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State/Territory Name: Iowa

State Plan Amendment (SPA) #: 23-0006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



May 11, 2023

Elizabeth Matney
Medicaid Director
Iowa Department of Human Services
1305 East Walnut Street
Des Moines, IA 50319

Re: Iowa State Plan Amendment (SPA) IA-23-0006

Dear Iowa Medicaid Director Ms. Matney:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) IA-23-0006. This amendment proposes to temporarily extend 1915(i) flexibilities originally approved in Disaster Relief SPAs IA-20-0008 and IA-21-0007 with the following modification: the state will include telehealth and other provisions from Section 7.4 in SPA Number 21-0007 originally approved on June 30, 2021.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Iowa's Medicaid SPA Transmittal Number IA-23-0006 is approved effective May 12, 2023.

If you have any questions, please contact Lee Herko at 570-230-4048 or via email at lee.herko@cms.hhs.gov if you have any questions about this approval.

Sincerely,

Alissa M.
Deboy -S

Digitally signed by Alissa
M. Deboy -S
Date: 2023.05.11
08:26:03 -04'00'

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

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

1. TRANSMITTAL NUMBER

2 3 — 0 0 0 6

2. STATE

IA3. 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

May 12, 2023

~~The day after the end of the PHE~~

5. FEDERAL STATUTE/REGULATION CITATION

~~COVID-19 Public Health Emergency~~ Title XIX Section 1915(i) of the SSA

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 22 \$ 0b. FFY 23 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

~~Section 7.4.B pages 1-3~~ 2

C

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

N/A

9. SUBJECT OF AMENDMENT

Effective the day after the end of the public health emergency (PHE) until six months after the expiration of the PHE, the agency temporarily extends the following elections for 1915(i) of Section 7.4 (approved on May 18, 2020, in SPA Number IA-20-008 and June 30, 2021, in SPA Number IA-21-0007) of the state plan to allow for coordination with the 1915(c) flexibilities.

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:

CY OFFICIAL

12. TYPED NAME

Elizabeth Matney

13. TITLE

Medicaid Director

14. DATE SUBMITTED

April 4, 2023

15. RETURN TO

FOR CMS USE ONLY

16. DATE RECEIVED

April 4, 2023

17. DATE APPROVED

May 11, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

May 12, 2023

19. SIGNATURE OF APPROVING OFFICIAL

Alissa M.

Deboy -S

M. Deboy -S

Date: 2023 05.11

08:26:40 -04'00'

20. TYPED NAME OF APPROVING OFFICIAL

Alissa Mooney DeBoy

21. TITLE OF APPROVING OFFICIAL

On Behalf of Anne Marie Costello, Deputy Director, CMCS

22. REMARKS

Pen and ink change request to update
Box 5 Federal Statute approved by
State on May 9, 2023.

The State approves update on May 9,
2023 Box 4: Effective Date to reflect
May 12, 2023.

Boxes 7 and 9: CMS made pen and ink changes per communication with state on 5/9/23.

Section 7 General Provisions

Section 7.4.C. Temporary Policies in effect following the COVID-19 National Emergency

Effective the day after the end of the public health emergency (PHE) until six months after the expiration of the PHE, the agency temporarily extends the following elections of Section 7.4 (approved on May 18, 2020, in SPA Number IA-20-008 and on June 30, 2021, in SPA Number IA-21-0007) of the state plan, with modifications:

Telehealth:

X The agency utilizes telehealth in the following manner, which may be different than outlined in the state's approved state plan:

The State will add an electronic method of service delivery (e.g., telephonic) allowing services to continue to be provided remotely in the home setting for the following 1915(i) services:

1. Case management
2. Habilitation including the following habilitation service components: Home-Based Habilitation, Day Habilitation, Prevocational, and Supported Employment
3. Monthly monitoring (i.e., to meet the reasonable indication of need for service requirements in 1915(i) state plan)
4. Completion of Person Center Service Planning Meetings.

Additionally, the State will allow telehealth services to be provided for Home-Based Habilitation Day Habilitation and Supported Employment, regardless of the recipient's location, if provision of the service via telehealth is clinically feasible and appropriate.

