

Table of Contents

State/Territory Name: IA

State Plan Amendment (SPA) #: 14-0022

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
601 East 12th Street, Suite 355
Kansas City, Missouri 64106



Division of Medicaid and Children's Health Operations

March 11, 2015

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 September 15, 2014, the Centers for Medicare & Medicaid Services (CMS) received Iowa's state plan amendment (SPA), transmittal #14-022 through which the State is proposing to add preventive services as defined in 42 CFR 440.130 (c), consistent with the provisions at 1905(a)(4)(B) for EPSDT effective December 1, 2014.

Based upon the information received, SPA #14-0022 was approved as of March 10, 2015, with an effective date of December 1, 2014, as requested by the State.

Enclosed is a copy of the CMS-179 form, as well as, the approved pages for incorporation into the Iowa Medicaid 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: Julie Lovelady

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

1. TRANSMITTAL NUMBER

1 4 — 0 2 2

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, 2014~~ December 1, 2014

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 '14 \$ 0

b. FFY '15 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment Supplement 2 to Attachment
3.1-A, Page 12, 12A, 12B, 12C
Attachment 4.19-B, Page 5

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Attachment Supplement 2 to Attachment
3.1-A, Page 12, 12A, 12B
Attachment 4.19-B, Page 5

10. SUBJECT OF AMENDMENT

Intensive skill building services are

~~This service is~~ covered for persons under age 21 at the current time; however CMS has asked
that IA submit a SPA to clarify in which section of Iowa's state plan the service is
covered.

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

CHARLES M. PALMER

14. TITLE

DIRECTOR

15. DATE SUBMITTED

9-15-14

16. RETURN TO

CHARLES M. PALMER
DIRECTOR
DEPARTMENT OF HUMAN SERVICES
1305 EAST WALNUT 5TH FLOOR
DES MOINES IA 50319-0114

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

September 15, 2014

18. DATE APPROVED

March 10, 2015

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

December 1, 2014

20. SIGNATURE OF REGIONAL OFFICIAL

//s//

21. TYPED NAME

James G. Scott

22. TITLE Associate Regional Administrator

for Medicaid and Children's Health Operations

23. REMARKS

Pen and ink change per state requests dated 10.29.14, 1.20.15, and 1.27.15.

State/Territory: _____

(v) The following orthodontic procedures:

Orthodontic services to treat the most sever and handicapping malocclusions in a manner consistent with “Handicapping Malocclusion Assessment to Establish Treatment Priority,” by J.A Salzmman, D.D., American Journal of Orthodontics, October 1968. Assessment of the most handicapping malocclusion is determined by the magnitude of the following variables: degree of malalignment, missing teeth, angle classification, overjet and overbite, openbite, and crossbite.

(b) Space management services when there is too little dental ridge to accommodate either the number of the size of teeth and if not corrected significant dental disease will result.

(c) Tooth guidance for a limited number of teeth or interceptive orthodontics is a payable service when extensive treatment is not required.

(6) *Diagnostic Services.* (As defined in 42 CFR 440.130(a)). Lead investigation services are covered in order to identify the sources of lead poisoning. These services must be provided by the Iowa Department of Public Health (DPH) or an agency certified by the Iowa Department of Public Health as an elevated blood level (EBL) investigation agency.

(6a) *Preventive Services* (As defined in 42 CFR 440.130(c)). Intensive skill building services are covered as follows for children less than 21 years of age for which medically necessary services are covered in accordance with the EPSDT provisions. Intensive skill building is a service recommended by a physician or other licensed practitioner of the healing arts to promote mental health efficiency; and is for the express purpose of treating or minimizing the adverse effects of impairments to an individual’s mental health. The services are covered as follows.

a. There has been an appropriately documented diagnosis by a physician or other licensed practitioner of the healing arts acting within the scope of his or her practice under State law.

b. The services must be recommended by a physician or other licensed practitioner of the healing arts acting within the scope of his or her practice under State law. The services are provided pursuant to an individualized plan of treatment for the individual receiving the services. The plan of treatment must be developed by a Board Certified Behavior Analyst (BCBA). The BCBA must be certified by the national credentialing body: the Behavior Analyst Certification Board. The plan must be:

- i. Consistent with the documented diagnosis of disability in (a) above;
- ii. Developed and documented in accordance with the standards of good medical practice; and
- iii. Provide for ongoing reevaluation of the plan of care to ensure the services provided remain appropriate, are minimizing the identified adverse behaviors, and promote physical and mental health.

