IOWA | Health and Human Services

Children's Mental Health Waiver Level of Care
LOC-001

Iowa Medicaid Program	Level of Care	**Effective Date**	10/01/2005
Revision Number	11	**Last Reviewed**	10/17/2025
Reviewed By	Medicaid Medical Director	**Next Review**	10/16/2026
Approved By	Medicaid Clinical Advisory Committee	**Approved Date**	07/17/2020

Criteria

Iowa Administrative Code (IAC) outlines the responsibilities for level of care for the Children's Mental Health (CMH) waiver in 83.122(1) *Age*. The member must be younger than 18 years of age. 83.122(3). *Level of care*. The member must be certified as being in need of a level of care that, but for the waiver, would be provided in a psychiatric hospital serving children under 21 years of age. Medicaid's Quality Improvement Organization (QIO) will certify the member's level of care annually based on information submitted on HHS-approved assessment, addendums to the assessment, and other supporting documentation as relevant.

- For children 3 years of age and younger: Information is submitted on Form 470-4694 Case Management Comprehensive Assessment with relevant supporting documentation.
- For those 4 to 11 years of age: The interRAI Child and Youth Mental Health (ChYMH) must be completed with relevant supporting documentation.
- For those 12 to 18 years of age: The interRAI Adolescent Supplement must be completed in addition to the ChYMH with relevant supporting documentation.

The certification criteria to establish the need for level of care is as follows:

Admission

The member must meet **ALL** criteria in Sections 1, 2, and (a) and either (b) or (c) in Section 3 to meet the admission level of care required for the CMH waiver.

1. Member presents with a serious emotional disorder (SED*) as supported by a diagnosis from the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the Psychiatric Association. SED must be current and has been determined by a mental

health professional (MHP**) within the 12-month period before the assessment date; **AND**

2. Level of stability - must meet **ALL** the following:
   a. The member demonstrates a risk to self and/or others but can be managed with services available through the CMH waiver. The risk of harm must be sufficient to meet the current standard of practice for imminent risk necessitating a level of care that, but for the waiver, would be provided in a psychiatric hospital serving children under 21 years of age***; **AND**
   b. Treatments at lower level of care (outpatient services such as mental health therapy, behavioral health intervention services, group therapy, family therapy, and/or medications) are in place, but additional supports are needed and recommended; **AND**
3. Degree of impairment must meet Section (a) **AND** either (b) or (c):
   a. The member has impairment in judgment, impulse control, and/or cognitive and/or perception arising from a qualifying mental disorder under Section 1 that indicates the need for close monitoring, supervision, and intensive intervention to stabilize or reverse the dysfunction beyond what can be addressed with typical outpatient treatment; **AND**
   b. Social/Interpersonal/Familial: The member demonstrates significantly impaired interpersonal functioning arising from a qualifying mental disorder under Section 1 that requires active intervention beyond typical outpatient treatment to resume an adequate level of functioning; **OR**
   c. Educational/Prevocational/Vocational: The member demonstrates impairment in educational and/or prevocational/vocational functioning arising from a qualifying mental disorder under Section 1 and may be identified by an individualized education plan team as having emotional/behavioral disability that requires active intervention beyond typical outpatient treatment.

Continued Stay

The member must meet **ALL** criteria in section 1, and meet sections 2, 3, and 4 or 5 to meet the level of care required for continued stay in the CMH waiver:

1. Member must have a documented SED as provided by a mental health professional (MHP**), provided within the past 12 months.; **AND**
2. There is reasonable likelihood of substantial benefit from active intervention; **AND**
3. The member and family are actively participating in intervention; **AND**
4. Symptoms or behaviors continue and a lack of psychosocial resources that required admission continue, and the judgment is that less intensive level of care would be insufficient in stability of the member's condition; **OR**

5. New impairments meeting admission guidelines appear.

*SED is a diagnosable mental, behavioral, or emotional disorder that (1) is of sufficient duration to meet diagnostic criteria for the disorder specified by the DSM and (2) has resulted in a functional impairment that substantially interferes with or limits the individual's role or functioning in family, school, or community activities. SED does not include neuro-developmental disorders, substance-related disorders, or conditions or problems classified in the current version of the DSM as "other conditions that may be a focus of clinical attention" unless these conditions co-occur with another diagnosable SED.

