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State/Territory Name: Iowa

State Plan Amendment (SPA) #: 21-0006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

601 E. 12th St., Room 355

Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

August 13, 2021

Ms. Elizabeth Matney
Medicaid Director
Iowa Medicaid Enterprise
1305 East Walnut Street
Des Moines, IA 50319

Re: Iowa State Plan Amendment (SPA) 21-0006

Dear Ms. Matney:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0006. This amendment proposes to add medication-assisted treatment (MAT) as a mandatory benefit in the Medicaid state plan. This letter is to inform you that Iowa's Medicaid SPA Transmittal Number 21-0006 is approved effective October 1, 2020, until September 30, 2025, pursuant to 1905(a)(29) of the Social Security Act and Section 1006(b) of the SUPPORT Act.

Section 1006(b) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act ("SUPPORT Act"), signed into law on October 24, 2018, amended section 1902(a)(10)(A) of the Social Security Act (the Act) to require state Medicaid plans to include coverage of MAT for all individuals eligible to enroll in the state plan or waiver of the state plan. Section 1006(b) also added a new paragraph 1905(a)(29) to the Act to include the new required benefit in the definition of "medical assistance" and to specify that the new required benefit will be in effect for the period beginning October 1, 2020, and ending September 30, 2025.

Section 1006(b) of the SUPPORT Act also added section 1905(ee)(1) to the Act to define MAT, for purposes of the new required coverage, as:

. . . all drugs approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), including methadone, and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders; and[,] . . . with respect to the provision of such drugs and biological products, counseling services and behavioral therapy.

Pursuant to section 1135(b)(5) and/or 1135(b)(1)(C) of the Act, due to the COVID-19 public health emergency (PHE), CMS issued an approval letter on March 16, 2021, allowing Iowa to modify the SPA submission requirements at 42 C.F.R. § 430.20, to allow the state to submit a SPA

implementing section 1905(a)(29) of the Act by March 31, 2021, that would take effect on October 1, 2020.

Pursuant to section 1135(b)(5) and/or 1135(b)(1)(C) of the Act, due to the COVID-19 PHE, CMS issued an approval letter on March 16, 2021, allowing Iowa to modify the public notice time frames set forth at 42 C.F.R. 447.205, in order to obtain an effective date of October 1, 2020 for its SPA implementing statewide methods and standards for setting payment rates for the benefit described at section 1905(a)(29) of the Act. The state issued public notice on February 26, 2021.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations.

If you have any questions, please contact Laura D'Angelo at (816) 426-6425 or via email at Laura.Dangelo1@cms.hhs.gov

Sincerely,



Digitally signed by James G. Scott
-S
Date: 2021.08.13 12:28:47 -05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Jennifer Steenblock, IME
Paula Motsinger, IME
Hannah Olson, IME

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 1 — 0 0 6

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

October 1, 2020

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

42 CFR §447.205 & sec 1905(a)(29) of the Act 

7. FEDERAL BUDGET IMPACT

a. FFY 2021 \$ 0

b. FFY 2022 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT


Attachment 3.1-A, Page 19, 20, 21, 22, 23, 24,
25Attachment 3.1-B, Page 16, 17, 18, 19, 20, 21,
22, 23, 24**

Attachment 4.19-B, 9a*, Page 15c

Section 3, Page 19c, 20c

Supplement 2 to Attachment 3.1-A pp. 36a-36i** 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)~~None~~ 9a*

10. SUBJECT OF AMENDMENT

This SPA affirms Iowa's coverage of Medication Assisted Treatment for Opioid Use Disorder
is complaint with SUPPORT Act. All services referenced in the SPA were covered prior to
October 1, 2020, so no significant impact, fiscal or otherwise, is anticipated. 

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

13. TYPED NAME

JULIE LOVELADY

14. TITLE

INTERIM MEDICAID DIRECTOR

15. DATE SUBMITTED

March 30, 2021

16. RETURN TO

JULIE LOVELADY
INTERIM MEDICAID DIRECTOR
DEPARTMENT OF HUMAN SERVICES
1305 EAST WALNUT 5TH FLOOR
DES MOINES IA 50319-0114

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

March 30, 2021

18. DATE APPROVED

August 13, 2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2020

20. SIGNATURE OF REGIONAL OFFICIAL

Digitally signed by James G. Scott -S
Date: 2021.08.13 12:30:57 -05'00'

21. TYPED NAME

James G. Scott

22. TITLE

Director, Division of Program Operations

23. REMARKS

*Pen-and-ink changes to Boxes 8 and 9 authorized by state on 8/4/2021

** Pen-and-ink changes to Box 8 authorized by state on 8/5/2021

State of Iowa

1905(a)(29) Medication-Assisted Treatment (MAT)

Citation: 3.1(b)(1) Amount, Duration, and Scope of Services: Medically Needy
(Continued)

1915(a)(29) X MAT as described and limited in Supplement N/A to Attachment 3.1-B.