State Plan TN #	<u>IA-14-022</u>	Effective	<u>December 1, 2014</u>
Superseded TN #	<u>IA-11-014</u>	Approved	<u>March 10, 2015</u>

State/Territory: _____

c. Services include the following:

Service	Definition
Individual Direct Skills Training and Development	The service is designed to treat inappropriate behaviors and prevent more serious mental health symptoms, communication problems, and problem behaviors in the future. It includes one to one skill building services to increase positive and reduce negative behaviors. The service includes skill modeling, feedback, and reinforcement of appropriate social behaviors and reduction of maladaptive behaviors. It is designed to reduce maladaptive behaviors while simultaneously increasing appropriate socially significant behaviors. The services can be provided by a BCBA, board certified assistant behavior analyst, or non-certified staff who has a bachelor's degree in education, psychology, social work, occupational therapy, physical therapy, and speech language pathology.
Functional Behavior Assessment	Assessment of the child to determine the function of maladaptive behaviors subsequent to the diagnosis and to determine appropriate treatment options and recommendations. It is performed by a BCBA using a nationally recognized standardized behavior assessment tool.
Family Training	The service is designed to treat inappropriate behaviors and prevent more serious mental health symptoms, communication problems, and problem behaviors in the future. The service includes skill modeling, feedback, and reinforcement to family members or caregivers. Skill teaching and reinforcement at home to family members or caregivers to ensure treatment strategies are being transferred. This service is for the direct benefit of the Medicaid eligible individual. Treatment interventions that are implemented need to be transferred and implemented by the family or caregiver for reinforcement, redirection, and promotion. The services can be provided by a BCBA, board certified assistant behavior analyst, or non-certified staff who has a bachelor's degree in education, psychology, social work, occupational therapy, physical therapy, and speech language pathology
Skills Training and Development-group	The service is designed to treat inappropriate behaviors and prevent more serious mental health symptoms, communication problems, and problem behaviors in the future. Skill teaching to increase positive or reduce negative behaviors within a group of children. The service includes skill modeling, feedback, and reinforcement of appropriate social behaviors and reduction of maladaptive behaviors. One to one intervention in a group setting, to work towards generalization of skills and behavior addressed in home programming. The services can be provided by a BCBA, board certified assistant behavior analyst, or non-certified staff who has a bachelor's degree in education, psychology, social work, occupational therapy, physical therapy, and speech language pathology.

- a. Types of non-licensed practitioners providing the service are board certified behavioral analyst; board certified assistant behavior analyst, or non-certified staff who has a bachelor's degree in education, psychology, social work, occupational therapists, physical therapists, and speech language pathologists.
- b. A description of the qualifications and supervision follows:
 - Board certified behavioral analysts who have a master's degree in behavior analysis or other natural science, education, psychology, social work, or a field related to behavior analysis and are certified by the Behavior Analyst Certification Board. Board certified assistant behavior analyst (BCABA) have a bachelor's degree and

State Plan TN #
Superseded TN #

IA-14-022
None

Effective December 1, 2014
Approved March 10, 2015

State/Territory: _____

135 hours of education in ethical considerations, definition & characteristics and principles, processes & concepts, behavioral assessment and selecting intervention outcomes & strategies, experimental evaluation of interventions, measurement of behavior and displaying & interpreting behavioral data, and behavior change procedures and systems support. A practicum must be completed. They are supervised by a BCBA.

- Education staff must have a bachelor's degree in an education program and be participating in an educational program approved by the Behavior Analyst Certification Board leading to a BCBA or a BCABA. They are supervised by a BCBA.
- Psychology staff has a bachelor's degree in psychology and be participating in an educational program approved by the Behavior Analyst Certification Board leading to a BCBA or a BCABA. They are supervised by a BCBA.
- Social work staff must have a bachelor's degree in social work and be participating in an educational program approved by the Behavior Analyst Certification Board leading to a BCBA or a BCABA.. They are supervised by a BCBA.
- Individuals with a bachelor's degree in occupational therapy who are participating in an educational program approved by the Behavior Analyst Certification Board leading to a BCBA or a BCABA. They are supervised by a BCBA.
- Individuals with a bachelor's degree in physical therapy who are participating in an educational program approved by the Behavior Analyst Certification Board leading to a BCBA or a BCABA. They are supervised by a BCBA.
- Individuals with a bachelor's degree in speech language who are participating in an educational program approved by the Behavior Analyst Certification Board leading to a BCBA or a BCABA. They are supervised by a BCBA.

