

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) RESERVED

(B) RESERVED

(C) Furnished in a home

Provided       State Approved (Not Physician) Service Plan Allowed  
 Services Outside the Home Also Allowed  
 Limitations: Provided as an EPSDT benefit only, as described at Supplement 2 to Attachment 3.1-A, Item 9.

Not Provided

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

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.

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