



Medicaid Home and Community Based Services (HCBS) Program Comparison Chart

	AIDS/HIV	Brain Injury	Children's Mental Health	Elderly	Health & Disability	Intellectual Disability	Physical Disability
Age	No age limit	Age 1 month or older	Under age 18	Age 65 or older	Under age 65	No age limit	Age 18 through 64
Target Population	Diagnosis of AIDS/HIV	Diagnosis of brain injury per Iowa Administrative Code (IAC) 83 definitions	Diagnosis of serious emotional disturbance	Age 65 or over	<ul style="list-style-type: none"> ▪ Blind or disabled ▪ SSI-related coverage groups 	Primary disability of intellectual disability determined by a psychologist or psychiatrist	Physical disability as determined by Disability Determination Services
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
Care Coordinator	<ul style="list-style-type: none"> ▪ Case Manager or ▪ Community Based Case Manager 	<ul style="list-style-type: none"> ▪ Case Manager or ▪ Community Based Case Manager 	<ul style="list-style-type: none"> ▪ Case Manager or ▪ Integrated Health Home Care Coordinator or ▪ Community Based Case Manager 	<ul style="list-style-type: none"> ▪ Case Manager or ▪ Community Based Case Manager 	<ul style="list-style-type: none"> ▪ Case Manager or ▪ Community Based Case Manager 	<ul style="list-style-type: none"> ▪ Case Manager or ▪ Community Based Case Manager 	<ul style="list-style-type: none"> ▪ Case Manager or ▪ Community Based Case Manager
Maximum Dollars Available Per Month (As determined by Level of Care)	<ul style="list-style-type: none"> ▪ \$1876.80 	<ul style="list-style-type: none"> ▪ \$3,013.08 ▪ excluding cost of Case Management & HVM 	<ul style="list-style-type: none"> ▪ \$2,006.34 ▪ excluding cost of Environmental Modification 	<ul style="list-style-type: none"> ▪ NF \$1,365.78 ▪ SNF \$2,792.65 ▪ excluding cost of Case Management & HVM 	<ul style="list-style-type: none"> ▪ NF \$959.50 ▪ SNF \$2,792.65 ▪ ICF/ID \$3,742.93 ▪ excluding cost of HVM 	<ul style="list-style-type: none"> ▪ ICF/ID – Amount based on services upper limits 	<ul style="list-style-type: none"> ▪ \$705.84 ▪ excluding cost of HVM
HCBS Program Manager	<p>Brian Wines (515) 256-4661 bwines@dhs.state.ia.us</p>	<p>LeAnn Moskowitz (515) 256-4653 lmoskow@dhs.state.ia.us</p>	<p>LeAnn Moskowitz (515) 256-4653 lmoskow@dhs.state.ia.us</p>	<p>Le Howland (515) 256-4642 lhowlan@dhs.state.ia.us</p>	<p>Le Howland (515) 256-4642 lhowlan@dhs.state.ia.us</p>	<p>Brian Wines (515) 256-4661 bwines@dhs.state.ia.us</p>	<p>Le Howland (515) 256-4642 lhowlan@dhs.state.ia.us</p>
HCBS Regional Specialists	Visit www.dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/hcbs-contacts for a listing of HCBS Regional Specialist assignments.						
Where to apply?	Local DHS income maintenance office or online at: https://dhsservices.iowa.gov/apspspp/spp.portal						
Determination of financial eligibility	DHS income maintenance worker. Review of Medicaid eligibility is completed every 12 months.						
Determination of level of care	Iowa Medicaid Enterprise (IME) Medical Services or Managed Care Organization (MCO). Completed at least once every 12 months or when there is a significant change in the member's situation or condition.						
Development of service plan	Case Manager (CM), MCO Community Based Case Manager (CBCM), Integrated Health Home (IHH) Care Coordinator. Service plan completed after waiver eligibility determination approval and annually thereafter. Service plan must be completed, and services authorized, prior to service provision.						

Provider Enrollment	Providers must enroll with Iowa Medicaid Enterprise (IME) and MCOs to be providers of service. Providers must be fully enrolled and be authorized in a service plan prior to service provision.
Initial Date of Eligibility	Waiver eligibility effective date will be determined when the following eligibility requirements are completed: financial (income & resource) eligibility is determined and level of care is established. Waiver services provided before approval of eligibility for the waiver, or prior to service plan authorization, cannot be paid.
For More Information	Visit http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs

*NF (Nursing Facility), SNF (Skilled Nursing Facility), ICF/ID (Intermediate Care Facility for the Intellectually Disabled)

Services by Program	AIDS/HIV	Brain Injury	Children's Mental Health	Elderly	Health & Disability	Intellectual Disability	Physical Disability
Adult Day Care	X	X		X	X	X	
Assistive Devices				X			
Assisted Living				X			
Behavioral Programming		X					
Case Management Services		X		X			
Chore				X			
Consumer Choices Option (CCO)	X	X		X	X	X	X
Consumer Directed Attendant Care (CDAC)	X	X		X	X	X	X
Counseling	X				X		
Day Habilitation						X	
Emergency Response		X		X	X	X	X
Environmental Modifications and Adaptive Devices			X				
Family and Community Support			X				
Family Counseling & Training		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			

Nursing	x			x	x	x	
Nutritional Counseling				x	x		
Prevocational Services		x				x	
Respite: Individualized, group, specialized	x	x	x	x	x	x	
Senior Companion				x			

Services by Program	AIDS/HIV	Brain Injury	Children's Mental Health	Elderly	Health & Disability	Intellectual Disability	Physical Disability
Supported Community Living (SCL)		x				x	
Specialized Medical Equipment		x					x
Supported Community Living: Residential-Based (RBSCCL) for children						x	
Supported Employment (SE)		x				x	
Transportation		x		x		x	x