Provider Qualifications

Provider/ Practitioners	Service	Minimum Level of Education / Degree / Experience Required	License / Certification Required	Clinical Supervision
Skills Training and Development Staff	Direct Skills Training and Development (individual and group), Family Training,	Individuals with a Bachelor's degree in education, psychology, social work, occupational therapy, physical therapy, speech/language therapy, who are participating in an educational program approved by the BACB leading to a BCBA or BCABA and supervised by a BCBA.	None	Board Certified Behavior Analyst.
Behavior analyst	Functional Behavior Assessment	Individuals with a Master's degree in behavior analysis or other natural science, education, psychology, social work, or a field related to behavior analysis	Board Certified Behavior Analysis	None

State Plan TN #

IA-14-022

Superseded TN #

None

Effective December 1, 2014

Approved March 10, 2015

State/Territory: _____

(7) *Rehabilitative services.* (As defined in 42 CFR 440.130(d)), not otherwise covered under this Item 4b, are covered as follows, except for children under 21 years of age for which medically necessary services are covered in accordance with the EPSDT provisions:

a. There has been an appropriately documented diagnosis of a mental disability by a physician or other licensed practitioner of the healing arts acting within the scope of his or her practice under State law.

b. The services are provided pursuant to an individualized plan of treatment for the individual receiving the services that have been recommended by a physician or other licensed practitioner of the healing arts acting within the scope of his or her practice under State law. The plan must be:

- i. Consistent with the documented diagnosis of disability in (a) above;
- ii. Developed and documented in accordance with the standards of good medical practice; and
- iii. Time limited, or otherwise provide for periodic evaluation of the impact of the services provided under the plan to assure that the plan as implemented remains appropriate for the maximum reduction of the mental disability of the individual and the restoration of the individual to his or her best possible functional level.

State Plan TN #	<u>IA-14-022</u>	Effective	<u>December 1, 2014</u>
Superseded TN #	<u>None</u>	Approved	<u>March 10, 2015</u>

State/Territory:

IOWA

year base rate. The geographic area will be considered the current MCE rate setting region as determined by the Department.

3. OTHER INDEPENDENT LABORATORIES SERVICES

Fee Schedule. The fee schedule is based on the Medicare Clinical Laboratory Fee Schedule.

4a. NURSING FACILITY SERVICES (OTHER THAN SERVICES IN AN INSTITUTION FOR MENTAL DISEASES)

See Attachment 4.19-D of the State Plan.

4b. EARLY PERIODIC DIAGNOSTIC AND SCREENING SERVICES

(1) Outpatient Hospital Services: Fee schedule.

(2) Services of licensed practitioners of the healing arts: Fee schedule.

(3) Private duty nursing services:

For services on or after, July 1, 2013, payment for private duty nursing services will be based on the provider's reasonable and necessary costs as determined by the State Medicaid agency, not to exceed 133 percent of the statewide average allowable costs per hour.

An interim provider-specific fee schedule based on the State Medicaid agency's estimate of reasonable and necessary costs for services provided will be paid based on financial forms approved by the department, with suitable retroactive adjustments based on final financial reports.

(4) Home health services –medical supplies and equipment: Fee Schedule

(5) Personal care services:

For services on or after, July 1, 2013, payment for personal care services will be based on the provider's reasonable and necessary costs as determined by the State Medicaid agency, not to exceed 133 percent of the statewide average allowable costs per 15 minutes.

An interim provider-specific fee schedule based on the State Medicaid agency's estimate of reasonable and necessary costs for services provided will be paid based on financial forms approved by the department, with suitable retroactive adjustments based on final financial reports.

(6) Dental services: Fee Schedule.

(7) Diagnostic services: Fee Schedule

(7a) Preventive Services: Fee Schedule. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of preventive services. The agency's fee schedule rate was set as of July 1, 2014, and is effective for services provided on or after that date. All rates are published on the Department of Human Services website: www.dhs.iowa.gov

(8) Rehabilitative Services: For services provided on July 1, 2011 and after, rehabilitative services will be reimbursed according to the Medicaid Managed Care provider specific fee schedule. The provider specific fee schedule was established using finalized cost based rates in effect on February 28, 2011 in accordance with the reimbursement methodology in effect prior to July 1, 2011, described below.

Except as otherwise noted in the plan, payment for rehabilitation services is based on state-developed provider-specific fee schedule rates, which are the same for both governmental and private providers. The agency's rates were set as of 7/1/2011 and are effective for services rendered on or after that date. The fee schedule is subject to annual/periodic adjustment. Providers of rehabilitative services shall maintain complete and legible medical records for each service for which a charge is made to the medical assistance program containing the following components:

State Plan TN # IA-14-022

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