

**HUMAN SERVICES DEPARTMENT[441]**

**Notice of Intended Action**

Pursuant to the authority of Iowa Code section 249A.4, the Department of Human Services proposes to amend Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” and Chapter 88, “Managed Health Care Providers,” Iowa Administrative Code.

These amendments replace references to the multi-axial classification of mental disorders used prior to the implementation of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) in 2013 with appropriate references to the new DSM-5.

Any interested person may make written comments on the proposed amendments on or before December 2, 2014. Comments should be directed to Harry Rossander, Bureau of Policy Coordination, Department of Human Services, Hoover State Office Building, Fifth Floor, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980 or by e-mail to [policyanalysis@dhs.state.ia.us](mailto:policyanalysis@dhs.state.ia.us).

These amendments do not provide for waivers in specified situations because requests for the waiver of any rule may be submitted under the Department’s general rule on exceptions at 441—1.8(17A,217).

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code section 249A.4.

The following amendments are proposed.

ITEM 1. Amend rule 441—78.12(249A), introductory paragraph, as follows:

**441—78.12(249A) Behavioral health intervention.** Payment will be made for behavioral health intervention services not otherwise covered under this chapter that are designed to minimize or, if possible, eliminate the symptoms or causes of ~~an Axis I psychological a~~ mental disorder, subject to the limitations in this rule.

ITEM 2. Amend subrule 78.12(1) as follows:

**78.12(1) Definitions.**

~~“Axis I disorder” means a diagnosed mental disorder, except for personality disorders and mental retardation, as set forth in the “Diagnostic and Statistical Manual IV-TR,” Fourth Edition.~~

“Behavioral health intervention” means skill-building services that focus on:

1. Addressing the mental and functional disabilities that negatively affect a member’s integration and stability in the community and quality of life;
2. Improving a member’s health and well-being related to the member’s ~~Axis I~~ mental disorder by reducing or managing the symptoms or behaviors that prevent the member from functioning at the member’s best possible functional level; and
3. Promoting a member’s mental health recovery and resilience through increasing the member’s ability to manage symptoms.

“Licensed practitioner of the healing arts” or “LPHA,” as used in this rule, means a practitioner such as a physician (M.D. or D.O.), an advanced registered nurse practitioner (ARNP), a psychologist, a social worker (LMSW or LISW), a marital and family therapist (LMFT), or a mental health counselor (LMHC) who:

1. Is licensed by the applicable state authority for that profession;
2. Is enrolled in the Iowa Plan for Behavioral Health (Iowa Plan) pursuant to

441—Chapter 88, Division IV; and

3. Is qualified to provide clinical assessment services (Current Procedural Terminology code 90801) under the Iowa Plan pursuant to 441—Chapter 88, Division IV.

“Mental disorder” means a disorder, dysfunction, or dysphoria diagnosed pursuant to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, published by the American Psychiatric Association, excluding intellectual disabilities, personality disorders, medication-induced movement disorders and other adverse effects of medication, and other conditions that may be a focus of clinical attention.

ITEM 3. Amend paragraph **78.12(6)“a”** as follows:

a. Consistent with the diagnosis and treatment of the member’s condition and specific to a daily impairment caused by ~~an Axis-I~~ a mental disorder;

ITEM 4. Amend paragraph **78.45(1)“c”** as follows:

c. The member has a validated principal ~~DSM-IV-TR Axis-I~~ mental health diagnosis consistent with a severe and persistent mental illness. For this purpose, a mental health diagnosis means a disorder, dysfunction, or dysphoria diagnosed pursuant to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, published by the American Psychiatric Association, excluding neurodevelopmental disorders, substance-related disorders, personality disorders, medication-induced movement disorders and other adverse effects of medication, and other conditions that may be a focus of clinical attention. Members with a primary diagnosis of substance-related disorder, developmental disability, or organic disorder are not eligible for ACT services.

ITEM 5. Amend subrule 88.65(5) as follows:

**88.65(5)** Covered diagnoses. Services for a covered diagnosis cannot be denied

solely on the basis of an individual's also having a noncovered diagnosis. Mental health services, including inpatient care, cannot be denied solely on the basis of an individual's having no ~~Axis-I~~ diagnosis pursuant to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, published by the American Psychiatric Association. The contractor will be responsible for ensuring, arranging, monitoring, and reimbursing services necessary for the behavioral care and treatment of the covered diagnoses for Iowa Plan enrollees who are diagnosed with a covered diagnosis and a noncovered diagnosis.