ATTACHMENT 3.1-B identifies the medical and remedial services provided to the medically needy.

State of Iowa**1905(a)(29) Medication-Assisted Treatment (MAT)**

i. General Assurance

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020, and ending September 30, 2025.

ii. Assurances

- a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).
- b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.
- c. The state assures coverage for all formulations of MAT drugs and biologicals for OUD that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

iii. Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT.

- a) Please set forth each service and components of each service (if applicable), along with a description of each service and component service. From October 1, 2020, through September 30, 2025, the state assures that MAT to treat OUD as defined at section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act.
 - 1. Individual, Group and/or Family Therapy. Family therapy service that involves the participation of a non-Medicaid eligible is for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.

State of Iowa**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy (continued)

2. Opioid Services: Opioid services include mental health assessment related to the member's OUD, counseling, and intervention to improve an individual's health and well-being using. Counseling and intervention are time-limited, structured, face-to-face sessions that work toward the goal's identified to address the member's OUD.

- b) Please include each practitioner and provider entity that furnishes each service and component service.

Service	Practitioner/Provider Entity Furnishing Service
Individual, Group and/or Family Therapy	<ul style="list-style-type: none"> • Psychologists • Social Workers, including Independent Social Workers and Master Social Workers • Marital and Family Therapists • Mental Health Counselors
Opioid Services	<ul style="list-style-type: none"> • Psychologists • Social Workers, including Independent Social Workers and Master Social Workers • Marital and Family Therapists • Behavior Analysts and Assistant Behavior Analysts • Mental Health Counselors • Advanced Registered Nurse Practitioners • Behavioral Health Intervention Service Providers • Community Mental Health Centers • Certified Drug and Alcohol Counselors

- c) Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

Practitioner/Provider Entity	Qualifications
Advanced Registered Nurse Practitioner	Advanced registered nurse practitioners are eligible to participate if they are duly licensed and registered by the State of Iowa as advanced registered nurse practitioners.

State of Iowa**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy (continued)

Practitioner/Provider Entity	Qualifications
	<p>Advanced registered nurse practitioners in another state are eligible to participate if they are duly licensed and registered in that state as advanced registered nurse practitioners with certification in a psychiatric or mental health specialty.</p> <p>Only practitioners with a special XDEA number can prescribe buprenorphine for treatment of opioid dependence.</p>
Psychologists	<p>All psychologists licensed to practice in the State of Iowa and meeting the current credentialing requirements of the National Register of Health Service Psychologists are eligible to participate. Individuals must possess a doctoral degree in psychology.</p> <p>Psychologists in other states are eligible to participate when they are duly licensed to practice in that state and meet the current credentialing requirements of the National Register of Health Service Psychologists.</p> <p>A psychologist provisionally licensed to practice in the State of Iowa is eligible to participate when the person:</p> <ol style="list-style-type: none"> 1. Possesses a doctoral degree in psychology from an institution approved by the board of psychology; and 2. Provides treatment under the supervision of a supervisor who is a licensed psychologist meeting the qualifications determined by the Iowa board of psychology. <p>A psychologist provisionally licensed in another state is eligible to participate when the person:</p> <ol style="list-style-type: none"> 1. Possesses a doctoral degree in psychology from an institution approved by the board of psychology; and 2. Provides treatment under the supervision of a supervisor who is a licensed psychologist meeting the qualifications determined by the Iowa board of psychology.

