



Iowa Medicaid B3 Provider Manual (Guide)

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Section I: Introduction & Overview

Overview & Purpose

Iowa Medicaid members enrolled with a Managed Care Organization (MCO) have access to an expanded array of mental health and substance use disorder services. These services are often referred to as “B3” services because they are authorized as a 1915(b)(3) waiver exemption by the Centers for Medicare and Medicaid Services (CMS).

Eligibility & Scope

Individuals not enrolled with an MCO do not have coverage for B3 mental health and substance use disorder services. Iowa Health and Wellness Not Medically Exempt and Hawki members are not eligible for any B3 services.

Reference: Iowa HHS document 519 “Comparison of Medicaid Basic Benefits Based on Eligibility Determination”

Section II: Provider Eligibility & Enrollment

Provider Types & Licenses

Provider Medicaid Enrollment and MCO Contracting

Steps to become a provider of B3 Services

- Qualified providers must enroll with Iowa Medicaid
- Contract with the MCOs to deliver the B3 services.
- Until or upon development of a fee schedule, Providers and MCOs negotiate the reimbursement rates for all B3 services to begin this process, the Provider must contact their Provider Representative at each of the MCOs.

Section III: Service Definitions & Scope of Care

Covered Services Overview

Detailed Definitions (one per subsection)

H0018TG

- Level III.7 Community-based Substance Use Disorder Treatment
- 24-hour professionally directed evaluation, observation, medical monitoring, and addiction treatment in a licensed substance abuse facility.

Provider Type	21, 23, 49, 62
Licensure	Provider must have an active license by Iowa Health and Human Services Substance Use Providers licensed under Iowa Administrative Code Chapter 125
Training/Education	CADC, IADC, LMHC, LISW, LMSW, LMFT or state 'Iowa Code Chapter 155'
Assessment Requirements	ASAM updated every 7 days or state 'See Iowa Code Chapter 155.21(11)'
Documentation Requirements	Requirements for this level of care as described by the American Society of Addiction Medicine OR See Iowa Code Chapter 155.21 on Treatment Plans and Progress Notes'
Unit Type	Per Diem Unit
Rates	Rates Negotiated between Provider and MCO

H0017TF

- Level III.3 & III.5 Clinically Managed Medium/High Intensity Residential Substance Use Disorder Treatment – Hospital Based
- Structured recovery environment in combination with clinical services. Functional deficits seen in individuals are primarily cognitive and based on a behavioral assessment (Level III.3). Level III.5 is designed to treat people who have significant social and psychological problems. Services are based on a therapeutic treatment community. A step-down or alternative to Level III.7.

Provider Type	1, 26, 41
Licensure	Provider must have an active license by Iowa Health and Human Services. Substance Use Providers licensed under Iowa Administrative Code Chapter 125
Training/Education	CADC, IADC, LMHC, LISW, LMSW, LMFT OR See Iowa Code, Chapter 155
Assessment Requirements	ASAM updated every 7 days See Iowa Code, Chapter 155.21(11)
Documentation Requirements	Requirements for this level of care as described by the American Society of Addiction Medicine OR See Iowa Code Chapter 155.21 on Treatment Plans and Progress Notes'
Unit Type	Per Diem Unit
Rates	Rates Negotiated between Provider and MCO

H0018TF

- Level III.3 & III.5 Clinically Managed Medium/High Intensity Residential Substance Use Disorder Treatment – Community Based
- Structured recovery environment in combination with clinical services. Functional deficits seen in individuals are primarily cognitive and based on a behavioral assessment (Level III.3). Level III.5 is designed to treat people who have significant social and psychological problems. Services are based on a therapeutic treatment community. A step-down or alternative to Level III.7.

