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.l-C.

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

1. The list of lowa 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, 42 CFR 424 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.
2. 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(l). (For methods and standards for payment rates see Attachment 4.19-B(1)).*
3. a. Outpatient hospital services *as defined in 42 CFR 440.20(a) and 42 CFR 424.575 are provided with additional limitations at Supplement 2 to Attachment 3.l-A(2a). (For methods and standards for payment rates see Attachment 4.l 9-B(2a)).*
   1. 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/or payment rates see Attachment 4.19-B(3)).*
   2. 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 *provided 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. *Rural Emergency Hospitals as defined in 42 CFR 485.502* rural emergency hospital or REH *means an entity that operates for the purpose of providing emergency department services, observation care, and other outpatient medical and health services specified by the Secretary in which the annual per patient average length of stay does not exceed 24 hours. Additional limitations provided in Supplement 2 to Attachment 3.l-A(2a). (For methods and standards for payment rates see Attachment 4.l 9-B(2a)).*
4. 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)).*
5. 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.