State of Iowa**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy (continued)

Provider/Practitioner Entity	Qualifications
Marital and Family Therapist	<p>Any person licensed by the Iowa board of behavioral science as a marital and family therapist is eligible to participate.</p> <p>A marital and family therapist in another state is eligible to participate when duly licensed to practice in that state.</p> <p>Any person who holds a temporary license to practice marital and family therapy is eligible to participate when the temporarily licensed marital and family therapist provides treatment under the supervision of a qualified marital and family therapist as determined by the Iowa board of behavioral science.</p>
Independent Social Worker	<p>Any person licensed by the Iowa board of social work as an independent social worker, requiring a master's or doctoral degree in social work and practice at that level, is eligible to participate.</p> <p>An independent social worker in another state is eligible to participate when duly licensed to practice in that state.</p>
Master Social Worker	<p>A person licensed by the Iowa board of social work as a master social worker is eligible to participate when the person:</p> <ol style="list-style-type: none"> 1. Holds a master's or doctoral degree as approved by the Iowa board of social work; and 2. Provides treatment under the supervision of an independent social worker licensed by the Iowa board of social work. <p>A master social worker in another state is eligible to participate when the person:</p> <ol style="list-style-type: none"> 1. Is duly licensed to practice in that state; and 2. Provides treatment under the supervision of an independent social worker duly licensed in that state.

State of Iowa**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy (continued)

Provider/Practitioner Entity	Qualifications
Mental Health Counselor	<p>Any person licensed by the Iowa board of behavioral science as a mental health counselor is eligible to participate.</p> <p>A mental health counselor in another state is eligible to participate when duly licensed to practice in that state.</p> <p>Any person temporarily licensed by the board of behavioral science as a mental health counselor is eligible to participate when the temporarily licensed mental health counselor provides treatment under the supervision of a mental health counselor meeting the requirements determined by the Iowa board of behavioral science.</p>
Certified Drug and Alcohol Counselor	<p>Any person certified by the nongovernmental Iowa board of substance abuse certification as an alcohol and drug counselor is eligible to participate. Qualifications for certification include a high school or general education diploma, 150 clock hours of training in alcohol and drug counselor knowledge and skill competencies, and 1.5 years (3,000 clock hours) of supervised experience. The supervised experience must be conducted by the following certified counselor titles, who must also be in good standing with the Iowa Certification Board (IBC).</p> <ul style="list-style-type: none"> • Certified Alcohol and Drug Counselor (CADC) • International Alcohol and Drug Counselor (IADC) • International Advanced Alcohol and Drug Counselor (IAADC) <p>Certification applicants must be supervised by a counselor certified at a level equal to or higher than the level for which the applicant is applying; however, if an IADC applicant does not have a supervisor who is an IAADC/IADC, or an IAADC does not have a supervisor who is certified as an IAADC, they may be supervised by an individual meeting the following requirements:</p>

State of Iowa**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy (continued)

Provider/Practitioner Entity	Qualifications
	<ul style="list-style-type: none"> • At least 6000 hours (3 years full time) experience in the substance abuse setting, and would need to provide to the IBC office a letter from his/her agency that he/she is a supervisor in good standing; and • An active certification or license as the following at the time of the supervision: IADC, IAADC, CCDP, CCS, LISW, LMSW, LBSW, LMFA, LMHC, MD, DO, Psychologist or other certification/license as approved by IBC).
Behavior Analyst and Assistant Behavior Analyst	<p><u>Behavior Analyst Qualifications:</u> Any person licensed by the Iowa board of behavioral science as a behavior analyst is eligible to participate.</p> <p>A licensed behavior analyst in another state is eligible to participate when duly licensed to practice in that state.</p> <p><u>Assistant Behavior Analyst Qualifications:</u> A person licensed by the Iowa board of behavioral science as an assistant behavior analyst is eligible to participate when the person:</p> <ol style="list-style-type: none"> 1. Holds current certification as an assistant behavior analyst by a certifying entity; and 2. Provides treatment under the ongoing supervision of a person licensed by the Iowa board of behavioral science in accordance with certifying entity requirements.
Behavioral Health Intervention Service Provider	<p>A provider of behavioral health intervention services is eligible to participate when accredited by one of the following bodies:</p> <ol style="list-style-type: none"> 1. The Joint Commission accreditation (TJC), or 2. The Healthcare Facilities Accreditation Program (HFAP), or 3. The Commission on Accreditation of Rehabilitation Facilities (CARF), or 4. The Council on Accreditation (COA), or 5. The Accreditation Association for Ambulatory Health Care (AAAHC), or 6. The Iowa mental health and disability services commission as a provider of services to persons with mental illness, intellectual disabilities, or developmental disabilities.

