

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

	AIDS/HIV	Brain Injury	Children's Mental Health	Elderly	Intellectual Disability	III & Handicapped	Physical Disability
<b>Age</b>	No Age Limit	Age 1 Month through Age 64	Under age 18	Age 65 or Older	No Age Limit	Under Age 65	Age 18 through Age 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>Primary disability of mental retardation as determined by a psychologist or psychiatrist</li> </ul>	<ul style="list-style-type: none"> <li>Disabled</li> <li>SSI-related coverage groups</li> </ul>	<ul style="list-style-type: none"> <li>Have a physical disability as determined by Disability Determination Services</li> </ul>
<b>Consumer Application for Services</b>	Local DHS Income Maintenance Office						
<b>Determination of Financial Eligibility</b>	DHS Income Maintenance						
<b>Determination/Redetermination of Level of Care Eligibility</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>Level of Care (LOC) Required</b>	NF or HOSPITAL	NF, SNF, or ICF/MR	HOSPITAL	NF or SNF	ICF/MR	NF, SNF, or ICF/MR	NF or SNF
	<b>NF (Nursing Facility), SNF (Skilled Nursing Facility), ICF/MR (Intermediate Care Facility for the Mentally Retarded), HOSPITAL</b>						
<b>Service Coordination</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</li> </ul>	<ul style="list-style-type: none"> <li>Approved Case Management Provider</li> </ul>	<ul style="list-style-type: none"> <li><b>Initial:</b> DHS Service Worker or Medicaid case manager</li> <li><b>Ongoing:</b> Medicaid Case Manager</li> </ul>	<ul style="list-style-type: none"> <li>DHS Service Worker</li> </ul>	<ul style="list-style-type: none"> <li>DHS Service Worker or Medicaid Case Manager</li> </ul>
<b>Service Plan</b>	Completed annually by the service coordinator						
<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 established, service plan is approved, signed and dated. Waiver services provided before approval of waiver eligibility cannot be paid.						
<b>Maximum Dollars Available Per Month</b> (As determined by Level of Care)	<ul style="list-style-type: none"> <li>\$1,751</li> </ul>	<ul style="list-style-type: none"> <li>\$2,812</li> </ul>	<ul style="list-style-type: none"> <li>\$1,873</li> </ul>	<ul style="list-style-type: none"> <li>NF - \$1117</li> <li>SNF - \$2631</li> </ul>	<ul style="list-style-type: none"> <li>ICF/MR - Amount based on services upper limit</li> </ul>	<ul style="list-style-type: none"> <li>NF - \$904</li> <li>SNF - \$2631</li> <li>ICF/MR - \$3203</li> </ul>	<ul style="list-style-type: none"> <li>\$659</li> </ul>
<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>HCBS Program Managers</b>	<p style="text-align: center;"><b>Sue Stairs</b></p> <p style="text-align: center;">(515) 256-4641</p> <p style="text-align: center;"><a href="mailto:ssstairs@dhs.state.ia.us">ssstairs@dhs.state.ia.us</a></p>	<p style="text-align: center;"><b>LeAnn Moskowitz</b></p> <p style="text-align: center;">(515) 256-4653</p> <p style="text-align: center;"><a href="mailto:lmoskow@dhs.state.ia.us">lmoskow@dhs.state.ia.us</a></p>	<p style="text-align: center;"><b>Le Howland</b></p> <p style="text-align: center;">(515) 256-4642</p> <p style="text-align: center;"><a href="mailto:howland@dhs.state.ia.us">howland@dhs.state.ia.us</a></p>	<p style="text-align: center;"><b>Le Howland</b></p> <p style="text-align: center;">(515) 256-4642</p> <p style="text-align: center;"><a href="mailto:howland@dhs.state.ia.us">howland@dhs.state.ia.us</a></p>	<p style="text-align: center;"><b>Brian Wines</b></p> <p style="text-align: center;">(515) 256-4661</p> <p style="text-align: center;"><a href="mailto:bwines@dhs.state.ia.us">bwines@dhs.state.ia.us</a></p>	<p style="text-align: center;"><b>Sue Stairs</b></p> <p style="text-align: center;">(515) 256-4641</p> <p style="text-align: center;"><a href="mailto:ssstairs@dhs.state.ia.us">ssstairs@dhs.state.ia.us</a></p>	<p style="text-align: center;"><b>Sue Stairs</b></p> <p style="text-align: center;">(515) 256-4641</p> <p style="text-align: center;"><a href="mailto:ssstairs@dhs.state.ia.us">ssstairs@dhs.state.ia.us</a></p>
<b>HCBS Regional Specialists</b>	Visit <a href="http://www.IME.state.ia.us/hcbs/hcbscontacts.html">www.IME.state.ia.us/hcbs/hcbscontacts.html</a> for a listing of Regional Specialist assignments						
<b>For More Information</b>	Visit <a href="http://www.IME.state.ia.us/hcbs/hcbsindex.html">www.IME.state.ia.us/hcbs/hcbsindex.html</a>						

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Services by Program	AIDS/HIV	Brain Injury	Children's Mental Health	Elderly	Intellectual Disability	III & Handicapped	Physical Disability
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 Modification and Adaptive Devices			x				
Family and Community Support			x				
Family Counseling and 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			
Specialized Medical Equipment		x					x
Supported Community Living (SCL)		x			x		
Supported Community Living: Residential-Based (RBSCL) for children					x		
Supported Employment (SE)		x			x		
Transportation		x		x	x		x