Provider Type	21, 23, 49, 62
Licensure	<p>Provider must have an active license by the Iowa Health and Human Services to provide the 3.3/3.5 Level of Care.</p> <p>Substance Use Providers licensed under Iowa Administrative Code Chapter 125</p>
Training/Education	<p>CADC, IADC, LMHC, LISW, LMSW, LMFT OR See Iowa Code, Chapter 155</p>
Assessment Requirements	ASAM updated every 7 days or state 'See Iowa Code Chapter 155.21(11)'
Documentation Requirements	<p>Requirements for this level of care as described by the American Society of Addiction Medicine OR See Iowa Code Chapter 155.21 on Treatment Plans and Progress Notes'</p>
Unit Type	Per Diem Unit
Rates	Rates Negotiated between Provider and MCO

H2034

- Level III.1 Clinically Managed Low Intensity Residential Substance Use Disorder Treatment
- Level III services offer organized treatment services that feature a planned regimen of care in a 24-hour residential setting. All Level III programs serve individuals who, because of their specific functional deficits, need a safe and stable environment to develop their recovery skills. The sublevels within Level III exist on a continuum ranging from the least intensive to the most intensive medically monitored intensive inpatient services. Level III.1 – at least 5 hours/week of treatment plus the structured recovery environment.

Provider Type	21, 23, 49, 62
Licensure	Provider must have an active license by Iowa Health and Human Services. Substance Use Providers licensed under Iowa Administrative Code Chapter 125
Training/Education	CADC, IADC, LMHC, LISW, LMSW, LMFT OR See Iowa Code, Chapter 155
Assessment Requirements	ASAM updated every 7 days or state 'See Iowa Code Chapter 155.21(11)'
Documentation Requirements	Requirements for this level of care as described by the American Society of Addiction Medicine OR See Iowa Code Chapter 155.21 on Treatment Plans and Progress Notes'
Unit Type	Per Diem Unit
Rates	Rates Negotiated between Provider and MCO

Outpatient Services

H2017U1-U5

- Intensive Psychiatric Rehabilitation
- Modifiers
 - U1: Readiness Assessment
 - U2: Readiness Development
 - U3: Goal Setting
 - U4: Goal Achieving
 - U5: Goal Keeping
- Rehabilitation and Support Services are comprehensive outpatient services based in the individual's home or residence and/or community setting. These services are directed toward the rehabilitation of behavioral/social/emotional deficits and/or amelioration of symptoms of mental disorder. Such services are directed primarily to individuals with severe and persisting mental disorders, and/or complex symptoms who require multiple mental health and psychosocial support services. Such services are active and rehabilitative in focus, and are initiated and continued when there is a reasonable likelihood that such services will lead to specific observable improvements in the individual's functioning

Provider Type	1, 13, 21, 49, 59, 62, 63
Licensure	Community Mental Health Centers (CMHCs), other agencies providing mental health services, and accredited organizations under Iowa Administrative Code Chapter 24
Service Settings & Exclusions	Adult only service for members 18+
Training/Education	State recognized training program See "Intensive psychiatric rehabilitation practitioner" Iowa Code, HHS, Ch. 24 Definitions)
Assessment Requirements	See Iowa Code, HHS, Chapter 24.4.11
Documentation Requirements	See Iowa Code, HHS, Chapter 24.4.11
Frequency, Duration, Limits	4-10 hours per week = 16 to 40 billable units per week (see Chapter 24.4.11)
Unit Type	1 unit = 15 minutes
Rates	Rates Negotiated between Provider and MCO

H0037 Low or H0037TF High

- Community Support Services
- Community Support Services (CSS) are provided to adults with a severe and persistent mental illness. These services are designed to support individuals as they live and work in the community. These services address mental and functional disabilities that negatively affect integration and stability in the community. CSS staff attempt to reduce or manage symptoms/reduced functioning that result from a mental illness. CSS providers are expected to have knowledge and experience in working with this population. Staff should have the ability to create relationships with this population that provide a balance between support of the mental illness and allow for maximum individual independence. Community support program components include all the following:
 - Monitoring of mental health symptoms and functioning/reality orientation
 - Transportation
 - Supportive relationship
 - Communication with other providers
 - Ensuring individual attends appointments/obtains medications
 - Crisis intervention/developing crisis plan
 - Coordination and development of natural support systems for mental health support

CSS SERVICE LEVELS

There are two levels of Community Support Services. Each level is described below. The level of CSS provided must be consistent with the member's assessed need at a certain point in time or across a time period. While minimum contact requirements are included in the descriptions below, CSS providers should see each member at a frequency consistent with that member's assessed needs. At both levels, CSS staff must plan CSS service components in conjunction with a Mental Health Professional such as the member's individual therapist.

