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Ref. #	Date Rec'd	DIV	Type Rule	Statutory Rule Authority	Purpose of these Amendments	Specific Rules Affected	DPP	Status	NPP	Notice Pub Date	Notice ARC#	Adopt ARC#	Rules Effective Date	POC
14-088	10/10/2013	IME	Regular	249A.4	Allows for changes to rules for allogeneic and autologus bone marrow transplants and heat transplants.	78.1(20)"a"	2	N - Noticed	3	11/13/2013	1185C		4/1/2014	Marty Swartz
14-083	9/25/2013	IME	EA	514I (2)	Rules being amended to reflect programmatic changes as required by the federal patient protection and affordable care act. Changes the income guidelines to reflect the MAGI-equivalent guidelines given to the state by CMS.	86.2(2), 86.8(1), 86.8(2), 86.20(3)	3	N - Noticed		11/13/2013	1183C		1/1/2014	Tony Sithonnorath
14-082	9/3/2013	DEP DIR	Regular	217.6; #249A.4	These amendments implement provisions of the Patient Protection and Affordable Care Act of 2010 pursuant to federal regulations. These amendments implement changes to the appeals process and requirements that resulted from federal legislation.	7.1, 7.4, 7.5(2)"A", 7.5(4), 7.5(6), 7.5(10), 7.6(1), 7.6(2), 7.7(1), 7.7(2), 7.7(3), 7.8(1), 7.8(2), 7.8(3), 7.8(6), 7.8(8), 7.9(1), 7.9(2), 7.9(5), 7.10(2), 7.10(4), 7.16(3), 7.16(5), 7.16(6), 7.16(9)	34	N - Noticed	27	10/16/2013	1129C		3/1/2014	Denise Dutton
14-074	7/25/2013	ACFS	EA	249A.4	Establishes the Iowa Health and Wellness Plan for low income persons between the ages of 19-64 who meet eligibility critieria.	441-74, 88.2(1), 88.22(2), 88.48(1), 88.65(7)	10	A - Adopted	14	8/21/2013	0972C	1135C	10/2/2013	Andria Seip, Jill Henson
14-072	7/15/2013	IME	Regular	249A.4	Rescind rules requiring a reduction in payment for physician services rendered in facility settings, consistent with the Medicare program	79.1(7)		A - Adopted	1	8/7/2013	0910C	1152C	1/1/2014	Marty Swartz
14-073	7/15/2013	MHDS	Regular	331	Defines the regional service system including the regional governance structure and agreements, functional assessment criteria, eligibility and regional service system managment plan.	25.11(331) - 25.20(331)	29	A - Adopted	29	8/21/2013	0974C	1173C	1/1/2014	Theresa Armstrong

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14-070	7/12/2013	IME	Regular	249A.4	Deletes the optional requirement for Medicaid respite providers to be licensed as daycare providers.	77.30(5)"A"(9), 77.30(8)"A"(1), 77.34(5)"A"(9), 77.37(22)"A"(1), 77.39(14)"A"(10), 77.39(25)"A"(1), 77.46(5)"A"(3)	2	A - Adopted	2	8/7/2013	0911C	1149C	1/1/2014	Liz Matney
14-069	7/10/2013	IME	Regular	249A.4	Clarifies the Department's policies regarding sanctions and adds detailed descriptions of actions that will cause sanctions to be imposed. Also clarifies that specific Medicaid debts are non-dischargeable in bankruptcy proceedings.	79.2(249A), 79.4(2), 79.9(6), 79.9(7), 79.9(8), 80.4(249A)	14	A - Adopted		8/7/2013	0912C	1155C	1/1/2014	Rocco Russo
14-067	7/8/2013	IME	Regular	249A.4	Provides clarification about services provided under the non-emergency medical transportation (NEMT) program.	78.13(249A)	5	N - Noticed	8	10/30/2013	1161C		3/1/2014	Tim Weltzin
14-062	6/17/2013	IME	Regular	249A.4	Brings Iowa Medicaid into compliance with Section 6401 of the Patient Protection and Affordable Care Act.	79.14(2), 79.14(2)"d", 79.14(15)	2	A - Adopted		8/7/2013	0917C	1153C	1/1/2014	Andria Seip
