1/17/07 revised pages



State/Territory: IOWA

# ATTACHMENT 3.1-A
# AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

**Covered Services**

A. Except as otherwise noted below, each of the medical and remedial services described in Section E below are covered under Iowa Medicaid plan if they are:

- Consistent with the diagnosis and treatment of the patient's condition;
- In accordance with the standards of good medical practice. The standards of good practice for each field of medical and remedial care covered by Iowa Medicaid are those standards of good practice identified by knowledgeable Iowa clinicians practicing or teaching in the field and in the professional literature regarding best practices in the field.
- Required to meet the medical needs of the patient and be for reasons other than the convenience of the patient or the patient's caregiver; and
- The least costly type of service that could reasonably meet the medical needs of the patient.

No payment shall be made for any service covered under the Iowa Medicaid program, unless all state and federal restraint and seclusion regulations and guidelines applicable to the provision of such service to the individual receiving the service are fully complied with by the provider of that service. Nor shall such services be charged by the provider to the recipient.

B. Iowa Medicaid will cover services furnished in another State to the same extent that it would cover services furnished within its boundaries if the services are furnished to a recipient who is a resident of the State and any of the following conditions are met:

(1) Medical services are needed because of a medical emergency;
(2) Medical services are needed and the recipient's health would be endangered if he were required to travel to his or her state of residence;
(3) The Iowa Medicaid Agency determines, on the basis of medical advice, that the needed medical services, or necessary supplementary resources are more readily available in another State;
(4) It is the general practice for recipients in a particular locality to use medical resources in another state.

*Reference: 42 CFR 431.52*

State/Territory: IOWA

C. In addition to any other limitations on amount duration and scope of services described elsewhere in this plan, the following limitations apply. Iowa Medicaid does not cover:

(a) Vaccines available through the Vaccines for Children Program.

(b) Braille education that has an educational focus. (Note: Braille education is covered when provided by a licensed nurse, certified orientation and mobility specialist or licensed teacher of the visually impaired for orientation of mobility (i.e., health and safety needs).)

(c) Drugs dispensed by any legally qualified practitioner (physician, dentist, podiatrist, physician assistant or advanced nurse practitioner) unless it has been established that there is no licensed retail pharmacist in the community in which the legally qualified practitioner's office is maintained.

(d) Unproven or experimental surgical procedures. The criteria in effect in the Medicare program in Iowa are used to determine when a given procedure is unproven or experimental.

(e) Surgical procedures on the "Outpatient/Same Day Surgery List" published by the Iowa Medicaid Agency when the procedure is performed in a hospital on an inpatient basis unless the physician has secured approval from the hospital's utilization review department prior to the patient's admittance to the hospital.

(f) "Cosmetic, reconstructive or plastic surgery," defined as surgery which can be expected primarily to improve physical appearance or which is performed primarily for psychological purposes or which restores form but which does not correct or materially improve bodily functions, and all related services and supplies, including any institutional care. However, otherwise covered services and supplies are covered in connection with cosmetic, reconstructive, or plastic surgery as follows:

(1) Correction of a congenital anomaly (except dental congenital anomalies such as absent tooth buds, malocclusion and similar conditions).

(2) Restoration of body form following an accidental injury; or revision of disfiguring and extensive scars resulting from neo-plastic surgery, if the procedures are performed no later than twelve months subsequent to the related accidental injury or surgical trauma, except in the case of children who may require a growth period.

(g) Family planning services do not include the treatment of infertility.

D. The following limitations also apply to otherwise covered services:

(a) Sterilizations are covered only if all of the following conditions have been met:

(1) The person must give voluntary informed consent at least 30 days but not more than 180 days before the date of sterilization.

State/Territory: IOWA

(2) The person must be at least 21 years of age at the time of the consent.
(3) The person must not appear to be mentally incompetent.

(a) Abortions are covered when the pregnancy is the result of rape or incest or when the physician certifies that the abortion is necessary to save the life of the mother.

(b) Coverage for organ transplants is described in Attachment 3.1-E, pursuant to the requirements of 42 CFR 441.35 (Organ Transplants), and meet the requirements of Section 4201 (Organ Transplants) of the State Medicaid Manual.

(c) All Outpatient Psychiatric Services provided under the State Plan must meet the guidelines contained in Section 4221 (Outpatient Psychiatric Services) of the State Medicaid Manual.