- **High Intensity CSS Criteria for Admission** - High Intensity CSS is for members who:
 - Experience increased psychiatric symptoms that require increased support and close follow-up to continue living in the community. **Or**
 - Have persistent psychiatric symptoms and a pattern of community living that require long-term support and close follow-up to assist in living in the community.

- **Frequency of Contact/Service Provision** - High Intensity CSS is provided through 5-12 contacts per month. Contacts may be face-to-face or by telephone, with a minimum of 4 face-to-face contacts required per month. CSS staff must have at least 2 contacts with a Mental Health Professional who is working with the member. All contacts with the member and the mental health professional must be documented in the CSS progress notes.
- **Service Monitoring/Authorization** - High Intensity CSS services must be authorized by the member's MCO. For authorization of High Intensity CSS to continue, the member must continue to meet the Criteria for Admission and there must be expected treatment benefits associated with High Intensity CSS.
- **Low Intensity CSS Criteria for Admission** - Low Intensity CSS is for members who require periodic supportive services to maintain their level of independent functioning in the community. Without Low Intensity CSS, these members may become socially isolated and may exhibit increased symptoms of mental illness and associated functioning disabilities that put them at risk for a more restrictive level of care than their normal community environment.
 - **Frequency of Contact/Service Provision** - Low Intensity CSS is provided through 2-4 contacts per month, with occasional episodes of increased frequency. Contacts may be face-to-face or by telephone, with a minimum of 1 face-to-face contact required per month. CSS staff must have at least 1 contact with a Mental Health professional who is working with the member. All contacts with the member and the mental health professional must be documented in the CSS progress notes.
 - **Service Monitoring/Retrospective Review** - Low Intensity CSS services require authorization through the member's MCO. Members must continue to meet the Criteria for Admission and there must be expected treatment benefits associated with Low Intensity CSS.
- **Community Support Services (H0037)** identifies low and high intensity needs. Members who are low intensity will be billed using no modifier. Members who are high intensity will be billed using the TF modifier. High intensity members will receive 5-12 contracts per month.

Provider Type	1, 13, 21, 49, 59, 62, 63
Licensure	Community Mental Health Centers and accredited organizations under Iowa Administrative Code Chapter 24
Training/Education	Providers should have knowledge and experience working with adults with mental illness
Assessment Requirements	See Iowa Code, HHS, Chapter 24.4.11
Documentation Requirements	See Iowa Code, HHS, Chapter 24.4.11
Frequency, Duration, Limits	This service cannot be provided when a member is already accessing habilitation or ACT services.
Unit Type	1 unit = 1 month
Rates	Rates Negotiated between Provider and MCO

H0045

- Respite
- Modifiers used for members in Therapeutic Foster Care
 - U4: Ages 6 through 11
 - U5: Ages 12 through 17
- In-/Out-of-Home Respite consists of community- and home-based services that can be provided in a variety of settings. Respite care is a brief period of rest and support for individuals and/or families. Respite care is intended to provide a safe environment with staff assistance for individuals who lack an adequate support system to address current issues related to a mental health diagnosis. Respite may be provided for up to 72 hours and can be planned or in response to a crisis. A comprehensive respite program must provide or ensure linkages to a variety of residential alternatives for stabilizing and maintaining individuals who require short-term respite in a safe, secure environment with 24-hour supervision outside a hospital setting. Respite is a community-based alternative to inpatient hospitalization that provides a temporary, safe, and secure environment with a flexible level of supervision and structure. These services are designed to divert individuals from an acute hospitalization to a safe environment where medical and psychiatric symptoms can be monitored. Respite services can be planned or unplanned. Therapeutic foster care providers may utilize this service, by accessing another therapeutic foster care provider. If a member is receiving a Home and Community Based (HCBS) waiver, this service must be utilized through waiver prior to accessing B3 respite services.

