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State/Territory Name: IA

State Plan Amendment (SPA) #: 19-0010

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 12th Street, Suite 355
Kansas City, Missouri 64106-2898



Kansas City Regional Operations Group

October 30, 2019

Michael Randol, Medicaid Director
Division of Medical Services
Department of Human Services
Iowa Medicaid Enterprise
611 Fifth Avenue
Des Moines, IA 50309

Dear Mr. Randol:

On September 5, 2019, the Centers for Medicare & Medicaid Services (CMS) received Iowa's State Plan Amendment (SPA) transmittal #19-0010. This SPA updates the methods and standards for Assertive Community Treatment reimbursement rates.

SPA #19-0010 was approved on October 29, 2019, with an effective date of July 1, 2019, as requested by the state. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Iowa State Plan.

If you have any questions regarding this amendment, please contact Karen Hatcher or Laura D'Angelo at (816) 426-5925.

Sincerely, _____

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

Enclosure

cc:
Gerd Clabaugh, Interim Director, DHS
Mikki Stier, Deputy Director, DHS
Jennifer Steenblock, IME
Alisa Horn, IME
Jeff Marston, IME
Annie Lukens, IME

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>1 9 — 0 1 0</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 July 1, 2019	

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	7. FEDERAL BUDGET IMPACT a. FFY 2019 \$ 80,938.00 b. FFY 2020 \$ 330,613.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 12a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B Page 12a

10. SUBJECT OF AMENDMENT

This SPA updates the methods and standards for Assertive Community Treatment (ACT) reimbursement rates.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO GERD W. CLABAUGH INTERIM DIRECTOR DEPARTMENT OF HUMAN SERVICES 1305 EAST WALNUT 5TH FLOOR DES MOINES IA 50319-0114
13. TYPED NAME GERD W. CLABAUGH	
14. TITLE INTERIM DIRECTOR	
15. DATE SUBMITTED 9-5-19	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED September 5, 2019	18. DATE APPROVED October 29, 2019
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2019	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME James G. Scott	22. TITLE Director Division of Medicaid Field Operations - North, Kansas City

23. REMARKS

State/Territory:

IOWA

13d. REHABILITATIVE SERVICES (Cont.)

For services provided prior to July 1, 2011, rehabilitative treatment services are reimbursed on the basis of the provider’s reasonable and necessary costs plus 1%, calculated retrospectively, as determined by State Medicaid agency, for those services actually provided under the treatment plan recommended. Reasonable and necessary cost shall not exceed 110 percent of the statewide average allowable cost for the service.

No payment is made for services other than those included in the treatment plan.

An interim rate based on the State Medicaid agency’s estimate of actual reasonable and necessary costs for the services provided will be paid based on financial forms approved by the department, with suitable retroactive adjustments based on final financial reports. The method of cost apportionment specified in 2 CFR Part 200 shall be used to determine the actual cost of services rendered to Medicaid recipients.

The retroactive adjustment is performed each year at the end of the agency’s fiscal year based on submission of the agency’s cost report. Based on this report the department adjusts the interim rate for the following months until submission of the next cost report.

Assertive Community Treatment (ACT) Services. ACT services are comprehensive, integrated, and intensive outpatient services provided by a multidisciplinary team under the supervision of a psychiatrist. ACT services are directed toward the rehabilitation of behavioral, social, or emotional deficits or the amelioration of symptoms of a mental disorder. Most services are delivered in the member’s home or another community setting. See Supplement 2, Attachment 3.1A, Page 31(b)(1-8) for a list of the specific services.

For ACT services, the unit of service is a client day. The services will be paid on a fee-for-service basis for each day that services are performed, including face-to-face contact with the client and conducting daily organization staff meetings to review the status of the team’s clients and the scheduling of upcoming interventions. Providers cannot bill for a day during which no service was performed.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of ACT services. The agency’s fee schedule rate was set as of July 1, 2019 and is effective for services provided on or after that date. All rates are published at <http://dhs.iowa.gov/ime/providers/csrp/fee-schedule>.

State Plan TN #	<u>IA-19-0010</u>	Effective	<u>July 1, 2019</u>
Superseded TN #	<u>IA-16-0022</u>	Approved	<u>October 29, 2019</u>