14-057	5/31/2013	IME	EA&I	249A.4	Codifies policies regarding a suspension of enrollment in IowaCare.	92.14(249A, 249J)	1	E - In Effect	4			0862C	7/1/2013	Deanna Jones
14-055	5/31/2013	IME	EA&I	249A.4	Implements Medicaid provider reimbursement rate increases in accordance with 2013 legislation.	78.34(9)"g"(1), 78.43(5)"g", 78.46(2)"g", 79.1(2), 79.1(5)"y"(2), 79.1(5)"y"(5), 79.1(8)"d"(1), 79.1(8)"j", 79.1(16)"v"(2), 79.17(249A), 83.2(2)"b", 83.22(2)"c"(2), 83.42(2)"b", 83.82(2)"d", 83.102(2)"b", 83.122(6)"b"	27	E - In Effect	29			0842C	7/1/2013	Deb Johnson

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14-053	5/31/2013	IME	EA&I	249A.4	Changes the payment methodology for home health services to the Medicare low utilization payment amount (LUPA) methodology with state geographic wage adjustments.	79.1(2), 79.1(26), 79.1(27)	3	E - In Effect	8			0864C	7/1/2013	Lin Christensen
14-051	5/31/2013	IME	EA&I	249A.4	These amendments transfer administrative responsibility for Medicaid habilitation to the contractor for the Iowa Plan for Behavioral Health and integrate targeted case management into integrated health homes for members with chronic mental illness.	77.25, 77.25(10), 78.27(2), 78.27(3), 78.27(4)"a", 78.27(4)"e", 78.27(6)"b", 78.27(11), 79.1(24)"c", 79.1(24)'b"(7)	4	E - In Effect	15			0848C	7/1/2013	LeAnn Moskowitz
14-043	5/31/2013	IME	EA&I	249A.4	Requires prior authorization for initial admission to or continued stay in a certified hospital "swing-bed" for a member who no longer requires acute hospital care and who otherwise meet a nursing facility or skilled level of care (LOC).	78.3(16)	2	E - In Effect	4			0844C	7/1/2013	Marty Swartz
14-041	5/31/2013	IME	EA&I	249A.4	Excludes coverage of and payment for elective, non-medically necessary cesarean section deliveries.	78.1(1)	1	E - In Effect	2			0846C	7/1/2013	Marty Swartz
14-047	5/31/2013		EA&I	249A.4	Changes the reimbursement method for case management services under the Medicaid state plan, habilitation, Home and Community based services for individuals with a brain injury and elderly.	79.1(1)"d", 79.1(2)	2	E - In Effect	4			0840C	7/1/2013	Le Howland
14-060	5/30/2013	IME	Regular	249A.4	Provides additional disproportionate share payments to qualifying hospitals.	79.1(5)"ac"	2	A - Adopted		8/7/2013	0918C	1150C	1/1/2014	Marty Swartz

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14-059	5/30/2013	IME	Regular	249A.4	Rescinds rules that were never approved by CMS in a State Plan Amendment	79.1(22)"c"	1	A - Adopted		8/7/2013	0919C	1154C	1/1/2014	Sara Schneider, Anita Smith
14-058	5/30/2013	IME	Regular	249A.4	Codifies policies regarding a suspension of enrollment in IowaCare.	92.14(249A, 249J)	3	A - Adopted	3	7/24/2013	0861C	1059C	11/6/2013	Deanna Jones
14-056	5/30/2013	IME	Regular	249A.4	Implements Medicaid provider reimbursement rate increases in accordance with legislation.	78.34(9)"g"(1), 78.43(5)"g", 78.46(2)"g", 79.1(2), 79.1(5)"y"(2), 79.1(5)"y"(5), 79.1(5)"y"(8), 79.1(8)"d"(1), 79.1(8)"j", 79.1(16)"v"(2), 79.17(249A), 83.2(2)"b", 83.22(2)"c"(2), 83.42(2)"b", 83.82(2)"d", 83.102(2)"b", 83.122(6)"b"	3	A - Adopted	3	7/24/2013	0841C	1056C	11/6/2013	Deb Johnson
