of the healing arts whose services are otherwise covered under the Iowa Medicaid plan, where the practitioner has an employment or contractual relationship with the facility under which the facility submits the claim (Reference: 42 CFR 447.10(g)).

State Plan TN # IA-13-024 _____
Superseded TN # MS-08-034 _____

Effective AUG 1 2013
Approved OCT 18 2013

State/Territory:

IOWA

10. DENTAL SERVICES

Dental services, as defined in 42 CFR 440.100, are covered for children and adults and must be medically necessary for the prevention, diagnosis and treatment of dental disease or injuries. The following limitations apply to dental services, except for children under 21 years of age for which medically necessary services are covered in accordance with the EPSDT provision. Limits can be exceeded based on medical necessity.

A. *Preventive services.*

- a. Oral prophylaxis, including necessary scaling and polishing. *Limitation:* Once in a six month period except for persons who, because of physical or mental disability, need more frequent care.
- b. Topical application of fluoride. *Limitation:* Once in a 90 day period. (This does not include the use of fluoride prophylaxis paste as fluoride treatment.)
- c. Pit and fissure sealants. *Limitation:* Covered on first and second deciduous and permanent molars only for children through 21 years of age and for others who have a physical or mental disability that impairs their ability to maintain adequate oral hygiene.

State Plan TN # IA-13-024
Superceded TN # IA-13-010

Effective AUG 1 2013
Approved OCT 18 2013

State/Territory:

IOWA

11. THERAPIES

11.a PHYSICAL THERAPY

Physical therapy services and provider qualifications meet the requirements set forth in 42 CFR 440.110. Physical therapy services are covered under this item only if provided by (1) a Medicare certified rehabilitation agency, in accordance with its conditions of certification or (2) a physical therapist in private practice. Physical therapy services provided by a rehabilitation agency are subject to the limitations described in Item 7e, except for children under 21 years of age for which medically necessary services are covered in accordance with the EPSDT provisions. Physical therapy services provided by a therapist in private practice are limited in amount, scope and duration under Medicare Part B as set forth in 42 CFR 410.60.

Services are covered in accordance with an active treatment plan established by the physician and provided by a licensed physical therapist within the scope of his or her practice as defined by state law and regulation referenced below. Services provided by a physical therapist include: screening, evaluation, diagnostic or trial therapy, rehabilitation, remediation and reevaluation. Services provided by a licensed physical therapist assistant must be in accordance with the established treatment plan and under the supervision of the physical therapist.

Reference: Iowa Administrative Code Part 645 (Professional Licensing) – Chapter 200 (Licensure of Physical Therapists and Physical Therapy Assistants) and Chapter 201 (Practice of Physical Therapists and Physical Therapy Assistants). Physical therapist regulations stipulate graduation from a physical therapy program accredited by an approved national accreditation agency and a passing score on the National Physical Therapy Examination or other nationally recognized equivalent examination as defined by the Board of Physical and Occupational Therapy Examiners. Physical therapy assistant regulations stipulate graduation from a physical therapy assistant program accredited by an approved national accreditation agency and a passing score on the National Physical Therapy Examination or other approved nationally recognized equivalent as set forth in 42 CFR 484.4.

State Plan TN # IA-13-024
Superseded TN # IA-13-010

Effective AUG 1 2013
Approved OCT 18 2013

State/Territory: _____

IOWA

requirements of 42 CFR 440.21, are provided with additional limitations described in Supplement 2 to Attachment 3.1-A(6d8A). (For methods and standards for payment rates see Attachment 4.19-B(16).

18. Hospice care (in accordance with section 1905(o) of the Act).
[x] Provided
[x] No limitation
[x] Provided in accordance with section 2302 of the Affordable Care Act
(For methods and standards for payment rates see Attachment 4.19-B(17).
19. Case management services and tuberculosis related services
- a. Case management services as defined in, and to the group specified in, Supplement 1 to Attachment 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act. *(For methods and standards for payment rates see Attachment 4.19-B(18).*
- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act are not provided.
20. Extended services for pregnant women
- a. Pregnancy-related and postpartum for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.
____ Additional coverage. ++
- b. Services for any other medical conditions that may complicate pregnancy.
____ Additional coverage ++
- ++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.
21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by an eligible provider in accordance with section 1920 of the Social Security Act are provided without limitations. *(For methods and standards for payment rates see Attachment 4.19-B(21).*
22. Respiratory care services *for ventilator dependent individuals* (in accordance with section 1902(e)(9)(A) through (C) of the Act) are not provided.
23. Nurse practitioner services *as defined in 42 CFR 440.166(a) and further described in Section 4415 (Nurse Practitioner Services) of the State Medicaid Manual and in compliance with the requirements in 42 CFR 441.22, are provided with additional*

State Plan TN #
Superseded TN #

IA-13-024
MS-06-003

Effective
Approved

AUG 1 2013
OCT 18 2013