

## **Table of Contents**

**State/Territory Name: IA**

**State Plan Amendment (SPA) #: 18-0025**

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 East 12<sup>th</sup> Street, Suite 355  
Kansas City, Missouri 64106-2898



**Kansas City Regional Operations Group**

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March 20, 2019

Michael Randol, Medicaid Director  
Division of Medical Services  
Department of Human Services  
Iowa Medicaid Enterprise  
100 Army Post Road  
Des Moines, IA 50315

Dear Mr. Randol:

On December 28, 2018, Iowa submitted SPA 18-0025 to implement an annual benefit maximum of \$1,000 per member/per fiscal year beginning on October 1, 2018, and each fiscal year thereafter. This SPA implements the CAP for dental services received in a clinical setting. Diagnostic, preventive, emergent, anesthesia in conjunction with allowable oral surgery procedures and fabrication of denture services are excluded procedures.

SPA #18-0025 was approved March 20, 2019, with an effective date of October 1, 2018, as requested by the state. Enclosed is a copy of the CMS-179 summary form, as well as the approved page for incorporation into the Iowa State Plan.

If you have any questions regarding this amendment, please contact Karen Hatcher or Sandra Levels at (816) 426-5925.

Sincerely,

3/20/2019

James G. Scott, Director  
Division of Medicaid Field Operations - North

Sign

Enclosure

cc:  
Mikki Stier, Deputy Director, Iowa DHS  
Jennifer Steenblock, IME  
Alisa Horn, IME

|   |  |   |                         |
|---|--|---|-------------------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF<br/>STATE PLAN MATERIAL<br/>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>  |  | 1. TRANSMITTAL NUMBER<br><u>1 8 — 0 2 5</u>   | 2. STATE<br><b>IOWA</b> |
|   |  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)  |                         |
| TO: REGIONAL ADMINISTRATOR<br>CENTERS FOR MEDICARE & MEDICAID SERVICES<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES   |  | 4. PROPOSED EFFECTIVE DATE<br><b>October 1, 2018</b>  |                         |
| 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  |  | 7. FEDERAL BUDGET IMPACT  |                         |
|   |  | a. FFY 2019 <u>\$ (245,370) *</u>   |                         |
|   |  | b. FFY 2020 <u>\$ (1,131,544) *</u>   |                         |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT<br><b>Supplement 2 to Attachment 3.1-A, Page 20</b>  |  | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)<br><b>Supplement 2 to Attachment 3.1-A, Page 20</b>   |                         |
| 10. SUBJECT OF AMENDMENT<br><b>This is a technical correction to previously submitted SPA IA-18-013 to align SPA language to CMS guidance specific to clinics.</b>  |  |   |                         |
| 11. GOVERNOR'S REVIEW (Check One)   |  |   |                         |
| <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED<br><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED<br><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL |  |   |                         |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL  |  | 16. RETURN TO   |                         |
| 13. TYPED NAME<br><b>Jerry R. Foxhoven</b>  |  | <b>JERRY R FOXHOVEN<br/>DIRECTOR<br/>DEPARTMENT OF HUMAN SERVICES<br/>1305 EAST WALNUT 5TH FLOOR<br/>DES MOINES IA 50319-0114</b> |                         |
| 14. TITLE<br><b>DIRECTOR</b>  |  |   |                         |
| 15. DATE SUBMITTED<br><b>12-28-18</b>   |  |   |                         |
| <b>FOR REGIONAL OFFICE USE ONLY</b>   |  |   |                         |
| 17. DATE RECEIVED<br><b>December 28, 2018</b>   |  | 18. DATE APPROVED<br><b>March 20, 2019</b>  |                         |
| <b>PLAN APPROVED - ONE COPY ATTACHED</b>  |  |   |                         |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL<br><b>October 1, 2018</b>   |  | 20. SIGNATURE OF REGIONAL OFFICIAL  |                         |
| 21. TYPED NAME<br><b>James G. Scott</b>   |  | 22. TITLE<br><b>Director<br/>for Medicaid Field Operations - North</b>  |                         |
| 23. REMARKS   |  |   |                         |

\* Pen and Ink change per email from state dated 3.18.19.

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)).

Covered clinic services furnished by or under the direction of a dentist must be medically necessary for the prevention, diagnosis and treatment of dental disease or injuries and are limited to one thousand (\$1,000.00) per enrollee per state fiscal year (July 1 – June 30). The \$1,000 limitation does not apply to preventive, diagnostic, emergent, anesthesia in conjunction with approved oral surgery codes or fabrication of dentures, and children under 21 years of age are eligible for medically necessary dental services in accordance with federal early and periodic screening, diagnostic, and treatment (EPSDT) requirements. Covered dental benefits are outlined in Dental Services. The limitations applying to dental services may be exceeded based on medical necessity.

State Plan TN# IA-18-025

Effective October 1, 2018

Superseded TN# IA-13-024

Approved March 20, 2019