Provider Type	1, 9, 13, 21, 23, 25, 26, 27, 41, 59, 62, 63, 64, 80, 81, 99
Licensure	Hospitals, agencies, Community Mental Health Centers contracted using MCO credentialing standards and holding national accreditation (JCAHO, CARF, COA, AOA, or AAAHC) or under Iowa Administrative Code Chapter 24) *HCBS Waiver respite agencies may contract to deliver B3 respite when they meet one of the above qualifications.
Training/Education	Providers should have knowledge and experience working with adults with mental illness
Assessment Requirements	See Iowa Code, HHS, Chapter 24.4.11
Documentation Requirements	See Iowa Code, HHS, Chapter 24.4.11
Frequency, Duration, Limits	This service cannot be provided when a member is already accessing habilitation or ACT services.
Unit Type	Per Diem Unit
Rates	Rates Negotiated between Provider and MCO

H0038

- Peer Support, Family Peer Support, and Recovery Coach
- Modifiers used for members in Therapeutic Foster Care
 - U4: Ages 6 through 11
 - U5: Ages 12 through 17
- The services are provided to eligible individuals by other mental health and substance use consumers who are specifically trained to provide peer support services. Services are targeted toward the support of persons with a serious and persistent mental illness, serious emotional disturbance or substance use disorder. Peer support services focus on individual support from the perspective of a trained peer and may also include service coordination and advocacy activities as well as rehabilitative services. Peer support services are initiated when there is a reasonable likelihood that such services will benefit an eligible person's functioning and assist them in maintaining community tenure. Peer Support and Parent Peer Support services may be provided to members who are receiving therapeutic foster care services.

Provider Type	1, 13, 21, 49, 59, 62, 63, 88
Licensure/Certification	Certification is optional through the Iowa Board of Certification.
Service Settings & Exclusions	Individual Peer Support, Family Peer Support or Recovery Coaching can be performed via telehealth or in person. Exclusion: Group Setting
Training/Education	Peer Support Specialist, Family Peer Support Specialist or Recovery Coach has received training for mental health services and/or substance use through a state recognized peer training program.
Assessment Requirements	See Iowa Code, HHS, Chapter 24.4.11
Documentation Requirements	See Iowa Code, HHS, Chapter 24.4.11
Unit Type	1 unit = 15 minutes
Rates	Rates Negotiated between Provider and MCO

H2022 (X1-X5)

- Integrated Services and Supports
- Modifiers
 - X1: 1:1 Supervision will be utilized in cases where a member needs increased supervision due to safety concerns. The intent of this service is to help members stay in the least restrictive environment possible while putting supports in place to improve and maintain their safety. This modifier covers increased supervision for 1 - 8 hours per day.
 - X2: 1:1 Supervision will be utilized in cases where a member needs increased supervision due to safety concerns. The intent of this service is to help the member stay in the least restrictive environment possible while putting supports in place to improve and maintain their safety. This modifier covers increased supervision for 8.25 – 16 hours per day.
 - X3: 1:1 Supervision will be utilized in cases where a member needs increased supervision due to safety concerns. The intent of this service is to help members stay in the least restrictive environment possible while putting supports in place to improve and maintain their safety. This modifier covers increased supervision for 16.25 - 24 per day.
 - X4: Mentoring is centered around improving members' well-being by providing a positive role model who can support them through growth, struggles, and life transitions. Mentoring allows members to participate in activities such as going to a movie, shopping, going out to eat, or favorite sporting event. Because mentoring is focused on building a healthy attachment to an adult, mentoring is not dependent on the treatment progress.
 - X5: Other services and supports cover a broad array of services. Examples of these services include transportation for treatment, and hotel costs related to visiting a member in treatment.
- Integrated Services & Supports are informal services/supports offered by providers, family/friends, and other members of the natural support community. These interventions help individuals to remain in or return to their homes and limit the need for more intensive out-of-home mental health treatment. Integrated services and supports are specifically tailored to an individual consumer's needs at a particular point in time and are not a set menu of services. A joint treatment planning process may identify the need for integrated services/supports. The consumer/family member must lead the planning process, and other members of the team must give their input as well. Individual contacts with the individual/family may also identify the need. Ideally, this provides more flexibility to individuals with

unique services to address mental health needs and augment and complement those provided through other funders and systems. The services/supports must be integrated into the treatment plan. Integrated Services and Supports may have natural support involvement that requires reimbursement and, at other times, be part of the family process.

