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State/Territory Name: Iowa

State Plan Amendment (SPA) #: 25-0016

This file contains the following documents in the order listed:

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

August 28, 2026

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

Re: Iowa State Plan Amendment (SPA) 25-0016

Dear Iowa Medicaid Director Grossman:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0016. This amendment proposes to add services outside the Four Walls Exception as a clinic benefit in accordance with 42 CFR Section 440.90 of the Social Security Act.

We conducted our review of your submittal according to statutory requirements in 42 CFR Section 440.90 of the Social Security Act. This letter informs you that Iowa's Medicaid SPA TN IA-25-0016 was approved on August 27, 2026, with an effective date of January 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Iowa's State Plan.

If you have any additional questions or need further assistance, please contact Lee Herko at (570) 230-4048 or via email at Lee.Herko@cms.hhs.gov.

Sincerely,

Megan K. Buck
Director, Division of Program Operations

Enclosures

cc: Latisha McGuire

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 25-0016

2. STATE: IA

3. 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
January 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.90

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY ~~26~~ 2025 $ 0
b. FFY ~~26~~ 2026 $ ~~55,528~~ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Supplement 2 to Attachment 3.1-A Page 20a through 20d

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Supersedes Supplement 2 to Attachment 3.1-A Page 20 Section 9.

Supplement 2 to Attachment 3.1-A Page 20a to 20d NEW

9. SUBJECT OF AMENDMENT

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:

OFFICIAL

12. TYPED NAME
Rebecca Curtiss

13. TITLE
Interim Medicaid Director

14. DATE SUBMITTED

15. RETURN TO

FOR CMS USE ONLY

16. DATE RECEIVED
March 28, 2025

17. DATE APPROVED
August 27, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2025

20. TYPED NAME OF APPROVING OFFICIAL
Megan K. Buck

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

State approved pen and ink change reuest to update Box 6 to reflect 2025 $0 2026 $0 on August 27, 2026.

State Plan under Title XIX of the Social Security Act
State/Territory: Iowa

Section 1905(a)(9) Clinic Services

The state provides coverage for this benefit as defined at section §1905(a)(9) of the Social Security Act (the Act) and 42 C.F.R. 440.90 and as described as follows:

General Assurances
[Select all three checkboxes below.]

☒ The state assures services are furnished by a facility that is not part of a hospital in accordance with 42 C.F.R. 440.90.

☒ The state assures that services are furnished by facilities that are organized and operated to provide medical care to outpatients in accordance with 42 C.F.R. 440.90.

☒ The state assures that services are furnished under the direction of a physician or dentist in accordance with 42 C.F.R. 440.90(a).

Types of Clinic Services and Limitations in Amount, Duration, or Scope
[Select if applicable, describe below, and indicate if limits may be exceeded based upon state determined medical necessity criteria.]

☒ Limitations apply to all services within the benefit category.
Services may require medical review/prior authorization for medical necessity including to exceed any procedure-level limitations as outlined in the state's reference file which may apply

Types of Clinics and Services:
[Select all that apply and describe below as applicable]

☒ Behavioral Health Clinics **[Describe the types of behavioral health clinics below and select below if applicable.]**:
Community Mental Health Centers are designated by the State and provide outpatient psychotherapy and counseling services and evaluation.

State Plan under Title XIX of the Social Security Act
State/Territory: Iowa

Section 1905(a)(9) Clinic Services

☐ Limitations apply only to this clinic type within the benefit category. **[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**

☒ IHS and Tribal Clinics **[Select below if applicable.]**:

☐ Limitations apply only to this clinic type within the benefit category. **[describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria]**.

☒ Renal Dialysis Clinics **[Select below if applicable.]**:

☐ Limitations apply only to this clinic type within the benefit category. **[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**
Click or tap here to enter text.

☒ Other Clinics **[Describe the types of clinics, if any limitations apply, and select below if applicable.]**:

Clinic services, as defined in 42 CFR 440.90, which are provided by a clinic which is otherwise required as a matter of state or federal law to be licensed, certified or approved to provide health care services, are covered services under Iowa Medicaid only if the clinic is so licensed, certified or approved.

Rural Emergency Hospital (REH) as certified by Medicare: REH includes emergency department and observation services with a length of stay < 24 hours.

☐ Limitations apply only to this clinic type within the benefit category. **[Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]**Click or tap here to enter text.

State Plan under Title XIX of the Social Security Act
State/Territory: Iowa

Section 1905(a)(9) Clinic Services

Four Walls Exceptions

The state assures that the following services may be furnished outside of the clinic **[Select the first and second checkbox; Do not select the second checkbox if the state does not enroll IHS or Tribal facilities as providers of clinic services.]**:

☒ Services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address in accordance with 42 C.F.R. 440.90(b).

☒ Services furnished outside a clinic that is a facility of the Indian Health Service, whether operated by the Indian Health Service (IHS) or by a Tribe or Tribal organization (as authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA), Pub. L. 93-638), by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(c).

The state elects to cover the following services outside of the clinic **[Select all that apply.]**:

☒ Services furnished outside of a clinic that is primarily organized for the care and treatment of outpatients with behavioral health disorders, including mental health and substance use disorders, by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(d) **[Describe the types of behavioral health clinics such exception applies to below.]**:
Community Mental Health Centers are designated by the State.

☒ Services furnished outside of a clinic that is located in a rural area and is not a rural health clinic (as referenced in section §1905(a)(2)(B) of the Act and 42 C.F.R. 440.20(b) of this subpart) by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(e) **[Select one of the checkboxes below and describe the definition of a rural area that applies to this exception.]**:

State Plan under Title XIX of the Social Security Act
State/Territory: Iowa

Section 1905(a)(9) Clinic Services

Four Walls Exceptions (continued)

☒ A definition adopted and used by a federal governmental agency for programmatic purposes **[Describe below.]**:
The U.S. Department of Health and Human Services (HHS) Health Resources and Services Administration (HRSA) Federal Office of Rural Health Policy (FORHP) definition of "Fully FORHP Rural" counties, which means that all census tracts within the Iowa county are defined as rural areas by FORHP.

☐ A definition adopted by a state governmental agency with a role in setting state rural health policy **[Describe below.]**:
Click or tap here to enter text.

The state attests that **[Select the checkbox if the state elects to cover services outside of a clinic that is located in a rural area.]**:

☒ The selected definition of a rural area best captures the population of rural individuals that meets more of the four criteria that mirror the needs and barriers to access experienced by individuals who are unhoused:

- The population experiences high rates of behavioral health diagnoses or difficulty accessing behavioral health services;
- The population experiences issues accessing services due to lack of transportation;
- The population experiences a historical mistrust of the health care system; and
- The population experiences high rates of poor health outcomes and mortality.

Additional Benefit Description (Optional)

At its option the state may provide additional descriptive information about the benefit, beyond what is included in the federal statutory and regulatory definitions and descriptions. **[Describe below.]**:
Click or tap here to enter text.