(d) Ambulatory surgical center services must meet the requirements of Section 4570 (Ambulatory Surgical Center Services) of the State Medicaid Manual.

(e) Facility treatment of end-stage renal disease is covered only if the facility has been approved the Secretary of Health and Human Services to furnish those services under Medicare (except in emergency conditions permitted by Medicare). (Reference 42 CFR 441.40).

(f) Pursuant to 42 CFR 431.54(e) (*Lock-in of recipients who over utilize Medicaid services*) if the Iowa Medicaid agency finds that a recipient has utilized Medicaid services at a frequency or amount that is not medically necessary as determined in accordance with utilization guidelines established by the State, the agency may restrict the recipient for a reasonable period of time to obtain Medicaid services only from designated providers, provided:

(1). The agency gives the recipient notice and an opportunity for a hearing (in accordance with procedures established by the agency) before imposing the restrictions.

(2). The agency assures that the recipient has reasonable access (taking into account geographic location and reasonable travel time) to Medicaid services of adequate quality.

(3). The restrictions do not apply to emergency services furnished to the recipient.

E. In addition to any other terms and conditions of this state plan, and not by way of limitation on the type of services covered under this plan or the amount, duration or scope of such services, payment to providers for covered services requires:

- ☐ Receipt of prior authorization, if required in the Iowa Medicaid rules, manuals or published provider informational releases.

State/Territory: IOWA

- A provider who meets the standards relating to qualifications for providers, established by the Iowa Medicaid agency pursuant to 42 CFR 431.51 (c)(2) and which are published in Iowa Medicaid rules, manuals or provider notices. All eligible providers who meet those qualifications shall be eligible to enroll in the Iowa Medicaid program.

  In addition to, and not by way of limitation of the previous paragraph, and pursuant to 42 CFR 431.54 (f) (*Lock-out of providers*), if the Iowa Medicaid agency finds that a Medicaid provider has abused the Medicaid program and/or its members, the Iowa Medicaid agency may restrict the provider through suspension or otherwise, from participating in the program for a reasonable period of time, but in any case for at least as long as necessary for the provider to implement successfully a plan of correction, provided that, before imposing any restriction, the Iowa Medicaid agency:

  (1) Gives the provider notice and opportunity for a hearing, in accordance with procedures established by the agency.

  (2) Finds that in a significant number or proportion of cases, the provider has:

  (i) Furnished Medicaid services at a frequency or amount not medically necessary, as determined in accordance with utilization guidelines established by the agency; or

  (ii) Furnished Medicaid services of a quality or in a manner that does not meet professionally recognized standards of care and appropriate professional behavior. (Failure to properly apply state and/or federal requirements regarding restraint and seclusion shall be considered such a failure).

  (3) Notified CMS and the general public of the restriction and its duration.

  (4) Ensures that the restrictions do not result in denying recipients reasonable access (taking into account geographic location and reasonable travel time) to Medicaid services of adequate quality, including emergency services.

- Clinical and other documentation of the services provided in the recipient's medical record which documentation is appropriate and sufficient for such a provider under applicable professional standards for the provider and the published requirements of the Iowa Medicaid program. Otherwise covered services which are provided, but which are not properly documented are not payable by Medicaid and may not be charged to the patient.

- Compliance with the quality standards of the provider (if any), or those established by Federal or State statute, rule, of other official federal or state publication for the particular type of provider. The term "provider" means any individual or entity furnishing Medicaid services under an agreement with the Iowa Medicaid agency.

State/Territory: IOWA

This provision is in partial satisfaction of 42 CFR 440.260 (Methods and Standards to Assure Quality of Services). With reference to the latter see also Attachment 3.1-C.

- ☐ A provider agreement with the Iowa Medicaid Agency which meets the requirements of Section 4602 (Provider Agreements) of the State Medicaid Manual.

F. The list of Iowa Medicaid covered services below incorporate by reference the specifically referenced descriptions of Medicaid covered services contained in 42 CFR 440 and all limitations on the provision of such services described in 42 CFR 440, 42 CFR 441 or in other relevant sections of the Code of Federal Regulations, in the (CMS) State Medicaid Manual, as well as those described above in this attachment. All limitations referenced below are, in all cases, in addition to those limitations listed above.