Services will be delivered via telehealth based on the individual participant's assessed need when clinically appropriate to meet the need as identified in the person-centered service plan. Individuals will be provided assistance using technology required for telehealth delivery based on the supports identified in the participant's person-centered service plan. Telehealth delivery may not comprise the entirety of the service and must be delivered in conjunction with in-person supports as identified in the participant's person-centered service plan. For individuals who require hands-on assistance telehealth service delivery would not be indicated and services would be rendered in person.

Per 441 IAC 90.4(1) "e" the case manager shall have at least one face-to-face contact with the member in the member's residence at least quarterly, and the case manager shall have at least one contact per month with the member or the member's guardians or representatives. This contact may be face to face or by telephone. The case manager or care coordinator is responsible for the ongoing monitoring of the health and safety of Habilitation participants. Ongoing monitoring also occurs through the monitoring of critical incident reporting, emergency room visits and hospitalizations.

The State assures the following:

- Telehealth delivery of these services will meet HIPAA requirements in accordance with a methodology accepted by the State's HIPAA compliance officer.
- Telehealth services can be rendered when someone is not physically present and is separated from the individual.

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Supersedes TN: NEW

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- Video cameras or monitors will only be used in a participant's bedroom or bathroom when there is an assessed medical or behavioral need that warrants monitoring and informed consent has been obtained from the participant and their guardian or legal representative. Informed consent by the individual using the service, their guardian and other individuals and their guardians residing in the home must be obtained and clearly state the parameters in which the cameras would be used. Informed consent documents must be acknowledged in writing, signed and dated by the individual, guardian, case manager and provider agency representative, as appropriate. A copy of the consent shall be maintained by the case manager, the guardian (if applicable) and in the home file.
- Telehealth must ensure the use of technology complies with relevant requirements under the Health Insurance Portability and Accountability Act (HIPAA) and comply with the data privacy laws, restrictions and guidelines.

Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information

Iowa will amend its 1915(i) program to add an electronic method of signing off on required documents such as the person-centered service plan, addendums to the person centered service plan and informed consent documents.

Potentially expand State Plan HCBS as follows, if necessary and appropriate due to COVID-19 and/or critical staffing shortages: allow direct care provider's homes to be authorized settings – subject to Iowa Medicaid approval through an exception to policy request after all other options have been exhausted and the provider's home is assessed as meeting the HCBS settings rule requirements as a provider-owned or controlled setting; allow direct care providers to move into member's homes – subject to Iowa Medicaid approval through an exception to policy request after all other options have been exhausted; and, lift the existing limitation on 5 person homes to no longer designate an upper limit to allow providers to consolidate members into homes, with this allowance limited by the home's capacity.

Iowa will temporarily modify the provider recertification process for providers of 1915(i) state plan HCBS, including: (i) case management providers; (ii) home-based habilitation providers; (iii) day habilitation providers; (iv) prevocational habilitation providers; and (v) supported employment habilitation providers. To the extent that such a provider is unable to complete the desk or onsite review process required for recertification due to the burden of submitting additional documentation caused by lingering resource capacity issues that initiated during the COVID-19 PHE, Iowa Medicaid will extend the certification process in 90-day increments through the established exception to policy (ETP) process. Iowa Medicaid will only extend certification for providers who are in good standing, do not have outstanding corrective action plans (CAPS) and/or CAPS that have not been met, and who are not under active investigation for reported noncompliance with HCBS quality standards. Providers seeking to have their certification extended may request an ETP. Iowa Medicaid reviews each request on an individual basis and determines if the provider is in good standing and whether sufficient detail has been provided to determine that an ETP is warranted. If the provider's circumstances meet the criteria established the provider will be granted an ETP to extend their certification for 90 days. Should the provider require additional time, the provider may submit subsequent ETP requests and provide Iowa Medicaid with documentation detailing the circumstances that are preventing the provider from completing the recertification process, with a maximum allowance of four (4) 90-day extensions per provider. Iowa Medicaid assures extensions of recertifications due to the provider's inability to participate in the review process will not exceed the end date of six months after the expiration of the PHE.

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