MEDICAID HOME AND COMMUNITY-BASED SERVICES (HCBS) ~ PROGRAM COMPARISON CHART

		AIDS	Brain Injury	Children's Mental Health	Elderly	Health & Disability	Intellectual Disability	Physical Disability
Age		No Age Limit	Age 1 month through Age 64	Under Age 18	Age 65 or Older	Under Age 65	No Age Limit	Age 18 through 64
Target Population		▪ Diagnosis of AIDS/HIV by a physician	▪ Diagnosis of brain injury per Iowa Administrative Code (IAC) 83 definitions	▪ Diagnosed with a serious emotional disturbance	▪ Age 65 or over	▪ Disabled ▪ SSI-related coverage groups	▪ Primary disability of intellectual disability determined by a psychologist or psychiatrist	▪ Have a physical disability as determined by Disability Determination Services
Consumer Application for Services		Local DHS Income Maintenance Office			**Determination of Financial Eligibility**		DHS Income Maintenance	
Determination/Redetermination of Level of Care Eligibility		Iowa Medicaid Enterprise (IME) Medical Services Completed at least once every 12 months or when there is a significant change in the person's situation or condition						
Level of Care (LOC) Required		NF or Hospital	NF, SNF, or ICF/ID	Hospital	NF or SNF	NF , SNF, or ICF/ID	ICF/ID	NF or SNF
		NF (Nursing Facility), **SNF** (Skilled Nursing Facility), **ICF/ID** (Intermediate Care Facility for the Intellectually Disabled)						
Service Coordination		▪ DHS Service Worker or Medicaid Case Manager	▪ Medicaid Case Manager	▪ Medicaid Case Manager	▪ Medicaid Case Manager	▪ DHS Service Worker or Medicaid Case Manager	▪ Initial DHS Service Worker or Medicaid Case Manager ▪ Ongoing Medicaid Case Manager	▪ DHS Service Worker or Medicaid Case Manager
Initial Date of Eligibility		Waiver eligibility begins on the date when the following three eligibility requirements are completed: financial (income & resource) eligibility is determined, level of care is established, and service plan is approved. Waiver services provided before approval of eligibility for the waiver cannot be paid.						
Maximum Dollars Available Per Month (As determined by Level of Care)		▪ $1,786	▪ $2,868 excluding the cost of Brain Injury waiver Medicaid Case Management	▪ $1,910	▪ NF $1,300 ▪ SNF $2,684 excluding the cost of Elderly waiver Medicaid Case Management	▪ NF $922 ▪ SNF $2684 ▪ ICF/ID $3,267	▪ ICF/ID – Amount based on services upper limit	▪ $672
Provider Enrollment		Agencies enroll with Iowa Medicaid Enterprise (IME) to be providers of service and are reimbursed through IME. Agencies or individual providers must be enrolled prior to service provision.						
HCBS Program Managers		Sue Stairs (515) 256-4641 sstairs@dhs.state.ia.us	LeAnn Moskowitz (515) 256-4653 lmoskow@dhs.state.ia.us	Le Howland (515) 256-4642 lhowlan@dhs.state.ia.us	Le Howland (515) 256-4642 lhowlan@dhs.state.ia.us	Sue Stairs (515) 256-4641 sstairs@dhs.state.ia.us	Brian Wines (515) 256-4661 bwines@dhs.state.ia.us	Sue Stairs (515) 256-4641 sstairs@dhs.state.ia.us
HCBS Regional Specialists		Visit **www.IME.state.ia.us/hcbs/hcbscontacts.html** for a listing of Regional Specialist assignments						
For More Information		Visit **www.IME.state.ia.us/hcbs/hcbsindex.html**						

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Services by Program	AIDS/HIV	Brain Injury	Children's Mental Health	Elderly	Health & Disability	Intellectual Disability	Physical Disability
Adaptive Devises			x				
Adult Day Care	x	x		x	x	x	
Assistive Devices				x			
Behavioral Programming		x					
Case Management Services		x		x			
Chore				x			
Consumer Choices Option (CCO)	x	x		x	x	x	x
CDAC	x	x		x	x	x	x
Counseling	x				x		
Day Habilitation						x	
Emergency Response		x		x	x	x	x
Environmental Modifications			x				
Family and community support			x				
Family Counseling & Training		x			x		
Home Delivered Meals	x			x	x		
Home Health Aide	x			x	x	x	
Homemaker	x			x	x		
Home/Vehicle Modifications		x		x	x	x	x
In-home family therapy			x				
Interim Medical Monitoring & Treatment (IMMT)		x			x	x	
Mental Health Outreach				x	x		
Nursing	x			x	x	x	
Nutritional Counseling				x	x		
Prevocational Services		x				x	
Respite: Basic Individual	x	x	x	x	x	x	
Respite: Group	x	x	x	x	x	x	
Respite: Specialized	x	x	x	x	x	x	
Senior Companion				x			

Specialized Medical Equipment		x					x
Supported Community Living (SCL)		x				x	
Supported Community Living: Residential-Based (RBSCL) **for children**						x	
Therapeutic Resources			x				
Supported Employment (SE)		x				x	
Transportation		x		x		x	x