MHP means a person who meets **ALL the following:

1. Holds at least a master's degree in a mental health field including, but not limited to, psychology, counseling and guidance, psychiatric nursing and social work; or is a Doctor of Medicine or osteopathic medicine; **AND**
2. Holds a current Iowa license when required by the Iowa professional licensure laws (such as a psychiatrist, psychologist, marital and family therapist, mental health counselor, advanced registered nurse practitioner, psychiatric nurse, or social worker); **AND**
3. Has at least 2 years of post-degree experience supervised by a MHP in assessing mental health problems, mental illness, service needs, and in providing mental health services.

***Psychiatric medical institution for children (PMIC) level of care means that the member has been diagnosed with a SED and an independent team as identified in IAC 441-subrule 85.22(3) has certified that ambulatory care resources available in the community do not meet the treatment needs of the member, that proper treatment of the member's psychiatric condition requires services on an inpatient basis under the direction of a physician, and that the services can reasonably be expected to improve the member's condition or prevent further regression so that the services will no longer be needed.

Coding

NA

Compliance

1. Should conflict exist between this policy and applicable statute, the applicable statute shall supersede.

2. Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual and as-needed basis.

Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.

References

IAC 441-78.52(249A).

IAC 441-83.121(249A).

IAC 441-83.122(1)-(3).

IAC 441-85.22(3).

PMIC Provider Manual.

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

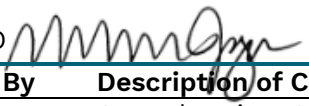
Criteria Change History

Change Date	Changed By	Description of Change	Version
Signature			
Change Date	**Changed By**	**Description of Change**	**Version**
10/17/2025	CAC	Annual Review. Updated Criteria and Continued Stay sections.	11
Signature William (Bill) Jagiello, DO			
Change Date	**Changed By**	**Description of Change**	**Version**
10/18/2024	CAC	Annual review.	10

Criteria Change History

Signature
William (Bill) Jagiello, DO 

Change Date	Changed By	Description of Change	Version
7/21/2023	CAC	Annual review.	9

Signature
William (Bill) Jagiello, DO 

Change Date	Changed By	Description of Change	Version
7/15/2022	CAC	Annual review. Wording changes in criteria to align with IAC.	8

Signature
William (Bill) Jagiello, DO 

Change Date	Changed By	Description of Change	Version
7/16/2021	CAC	Annual review. Minor formatting/wording changes.	7

Signature
William (Bill) Jagiello, DO 

Change Date	Changed By	Description of Change	Version
7/17/2020	Behavioral Health Spec.	Revised criteria, added definitions, and revised references.	6

Signature
William (Bill) Jagiello, DO 

Change Date	Changed By	Description of Change	Version
2/21/2017	Behavioral Health Spec.	Removed criterion #2(b). Removed ALL OF THE FOLLOWING for criterion #3 and replaced with (a) and EITHER (b) or (c). Re-wording of criterion #3(c).	5

Signature
Jason Kessler, MD 

Change Date	Changed By	Description of Change	Version
1/13/2016	Behavioral Health Spec.	Changed DSM-IV-TR to DSM-5. Criterion #1 changed “neuro- developmental disorders” to “pervasive neuro- developmental disorders” and added “intellectual disability, substance-related disorders”.	4

Signature

Change Date	Changed By	Description of Change	Version
1/16/2015	Medical Director	Added last paragraph in References.	3

Signature

Change Date	Changed By	Description of Change	Version
1/11/2015	BEH Peer Review Committee	Criterion 1a - added intellectual disability. Replaced Criterion 1b. Criterion 2a - added risk of harm. Criterion 3c - added consulting AEA and continued development in school setting.	2

Signature

Change Date	Changed By	Description of Change	Version

Criteria Change History			
9/30/2013	BEH Peer Review Committee	Criterion #1 - added DSM-5. Removed criterion #1-c. Criterion #3 - removed must meet A and either B or C and replaced with all of the following. Change criteria numbers from roman numerals to numerical.	1
Signature			

CAC = Medicaid Clinical Advisory Committee