Table of Contents

State/Territory Name: Iowa

State Plan Amendment (SPA) IA: 23-0018

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services Center for Medicaid & CHIP Services 233 North Michigan Ave., Suite 600 Chicago, Illinois 60601



Financial Management Group

November 8, 2023

Elizabeth Matney Medicaid Director Division of Medical Services Department of Human Services Iowa Medicaid Enterprise 1305 E. Walnut Street Des Moines, IA 50319

RE: TN 23-0018

Dear Director Matney:

We have reviewed the proposed Iowa (IA) State Plan Amendment (SPA) to Attachment 4.19-B IA-23-0018, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 7, 2023. This plan amendment implements an increase to individual mental health therapy provider and substance use disorder (SUD) rate increase.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Lindsay Michael at 410-786-7197 or Lindsay.michael@cms.hhs.gov.

Sincerely,

Todd McMillion Director Division of Reimbursement Review

Enclosures

| | 1. TRANSMITTAL NUMBER | 2. STATE | |
|--|---|---------------------------|--|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | 2 3 — 0 0 1 8 | <u>IA</u> | |
| FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT | | |
| | SECONTIACT (XIX | ◯ xxı | |
| TO: CENTER DIRECTOR | 4. PROPOSED EFFECTIVE DATE | | |
| CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | July 1, 2023 | | |
| 5. FEDERAL STATUTE/REGULATION CITATION | 6. FEDERAL BUDGET IMPACT (Amour | | |
| 42 C.F.R. §447.200 | a FFY 23 \$ 92. b. FFY 24 \$ 368 | | |
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT | 8. PAGE NUMBER OF THE SUPERSED | DED PLAN SECTION | |
| Attachment 4.19-B page 7 | OR ATTACHMENT (If Applicable) | | |
| | Supersedes TN No. IA-22-0011 (pa | age 7) | |
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| 9. SUBJECT OF AMENDMENT | | | |
| 3. SOBSECT OF AMENDMENT | | | |
| | | | |
| Implement individual mental health therapy provider and substance | use disorder (SUD) rate increase aut | horized by Senate File 56 | |
| | | | |
| 10. GOVERNOR'S REVIEW (Check One) | | | |
| | O | | |
| 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 | 5. RETURN TO | | |
| | | | |
| 10 TVDED NAME | | | |
| 12. TYPED NAME Elizabeth Matney | | | |
| · | | | |
| 13. TITLE | | | |
| Medicaid Director | | | |
| 14. DATE SUBMITTED | | | |
| 09/06/2023 | | | |
| FOR CMS US | E ONLY | | |
| 16. DATE RECEIVED | 7. DATE APPROVED | | |
| 9/7/23 N | ovember 8, 2023 | | |
| PLAN APPROVED - ONE | COPY ATTACHED | | |
| 18. EFFECTIVE DATE OF APPROVED MATERIAL 19 | B. SIGNATURE OF APPROVING OFFICIA | AI | |
| | S. SIGNATORE OF ALL PROVINCE OF FIGURE | | |
| 7/1/23 | | | |
| 20. TYPED NAME OF APPROVING OFFICIAL 2 | . TITLE OF APPROVING OFFICIAL | | |
| Todd McMillion | Bissels 5140 | | |
| Toda Mominori | Director, FMG | | |
| 22. REMARKS | | | |
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Attachment 4.19-B PAGE 7

| State/Territory: | IOWA |
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| State/Territory: | |

Fee Schedule. The fee schedule is based on the definitions of medical and surgical procedures given in the most recent edition of Physician's Current Procedural Terminology (CPT).

6d4. HEARING AID DISPENSER SERVICES

Fee schedule. The fee schedule is based on the definitions of medical and surgical supplies given in the most recent edition of Healthcare Common Procedure Coding System (HCPCS).

6d5A. PSYCHOLOGISTS' SERVICES

Fee Schedule. The fee schedule is based on the definitions of medical and surgical procedures given in the most recent edition of Physician's Current Procedural Terminology (CPT).

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of psychologists' services. The agency's fee schedule rate was set as of July 1, 2023 and is effective for services provided on or after that date. All rates are published on the agency's website at: https://hhs.iowa.gov/ime/providers/csrp/fee-schedule

6d5B. SOCIAL WORKERS' SERVICES

Fee Schedule. The fee schedule is based on the definitions of medical and surgical procedures given in the most recent edition of Physician's Current Procedural Terminology (CPT). The following are exceptions:

When social worker services are provided by a social worker employed by a physician, hospital, home health agency, rural health clinic, federally qualified health center or community mental health center, payment for the service will be made to the provider based upon a fee schedule for physician and community mental health center and the reimbursement defined for hospital, home health agency, rural health clinic and federally qualified health center services.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of psychologists' services. The agency's fee schedule rate was set as of July 1, 2023 and is effective for services provided on or after that date. All rates are published on the agency's website at: https://hhs.iowa.gov/ime/providers/csrp/fee-schedule

6d6 BEHAVIORAL SCIENCE PRACTITIONERS

Fee Schedule. The fee schedule is based on the definitions of medical and surgical procedures given in the most recent edition of Physician's Current Procedural Terminology (CPT).

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of psychologists' services. The agency's fee schedule rate was set as of July 1, 2023 and is effective for services provided on or after that date. All rates are published on the agency's website at: https://hhs.jowa.gov/ime/providers/csrp/fee-schedule

6d7 PHYSICIAN ASSISTANT SERVICES

Fee Schedule. The fee schedule is based on the definitions of medical and surgical procedures give in the most recent edition of Physician's Current Procedural Terminology (CPT). The fee scheduled is established as 85% of the Iowa Medicaid physician fee schedule.

6d8 SERVICES OF ADVANCED REGISTERED NURSE PRACTITIONERS

Fee Schedule. The fee schedule is based on the definitions of medical and surgical procedures given in the most recent edition of Physician's Current Procedural Terminology (CPT). The fee schedule is established as 85% of the Iowa Medicaid physician fee schedule.

| State Plan TN # | IA-23-0018 | Effective | July 1, 2023 |
|-----------------|------------|-----------|------------------|
| Superseded TN # | IA-22-0011 | Approved | November 8, 2023 |