1. Inpatient hospital services (other than those provided in an institution for mental diseases), as *defined in 42 CFR 440.10 and limited by 42 CFR 441.12 (Inpatient Hospital Tests,) are* provided *with additional limitations described in Supplement 2 to Attachment 3.1-A(1). (For methods and standards for payment rates see Attachment 4.19-B(1)).*

2. a. Outpatient hospital services *as defined in 42 CFR 440.20(a) are provided with additional limitations at Supplement 2 to Attachment 3.1-A(2a). (For methods and standards for payment rates see Attachment 4.19-B(2a)).*

   b. Rural health clinic services, *as defined in 42 CFR 440.20(b),* and other ambulatory services furnished by a rural health clinic (which are otherwise included in the State health plan) are *provided with additional limitations described at Supplement 2 to Attachment 3.1-A(2b). (For methods and standards for payment rates see Attachment 4.19-B(3)).*

   c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub 45-4) are p*rovided with additional limitations described in Supplement 2 to Attachment 3.1-A(2c). (For methods and standards for payment rates see Attachment 4.19-B(2c)).*

3. Other laboratory and x-ray services as *defined in 42 CFR 440.30 and subject to the requirements of 42 CFR 441.17 are provided without additional limitations. (For methods and standards for payment rates see Attachment 4.19-B(3)).*

4. a. (1) Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older as *defined in 42 CFR 440.40(a) are provided without additional limitations. (For methods and standards for payment rates see Attachment 4.19-B(4a)).* Nursing Facility services must be ordered by a physician who

has either (1) identified to recipient or his representative alternatives to placement in a nursing home and provided guidance on how to access such alternatives, or (2) documented in the recipient's clinical record why the physician determined that the identification of alternatives was unnecessary or inappropriate.

(2) Nursing facility services (other than services in an institution for mental diseases) *as defined in 42 CFR 440.155 are provided with additional limitations (for methods and standards for payment rates see Attachment 4.19-B(4a)).* Nursing facility services must be ordered by a physician who has either (1) identified to recipient or his representative alternatives to placement in a nursing home and provided guidance on how to access such alternatives, or (2) documented in the recipient's clinical record why the physician determined that the identification of alternatives was unnecessary or inappropriate.

b. Early and periodic screening and diagnosis and treatment services for individuals under age 21 years of age as *defined in 1905R of the Social Security Act and Part 5 of the State Medicaid Manual. (For methods and standards for payment rates for all services described in this item 4.b., see Attachment 4.19-B(4b)).*

c. Family planning services and supplies for individuals of child-bearing age as *defined in 42 CFR 440.40(c) and limited in 42 CFR 440.250(c) and in compliance with the requirements of 42 CFR 441.20 and are provided with additional limitations described in Attachment 3.1-A page 2 and Supplemental 2 to Attachment 3.1-A page 13. (For methods and standards for payment rates see Attachment 4.19-B(4c).*

d. **1) Face-to-Face Tobacco Cessation Counseling Services provided (by):**

☐ (a) By or under supervision of a physician;

☐ (b) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other* than tobacco cessation services; * or

(c) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)

*describe if there are any limits on who can provide these counseling services: There are no limits on the types of providers who are able to render these tobacco cessation counseling services, beyond the providers listed in 4.d.1) (a) – (c), above.

**2) Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women**

State/Territory: IOWA

Provided: ☐ X No limitations ☐ _____ With limitations*

*Any benefit package that consists of *less* than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period (eight (8) counseling sessions per year) should be explained below.

Please describe any limitations: N/A. **Services provided will be consistent with the asterisked provision directly above.**

5. a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere as *defined in 42 CFR 440.50(a) are provided with the additional limitations described in Supplement 2 to Attachment 3.1-A(5a). (For methods and standards for payment rates see Attachment 4.19-B(5a).*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) as *defined in 42 CFR 440.50(b) are provided with additional limitations described in Supplemental 2 to Attachment 3.1-A(5b). (For methods and standards for payment rates see Attachment 4.19-B(5b).*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by state law. *(As defined in 42 CFR 440.60). (Included below are references to the appropriate professional licensing standards and authority for the practitioners specified)*

a. Podiatrist services are *provided with additional limitations described in Supplement 2 to Attachment 3.1-A(6a).*

State/Territory: IOWA

*For methods and standards for payment rates see Attachment 4.19-B(6a).*

*Iowa Administrative Code Reference: Part 645 (Professional Licensing) – Chapter 219 (Administrative and Regulatory Authority of the Board of Podiatry Examiners), Chapter 220 (Licensure of Podiatrists), Chapter 223 (Practice of Podiatry)*

b. Optometrist services are provided with additional *limitations described in* Supplement 2 to Attachment 3.1-A*(6b).*

