

## **Topic 11: Medicaid Services**

Link to [Procedure](#)

Iowa Medicaid pays for the following services as limited by the State Medicaid Plan:

Care in a:

- Hospital
- Nursing facility
- Mental health institute (MHI)
- Intermediate care facility for a person with mental retardation (ICF/MR)
- Psychiatric medical institution for children (PMIC)

| Case management

Drugs

Habilitation services

Medical equipment and supplies

Orthopedic shoes

Remedial services

Transportation to receive medical care

Services provided by an:

- Ambulance service
- Ambulatory surgical center
- Audiologist
- Birth center
- Chiropractor
- Community mental health center
- Dentist
- Advanced registered nurse practitioner
- Federally qualified health center
- Family planning clinic
- Hearing aid dealer
- Home-health agency
- Independent laboratory
- Lead investigation agency
- Maternal health center
- Optician
- Optometrist
- Physical therapist
- Physician
- Podiatrist
- Psychologist
- Rehabilitation agency
- Rural health clinic

Screening center

Certain services provided by an:

Area education agency

Infant and toddler (Early ACCESS)

Local education agency

Services provided through a home- and community-based waiver, such as the:

Children's mental health waiver:

Environmental modifications and adaptive devices

Family and community support services

In-home family therapy

Respite care

Mental retardation waiver:

Consumer-directed attendant care

Day habilitation

Home and vehicle modification

Home health aid

Interim medical monitoring and treatment

Nursing care

Personal emergency response

Prevocational services

Respite care

Supported community living

Supported employment

Transportation

III and handicapped waiver:

Consumer-directed attendant care

Counseling

Home and vehicle modification

Home-delivered meals

Home health aid

Interim medical monitoring and treatment

Nursing care

Personal emergency response

Respite care

To be covered, the service must be furnished by a provider that has enrolled with the Iowa Medicaid Enterprise. Specific limits and requirements of the Medicaid program for each type of provider are explained in provider manuals, which are included in [8-Appendix](#).

### **Routine Examinations**

Federal law requires states to provide “early and periodic screening, diagnosis, and treatment” services to Medicaid-eligible children (under age 21). Iowa calls the program “Care for Kids” and recommends that children receive health, vision, and hearing screenings at the following ages:

- ◆ 1 month, 2 months, 4 months, and 6 months
- ◆ 9 months, 12 months, 15 months, 18 months, and 24 months
- ◆ 3 years, 4 years, 5 years, and 6 years
- ◆ 8 years, 10 years, 12 years, 14 years, 16 years, 18 years, and 20 years

(**Note:** Foster care physical examinations are required more frequently than EPSDT screenings, except for children under age two.)

Medicaid will pay for follow-up treatment when health needs are identified through screening.

### **AIDS Screening**

Medicaid payment is made for HTLV III/LAV (the virus thought to cause AIDS) screening for children who are at increased risk of infection or who are symptomatic.

“Increased risk of infection” includes circumstances where the mother used IV drugs, the mother had a sex partner who used IV drugs, the mother was a prostitute, or a high-risk person may have sexually abused the child.

Obtain consent of the child’s parent or guardian or a court order before the child is tested for the HTLV III/LAV virus.

## **Mental Health and Substance Abuse Treatment**

Except for services in a PMIC, all mental health and substance abuse treatment services under Iowa Medicaid are furnished through the Iowa Plan for Behavioral Health. To access services, Medicaid members must use a provider who participates in the Iowa Plan. For additional information on managed care options, see 8-M, [MANAGED HEALTH CARE](#).

## **Remedial Services**

Remedial services are skill-building interventions that ameliorate behaviors and symptoms associated with a psychological disorder that has been assessed and diagnosed by a licensed practitioner of the healing arts.

Remedial services address mental and functional disabilities that negatively affect a person's integration and stability in the community, quality of life, and reduce or manage the behaviors that interfere with the member's ability to function.

Services must be designed to reduce or eliminate the symptoms or behaviors resulting from the person's psychological disorder that prevent the person from functioning at the person's best possible functional level.

The focus of the intervention is to improve the person's health and well-being using cognitive, behavioral, social or psychophysiological procedures designed to ameliorate specific diagnosis-related problems.

Services must be authorized through the Iowa Plan for Behavioral Health. Covered remedial services for children include.

- ◆ **Crisis intervention**, which consists of unscheduled intensive intervention to children or their caregivers for the purpose of restoring adequate child or family functioning. The services reduce the child's acute emotional or behavioral dysfunction and accompanying physical and social manifestations.
- ◆ **Health and behavior intervention for an individual or a group.** Services focus on the child's emotions, perceptions, and attitudes and are directed at the cognitive and emotional dynamics that influence behavior. Services are designed to assist children in identifying beliefs, emotions, and perceptions and in modifying them, if necessary, in order to improve their functioning and behavior.

- ◆ **Health and behavior intervention for a family.** Services focus on the child's emotions, perceptions, and attitudes and are directed at the cognitive and emotional dynamics that influence behavior. Services are designed to:
  - Assist children in identifying beliefs, emotions, and perceptions and in modifying them, if necessary, in order to improve their functioning and behavior; and
  - Enhance the family's ability to effectively interact with the child and support the child's functioning in the home and community.
- ◆ **Community psychiatric supportive treatment,** which provides intensive interventions to modify psychological, behavioral, emotional, cognitive and social factors affecting the child's functioning for which less intensive remedial services do not meet the child's needs. Services are intended to minimize or eliminate psychological barriers to effectively managing symptoms associated with a psychological disorder in an age appropriate manner.

