

441—88.7(249A) Program services.

88.7(1) Required services. The PACE organization shall provide a benefit package for all participants, regardless of the source of payment, which must include the following pursuant to 42 CFR Part 460, Subpart F, as amended to August 1, 2024:

- a. All Medicare-covered items and services.
- b. All Medicaid-covered items and services as specified in 441—Chapters 78, 81, 82, 85, and 90. Medicaid benefit limitations and conditions relating to amount, duration, scope of services, deductibles, copayments, coinsurance, or other cost sharing do not apply to PACE services.
- c. Other services determined necessary by the participant's IDT to improve or maintain the participant's overall health status.

88.7(2) Excluded services. The following services are excluded from coverage under PACE pursuant to 42 CFR 460.96 as amended to August 1, 2024:

- a. Cosmetic surgery, which does not include surgery that is required for improved functioning of a malformed part of the body resulting from an accidental injury or for reconstruction following a mastectomy.
 - b. Experimental medical, surgical, or other health procedures not deemed medically necessary by the IDT.
 - c. Services furnished outside the United States, except in accordance with 42 CFR 424.122 and 42 CFR 424.124 as amended to August 1, 2024, or as otherwise permitted under the Iowa Medicaid program.
- [ARC 9280C, IAB 5/14/25, effective 7/1/25]