State of Iowa**1905(a)(29) Medication-Assisted Treatment (MAT)**

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy (continued)

Provider/Practitioner Entity	Qualifications
	Non-licensed individuals employed by an entity accredited by one of the above bodies must be supervised by an individual who is licensed as a master's level prepared mental health practitioner (e.g., social work, marriage and family therapy, mental health counselor).
Community Mental Health Center	Community mental health centers (CMHCs) are eligible to participate when they comply with the standards for mental health centers in the State of Iowa established by the Iowa mental health authority. CMHCs are accredited by the Mental Health and Disability Services Division to provide outpatient behavioral health services. CMHCs are not institutions for mental diseases (IMDs), and services provided in an IMD are not covered.

iv. Utilization Controls

 x The state has drug utilization controls in place. (Check each of the following that apply)

 Generic first policy

 x Preferred drug lists

 Clinical criteria

 x Quantity limits

 The state does not have drug utilization controls in place.

v. Limitations

Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.

The only limitations currently in place are edits designed to enforce drug-specific age requirements established by the FDA.

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. Under the

State Plan TN# IA-21-0006

Effective: October 1, 2020

Superseded TN# NEW

Approved: August 13, 2021

Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

State of Iowa

1905(a)(29) Medication-Assisted Treatment (MAT)

Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy
(Continued)

1905(a)(29) ___X__MAT as described and limited in Supplement __2__ to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy.

State of Iowa

1905(a)(29) Medication-Assisted Treatment (MAT)

i. General Assurance

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020, and ending September 30, 2025.

ii. Assurances

- a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).
- b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.
- c. The state assures coverage for all formulations of MAT drugs and biologicals for OUD that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

iii. Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT.

- a) Please set forth each service and components of each service (if applicable), along with a description of each service and component service. From October 1, 2020, through September 30, 2025, the state assures that MAT to treat OUD as defined at section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act.
 1. Individual, Group and/or Family Therapy. Family therapy service that involves the participation of a non-Medicaid eligible is for the direct benefit of the beneficiary. The service must actively involve the beneficiary in the sense of being tailored to the beneficiary's individual needs. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of the service, but remains the focus of the service.

State of Iowa

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the
Categorically Needy (continued)

2. Opioid Services: Opioid services include mental health assessment related to the member's OUD, counseling, and intervention to improve an individual's health and well-being. Counseling and intervention are time-limited, structured, face-to-face sessions that work toward the goal's identified to address the member's OUD.

- b) Please include each practitioner and provider entity that furnishes each service and component service.

Service	Practitioner/Provider Entity Furnishing Service
Individual, Group and/or Family Therapy	<ul style="list-style-type: none"> • Psychologists • Social Workers, including Independent Social Workers and Master Social Workers • Marital and Family Therapists • Mental Health Counselors
Opioid Services	<ul style="list-style-type: none"> • Psychologists • Social Workers, including Independent Social Workers and Master Social Workers • Marital and Family Therapists • Behavior Analysts and Assistant Behavior Analysts • Mental Health Counselors • Advanced Registered Nurse Practitioners • Behavioral Health Intervention Service Providers • Community Mental Health Centers • Certified Drug and Alcohol Counselors

- c) Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

Practitioner/Provider Entity	Qualifications
Advanced Registered Nurse Practitioner	Advanced registered nurse practitioners are eligible to participate if they are duly licensed and registered by the State of Iowa as advanced registered nurse practitioners.

State of Iowa

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the
Categorically Needy (continued)

Practitioner/Provider Entity	Qualifications
	<p>Advanced registered nurse practitioners in another state are eligible to participate if they are duly licensed and registered in that state as advanced registered nurse practitioners with certification in a psychiatric or mental health specialty.</p> <p>Only practitioners with a special XDEA number can prescribe buprenorphine for treatment of opioid dependence.</p>
Psychologists	<p>All psychologists licensed to practice in the State of Iowa and meeting the current credentialing requirements of the National Register of Health Service Psychologists are eligible to participate. Individuals must possess a doctoral degree in psychology.</p> <p>Psychologists in other states are eligible to participate when they are duly licensed to practice in that state and meet the current credentialing requirements of the National Register of Health Service Psychologists.</p> <p>A psychologist provisionally licensed to practice in the State of Iowa is eligible to participate when the person:</p> <ol style="list-style-type: none"> 1. Possesses a doctoral degree in psychology from an institution approved by the board of psychology; and 2. Provides treatment under the supervision of a supervisor who is a licensed psychologist meeting the qualifications determined by the Iowa board of psychology. <p>A psychologist provisionally licensed in another state is eligible to participate when the person:</p> <ol style="list-style-type: none"> 1. Possesses a doctoral degree in psychology from an institution approved by the board of psychology; and 2. Provides treatment under the supervision of a supervisor who is a licensed psychologist meeting the qualifications determined by the Iowa board of psychology.