14-054	5/30/2013	IME	Regular	249A.4	Changes the payment methodology for home health services to the Medicare low utilization payment amount (LUPA) methodology with state geographic wage adjustment.	79.1(2), 79.1(26), 79.1(27)	3	A - Adopted	3	7/24/2013	0863C	1058C	11/6/2013	Lin Christensen
14-052	5/30/2013	IME	Regular	249A.4	Transfers Administrative responsibility for Medicaid Habilitation to the contractor for the Iowa Plan for Behavioral Health.	77.25(5), 77.25(10), 78.27(2), 78.27(3), 78.27(4)"A", 78.27(4)"E", 78.27(6)"B", 78.27(11), 79.1(24)"C", 79.1(24)"B"(7)	3	A - Adopted	3	7/24/2013	0847C	1051C	11/6/2013	LeAnn Moskowitz
14-050	5/30/2013	IME	EA	249A.4	TERMINATED. Transitions the provision of service provided by individual providers of personal care under the consumer directed attendant care (CDAC) option to agency-provided personal care services.	77.30(7)"i", 77.33(15)"i", 77.34(8)"i", 77.37(21)"i", 77.39(24)"i", 77.41(2)"i"	3	E - In Effect	4	7/24/2013	0888C	N.O.T. 1027C	10/1/2013	Brian Wines

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14-048	5/30/2013	IME	Regular	249A.4	Changes the reimbursement method for case management services under the Medicaid State Plan, habilitation, Home and Community Based Services for individuals with a brain injury and elderly.	79.1(1)"d", 79.1(2)	3	A - Adopted	3	7/24/2013	0839C	1057C	11/6/2013	Le Howland
14-046	5/30/2013	IME	EA	249A.4	Changes payment methodology for HCBS transportation to be the same as negotiated by the Medicaid Non-Emergency Transportation Broker.	77.33(11)"f", 77.37(24)"g", 77.39(18)"f", 77.41(6)"e", 78.37(11), 78.41(11), 78.43(7), 78.46(5), 79.1(2)	4	A - Adopted	4	7/24/2013	0887C	1071C	10/1/2013	LeAnn Moskowitz
14-044	5/30/2013	IME	Regular	249A.4	Add requirement for prior authorization for initial admission to or continued stay in a certified hospital "swingbed" for a member who no long requires acute hospital care and who would otherwise meet a nursing facility for skilled level of care.	78.3(16)	1	A - Adopted	3	7/24/2013	0843C	1054C	11/6/2013	Marty Swartz
14-042	5/30/2013	IME	Regular	249A.4	Excludes coverage of and payment for elective, non-medically necessary cesarean section (C-section) deliveries.	78.1(1)	1	A - Adopted	3	7/24/2013	0845C	1052C	11/6/2013	Marty Swartz
14-040	5/30/2013	IME	EA	217.6, 249J	Changes the payment methodology for federally qualified health centers (FQHC) from fee-for-service to an encounter payment.	92.8(1), 92.8(7), 92.9(3)	2	A - Adopted	5	7/24/2013	0886C	1072C	10/1/2013	Deanna Jones
14-028	5/29/2013	IME	Regular	249A.4	Amends rules to allow for payment of wheelchairs for Medicaid members who qualify in Nursing Facilities.	78.10(2), 78.10(5), 78.28, 81.10(5)	3	A - Adopted			0920C	1151C	10/9/2013	Cathy Coppes

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14-027	5/22/2013	MHDS	Regular	218, 222	Creates a regional administrator system for MHDS and shifts county financial liability for payment from county of settlement to county of residence.	28.1-28.12, 29.1(7), 29.2, 29.3, 29.4, 30.2, 30.3, 30.6(1)	13	A - Adopted		8/7/2013	0921C	1145C	1/1/2014	Harold Templeman, Karalyn Kuhns
14-025, 13-079	5/7/2013	IME	Regular	249A.4	Clarification of treatment of related party compensation in setting rates for Intermediate Care Facilities for Persons with Intellectual Disabilities.	82.5(3), 82.5(11)"e"(1, 7), 82.5(11)"m", 82.5(11)"n", 82.5(11)"o"	5	A - Adopted	6	6/12/2013	0788C	0995C	11/1/2013	Don Gookin