*For methods and standards for payment rates see Attachment 4.19-B(6b).*

*Iowa Administrative Code Reference: Part 645 (Professional Licensing) – Chapter 179 (Administrative and Regulatory Authority of the Board of Optometry Examiners), Chapter 180 (Licensure of Optometrists), Chapter 182 (Practice of Optometry).*

c. Chiropractor services, subject to the limitations described in 42 CFR 440.60(b), are *provided with additional limitations described in Supplement 2 to Attachment 3.1-A(6c)).*

*For methods and standards for payment rates see Attachment 4.19-B(6c).*

*Iowa Administrative Code Reference: Part 645 (Professional Licensing) – Chapter 40 (Administrative and Regulatory Authority of the Board of Chiropractic Examiners), Chapter 41 (Licensure of Chiropractic Physicians), Chapter 43 (Practice of Chiropractic Physicians).*

d. Medical or remedial care or services provided, pursuant to 42 CFR 440.60, by the following licensed practitioners within the scope of practice as defined under State law:

(1) Reserved

(2) Reserved

(3) Services of hearing aid dispensers are pro*vided with additional limitations described in Supplement 2 to Attachment3.1-A(6d3).*

*For methods and standards for payment rates see Attachment 4.19-B(6d3 .*

*Iowa Administrative Code Reference: Part 645 (Professional Licensing) – Chapter 120 (Administrative and Regulatory Authority for the Board of Examiners for the Licensing and Regulation of Hearing Aid Dispensers), Chapter 121 (Licensure of Hearing Aid Dispensers).*

State/Territory: IOWA

(4) A. Services of psychologists are *provided with additional limitations described in Supplement 2 to Attachment 3.1-A(6d5a).*

*For methods and standards for payment rates see Attachment 4.19-B(6d4).*

*Iowa Administrative Code Reference: Part 645 (Professional Licensing) – Chapter 239 (Administrative and Regulatory Authority for the Board of Psychology Examiners), Chapter 240 (Licensure of Psychologists)*

(5) B. Services of social workers are provided with additional *limitations described in Supplement 2 to Attachment 3.1-A(6d5).*

*For methods and standards for payment rates see Attachment 4.19-B(6d5).*

*Iowa Administrative Code Reference: Part 645 (Professional Licensing) – Chapter 279 (Administrative and Regulatory Authority for the Board of Social Work Examiners), Chapter 280 (Licensure of Social Workers), Chapter 282 (Practice of Social Workers).*

(6) Services of behavioral science practitioners are *provided with additional limitations described in Supplement 2 to Attachment 3.1-A(6d5).*

*For methods and standards for payment rates see Attachment 4.19-B(6d5).*

*Iowa Administrative Code Reference: Part 645 (Professional Licensing) – Chapter 30 (Administrative and Regulatory Authority for the Board of Behavioral Science Examiners), Chapter 31 (Licensure of Marital and Family Therapists and Mental Health Counselors).*

(7) Reserved

(8) A. Services of advanced registered nurse practitioners are *provided with additional limitations described in Supplement 2 to Attachment 3.1-A(6d8A).*

*For methods and standards for payment rates see Attachment 4.19-B(6d8)).*

*Iowa Administrative Code References: Part 655 (Nursing Board) – Chapter 1 (Administrative and Regulatory Authority), Chapter 7 (Advanced Registered Nurse Practitioners).*

(8) B. Certified Registered Nurse Anesthetists are *provided with additional limitations described in Supplement 2 to Attachment 3.1-A(6d8B).*

*For methods and standards for payment rates see Attachment 4.19-B(6d8)).*

*Iowa Administrative Code References: Part 655 (Nursing Board) – Chapter 1 (Administrative and Regulatory Authority), Chapter 7 (Advanced Registered Nurse Practitioners).*

(9) Certain services of pharmacists are *provided with additional limitations described in Supplement 2 to Attachment 3.1-A(6d9).*

*For methods and standards for payment rates see Attachment 4.19-B(6d9).*

State/Territory: IOWA

*Iowa Administrative Code References: Part 657(Pharmacy) – Chapter 1 (Purpose and Organization), Chapter 2 (Pharmacist License), Chapter 6 (General Pharmacy Practice), Chapter 8 (Universal Practice Standards).*

