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State/Territory Name: IA

State Plan Amendment (SPA) #: 20-0001

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 64106-2898



Medicaid and CHIP Operations Group

June 22, 2020

Mr. Michael Randol, Medicaid Director
Division of Medical Services
Department of Human Services
Iowa Medicaid Enterprise
611 5th Avenue
Des Moines, IA 50309

Dear Mr. Randol:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Iowa's State Plan Amendment (SPA) #20-0001, which was submitted on March 26, 2020. The purpose of this SPA is to update the scope of the state's pharmacist-covered services in order to align with Iowa's new protocols for (1) pharmacists ordering and dispensing naloxone and nicotine replacement therapy tobacco cessation products, and (2) pharmacists ordering and administering vaccines.

CMS is approving this SPA on June 19, 2020, with an effective date of July 1, 2020, 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 about this letter or require any further assistance, please contact Laura D'Angelo at (816) 426-6425, or Laura.DAngelo1@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

Enclosures

cc:

Mikki Stier, Deputy Director, DHS
Jennifer Steenblock, IME
Alisa Horn, IME

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

1. TRANSMITTAL NUMBER <u>2</u> <u>0</u> — <u>0</u> <u>0</u> <u>1</u>	2. STATE IOWA
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE July 1, 2020	

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 42CFR Part 455 subpart E & 42CFR Sec. 447.201	7. FEDERAL BUDGET IMPACT a. FFY <u>2020</u> \$ <u>0</u> b. FFY <u>2021</u> \$ <u>0</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Page 9 Supplement 2 to Attachment 3.1-A, Page 17	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment 3.1-A, Page 9 Supplement 2 to Attachment 3.1-A, Page 17

10. SUBJECT OF AMENDMENT

Amends the pharmacy vaccine reimbursement process & pharmacist services. Changes will allow expanded pharmacist practice protocols developed with the IA Board of Pharmacy, in collaboration with the IA Dept. of Public Health.

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 Michael Randol MEDICAID DIRECTOR DEPARTMENT OF HUMAN SERVICES 611 5th Avenue DES MOINES IA 50309
13. TYPED NAME Michael Randol	
14. TITLE MEDICAID DIRECTOR	
15. DATE SUBMITTED	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 03/23/2020	18. DATE APPROVED 06/19/2020
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 07/01/2020	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations

23. REMARKS

State/Territory: _____

IOWA

Iowa Administrative Code References: Part 657(Pharmacy).

- (10) Services of Advanced Nurse Practitioners Certified in Psychiatric or Mental Health Specialties are provided with additional limitations described in Supplement 2 to Attachment 3.1-A(6d10).

For methods and standards for payment rates see Attachment 4.19-B(6d10).

Iowa Administrative Code References: Part 655 (Nursing Board) - Chapter 1 (Administrative and Regulatory Authority), Chapter 7 (Advanced Registered Nurse Practitioners).

7. Home health services as defined in 42 CFR 440.70 and subject to the requirements of 42 CFR 441.15 and 42 CFR 441.16.
- a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area as defined in 42 CFR 440.70(b)(1) are provided with limitations described in Supplement 2 to Attachment 3.1-A(7b). (For methods and standards for payment rates see Attachment 4.19-B(7a)). Intermittent nursing provided by a registered nurse who is not an employee of a home health agency is not subject to the requirements of 42 CFR 441.15 and 42 CFR 441.16.
 - b. Home health aide services provided by a home health agency as defined in 42 CFR 440.70(b)(2) are provided with additional limitations described in Supplement 2 to Attachment 3.1-A(7c). (For methods and standards for payment rates see Attachment 4.19-B(7b)).
 - c. Medical supplies, equipment and appliances suitable for use in the home as defined in 42 CFR 440.70(b)(3) are provided with limitations. (Supplement 2 to Attachment 3.1-A(7d)). (For methods and standards for payment rates see Attachment 4.19-B(7c)).
 - d. Physical therapy, occupational therapy or speech pathology services, provided by a home health agency or medical rehabilitation agency as defined in 42 CFR 440.70(b)(4) are provided with additional limitations described in Supplement 2 to Attachment 3.1-A(7e). (For methods and standards for payment rates see Attachment 4.19-B(7d)).
8. Private duty nursing services as defined in 42 CFR 440.80 are not provided. (For methods and standards for payment rates see Attachment 4.19-B(8)).

State/Territory:

IOWA

Iowa Medicaid does not cover services provided by advanced registered nurse practitioners which would not otherwise be covered as physician services or not otherwise payable under any other applicable rule.

6d8. B. SERVICES OF CERTIFIED REGISTERED NURSE ANESTHESIST

Pursuant to 42 CFR 447.10, at the option of an CRNA, payment for the services of an CRNA, may be made to public or private organization for delivering health care services, if the CRNA has a contract under which the organization submits the claim.

6d9. CERTAIN PHARMACIST SERVICES

Licensed Pharmacist can provide services that are within their scope of practice in accordance with state law.

6d10. SERVICES OF ADVANCED NURSE PRACTITIONERS CERTIFIED IN PSYCHIATRIC OR MENTAL HEALTH SPECIALITIES

Coverage under this Item is limited to services provided by independently practicing advanced registered nurse practitioners certified in psychiatric or mental health specialties within the scope of their practice, including advanced nursing and physician delegated functions under a protocol with a collaborating physician. It does not include services that would not be covered if provided by a physician under the State Plan.

7a. RESERVED

7b. HOME HEALTH SERVICES – NURSING

In addition to the rules contained in 42 CFR 440.70 (Home Health Services), the following limitation applies to nursing services under Iowa Medicaid, except for children under 21 years of age for which medically necessary services are covered in accordance with the EPSDT provisions:

State Plan TN # IA-20-001
Superseded TN # MS-10-014

Effective 7/1/2020
Approved 6/19/2020