14-024, 13-078	5/7/2013	IME	Regular	249A.4	Provides clarification for the treatment of prescription drugs, x-ray, lab, and related party compensation in setting rates for Nursing Facilities.	78.19(1)"a"(1), 79.1(2), 81.1, 81.6, 81.6(2), 81.6(10)"a", 81.6(11)"e"(3), 81.6(11)"h"(1,7,8), 81.6(11)"i", 81.6(11)"o", 81.6(11)"q-t", 81.6(12)"a", 81.6(13), 81.6(15)	13	A - Adopted	14	6/12/2013	0789C	0994C	11/1/2013	Don Gookin
14-023, 13-077	5/7/2013	IME	Regular	249A.4	Provides clarification of the treatment of related party compensation in setting rates for residential care facilities (RCFs)	54.1, 54.2, 54.3, 54.3(3), 54.3(11)"h"(1, 5, 11), 54.3(11)"n", 54.3(11)"o", 54.3(11)"p", 54.8(1)	7	A - Adopted	8	6/12/2013	0790C	0991C	11/1/2013	Don Gookin
14-021, 13-075	4/5/2013	IME	Regular	514I.4	The rules are being amended to reflect programmatic changes affecting the hawk-i program as required by the Patient Protection and Affordable Care Act	86, 86.1, 86.2, 86.3, 86.4, 86.5, 86.6, 86.7, 86.8, 86.9, 86.10, 86.11, 86.12, 86.13, 86.15, 86.19, 86.20	23	A - Adopted	41	4/26/2013	0747C	0837C	10/1/2013	Tony Sithonnorath, Anita Smith
14-020, 13-071	3/27/2013	ACFS	EA	249A.4	Update the average charges for PMICs and MHIs and the maximum Medicaid rate for ICF/IDs which are used to determine the disposition of the income of a medical assistance income trust (MAIT).	75.24(3)"b"(2) thru (4)	1	E - In Effect	2	4/17/2013	0690C	0822C	7/1/2013	Karen Jones

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14-019, 13-070	3/27/2013	ACFS	EA	249A.4	Update rules to decrease statewide average cost of nursing facility services to a private-pay person.	75.23(3), 75.24"b"(1)	1	E - In Effect	2	4/17/2013	0691C	0821C	7/1/2013	Karen Jones
14-018, 13-069	3/12/2013	IME	EA	249A.4	Implement the Integrated Health Home (IHH) for members with Serious and Persistent Mental Illness (SPMI) as defined in the State Plan. This is phase 2 of a planned implementation meeting federal guidelines for this program. These two rule changes add the information required to define eligibility and modifies the payment matrix to assure accuracy.	77.47(1), 78.53(2), 79.1(2)	3	E - In Effect	5		0667C, 0748C	0838C	7/1/2013	Dennis Janssen, Marni Bussell
14-017, 13-068	3/4/2013	ACFS	EA	249A.4	This amendment decreases premiums for applicants and recipients under the Medicaid for Employed People with Disabilities program with income over 150% of the federal poverty level.	75.1(39)"b"(3)	1	E - In Effect	2	4/3/2013	0668C	0820C	8/1/2013	Sally Oudekerk
14-016, 13-067	2/28/2013	IME	Regular	249A.4	Federal Initiative. Set the base year for calculating the hospital incentive program. Permit an alternate option for children's hospitals to participate, using a specially assigned number by CMS. Clarify and update the application, agreement, and payment processes, including dual eligible hospitals which report to CMS.	79.16(1), 79.16(2)"b", 79.16(2)"c", 79.16(3), 79.16(4)	4	E - In Effect	5	4/3/2013	0669C	0824C	9/1/2013	Todd Hong, Jody Holmes
14-013, 13-063	2/5/2013	IME	Regular	249A.4	The rules are being amended to clarify language for Medical Equipment and Supplies	78.10(1), 78.10(2), 78.10(3), 78.10(4), 78.10(5), 78.28(1), 79.1(4)	10	E - In Effect	26	4/17/2013	0649C	0823C	9/1/2013	Cathy Coppes