The services defined at subrules 88.65(3) and 88.65(4) shall be provided to all Iowa Plan enrollees who meet the diagnostic criteria for the following disorders listed in the International Classification of Diseases—Ninth Edition (ICD-9):

1. Mental health: 290-302.9; 306-309.9; 311-314.9.
2. Substance abuse: 303-305.9.

## Information on Proposed Rules

Name of Program Specialist Sally Nadolsky	Telephone Number 256-4649	E-mail Address <a href="mailto:snadols@dhs.state.ia.us">snadols@dhs.state.ia.us</a>
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1.	Give a brief summary of the rule changes: This rule replaces references to the multi-axial classification of mental disorders used prior to the implementation of the Fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) in 2013 with appropriate refernces to the new DSM-5.
2.	What is the legal basis for the change? (Cite the authorizing state and federal statutes and federal regulations): 249A.4
3.	Why is the Department requesting these changes? To eliminate references to an obsolete multi-axial system used in prior DSM manuals.
4.	What will be the effect of this rule making (who, what, when, how)? The provider and payor community have made the change upon the release of the DSM-5, so this will not have an impact.
5.	What are the potential costs and benefits of this rule making to the persons affected? There are no costs as this change has been implemented nationally. The benefit is keeping the rules current.
6.	What are the potential costs and benefits of this rule to the state? There are no costs as this change has been implemented nationally. The benefit is keeping the rules current.
7.	What are the likely areas of public comment or controversy? No comments are expected.
8.	Are there any alternatives to making these changes in rules that you considered and rejected? Continuing to maintain obsolete references in the Iowa Administrative Code was not considered as it is necessary to keep Code references current.
9.	What will be the effect on other governmental bodies (federal or state agencies, county governments)? There will be no effects on other governmental bodies.
10.	If rules do not contain waiver provisions, explain why: Specific waivers are not provided as diagnosing mental health disorders must comply with national standards.
11.	Do these rules have an impact on private-sector jobs and employment opportunities in Iowa? (If yes, describe nature of impact, categories and number of jobs affected, state regions affected, costs to employer per employee) There is no impact on jobs and employment opportunities in Iowa.

# ADMINISTRATIVE RULE FISCAL IMPACT STATEMENT

Date: September 23, 2014

**Agency:** Human Services

**IAC citation:** 441 IAC 78.12, 78.45, and 88.65

**Agency contact:** Sally Nadolsky

**Summary of the rule:**

This rule replaces references to the multi-axial classification of mental disorders used prior to the implementation of the Fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) in 2013 with appropriate references to the new DSM-5.

*Fill in this box if the impact meets these criteria:*

No fiscal impact to the state.

Fiscal impact of less than \$100,000 annually or \$500,000 over 5 years.

Fiscal impact cannot be determined.

**Brief explanation:**

This is a technical change to replace an obsolete reference. There will be no fiscal impact.

*Fill in the form below if the impact does not fit the criteria above:*

Fiscal impact of \$100,000 annually or \$500,000 over 5 years.

**Assumptions:**

**Describe how estimates were derived:**

**Estimated Impact to the State by Fiscal Year**

	<u>Year 1 (SFY15)</u>	<u>Year 2 (SFY16)</u>
<b>Revenue by each source:</b>		
General fund	_____	_____
Federal funds	_____	_____
Other (specify):	_____	_____
<b>TOTAL REVENUE</b>	_____	_____
<b>Expenditures:</b>		
General fund	_____	_____
Federal funds	_____	_____
Other (specify):	_____	_____
<b>TOTAL EXPENDITURES</b>	_____	_____
<b>NET IMPACT</b>	N/A	N/A

\_\_\_\_\_ This rule is required by state law or federal mandate.  
*Please identify the state or federal law:*

\_\_\_\_\_ Funding has been provided for the rule change.  
*Please identify the amount provided and the funding source:*

Funding has not been provided for the rule.  
*Please explain how the agency will pay for the rule change:*  
 There is no fiscal impact.

***Fiscal impact to persons affected by the rule:***  
 No impact.

***Fiscal impact to counties or other local governments (required by Iowa Code 25B.6):***  
 No impact.

Agency representative preparing estimate: Joe Havig  
 Telephone number: 515-281-6022