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State/Territory Name: Iowa

State Plan Amendment (SPA) #: 21-0017

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Page

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

March 1, 2022

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

Re: Iowa State Plan Amendment (SPA) 21-0017

Dear Ms. Matney:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0017. This amendment eliminates the limitation of diabetic education from once in a lifetime to no limit. The SPA also updates the limitations surrounding day treatments and pain management to expand services based on medical necessity.

CMS approved SPA #21-0017 on March 1, 2022, with an effective date of January 1, 2022. 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 regarding this amendment, please contact Laura D'Angelo at (816) 426-6425 or via email at Laura.Dangelol@cms.hhs.gov.

Sincerely,

 Digitally signed by James G.
Scott-S
Date: 2022.03.01 23:49:20
00:00

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Jennifer Steenblock, IME
Tashina Hornaday, IME

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

1. TRANSMITTAL NUMBER

2 1 — 0 0 1 7

2. STATE

I A

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT



XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.20(a)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 0

b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 2 to Attachment 3.1-A, Page 2

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)

Supplement 2 to Attachment 3.1-A, Page 2

9. SUBJECT OF AMENDMENT

This SPA eliminates the limitation of diabetic education from once in a lifetime to no limit.

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

15. RETURN TO

ELIZABETH MATNEY
MEDICAID DIRECTOR
IOWA MEDICAID ENTERPRISE
DEPARTMENT OF HUMAN SERVICES
1305 EAST WALNUT
DES MOINES IA 50319-0114

12. TYPED NAME

Elizabeth Matney

13. TITLE

Medicaid Director

14. DATE SUBMITTED

December 8, 2021

FOR CMS USE ONLY

16. DATE RECEIVED

December 8, 2021

17. DATE APPROVED

March 1, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature] Digitally signed by James G. Scott -S
Date: 2022.03.01 23:49:56 -06'00'

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

State/Territory: IOWA

(b) Day treatment sessions are limited to three to five hours per day, three or four times per week. Additional days may be approved as needed, based on medical necessity.

(5) *Pain management.* Iowa Medicaid will cover a up to four weeks of a structured outpatient treatment program, additional days may be approved as needed, based on medical necessity. A repeat of the entire program for any patient will be covered only if a different disease process is causing the pain or a significant change in life situation can be demonstrated.

(6) *Diabetic education.* Iowa Medicaid will cover diabetic education services.

(7) *Pulmonary rehabilitation.*

2b. RURAL HEALTH CLINIC SERVICES AND OTHER AMBULATORY SERVICES FURNISHED BY A RURAL HEALTH CLINIC WHICH ARE OTHERWISE INCLUDED IN THE PLAN

Other ambulatory services furnished by a rural health clinic which are otherwise included in the State plan must meet the specific Iowa State plan requirements for furnishing those services and are subject to the same limitations regarding amount, duration, scope.

2c. FEDERALLY QUALIFIED HEALTH CENTER SERVICES

Other ambulatory services furnished by a Federally qualified health center which are otherwise included in the State plan must meet the specific Iowa State plan requirements for furnishing those services and are subject to the same limitations regarding amount, duration, scope.

3. RESERVED

4a. RESERVED

4b. EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT SERVICES (EPSDT)

Pursuant to 1905R of the Social Security Act, Iowa Medicaid covers services provided under the EPSDT program to all eligible individuals up to age 21 without cost.

Iowa covers all informing, screening, and diagnostic and treatment services required by 1905R of the Social Security Act and complies with the requirements of Part 5 (Early and Periodic Screening, Diagnostic, Treatment (EPSDT) Services) of the State Medicaid Manual. Immunizations shall be provided according to the current schedule of the Advisory Committee on Immunization Practices. Lead screening shall be provided according to the requirements in State Medicaid Manual Part 5 section 5123.2.

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|-----------------|-------------------|-----------|-------------------|
| State Plan TN # | <u>IA-21-0017</u> | Effective | <u>01/01/2022</u> |
| Superseded TN # | <u>MS-06-003</u> | Approved | <u>03/01/2022</u> |