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State/Territory Name: Iowa

State Plan Amendment (SPA) #: 21-0013

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 Center for Medicaid & CHIP Services 233 North Michigan Ave., Suite 600 Chicago, Illinois 60601



Financial Management Group

August 24, 2021

Elizabeth Matney Medicaid Director Division of Medical Services Department of Human Services Iowa Medicaid Enterprise 1305 E. Walnut Street Des Moines, IA 50319

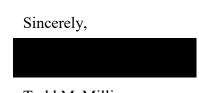
RE: TN 21-0013

Dear Director Matney:

We have reviewed the proposed Iowa (IA) State Plan Amendment (SPA) to Attachment 4.19-B IA-21-0013, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on August 2, 2021. This plan amendment increases the reimbursement rates for home health agencies based on the Medicare low utilization payment adjustment (LUPA) methodology.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Robert Bromwell at 410-786-5914 or Robert.bromwell@cms.hhs.gov.



Todd McMillion Director Division of Reimbursement Review

Enclosures

	1. TRANSMITTAL NUMBER	2. STATE		
TRANSMITTAL AND NOTICE OF APPROVAL OF	2 1 0 1 3	IOWA		
STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX SECURITY ACT (MEDICAID)	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, 2021		
5. TYPE OF PLAN MATERIAL (Check One)				
	IDERED AS NEW PLAN	MENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate transmittal for each ame	endment)		
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT	F 40		
42 CFR 447.200	a. FFY <u>2021</u> \$ <u>24</u> , b. FFY <u>2022</u> \$ <u>98</u> ,			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSED			
Attachment 4.19-B, Page 8	OR ATTACHMENT (If Applicable)	OR ATTACHMENT (If Applicable)		
	Attachment 4.19-B, Page	8		
10. SUBJECT OF AMENDMENT				
This implements an authorizationan for an add	itional \$2 Million in appropri	lation for home		
health LUPA reimbursement in House File 891,	section 31, subsection $f(1)$.			
11. GOVERNOR'S REVIEW (Check One)				
	OTHER, AS SPECIFIED			
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL				
	16. RETURN TO			
12. SIGNATURE-OF STATE AGENCY OFFICIAL				
	ELIZABETH MATNEY MEDICAID DIRECTOR			
13. TYPED NAME Elizabeth Matney	DEPARTMENT OF HUMAN SERVICES			
14. TITLE	1305 EAST WALNUT 5TH FLOOR DES MOINES IA 50319-0114			
MEDICAID DIRECTOR	DES MOINES IN JUSIJ-UII4			
15. DATE SUBMITTED August 2, 2021				
FOR REGIONAL OFFICE USE ONLY				
17. DATE RECEIVED	18. DATE APPROVED	04		
August 2, 2021	August 24, 20	21		
19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OFFICIAL			
July 1, 2021	22. TITLE			
21. TYPED NAME				
Todd McMillion	Director, Division of Reimburser	nent Review		
23. REMARKS				

v	Attachment 4.19-B PAGE 8
State/Territory:	IOWA

6d9. PHARMACIST/PHARMACY SERVICES: Fee schedule.

6d10, SERVICES OF ADVANCED NURSE PRACTITIONERS CERTIFIED IN PSYCHIATRIC OR MENTAL HEALTH SPECIALTIES: Fee schedule. The fee schedule is based on the definitions of medical and surgical procedures given in the most recent edition of Physician's Current Procedural Terminology (CPT). The fee schedule is established as 85% of the physician fee schedule.

HOME HEALTH SERVICES - SKILLED NURSING SERVICES, HOME HEALTH 7. AIDE SERVICES, PHYSICAL THERAPY SERVICES, OCCUPATIONAL THERAPY SERVICES & SPEECH PATHOLOGY SERVICES Fee schedule. The payment for each home health service is determined by the Medicare low utilization payment adjustment (LUPA) wage index-adjusted fee schedule rates for each of the disciplines (skilled nursing, home health aide, physical therapy (PT), occupational therapy (OT), and speech therapy (ST). The LUPA base rates and the Medicare wage index shall be updated every two years.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of home health skilled nursing, home health aide, physical therapy, occupational therapy, and speech pathology services. The agency's fee schedule rate was set as of July 1, 2021 and is effective for services provided on or after that date. All rates are published on the agency's website at: http://dhs.iowa.gov/ime/providers/csrp/fee-schedule

7a. HOME HEALTH SERVICES - MEDICAL SUPPLIES AND EQUIPMENT: Fee schedule.

State Plan TN #	IA-21-013	Effective	July 1, 2021
Superseded TN #	IA-20-017	Approved	August 24, 2021