Table of Contents

State/Territory Name: IA

State Plan Amendment (SPA) #: 13-022

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 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

April 4, 2014

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 21, 2013, the Centers for Medicare & Medicaid Services (CMS) received lowa's State Plan Amendment (SPA) transmittal #13-022, which proposes to modify reimbursement for targeted case management services by applying a limit on programmatic indirect and overhead costs effective July 1, 2013.

This SPA 13-022 was approved on April 3, 2014, with an effective date of July 1, 2013. Enclosed is a copy of the CMS-179 form, as well as, the approved pages for incorporation into the lowa state plan.

If you have any questions regarding this amendment, please contact Narinder Singh at (816) 426-5925 or Narinder.Singh@cms.hhs.gov.

Sincerely,

//s//

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

Enclosure

cc: Jennifer Vermeer

angergens, de de la companie de la c	Day B. Y. Mark Mark And Day And Day of Day o	1. TRANSMITTAL NUMBER 2. STATE		
	D NOTICE OF APPROVAL C)F 1 3 — 0 2 2 IOWA		
	PLAN MATERIAL MEDICARE & MEDICAID SERVICE	S. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRA	TAP	4. PROPOSED EFFECTIVE DATE		
CENTERS FOR MEDICA	RE & MEDICAID SERVICES TH AND HUMAN SERVICES	July 1, 2013		
5. TYPE OF PLAN MATERIA	AL (Check One)			
☐ NEW STATE PLAN	☐ AMENDMENT TO BE CO	ONSIDERED AS NEW PLAN		
COMPLETE	BLOCKS 6 THRU 10 IF THIS IS AN A	MENDMENT (Separate transmittal for each amendment)		
6. FEDERAL STATUTE/REG	BULATION CITATION	7. FEDERAL BUDGET IMPACT		
•		a. FFY 113 \$ (982,697)		
8 PAGE NUMBER OF THE	PLAN SECTION OR ATTACHMENT	b. FFY 14 \$ (3,670,506) 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION		
Attachment 4.19-E		OR ATTACHMENT (If Applicable)		
Accaenment 4.19*5	s, rage 148	Attachment 4.19-B, Page 14a		
•				
10. SUBJECT OF AMENDME				
		Department to establish a reimbursement ervices that imposes limits effective July 1,		
11. GOVERNOR'S REVIEW	(Check One)			
M GOVERNOR'S DEE	ICE REPORTED NO COMMENT	OTHER, AS SPECIFIED		
	OVERNOR'S OFFICE ENCLOSED			
	ED WITHIN 46 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE	AGENCY OFFICIAL	16. RETURN TO		
	10000197977101110	CHARLES M. PALMER		
13, TYPED NAME		DIRECTOR		
10, TTEL NAME	CHARLES M. PALMER	DEPARTMENT OF HUMAN SERVICES		
14. TITLE	DIRECTOR	1305 EAST WALNUT 5TH FLOOR DES MOINES IA 50319-0114		
	DIRECTOR			
15. DATE SUBMITTED	8-21-13			
	FORREGIONA	LOFFICE USE ONLY		
17. DATE RECEIVED Aug	ust 21., 2013	18 DATE APPROVED April 3, 2104		
	PLAN APPROVED			
19. EFFECTIVE DATE OF A July	DEDOMERIKATE DIAL	20. SIGNATURE OF REGIONAL OFFICIAL		
21. TYPED NAME	1.2013			
Jan		22. TITLE Associate Regional Administrator		
	1 2013	TANDESIA CENTRAL CONTRAL CONTRAL CONTRACTOR		
Jam 23: REMARKS	1 2013	22. TITLE Associate Regional Administrator		
	1 2013	22. TITLE Associate Regional Administrator		
	1 2013	22. TITLE Associate Regional Administrator		
	1 2013	22. TITLE Associate Regional Administrator		

For the period July 1, 2010, and thereafter, reimbursement rates for case management providers will be established on the basis of a 15 minutes unit in accordance with the Office of Management and Budget Circular A-87, "Cost Principles for State and Local Governments." Case Management services, as described in Supplement 2 to Attachment 3.1-A, will be reimbursed on the basis of 100% of the provider's reasonable and necessary costs calculated retrospectively, as determined by the State Medicaid agency.

Interim Payment

The Department will make interim payments to Case Management providers based upon a projected cost report. Providers are required to submit a CMS-approved, Medicaid projected cost report on July 1 of each year for the purpose of establishing a projected rate for the new fiscal year, thus avoiding underpayment or overpayment.

Annual Cost Report Process

Case Management providers are required to submit a CMS-approved, Medicaid cost report to the Department 90 days after each fiscal year end. A 30-day extension of the Medicaid cost report due date may be granted upon request by the Case Management.

The Medicaid cost report data includes direct costs, programmatic indirect costs, and general and administrative costs. Direct costs include total compensation (i.e., salaries and benefits and contract compensation) of direct services personnel and other direct costs related to the delivery of Case Management services. Programmatic indirect costs include salaries, benefits and other costs that are indirectly related to the delivery of Case Management services. General and administrative overhead costs include the salaries, benefits and other costs that, while not directly part of the Case Management service, constitute costs that support the operations of the Case Management agency. These general and administrative overhead costs are included in accordance with OMB Circular A-87.

Effective for services on or after July 1, 2013, programmatic indirect costs and general and administrative overhead costs are limited to 23 percent of total allowable direct costs.

Case Management providers must eliminate unallowable expenses from the cost report. If they are not removed Iowa Medicaid will make the appropriate adjustments to the Case Management's Medicaid cost report.

State Plan TN#	IA-13-022	Effective	July 1, 2013
Superseded TN #	IA-09-024	Approved	April 3, 2014