Provider Type	1, 9, 13, 21, 23, 25, 26, 27, 41, 59, 62, 63, 64, 80, 81, 99
Licensure	Hospitals, agencies, Community Mental Health Centers contracted using MCO credentialing standards and holding national accreditation (JCAHO, CARF, COA, AOA, or AAAHC) or under Iowa Administrative Code Chapter 24) *HCBS Waiver respite agencies may contract to deliver B3 respite when they meet one of the above qualifications.
Training/Education	Providers should have knowledge and experience working with adults with mental illness
Assessment Requirements	See Iowa Code, HHS, Chapter 24.4.11
Documentation Requirements	An active mental health treatment plan exists and indicates how H2022 would address the member's current need.
Unit Type	Per Diem Unit
Rates	Rates Negotiated between Provider and MCO

Section IV: Person-Centered Planning

Providers will embrace:

- Person-Centered thinking helps to establish the means for a person to live a life that they and the people who care about them have good reason to value.
- Person-Centered planning is a way to assist people who need supports to construct and describe what they want and need to bring purpose to their life.
- Person-Centered practice is the alignment of service resources that give people access to the full benefits of community living and ensure they receive services in a way that may help them achieve individual goals.

Section V: Authorization of Services & Referral

Prior Authorization Steps

- Verify Member has full Medicaid, if members have Iowa Health & Wellness Not Medically Exempt or Hawk-I they are not eligible for B3 services.
- Verify the Managed Care Organization (MCO) the member is assigned to. Members who are assigned to Fee for Service (FFS) are not eligible to receive these services.
- Complete Medicaid Outpatient Prior Authorization Form
- Complete B3 Template and attach with Medicaid Outpatient Prior Authorization form for Integrated Services and Supports (H2022), or respite (H0045), with no modifier.
- Submit to MCO per their identified process

Section VI: Billing, Claims & Reimbursement

Fee Schedule & Rates

Providers and MCOs negotiate the reimbursement rates for all B3 services. The Provider must contact their Provider Representative at each of the MCOs.

Codes & Modifiers

Where applicable, claims must be billed using procedure code and modifier combination. Select B3 services are allowed to be billed on the UB-04 Claim form, please see Info [Letter 2156](#) for detailed information.

Ensure the member receiving the services and for which the claim is submitted, is eligible for services (i.e. not Iowa Health & Wellness – not Medically Exempt, and not Hawki)

Claims Submission Process

- Please see the provider manual for detailed information about claims submissions.
- No paper claims submissions accepted; electronic claims only accepted.

Timely Filing & Frequency

- Please see the provider manual for detailed information about claims timely filing requirements. Standard timely filing requirements apply.

Denials, Corrections, Recoupments, Appeals

- Please see provider manual for detailed information about claims denials, corrections, recoupments and appeals. Standard processes apply.

MCO Contacts for billing and claims questions

Wellpoint Iowa, Inc.

Phone: 1-833-731-2143

Email: ProviderSolutionsIA@wellpoint.com

Website: <https://www.provider.wellpoint.com/iowa-provider/home>

Molina Healthcare of Iowa

Phone 1-844-236-1464

Email: IAProviderContracts@MolinaHealthcare.com

Website: www.molinahealthcare.com/providers/ia/medicaid/home

Iowa Total Care of Iowa

Phone: 1-833-404-1061

Email: NetworkManagement@IowaTotalCare.com

Website: www.iowatotalcare.com/providers.html

Provider Type

Key	
1	Hospital
9	Home Health Agency
13	Rural Health Clinics
21	CMHC
23	Residential Care Facility
25	ICF/ID State
26	Mental Hospital
27	ICF/ID Community-Based
41	PMIC
49	FQHC
59	Indian Health Service
62	Behavioral Health
63	Remedial Services/BHIS
64	Habilitation
72	Public Health Agencies
80	Crisis Response
81	Sub-acute facilities
88	CCBHC
99	Waiver Providers