

State/Territory:

IOWA

13d. REHABILITATIVE SERVICES (Cont.)

For services provided prior to July 1, 2011, rehabilitative treatment services are reimbursed on the basis of the provider's reasonable and necessary costs plus 1%, calculated retrospectively, as determined by State Medicaid agency, for those services actually provided under the treatment plan recommended. Reasonable and necessary cost shall not exceed 110 percent of the statewide average allowable cost for the service.

No payment is made for services other than those included in the treatment plan.

An interim rate based on the State Medicaid agency's estimate of actual reasonable and necessary costs for the services provided will be paid based on financial forms approved by the department, with suitable retroactive adjustments based on final financial reports. The method of cost apportionment specified in 2 CFR Part 200 shall be used to determine the actual cost of services rendered to Medicaid recipients.

The retroactive adjustment is performed each year at the end of the agency's fiscal year based on submission of the agency's cost report. Based on this report the department adjusts the interim rate for the following months until submission of the next cost report.

Assertive Community Treatment (ACT) Services. ACT services are comprehensive, integrated, and intensive outpatient services provided by a multidisciplinary team under the supervision of a psychiatrist. ACT services are directed toward the rehabilitation of behavioral, social, or emotional deficits or the amelioration of symptoms of a mental disorder. Most services are delivered in the member's home or another community setting. See Supplement 2, Attachment 3.1A, Page 31(b)(1-8) for a list of the specific services.

For ACT services, the unit of service is a client day. The services will be paid on a fee-for-service basis for each day that services are performed, including face-to-face contact with the client and conducting daily organization staff meetings to review the status of the team's clients and the scheduling of upcoming interventions. Providers cannot bill for a day during which no service was performed.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of ACT services. The agency's fee schedule rate was set as of July 1, 2024 and is effective for services provided on or after that date. All rates are published at <https://hhs.iowa.gov/ime/providers/csrp/fee-schedule>.

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