(10) Services of Advanced Nurse Practitioners Certified in Psychiatric or Mental Health Specialties are *provided with additional limitations described in Supplement 2 to Attachment 3.1-A(6d10).*

*For methods and standards for payment rates see Attachment 4.19-B(6d10).*

*Iowa Administrative Code References: Part 655 (Nursing Board) – Chapter 1 (Administrative and Regulatory Authority), Chapter 7 (Advanced Registered Nurse Practitioners).*

7. Home health services as *defined in 42 CFR 440.70 and subject to the requirements of 42 CFR 441.15 and 42 CFR 441.16.*

   a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area as *defined in 42 CFR 440.70(b)(1)) are provided with limitations described in Supplement 2 to Attachment 3.1-A(7b). (For methods and standards for payment rates see Attachment 4.19-B(7a)). Intermittent nursing provided by a registered nurse who is not an employee of a home health agency is not subject to the requirements of 42 CFR 441.15 and CFR 441.16.*

   b. Home health aide services provided by a home health agency as *defined in 42 CFR 440.70(b)(2)) are provided with additional limitations described in Supplement 2 to Attachment 3.1-A(7c). (For methods and standards for payment rates see Attachment 4.19-B(7b).*

   c. Medical supplies, equipment and appliances suitable for use in the home as *defined in 42 CFR 440.70(b)(3) are provided with limitations. (Supplement 2 to Attachment3.1-A(7d)). (For methods and standards for payment rates see Attachment 4.19-B(7c)).*

   d. Physical therapy, occupational therapy or speech pathology services, provided by a home health agency or medical rehabilitation agency as *defined in 42 CFR 440.70(b)(4) are provided with additional limitations described in Supplement 2 to Attachment 3.1-A(7e). (For methods and standards for payment rates see Attachment 4.19-B(7d).*

8. Private duty nursing services as *defined in 42 CFR 440.80 are not provided. (For methods and standards for payment rates see Attachment 4.19-B(8)).*

State/Territory: IOWA

9. Clinic services as *defined in 42 CFR 440.90 and as further described in Section 4320 (Clinic Services) of the State Medicaid Manual are provided with additional limitations described in Supplement 2 to Attachment 3.1-A(9). (For methods and standards for payment rates see Attachment 4.19-B(9)).*

10. Dental services as *defined in 42 CFR 440.100 are provided with additional limitations described in Supplement 2 to Attachment 3.1-A(10). (For methods and standards for payment rates see Attachment 4.19-B(5b).*

11. Physical therapy and related services

    Therapy services provided by licensed physical therapists, occupational therapists, speech pathologists and audiologists, within the scope of practice as defined under State law are covered.

    a. Physical therapy services as *defined in 42 CFR 440.110(a) are provided with additional limitations described in Supplement 2 to Attachment 3.1-A(11a). (For methods and standards for payment rates see Attachment 4.19-B(11a).*

       *Reference: Iowa Administrative Code Part 645 (Professional Licensing) – Chapter 200 (Licensure of Physical Therapists and Physical Therapy Assistants) and Chapter 201 (Practice of Physical Therapists and Physical Therapy Assistants). Physical therapist regulations stipulate graduation from a physical therapy program accredited by an approved national accreditation agency and a passing score on the National Physical Therapy Examination or other nationally recognized equivalent examination as defined by the Board of Physical and Occupational Therapy Examiners as set forth in CFR 440.110.a. Physical therapy assistant regulations stipulate graduation from a physical therapy assistant program accredited by an approved national accreditation agency and a passing score on the National Physical Therapy Examination or other approved nationally recognized equivalent as set forth in CFR 484.4*

b. Occupational therapy services as *defined in 42 CFR 440.110(b) are provided with additional limitations described in Supplement 2 to Attachment 3.1-A(11b). (For methods and standards for payment rates see Attachment 4.19-B(11b).*

*Reference: Iowa Administrative Code Part 645 (Professional Licensing) – Chapter 206 (Licensure of Occupational Therapists and Occupational Therapy Assistants) and Chapter 208 (Practice of Occupational Therapists and Occupational Therapy Assistants, which stipulate a degree in occupational therapy from an occupational therapy program accredited by the Accreditation Council for Occupational Therapy Education of the American Occupational Therapy Association. Occupational Therapists must have a passing score on the licensure examination for occupational therapists administered by the National Board for Certification in Occupational Therapy in compliance with 42 CFR 440.110b. Occupational Therapy Assistants must have a passing score on the licensure examination for occupational therapy assistants as set forth in CFR 484.4*

c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist as *defined in 42 CFR 440.110(c)) are provided with additional limitations described in Supplement 2 to Attachment 3.1-A(11c). (For methods and standards for payment rates see Attachment 4.19-B(11c).*

