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State/Territory Name: Iowa

State Plan Amendment (SPA) #: 24-0002

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



Medicaid and CHIP Operations Group

December 11, 2024

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

Re: Iowa State Plan Amendment (SPA) 24-0002

Dear Iowa Medicaid Director Curtiss:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0002. This amendment proposes to add Therapeutic Foster Care to Iowa's Medicaid State Plan as a Rehabilitative Service.

We conducted our review of your submittal according to statutory requirements in Title 1916A of the Social Security Act and implementing regulation. This letter is to inform you that Iowa Medicaid SPA 24-0002 was approved on December 11, 2024, with an effective date of July 1, 2024.

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,

Ruth A. Hughes, Acting Director
Division of Program Operations

cc: Jennifer Steenblock
Jeanette Brandner

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 0 2

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

July 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

N/A

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 24 \$ 8,288b. FFY 25 \$ 41,279

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B page 5
Supplement 2 to Attachment 3.1A, pgs 13f and 13g8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Att 4.19-B, pg 5 supersedes TN No. IA-23-0003
Supplement 2 to Att 3.1A, pgs 13f and 13g are NEW

9. SUBJECT OF AMENDMENT

Adds Therapeutic Foster Care to Iowa's Medicaid State Plan as a Rehabilitative service, supporting a pilot project initially funded w
with American Rescue Plan Act (ARPA) Dollars.

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:

ICIAL

15. RETURN TO

Elizabeth Matney

13. TITLE Director, Iowa Medicaid & Division of Administration and
HHS Deputy Director14. DATE SUBMITTED
07/15/2024

FOR CMS USE ONLY

16. DATE RECEIVED
July 15, 202417. DATE APPROVED
December 11, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Ruth A. Hughes21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. REMARKS

(11) THERAPEUTIC FOSTER CARE

Iowa Medicaid covers Therapeutic Foster Care (TFC), as a rehabilitative service pursuant to 42 CFR 440.130(d), subject to the following:

a. TFC Benefit

Therapeutic Foster Care (TFC) is a treatment-focused form of foster care provided in a family setting by trained caregivers. TFC is a family-based placement option for children and adolescents with serious emotional or behavioral health needs who can be served in the community with intensive support. Youth receiving TFC require behavioral health services and supervision in a therapeutic foster home setting.

TFC settings are individualized and are intended to keep youth in the least restrictive environment possible. Eligible beneficiaries are those whose needs have not been met in regular foster care settings or in their own family home or are going through a transitional period from residential care as part of the process of return to family and community. All TFC services are for the direct benefit of the beneficiary. Comparable services are available in the existing state plan benefit for children not served through the therapeutic foster care system.

The person-centered planning process is individualized and ongoing.

b. TFC Services:

(1) Screening

For eligible youth and families: a screening tool is used and supervisory oversight is included that assures family needs and services match appropriately. The screening tool is used to establish medical necessity for the service.

(2) Intervention

- (a) The person-centered planning team, including the family of origin or other identified family, convenes and plans intervention before the eligible beneficiary's placement in the therapeutic foster home.
- (b) This service offers intensive family-based support through the utilization of a co-parenting approach provided to the youth in a therapeutic resource family setting. Services are individualized based on assessed need and may include skills training, crisis intervention, and behavioral health intervention. Behavioral health interventions are services designed to modify psychological, behavioral, emotional, cognitive, and social factors affecting a member's functioning. These interventions are restorative in nature and may address the following skills for effective functioning with family, peers and community in a developmentally-appropriate manner:
 - (i) Cognitive flexibility skills;
 - (ii) Communication skills;
 - (iii) Conflict resolution skills;
 - (iv) Emotional regulation skills;
 - (v) Executive skills;
 - (vi) Interpersonal relationship skills;

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- (vii) Problem-solving skills; and
- (viii) Social skills
- (c) Post-discharge services: to support reunification and to prevent reentry, the person-centered planning team will continue services for up to 90 days as the youth returns home, to support the youth and family.

c. TFC Providers

- (1) Provider Qualifications: All qualified and willing providers may furnish TFC services. TFC services are provided by licensed, custodial foster parents who receive specialized training to provide the service and are contracted with and supervised by the enrolled child placing agency. Licensed, custodial foster parents must also meet all of the following requirements.
 - (i) Be 25 years of age or older.
 - (ii) Must be responsive to the member's needs 24/7, including childcare and back up childcare, transportation, and the ability to respond to the member's illness, emergencies, or other needs of the youth while the provider is working.
 - (iii) Must have a minimum of 2 years' experience working with youth or have at least 2 years of education in fields including human services, early childhood/secondary education, nursing, or other HHS approved education. One year of education may substitute for one year of experience.
 - (iv) Must own or be the primary renter on the property where the TFC services are to be provided, which shall include a one-year lease at minimum.
 - (v) Successfully complete additional provider-specific training and certification requirements developed by HHS, which may include the following:
 - 1. Trauma Informed Care;
 - 2. First Aid/ CPR Certification;
 - 3. Training in Crisis Support and Verbal De-escalation;
 - 4. Training/consultation specific to the member's individualized mental health, developmental health, and medical health care needs; and
 - 5. Other training as directed by HHS.
 - (vi) Be a legal resident of the United States.
 - (vii) Have access to a Department of Transportation-approved motor vehicle.
 - (viii) Pass HHS-required driving record screenings, as requested by the Department or the supervising child placing agency.
- (2) Supervision: Licensed, custodial foster parents meeting the qualifications above are supervised by HHS-enrolled child placing agencies. TFC supervisors must meet the qualifications of a caseworker and/or higher.

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3. OTHER INDEPENDENT LABORATORIES SERVICES

Fee Schedule. The fee schedule is 95.00% of the Medicare Clinical Laboratory Fee Schedule.

4a. NURSING FACILITY SERVICES (OTHER THAN SERVICES IN AN INSTITUTION FOR MENTAL DISEASES)

See Attachment 4.19-D of the State Plan.

4b. EARLY PERIODIC DIAGNOSTIC AND SCREENING SERVICES

- (1) Outpatient Hospital Services: Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of rehabilitative services. The agency's fee schedule rate was set as of April 1, 2016, and is effective for services provided on or after that date. All rates are published on the Department of Health and Human Services website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/policies-rules-and-regulations/covered-services-rates-and-payments/fee-schedules>.
- (2) Services of licensed practitioners of the healing arts: Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of rehabilitative services. The agency's fee schedule rate was set as of March 1, 2023, and is effective for services provided on or after that date. All rates are published on the Department of Health and Human Services website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/policies-rules-and-regulations/covered-services-rates-and-payments/fee-schedules>.
- (3) Private duty nursing services: For services on or after, July 1, 2013, payment for private duty nursing services will be based on the provider's reasonable and necessary costs as determined by the State Medicaid agency, not to exceed 133 percent of the statewide average allowable costs per hour. An interim provider-specific fee schedule based on the State Medicaid agency's estimate of reasonable and necessary costs for services provided will be paid based on financial forms approved by the department, with suitable retroactive adjustments based on final financial reports.
- (4) Home health services –medical supplies and equipment: Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of rehabilitative services. The agency's fee schedule rate was set as of April 1, 2016, and is effective for services provided on or after that date. All rates are published on the Department of Health and Human Services website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/policies-rules-and-regulations/covered-services-rates-and-payments/fee-schedules>.
- (5) Personal care services: For services on or after, July 1, 2013, payment for personal care services will be based on the provider's reasonable and necessary costs as determined by the State Medicaid agency, not to exceed 133 percent of the statewide average allowable costs per 15 minutes. An interim provider-specific fee schedule based on the State Medicaid agency's estimate of reasonable and necessary costs for services provided will be paid based on financial forms approved by the department, with suitable retroactive adjustments based on final financial reports.
- (6) Dental services: Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of rehabilitative services. The agency's fee schedule rate was set as of April 1, 2016, and is effective for services provided on or after that date. All rates are published on the Department of Health and Human Services website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/policies-rules-and-regulations/covered-services-rates-and-payments/fee-schedules>.
- (7) Diagnostic services: Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of rehabilitative services. The agency's fee schedule rate was set as of April 1, 2016, and is effective for services provided on or after that date. All rates are published on the Department of Health and Human Services website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/policies-rules-and-regulations/covered-services-rates-and-payments/fee-schedules>.
- (7a) Preventive Services: Fee Schedule. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of preventive services. The agency's fee schedule rate was set as of July 1, 2014, and is effective for services provided on or after that date. All rates are published on the Department of Health and Human Services website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/policies-rules-and-regulations/covered-services-rates-and-payments/fee-schedules>.
- (8) Rehabilitative Services: For services provided from July 1, 2011, to March 31, 2016, rehabilitative services will be reimbursed according to the Medicaid Managed Care provider specific fee schedule. The provider specific fee schedule was established using finalized cost based rates in effect on February 28, 2011 in accordance with the reimbursement methodology in effect prior to July 1, 2011, described below.

Beginning April 1, 2016, except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of rehabilitative services. The agency's fee schedule rate was set as of July 1, 2024, and is effective for services provided on or after that date. All rates are published on the Department of Health and Human Services website:

<https://hhs.iowa.gov/programs/welcome-iowa-medicaid/policies-rules-and-regulations/covered-services-rates-and-payments/fee-schedules>.

Providers of rehabilitative services shall maintain complete and legible medical records for each service for which a charge is made to the medical assistance program containing the following components: