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State/Territory Name: Iowa

State Plan Amendment (SPA) #: 25-0024

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 12, 2025

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

Re: Iowa State Plan Amendment (SPA) -25-0024

Dear Director Grossman:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0024. This amendment allows bachelor level practitioners for functional family therapy and multisystemic therapy.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act implementing federal statute 42 CFR 440.130(d). This letter is to inform you that Iowa Medicaid SPA TN-25-0024 was approved on December 12, 2025, with an effective date of July 1, 2025.

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,

Wendy E. Hill Petras
Acting Director, Division of Program Operations

Enclosures

cc: Latisha McGuire

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 2 4

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

07/01/20255. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.130(d)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 25 \$ 7,242b. FFY 26 \$ 15,7647. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A Supplement 2 Pages 13b, 13c and 13d8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Supersedes IA-23-0003 Attachment 3.1-A Supplement 2
Pages 13b, 13c, 13d and 13e

9. SUBJECT OF AMENDMENT

Adding the allowance of bachelor level practitioners for functional family therapy and multisystemic therapy.

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:

SIAL

12. TYPED NAME
Rebecca Curtiss13. TITLE
Interim Medicaid Director14. DATE SUBMITTED
09/12/202515. RETURN TO
Iowa Department of Health and Human Services
Iowa Medicaid
321 E 12th St
Des Moines, IA 50319**FOR CMS USE ONLY**16. DATE RECEIVED
September 16, 202517. DATE APPROVED
December 12, 2025**PLAN APPROVED - ONE COPY ATTACHED**18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 202519. SIGNATURE OF APPROVING OFFICIAL
[Redacted Signature]20. TYPED NAME OF APPROVING OFFICIAL
Wendy E. Hill Petras21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. REMARKS

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(b) Treatment

- (i) Youth and families receive individualized, therapy which is available 24 hours a day, seven days a week in the community setting. The MST therapy services is designed to decrease symptoms of the mental health diagnosis, reduce maladaptive referral behaviors and increase pro-social behaviors at home and across the multiple interconnected systems. The interconnected systems include the family, extended family, peers, neighbors, and the community that exists in the youth's world. The positives that are found in these systems are used as leverage for change. MST is an evidence-based practice.
- (ii) The family receives family therapy in order to understand and implement how to assist their child based on the child's diagnosis.

(2) MST Providers

- (i) Providers that may assess a member for MST services include the following: Physicians; Psychiatrists; Certified Psych/Mental Health Advanced Registered Nurse Practitioners; Licensed Psychologists; Provisionally Licensed Psychologists; Licensed Marriage and Family Therapists; Licensed Independent Social Workers; or Licensed Mental Health Counselors acting within their scopes of practice.
- (ii) MST treatment providers may be any of the following: Physicians; Psychiatrists; Certified Psych/Mental Health Advanced Registered Nurse Practitioners; Licensed Psychologists; Provisionally Licensed Psychologists; Licensed Marriage and Family Therapists; Licensed Independent Social Workers; Licensed Mental Health Counselors; Temporary Licensed Mental Health Counselors; Provisionally Licensed Marriage and Family Therapists; Licensed Social Workers acting within their scopes of practice; or Bachelor's level providers trained and certified in MST.

- 1. Treatment Provider Qualifications: MST treatment providers are required to have an MST Certification and be a member of an active MST team. An active MST team requires MST certification of a Clinical Supervisor and at least two MST certified treatment providers working collaboratively with one another using the MST framework as defined by the international MST Services program.

2. Supervision:

MST Clinical Supervisors are fully licensed providers trained and certified to provide MST supervision.

State of Iowa

The MST Treatment Providers that require clinical supervision include: Provisionally Licensed Psychologists; Temporary Licensed Mental Health Counselors, Provisionally Licensed Marriage and Family Therapists; and Licensed Masters Social Workers.

b. FFT

FFT is an evidenced-based family therapy that provides clinical assessment and treatment for the youth and their family to improve communication, problem solving, and conflict management in order to reduce problematic behavior of the youth. It is a short-term treatment strategy that is built on a foundation of respect of individuals, families, and cultures.

The services include an emphasis on assessment in understanding the purpose behavior problems serve within the family relationship system, followed by treatment strategies that pave the way for motivating the youth and their families to become more adaptive and successful in their lives.

FFT is designed to improve family communication and supports, while decreasing intense negativity and dysfunctional patterns of behavior. Therapy also includes training parents how to assist their child based on the child's diagnosis. Treatment shall be for the direct benefit of the beneficiary.

(1) FFT Services

(a) Assessment

An Initial Diagnostic Interview (IDI) is a comprehensive assessment that identifies the Clinical need for treatment and the most effective treatment intervention/level of care to meet the medical necessity needs of the client. The IDI is completed prior to service provision and the IDI documentation accompanies the referral information to the rehabilitation program provider. The recommendations of the licensed supervising practitioner following the IDI serves as the treatment plan until the comprehensive treatment plan is developed.

(b) Treatment

The services the youth and family will receive with FFT include frequent therapy assisting the youth and family in learning and demonstrating the benefits of positive, respectful, strength-based relationships. Positive outcomes are anticipated through the therapy which includes conflict resolution and strategies to enhance the relationships within the family. The youth and family will also gain the ability through therapy to extend their acquired competencies into accessing additional resources to prevent relapse as they continue developing their independence

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(2) FFT Providers

- (i) Providers that may assess a member for FFT include any of the following: Physicians; Psychiatrists; Certified Psych/Mental Health Advanced Registered Nurse Practitioners; Licensed Psychologists; Provisionally Licensed Psychologists; Licensed Marriage and Family Therapists; Licensed Independent Social Workers; Licensed Mental Health Counselors acting within their scopes of practice; or Bachelor's level providers trained and certified in FFT.
 - (ii) FFT treatment providers may be any of the following: Physicians; Psychiatrists; Certified Psych/Mental Health Advanced Registered Nurse Practitioners; Licensed Psychologists; Provisionally Licensed Psychologists; Licensed Marriage and Family Therapists; Licensed Independent Social Workers; Licensed Mental Health Counselors; Temporary Licensed Mental Health Counselors; Provisionally Licensed Marriage and Family Therapists; or Licensed Social Workers acting within their scopes of practice.
- 1. Treatment Provider Qualifications: An active FFT team requires FFT certification of a Clinical Supervisor and at least three FFT certified treatment providers working collaboratively with one another using the FFT services as defined by FFT, LLC or FFT Partners.
 - 2. Supervision:

FFT Clinical Supervisors may be any of the following: Physicians; Licensed Psychologists; Licensed Mental Health Counselors; Licensed Marriage and Family Therapists; or Licensed Independent Social Workers. Clinical Supervisors must be certified in the FFT model with experience in the practice of psychotherapy.

The FFT Treatment Providers that require clinical supervision include: Provisionally Licensed Psychologists; Temporary Licensed Mental Health Counselors; Provisionally Licensed Marriage and Family Therapists; Licensed Social Workers; and Bachelor's level providers trained and certified in FFT. FFT Clinical Supervisor types can oversee any provider type requiring supervision.