State of Iowa

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the
Categorically Needy (continued)

Provider/Practitioner Entity	Qualifications
Marital and Family Therapist	<p>Any person licensed by the Iowa board of behavioral science as a marital and family therapist is eligible to participate.</p> <p>A marital and family therapist in another state is eligible to participate when duly licensed to practice in that state.</p> <p>Any person who holds a temporary license to practice marital and family therapy is eligible to participate when the temporarily licensed marital and family therapist provides treatment under the supervision of a qualified marital and family therapist as determined by the Iowa board of behavioral science.</p>
Independent Social Worker	<p>Any person licensed by the Iowa board of social work as an independent social worker, requiring a master's or doctoral degree in social work and practice at that level, is eligible to participate.</p> <p>An independent social worker in another state is eligible to participate when duly licensed to practice in that state.</p>
Master Social Worker	<p>A person licensed by the Iowa board of social work as a master social worker is eligible to participate when the person:</p> <ol style="list-style-type: none"> 1. Holds a master's or doctoral degree as approved by the Iowa board of social work; and 2. Provides treatment under the supervision of an independent social worker licensed by the Iowa board of social work. <p>A master social worker in another state is eligible to participate when the person:</p> <ol style="list-style-type: none"> 1. Is duly licensed to practice in that state; and 2. Provides treatment under the supervision of an independent social worker duly licensed in that state.

State of Iowa

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the
Categorically Needy (continued)

Provider/Practitioner Entity	Qualifications
Mental Health Counselor	<p>Any person licensed by the Iowa board of behavioral science as a mental health counselor is eligible to participate.</p> <p>A mental health counselor in another state is eligible to participate when duly licensed to practice in that state.</p> <p>Any person temporarily licensed by the board of behavioral science as a mental health counselor is eligible to participate when the temporarily licensed mental health counselor provides treatment under the supervision of a mental health counselor meeting the requirements determined by the Iowa board of behavioral science.</p>
Certified Drug and Alcohol Counselor	<p>Any person certified by the nongovernmental Iowa board of substance abuse certification as an alcohol and drug counselor is eligible to participate. Qualifications for certification include a high school or general education diploma, 150 clock hours of training in alcohol and drug counselor knowledge and skill competencies, and 1.5 years (3,000 clock hours) of supervised experience. The supervised experience must be conducted by the following certified counselor titles, who must also be in good standing with the Iowa Certification Board (IBC).</p> <ul style="list-style-type: none"> • Certified Alcohol and Drug Counselor (CADC) • International Alcohol and Drug Counselor (IADC) • International Advanced Alcohol and Drug Counselor (IAADC) <p>Certification applicants must be supervised by a counselor certified at a level equal to or higher than the level for which the applicant is applying; however, if an IADC applicant does not have a supervisor who is an IAADC/IADC, or an IAADC does not have a supervisor who is certified as an IAADC, they may be supervised by an individual meeting the following requirements:</p>

State of Iowa

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the
Categorically Needy (continued)

Provider/Practitioner Entity	Qualifications
	<ul style="list-style-type: none"> At least 6000 hours (3 years full time) experience in the substance abuse setting, and would need to provide to the IBC office a letter from his/her agency that he/she is a supervisor in good standing; and An active certification or license as the following at the time of the supervision: IADC, IAADC, CCDP, CCS, LISW, LMSW, LBSW, LMFA, LMHC, MD, DO, Psychologist or other certification/license as approved by IBC).
Behavior Analyst and Assistant Behavior Analyst	<p><u>Behavior Analyst Qualifications:</u> Any person licensed by the Iowa board of behavioral science as a behavior analyst is eligible to participate.</p> <p>A licensed behavior analyst in another state is eligible to participate when duly licensed to practice in that state.</p> <p><u>Assistant Behavior Analyst Qualifications:</u> A person licensed by the Iowa board of behavioral science as an assistant behavior analyst is eligible to participate when the person:</p> <ol style="list-style-type: none"> Holds current certification as an assistant behavior analyst by a certifying entity; and Provides treatment under the ongoing supervision of a person licensed by the Iowa board of behavioral science in accordance with certifying entity requirements.
Behavioral Health Intervention Service Provider	<p>A provider of behavioral health intervention services is eligible to participate when accredited by one of the following bodies:</p> <ol style="list-style-type: none"> The Joint Commission accreditation (TJC), or The Healthcare Facilities Accreditation Program (HFAP), or The Commission on Accreditation of Rehabilitation Facilities (CARF), or The Council on Accreditation (COA), or The Accreditation Association for Ambulatory Health Care (AAAHC), or

State of Iowa

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the
Categorically Needy (continued)

Provider/Practitioner Entity	Qualifications
	<p>6. The Iowa mental health and disability services commission as a provider of services to persons with mental illness, intellectual disabilities, or developmental disabilities.</p> <p>Non-licensed individuals employed by an entity accredited by one of the above bodies must be supervised by an individual who is licensed as a master's level prepared mental health practitioner (e.g., social work, marriage and family therapy, mental health counselor).</p>
Community Mental Health Center	Community mental health centers (CMHCs) are eligible to participate when they comply with the standards for mental health centers in the State of Iowa established by the Iowa mental health authority. CMHCs are accredited by the Mental Health and Disability Services Division to provide outpatient behavioral health services. CMHCs are not institutions for mental diseases (IMDs), and services provided in an IMD are not covered.

iv. Utilization Controls

 x The state has drug utilization controls in place. (Check each of the following that apply)

- Generic first policy
- x Preferred drug lists
- Clinical criteria
- x Quantity limits
- The state does not have drug utilization controls in place.

v. Limitations

Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.

The only limitations currently in place are edits designed to enforce drug-specific age requirements established by the FDA.

State Plan TN# IA-21-0006

Effective: October 1, 2020

Superseded TN# NEW

Approved: August 13, 2021

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

State Plan TN# IA-21-0006

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State/Territory:

IOWA

rate (excluding Medicare)), only if medical services are provided for different diagnoses or if distinctly different medical services from different categories of services are provided for the same diagnoses in different units of the facility. For this purpose, the categories of medical services are vision services, dental services, mental health and addiction services, Early & Periodic Screening, Diagnostic, and Treatment services for children and other outpatient services. A visit is a face-to-face contact between a patient and a health professional at the clinic.

For services provided, these clinics may bill for one visit per patient per calendar day for covered outpatient prescribed drugs provided by the facility (at the outpatient prescribed drugs per visit rate (excluding Medicare)), which shall constitute payment in full for all services provided on that day.

(f). When a facility provides services, which are otherwise covered under the state plan, in addition to clinic services, payment is based on the methodology as defined for the service that is provided.

(g). Reimbursement methodology for Community Mental Health Centers:

Effective for dates 10/1/2020 to 09/30/2025, 1905(a)(29) services are reimbursed per Attachment 4.19-B, page 15c. Community Mental Health Centers may choose one of the following reimbursement methodologies:

1. Prospective statewide rate.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of

State Plan TN # IA-21-0006

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Approved: August 13, 2021

State of Iowa

30. 1905(a)(29) Medication-Assisted Treatment (MAT)

1. Unbundled prescribed drugs and biologicals for MAT, if administered by a provider are reimbursed per the methodology in Attachment 4.19B, pages 1e and 11.
2. Unbundled prescribed drugs and biologicals for MAT, if dispensed by a pharmacy, are reimbursed per the methodology in Attachment 4.19-B, Prescribed Drugs, 12.a., pages 10 – 12.
3. Unbundled MAT services for the treatment of OUD are reimbursed per the methodology on Attachment 4.19-B, Page 1, Paragraph A.
4. Bundled MAT services for the treatment of OUD are reimbursed per the methodology on Attachment 4.19-B Page 9b, Paragraph g(2).

State of Iowa

1905(a)(29) Medication-Assisted Treatment (MAT)

Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy
(Continued)

1905(a)(29) X MAT as described and limited in Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy.

State of Iowa

1905(a)(29) Medication-Assisted Treatment (MAT)

Citation: 3.1(b)(1) Amount, Duration, and Scope of Services: Medically Needy
(Continued)

1915(a)(29) X MAT as described and limited in Attachment 3.1-B.

ATTACHMENT 3.1-B identifies the medical and remedial services provided to the medically needy.