

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	<ul style="list-style-type: none"> Diagnosis of AIDS/HIV by a physician 	<ul style="list-style-type: none"> Diagnosis of brain injury per Iowa Administrative Code (IAC) 83 definitions 	<ul style="list-style-type: none"> Diagnosed with a serious emotional disturbance 	<ul style="list-style-type: none"> Age 65 or over 	<ul style="list-style-type: none"> Blind or disabled SSI-related coverage groups 	<ul style="list-style-type: none"> Primary disability of intellectual disability determined by a psychologist or psychiatrist 	<ul style="list-style-type: none"> 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"> DHS Service Worker or Medicaid Case Manager 	<ul style="list-style-type: none"> Medicaid Case Manager 	<ul style="list-style-type: none"> Medicaid Case Manager or Integrated Health Home Care Coordination Team 	<ul style="list-style-type: none"> Medicaid Case Manager 	<ul style="list-style-type: none"> DHS Service Worker or Medicaid Case Manager 	<ul style="list-style-type: none"> Initial DHS Service Worker or Medicaid Case Manager Ongoing Medicaid Case Manager 	<ul style="list-style-type: none"> DHS Service Worker or Medicaid Case Manager
Maximum Dollars Available Per Month (As determined by Level of Care)	<ul style="list-style-type: none"> \$1,840 	<ul style="list-style-type: none"> \$2,954 excluding cost of Case Management 	<ul style="list-style-type: none"> \$1,967 	<ul style="list-style-type: none"> NF \$1,339 SNF \$2,765 excluding cost of Case Management 	<ul style="list-style-type: none"> NF \$950 SNF \$2,765 ICF/ID \$3,365 	<ul style="list-style-type: none"> ICF/ID – Amount based on services upper limit 	<ul style="list-style-type: none"> \$692
HCBS Program Manager	<p>Lin Christensen (515) 256-4639 lchrist@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 lhowman@dhs.state.ia.us</p>	<p>Sally Oudekerk (515) 256-4643 soudeke@dhs.state.is.us</p>	<p>Brian Wines (515) 256-4661 bwines@dhs.state.ia.us</p>	<p>Lin Christensen (515) 256-4639 lchrist@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/apspssp/ssp.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. Completed at least once every 12 months or when there is a significant change in the person's situation or condition						
Development of service plan	Care Coordinator. Completed at approval and annually thereafter.						
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.						
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.						
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)

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