

## **Table of Contents**

**State/Territory Name: Iowa**

**State Plan Amendment (SPA) IA: 22-0011**

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



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**Financial Management Group**

November 4, 2022

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 22-0011

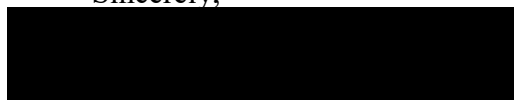
Dear Director Matney:

We have reviewed the proposed Iowa (IA) State Plan Amendment (SPA) to Attachment 4.19-B IA-22-0011, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 27, 2022. This plan amendment implements an increase for Applied Behavioral Analysis (ABA) rates.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2022. 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 Robert Bromwell at 410-786-5914 or [Robert.bromwell@cms.hhs.gov](mailto:Robert.bromwell@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER

2 2 — 0 0 1 1

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

July 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR §447.200 Subpart B

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 22 \$ 11,718  
b. FFY 23 \$ 48,210

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, page 7

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)

Attachment 4.19-B, page 7

9. SUBJECT OF AMENDMENT

Applied Behavior Analysis (ABA) reimbursement increase for SFY23 (state legislative directive, HF 2578)

10. GOVERNOR'S REVIEW (Check One)



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

12. TYPED NAME

Elizabeth Matney

13. TITLE

Medicaid Director

14. DATE SUBMITTED

09/26/2022

15. RETURN TO

Elizabeth Matney

Medicaid Director

Department of Human Services

Iowa Medicaid Enterprise

1305 East Walnut Street

Des Moines, IA 50319

**FOR CMS USE ONLY**

16. DATE RECEIVED

9/27/2022

17. DATE APPROVED

November 4, 2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

State/Territory:

IOWA

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).

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.

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). The agency's rates were set as of July 1, 2022 and are effective for services on or after that date.

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 A. 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.

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State Plan TN #	<u>IA-22-0011</u>	Effective	<u>July 1, 2022</u>
Superseded TN #	<u>IA-20-017</u>	Approved	<u>November 4, 2022</u>