

## **Table of Contents**

**State/Territory Name: Iowa**

**State Plan Amendment (SPA) #: 22-0005**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 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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May 5, 2022

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

Re: Iowa State Plan Amendment (SPA) 22-0005

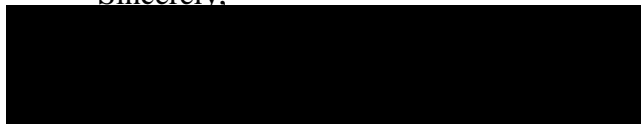
Dear Ms. Matney:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0005. This amendment assures that Iowa will cover the mandatory benefit for costs of routine services related to participation in clinical trials in the state plan.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and the Consolidated Appropriations Act, 2021. This letter is to inform you that Iowa Medicaid SPA 22-0005 was approved on May 5, 2022, with an effective date of January 1, 2022.

If you have any questions, please contact Michala Walker at 816-426-6503 or via email at [Michala.Walker@cms.hhs.gov](mailto:Michala.Walker@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Jennifer Steenblock

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

1. TRANSMITTAL NUMBER <u>2 2 — 0 0 0 5</u>	2. STATE <u>IA</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> 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  
**Section 210 of the Federal Consolidated Appropriations Act (CAA).**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 22 \$ 0  
b. FFY 23 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**ATTACHMENT 3.1-A, Page 19 and  
ATTACHMENT 3.1-B, Page 25**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**N/A (new)**


9. SUBJECT OF AMENDMENT

**Ensures that Iowa Medicaid appropriately covers and pays for the costs of items and services for beneficiaries enrolled in qualifyin**

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL  


12. TYPED NAME  
**Elizabeth Matney**

13. TITLE  
**Medicaid Director**

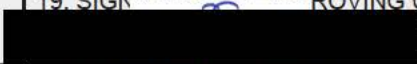
14. DATE SUBMITTED  
**3/29/2022**

15. RETURN TO  
**Elizabeth Matney, Medicaid Director  
Iowa Department of Human Services  
1305 East Walnut Street  
Des Moines, IA 50319**

**FOR CMS USE ONLY**

16. DATE RECEIVED <b>March 29, 2022</b>	17. DATE APPROVED <b>May 5, 2022</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <b>January 1, 2022</b>	19. SIGNATURE OF APPROVING OFFICIAL  Digitally signed by James G. Scott -S Date: 2022.05.05 14:00:53 -05'00'
20. TYPED NAME OF APPROVING OFFICIAL <b>James G. Scott</b>	21. TITLE OF APPROVING OFFICIAL <b>Division of Program Operations</b>

22. REMARKS

State/Territory: Iowa

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED**

**CATEGORICALLY NEEDY GROUP(S)**

30. Coverage of Routine Patient Cost in Qualifying Clinical Trials

\*The state needs to check each assurance below.

Provided: X

I. General Assurances:

**Routine Patient Cost – Section 1905(gg)(1)**

X Coverage of routine patient cost for items and services as defined in section 1905(gg)(1) that are furnished in connection with participation in a qualified clinical trial.

**Qualifying Clinical Trial – Section 1905(gg)(2)**

X A qualified clinical trial is a clinical trial that meets the definition at section 1905(gg)(2).

**Coverage Determination – Section 1905(gg)(3)**

X A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3).

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 210 of the Consolidated Appropriations Act of 2021 amending section 1905(a) of the Social Security Act (the Act), by adding a new mandatory benefit at section 1905(a)(30). Section 210 mandates coverage of routine patient services and costs furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials effective January 1, 2022. Section 210 also amended sections 1902(a)(10)(A) and 1937(b)(5) of the Act to make coverage of this new benefit mandatory under the state plan and any benchmark or benchmark equivalent coverage (also referred to as alternative benefit plans, or ABPs). Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #74). Public burden for all of the collection of information requirements under this control number is estimated to take about 56 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: IA-22-005

Supersedes TN: NEW

Approval Date: May 5, 2022

Effective Date: January 1, 2022

State/Territory: Iowa**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED****MEDICALLY NEEDY GROUP(S)**

## 30. Coverage of Routine Patient Cost in Qualifying Clinical Trials

\*The state needs to check each assurance below.

Provided: X

## I. General Assurances:

**Routine Patient Cost – Section 1905(gg)(1)**X Coverage of routine patient cost for items and services as defined in section 1905(gg)(1) that are furnished in connection with participation in a qualified clinical trial.**Qualifying Clinical Trial – Section 1905(gg)(2)**X A qualified clinical trial is a clinical trial that meets the definition at section 1905(gg)(2).**Coverage Determination – Section 1905(gg)(3)**X A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3).

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 210 of the Consolidated Appropriations Act of 2021 amending section 1905(a) of the Social Security Act (the Act), by adding a new mandatory benefit at section 1905(a)(30). Section 210 mandates coverage of routine patient services and costs furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials effective January 1, 2022. Section 210 also amended sections 1902(a)(10)(A) and 1937(b)(5) of the Act to make coverage of this new benefit mandatory under the state plan and any benchmark or benchmark equivalent coverage (also referred to as alternative benefit plans, or ABPs). Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #74). Public burden for all of the collection of information requirements under this control number is estimated to take about 56 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: IA-22-005Supersedes TN: NEWApproval Date: May 5, 2022Effective Date: January 1, 2022