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14-012, 13-061	2/1/2013	ACFS	Regular	249A.4	The purpose of this amendment is to clarify policy on the treatment of income and resources for institutionalized spouses who apply for the Program for All-Inclusive Care for the Elderly (PACE)	88.84(1)"a"	1	E - In Effect	2		0639C	0758C	8/1/2013	Sally Oudekerk
14-001, 13-030	1/11/2013	IME	Regular	249A.4	Allows nursing facilities to collect additional payment above the Medicaid payment from residents and families who desire a private room.	81.10(5)"e"(4)	3	E - In Effect	4		0590C	0714C	7/1/2013	Don Gookin
14-011, 13-060	1/10/2013	IME	Regular	249A.4	Change the name from Ill and Handicapped Waiver to Health and Disability Waiver.	77.30, 77.30(18), 77.33(9)"c", 77.37(17)"b", 77.39(16)"a", 77.41(3)"a", 78.34, 78.34(13)"b"(1), 79.1(2), 83.1, 83.2, 83.2(1)"b", 83.2(1)"d"(3), 83.2(2), 83.3(1), 83.3(2), 83.3(3), 83.4, 83.5, 83.6, 83.7, 83.8(2)	6	E - In Effect	13		0615C	0757C	8/1/2013	Sue Stairs
14-010, 13-059	1/4/2013	IME	Regular	249A.4	Changes unit time and rate definition changes for HCBS waiver and habilitation services. Aligns reimbursement with new billing code definitions. Increases reate to equalize a service rate across programs.	79.1(2), 79.1(15), 79.1(24),	10	E - In Effect	13		0588C	0710C	7/1/2013	Le Howland

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14-009, 13-058	1/4/2013	IME	Regular	249A.4	Conversion of billing codes used to bill waiver services. Changes to standard definitions. Removes exclusion of case management and targeted case management under general service standards for each waiver.	78.27(10)"a"(1)3, 78.34(5), 78.34(8), 78.37(6), 78.38(5), 78.41(1), 78.41(2), 78.41(7), 78.41(9), 78.41(13), 78.41(14), 78.43(2), 78.43(3), 78.43(4), 78.43(11), 78.43(14), 78.52(3), 78.52(5)	15	E - In Effect	20		0589C	0709C	7/1/2013	Le Howland
14-008, 13-057	12/27/2012	IME	Regular	249A.4	Increase payments to primary care specialties IAW the Patient Protection Affordable Care Act (PPACA), Section 1202, (Public Law 111-148).	79.1(2), 79.1(7)	2	E - In Effect	6		0584C	0713C	7/1/2013	Andria Seip
14-007, 13-055	12/24/2012	MHDS	Regular	225C.6(1)	Establishes the rules that define criteria for evaluation of a county's application for an exemption from joining into a region	25-91(1)-(13)	9	E - In Effect	9		0575C	0735C	8/1/2013	Theresa Armstrong
14-005, 13-051	11/19/2012	IME	Regular	249A.4	Clarifies rules regarding reviews and audits in the medical assistance program.	79.4(3), 79.4(7)	2	E - In Effect	5		0569C	0712C	7/1/2013	Rocco Russo
14-004, 13-050	11/19/2012	IME	Regular	249A.4	Clarifies existing rules for when a medical assistance provider will not or cannot provide records to support billed services	79.3	1	E - In Effect	2		0570C	0711C	7/1/2013	Rocco Russo
14-003, 13-045	10/25/2012	IME	Regular	249A.4	Update unit of service changes for waiver services	79.1(2)	4	E - In Effect	6		0568C	0708C	7/1/2013	Le Howland
14-002, 13-044	10/25/2012	IME	Regular	249A.4	Update Medicaid - Revisions to rules due to billing code changes (non-cost report based codes) and standardization of definitions	78.34, 78.37, 78.38, 78.41, 78.43, 78.46	56	E - In Effect	55		0567C	0707C	7/1/2013	Le Howland
14-061		MHDS	Regular	331	MHDS Regional Core Services	25.1, 25.2, 25.3, 25.4	10	A - Adopted	28	7/24/2013	0885C	1096C	11/20/2013	Theresa Armstrong