Supportive treatment services are provided on a daily basis and include both crisis intervention and health and behavior interventions for a child or family.

Intensive services provided must focus on the child's remedial needs and assist the child in skills such as conflict resolution, problem solving, social skills, interpersonal relationship skills, and communication.

### **Transportation to Receive Medical Care**

The Medicaid program pays for transportation of a member to receive necessary medical care when the source of care is outside the community, meaning:

- ◆ The member lives in the country and must go to town for medical care,
- ◆ There is no provider of the necessary services in the community, or
- ◆ A physician has referred the member to a specialist in another community.

To be payable, the source of care must be the nearest provider of the service, and there must be no resource to provide the transportation free of charge. Allowable expenses may include the actual cost of passenger fare or mileage and of necessary meals, parking, child care, and lodging, at the rate granted state employees.

### **Health Insurance Premium Payment (HIPP) Program**

When a child or family is Medicaid-eligible, the Department may pay for private health insurance coverage, which may be provided through an employer-related plan or an individual plan, so that Medicaid becomes the secondary payer of claims.

Staff in the Bureau of Medical Supports determine whether it is more cost-effective for Medicaid to pay for a member to receive private health insurance coverage or for Medicaid to pay for services directly. If the insurance is determined cost-effective, HIPP pays the private insurance premium directly to the employee, the employer, or the health insurance company on behalf of the member.

### **Home- and Community-Based Services Waivers**

Medicaid home- and community-based services (HCBS) waiver programs provide extra services to enable people to live in their own homes or communities instead of in a medical institution. Waiver services are provided only to certain targeted groups for whom a federal waiver of regular Medicaid policy has been approved. There are currently seven federal waivers, targeting:

- ◆ Children who have a serious mental, behavioral or emotional disorder
- ◆ People who have AIDS or have been infected with HIV
- ◆ People who have a brain injury
- ◆ People who are elderly
- ◆ People who are ill or handicapped
- ◆ People with mental retardation
- ◆ People with a physical disability

Eligibility under the waivers is based on:

- ◆ Age, disability, and medical need criteria specific to the particular waiver.
- ◆ Income and resource criteria. The person must be eligible for Medicaid, including eligibility under the 300% coverage group consistent with a level of care in a medical institution.
- ◆ Level of institutional care needed, as determined by the IME Medical Services Unit. Services are available only to people who qualify for the level of care offered in a medical institution (a nursing facility, skilled nursing facility, ICF/MR, or hospital, as specified by each waiver), but choose instead to receive services in the home or community.

- ◆ Need for waiver services. The person must be able to live in a home- or community-based setting where necessary service needs can be met within the scope of the waiver. Waiver services are beyond the scope of services offered under the Medicaid state plan. Services provided under waivers are not available to other Medicaid members.
- ◆ Cost. The cost of the waiver program services may not exceed the established cost limit for the person's level of care.

Each waiver has an allocated number of "slots" that people can access. When all the slots are assigned, applicants' names are maintained on a waiting list until a slot becomes available.

To be eligible for the **children's mental health** (CMH) waiver, a person must:

- ◆ Be 18 years of age or younger.
- ◆ Be diagnosed with a serious emotional disturbance.
- ◆ Meet the level-of-care requirements for hospital care.

To be eligible for the **AIDS/HIV** waiver, a person must:

- ◆ Be diagnosed by a physician as having AIDS or HIV infection. A determination of disability is not required.
- ◆ Meet the level-of-care requirements for nursing facility care or hospital care.

To be eligible for the **brain injury** (BI) waiver, a person must:

- ◆ Have a diagnosis of brain injury.
- ◆ Be between the ages of 1 month and 64 years inclusive.
- ◆ Meet the level-of-care requirements for care in an:
  - Intermediate care facility (ICF) or
  - Skilled nursing facility (SNF) or
  - Intermediate care facility for the mentally retarded (ICF/MR)

To be eligible for the **ill and handicapped** (IH) waiver, a person must:

- ◆ Be under age 65.
- ◆ Be either blind or disabled.
- ◆ Meet the level-of-care requirements for care in an:
  - Intermediate care facility (ICF) or
  - Skilled nursing facility (SNF) or
  - Intermediate care facility for the mentally retarded (ICF/MR)

To be eligible for the **mental retardation** (MR) waiver, a person must:

- ◆ Have a primary disability of mental retardation or a diagnosis of mental disability equivalent to mental retardation as determined by a psychologist or psychiatrist.
- ◆ Meet the level-of-care requirements for care in an intermediate care facility for the mentally retarded (ICF/MR).

To be eligible for the **physical disability** (PD) waiver, a person must:

- ◆ Have a physical disability.
- ◆ Be between the ages of 18 through 64 years.
- ◆ Meet the level-of-care requirements for care in an:
  - Intermediate care facility (ICF) or
  - Skilled nursing facility (SNF)
- ◆ Be ineligible for the HCBS MR waiver.