*Reference: Iowa Administrative Code Part 645 (Professional Licensing) – Chapter 300 (Licensure of Speech Pathologists and Audiologists, which stipulates possession of a master's degree or its equivalent, at least nine months of supervised full time clinical experience, a qualifying score on the National Teacher Examination in Speech Pathology and a certificate of clinical competence from the American Speech-Language Hearing Association) in accordance with 42 CFR 440.110c.*

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

    a. Prescribed drugs as *defined in 42 CFR 440.120(a) are provided with additional limitations. (Supplement 2 to Attachment 3.1-A(12a)). (For methods and standards for payment rates see Attachment 4.19-B(12a)).*

    b. Dentures as *defined in 42 CFR 440.120(b) are provided with additional limitations. (Supplement 2 to Attachment 3.1-A(12b)). (For methods and standards for payment rates see Attachment 4.19-B(12b)).*

    c. Prosthetic devices *as defined in 42 CFR 440.120(c) are provided with additional limitations. (Supplement 2 to Attachment 3.1-A(12c)). (For methods and standards for payment rates see Attachment 4.19-B(12c)).*

    d. Eyeglasses as *defined in 42 CFR 440.120(d) are provided with additional limitations. (Supplement 2 to Attachment 3.1-A(12d)). (For methods and standards for payment rates see Attachment 4.19-B(12d).*

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

    a. Diagnostic services as *defined in 42 CFR 440.130(a) are not provided.*

State/Territory: IOWA

b. Screening services are as *defined in 42 CFR 440.130(b) are not provided.*

c. Preventive services are as *defined in 42 CFR 440.130(c)) and further described in Section 4385 (Preventive Services) of the State Medical Manual are not provided.*

d. Rehabilitative services as *defined in 42 CFR 440.130(d) are provided with additional limitations described in Supplement 2 to Attachment 3.1-A(13d). (For methods and standards for payment rates see Attachment 4.19-B(13d).*

14. Services for individuals age 65 or older in institutions for mental diseases, as defined in 42 CFR 440.140 are provided *subject to the requirements of Subpart C of 42 CFR 441 (Medicaid for Individuals Age 65 or Over in Institutions for Mental Diseases).*

a. Inpatient hospital services, as *defined in 42 CFR 440.140(a) are provided without additional limitations. (For methods and standards for payment rates see Attachment 4.19-B(13a).*

b. Nursing facility services as *defined in 42 CFR 440.140(b) are provided without additional limitations. (For methods and standards for payment rates see Attachment 4.19-B(14b).* Nursing Facility services must be ordered by a physician who has either (1) identified to recipient or his representative alternatives to placement in a nursing home and provided guidance on how to access such alternatives, or (2) documented in the recipient's clinical record why the physician determined that the identification of alternatives was unnecessary or inappropriate.

15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31) of the Social Security Act, to be in need of such care as *defined in 42 CFR 440.150 are provided with additional limitations as described in Supplement 2 to Attachment 3.1-A(15a). (For methods and standards for payment rates see Attachment 4.19-B(4a).)*

b. Including such services in a public institution (or distinct part thereof) for mentally retarded or persons with related disabilities as *defined in 42 CFR 440.150) are provided with additional limitations (Supplement 2 to Attachment 3.1-A(15b).) (For methods and standards for payment rates see Attachment 4.19-B(14b).)*

16. Inpatient psychiatric facility services for individuals under *21* years of age as *defined in 42 CFR 440.160 and subject to the requirements of Subpart D of 42 CFR 441 (Inpatient Psychiatric Services for Individuals Under Age 21 in Psychiatric Facilities or Programs) are provided without additional limitations. (For methods and standards for payment rates see Attachment 4.19-A.)*

State/Territory: IOWA

17. Nurse-midwife services *as defined in 42 CFR 440.165, are provided with additional limitations described in Supplement 2 to Attachment 3.1-A(6d8A). (For methods and standards for payment rates see Attachment 4.19-B(16).*

18. Hospice care (in accordance with section 1905(o) of the Act).
[x] Provided
[x] No limitations
[x] Provided in accordance with Section 2302 of the Affordable Care Act
*(For methods and standards for payment rates see Attachment 4.19-B(17).*

19. Case management services and tuberculosis related services

    a. Case management services as defined in, and to the group specified in, Supplement 2 to Attachment 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act. *(For methods and standards for payment rates see Attachment 4.19-B(18).*

    b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act are not provided.

20. Extended services for pregnant women

    a. Pregnancy-related and postpartum for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

    ____ Additional coverage. ++

    b. Services for any other medical conditions that may complicate pregnancy.

    ____ Additional coverage ++

    ++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by an eligible provider in accordance with section 1920 of the Social Security Act are *provided without limitations. (For methods and standards for payment rates see Attachment 4.19-B(21).*

22. Respiratory care services *for ventilator dependent individuals* (in accordance with section 1902(e)(9)(A) through (C) of the Act) are not provided.

State/Territory: IOWA

23. Nurse practitioner services *as defined in 42 CFR 440.166(a) and further described in Section 4415 (Nurse Practitioner Services) of the State Medicaid Manual and in compliance with the requirements in 42 CFR 441.22, are provided with additional limitations described in Supplement 2 to Attachment 3.1-A(22). (For methods and standards for payment rates see Attachment 4.19-B(23).*

24. Other Remedial Care and other types of remedial care recognized under State law, specified by the Secretary.

a. Transportation as *defined in 42 CFR 440.170(a) is provided with the additional limitations described in Supplement 2 to Attachment 3.1-A(24a). (For methods and standards for payment rates see Attachment 4.19-B(24a).*

(1) Ambulance service is a covered service under the plan, subject to the limits in Item 24a of Attachment 3.1-A.

(2) Non-emergency medical transportation is a covered service under the plan subject to the limits in item 24a of Attachment 3.1-A. Transportation includes expenses for transportation and other related travel expenses determined to be necessary by the State Medicaid Agency to secure medical examinations and treatment for the beneficiary.

Payment for transportation to obtain prescribed drugs shall be reimbursed when the prescribed drug is needed immediately, or when the pharmacy provides free delivery but is unable to deliver the medication in a timely fashion that meets the medical needs of the patient.

b. Services of Christian Science nurses are not provided.

c. Care services provided in Christian Science sanatoria are not provided.

d. Nursing facility services for patients under 21 years of age *as defined in 42 CFR 440.170(d) are provided without additional limitations. (For methods and standards for payment rates see Attachment 4.19-B(24d).* Nursing Facility services must be ordered by a physician who has either (1) identified to recipient or his representative alternatives to placement in a nursing home and provided guidance on how to access such alternatives, or (2) documented in the recipient's clinical record why the physician determined that the identification of alternatives was unnecessary or inappropriate.

State/Territory: IOWA

*f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under the supervision of a registered nurse are not provided.*

g. Critical access hospital services (CAH) as defined in 42 CFR 440.170(g) are not provided under this item but are provided under Item 1 and 2a.

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A and Appendices A-G to Supplement 2 to Attachment 3.1-A are not provided.

26. Personal care services *(As defined in 42 CFR 440.167)* furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded or institution for mental disease that are:

(A) Authorized for the individual by a physician in accordance with a plan of treatment,

(B) Provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and

(C) Furnished in a home

____ Provided
- ____ State Approved (Not Physician) Service Plan Allowed
- ____ Services Outside the Home Also Allowed
- ____ Limitations described on Attachment

_X_ Not Provided

27. Program of All-Inclusive Care for the Elderly (PACE) services, as described in Supplement 3 to Attachment 3.1-A.

_X_ Election of PACE: By virtue of this submittal, the state elects PACE as an optional state plan service.

____ No election of PACE: By virtue of this submittal, the state elects to not add PACE as an optional state plan service.

State/Territory: IOWA

28. Primary Care Case Management Services as defined in 42 CFR 168 are offered as a mandatory service for selected eligible members as further delineated in 1932 (a)(1) of the Act and as specified in the Iowa state plan under section 3-1.F.

Revised Submission 6.27.13



State/Territory: IOWA

**Coverage Template for Freestanding Birth Center Services**

**Attachment 3.1A: Freestanding Birth Center Services**

**28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers**

Provided: ____ No limitations ____ With limitations _X_ None licensed or approved

Please describe any limitations:

**28. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center**

Provided: No limitations With limitations (please describe below)

X Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Please describe any limitations:

Please check all that apply:

(a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).

(b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife). *

(c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).*

*For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services: