

## **Table of Contents**

**State/Territory Name: IA**

**State Plan Amendment (SPA) #: 21-0021**

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 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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February 18, 2022

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

Re: Iowa State Plan Amendment (SPA) 21-0021

Dear Ms. Matney:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0021. This amendment provides assurances regarding the state's compliance with federal medical transportation requirements found under the Consolidated Appropriations Act, 2021.

CMS approved SPA #21-0021 on February 18, 2022, with an effective date of December 1, 2021. 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.Dangelo1@cms.hhs.gov](mailto:Laura.Dangelo1@cms.hhs.gov).

Sincerely,

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Jennifer Steenblock, IME  
LeAnn Moskowitz, IME

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

1. TRANSMITTAL NUMBER

2 1 — 0 2 1

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

**December 1, 2021**

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

**42 CFR 440.170 & Sec.209 Consolidated Approp**

7. FEDERAL BUDGET IMPACT

a. FFY **2022** \$ **0**  
b. FFY **2023** \$ **0**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

~~Supplement 2 to Attachment 3.1-A, Pages 35f, 35g, 35h \*~~  
Attachment 3.1-D, Page 1  
Attachment 3.1-D, Page 2\*

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

~~Supplement 2 to Attachment 3.1-A, Pages 35f, 35g, 35h \*~~  
Attachment 3.1-D, Page 1  
Attachment 3.1-D, page 2\*

10. SUBJECT OF AMENDMENT

**The proposed changes are in response to provisions of the Consolidated Appropriations Act, 2021, which added new requirements for a state's Medicaid transportation program.**

11. GOVERNOR'S REVIEW (*Check One*)

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

**Elizabeth Matney**

14. TITLE

**MEDICAID DIRECTOR**

15. DATE SUBMITTED

**December 1, 2021**

16. RETURN TO

**ELIZABETH MATNEY  
MEDICAID DIRECTOR  
DEPARTMENT OF HUMAN SERVICES  
1305 EAST WALNUT 5TH FLOOR  
DES MOINES IA 50319-0114**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

**12/1/2021**

18. DATE APPROVED

**2/18/2022**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

**12/1/2021**

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

**James G. Scott**

22. TITLE

**Director, Division of Program Operations**

23. REMARKS

**\*Pen-and-ink changes authorized by state via email on 12/14/2021**

## METHODS OF PROVIDING TRANSPORTATION

1. Ambulance service is a covered service under the plan, subject to the limits in Item 24a of Attachment 3.1-A.
2. Non-emergency Medical Transportation is a covered service under the plan, subject to the limits in Item 24a. of Attachment 3.1A. Recipients are reimbursed for costs associated with medical transportation, subject to the following conditions:
  - a. Member transportation through the nonemergency medical transportation broker is not available to the member when the member is capable of securing the member's own transportation at no cost to the member (e.g., free-gas voucher programs).
  - b. When a member needs nonemergency transportation to receive medical care provided by the Iowa Medicaid program, the member must contact the broker with as much advance notice as possible, but not more than 30 days' advance notice.
  - c. Generally, members who require a ride from a transportation provider scheduled by the broker must contact the broker at least two business days in advance of the member's appointment to schedule the transportation. For purposes of calculating the two-business-day notice obligation, the advance notice includes the day of the medical appointment but not the day of the telephone call.
  - d. If the member's nonemergency transportation need for a ride from a transportation provider scheduled by the broker makes the provision of two business days' notice impossible because of the member's urgent transportation need, the member must provide as much advance notice as is possible before the transportation need so that the broker can appropriately schedule the most economical form of transportation for the member. Urgent transportation needs for a ride from a transportation provider scheduled by the broker are limited to unscheduled episodic situations in which there is no immediate threat to life or limb, but which require that the broker schedule transportation with less than two business days' notice
  - e. The two-business-day advance notice obligation does not apply when the member requests only mileage reimbursement. To be eligible for mileage reimbursement:
    1. The member must notify the broker no later than the day of the trip;
    2. The transportation must be provided by a driver with a valid driver's license and insurance coverage on the vehicle at the time of the transport; and
    3. The member needs transportation services so that they can receive Medicaid-covered services from providers enrolled with the Iowa Medicaid program

TN No. IA21-0021  
Supersedes TN No. MS-07-007

Effective 12/01/2021  
Approved 02/18/2022

The state assures that all minimum requirements outlined in section 1902(a)(87) of the Act are met. Those requirements include the following:

- (A) Each provider and individual driver is not excluded from participation in any federal health care program (as defined in section 1128B(f) of the Act) and is not listed on the exclusion list of the Inspector General of the Department of Health and Human Services;
- (B) Each such individual driver has a valid driver's license;
- (C) Each such provider has in place a process to address any violation of a state drug law; and
- (D) Each such provider has in place a process to disclose to the state Medicaid program the driving history, including any traffic violations, of each such individual driver employed by such provider, including any traffic violations.

TN No. IA21-0021  
Supersedes TN No. MS-07-007

Effective 12/01/2021  
Approved 02/18/2022