

## 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
<b>Age</b>	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
<b>Target Population</b>	<ul style="list-style-type: none"> <li>Diagnosis of AIDS/HIV by a physician</li> </ul>	<ul style="list-style-type: none"> <li>Diagnosis of brain injury per Iowa Administrative Code (IAC) 83 definitions</li> </ul>	<ul style="list-style-type: none"> <li>Diagnosed with a serious emotional disturbance</li> </ul>	<ul style="list-style-type: none"> <li>Age 65 or over</li> </ul>	<ul style="list-style-type: none"> <li>Blind or disabled</li> <li>SSI-related coverage groups</li> </ul>	<ul style="list-style-type: none"> <li>Primary disability of intellectual disability determined by a psychologist or psychiatrist</li> </ul>	<ul style="list-style-type: none"> <li>Physical disability as determined by Disability Determination Services</li> </ul>
<b>Level of Care (LOC) Required*</b>	NF or Hospital	NF, SNF, or ICF/ID	Hospital	NF or SNF	NF, SNF, or ICF/ID	ICF/ID	NF or SNF
<b>Care Coordinator</b>	<ul style="list-style-type: none"> <li>DHS Service Worker or Medicaid Case Manager</li> </ul>	<ul style="list-style-type: none"> <li>Medicaid Case Manager</li> </ul>	<ul style="list-style-type: none"> <li>Medicaid Case Manager or Integrated Health Home Care Coordination Team</li> </ul>	<ul style="list-style-type: none"> <li>Medicaid Case Manager</li> </ul>	<ul style="list-style-type: none"> <li>DHS Service Worker or Medicaid Case Manager</li> </ul>	<ul style="list-style-type: none"> <li>Initial DHS Service Worker or Medicaid Case Manager</li> <li>Ongoing Medicaid Case Manager</li> </ul>	<ul style="list-style-type: none"> <li>DHS Service Worker or Medicaid Case Manager</li> </ul>
<b>Maximum Dollars Available Per Month</b> (As determined by Level of Care)	<ul style="list-style-type: none"> <li>\$1,840</li> </ul>	<ul style="list-style-type: none"> <li>\$2,954 excluding cost of Case Management</li> </ul>	<ul style="list-style-type: none"> <li>\$1,967</li> </ul>	<ul style="list-style-type: none"> <li>NF \$1,339</li> <li>SNF \$2,765 excluding cost of Case Management</li> </ul>	<ul style="list-style-type: none"> <li>NF \$950</li> <li>SNF \$2,765</li> <li>ICF/ID \$3,365</li> </ul>	<ul style="list-style-type: none"> <li>ICF/ID – Amount based on services upper limit</li> </ul>	<ul style="list-style-type: none"> <li>\$692</li> </ul>
<b>HCBS Program Manager</b>	<p><b>Sally Oudekerk</b> (515) 256-4643 <a href="mailto:soudeke@dhs.state.ia.us">soudeke@dhs.state.ia.us</a></p>	<p><b>LeAnn Moskowitz</b> (515) 256-4653 <a href="mailto:lmoskow@dhs.state.ia.us">lmoskow@dhs.state.ia.us</a></p>	<p><b>Le Howland</b> (515) 256-4642 <a href="mailto:lhowlan@dhs.state.ia.us">lhowlan@dhs.state.ia.us</a></p>	<p><b>Le Howland</b> (515) 256-4642 <a href="mailto:lhowman@dhs.state.ia.us">lhowman@dhs.state.ia.us</a></p>	<p><b>Sally Oudekerk</b> (515) 256-4643 <a href="mailto:soudeke@dhs.state.is.us">soudeke@dhs.state.is.us</a></p>	<p><b>Brian Wines</b> (515) 256-4661 <a href="mailto:bwines@dhs.state.ia.us">bwines@dhs.state.ia.us</a></p>	<p><b>Sally Oudekerk</b> (515) 256-4643 <a href="mailto:soudeke@dhs.state.ia.us">soudeke@dhs.state.ia.us</a></p>
<b>HCBS Regional Specialists</b>	Visit <a href="http://www.dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/hcbs-contacts">www.dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/hcbs-contacts</a> for a listing of HCBS Regional Specialist assignments.						
<b>Where to apply?</b>	Local DHS income maintenance office or online at: <a href="https://dhsservices.iowa.gov/apspssp/spp.portal">https://dhsservices.iowa.gov/apspssp/spp.portal</a>						
<b>Determination of financial eligibility</b>	DHS income maintenance worker. Review of Medicaid eligibility is completed every 12 months.						
<b>Determination of level of care</b>	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						
<b>Development of service plan</b>	Care Coordinator. Completed at approval and annually thereafter.						
<b>Provider Enrollment</b>	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.						
<b>Initial Date of Eligibility</b>	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.						
<b>For More Information</b>	Visit <a href="http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs">http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs</a>						

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

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Services by Program	AIDS/HIV	Brain Injury	Children's Mental Health	Elderly	Health & Disability	Intellectual Disability	Physical Disability
Adaptive Devices			x				
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
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			

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