Medical Day Care for Children
WPA-005

Iowa Medicaid Program	Waiver Prior Authorization	**Effective Date**	07/01/2022
Revision Number	3	**Last Reviewed**	10/17/2025
Reviewed By	Medicaid Medical Director	**Next Review**	10/16/2026
Approved By	Medicaid Clinical Advisory Committee	**Approved Date**	10/20/2023

Descriptive Narrative

This service provides supervision and support of children (aged 0-18) residing in their family home who, because of their complex medical or complex behavioral needs, require specialized exceptional care that cannot be served in traditional childcare settings. The need for the service must be medically necessary and verified in writing by the child's healthcare professional and documented in the child's service plan.

Specialized exceptional care means that the child has complex medical or behavioral health needs that require intensive assistance for monitoring and intervention.

This service requires providers and direct service staff to be qualified by training, experience and age to deliver the service as referenced in INFORMATIONAL LETTER NO. 2468-MC-FFS.

Criteria

Waiver prior authorization is required.

Initial Services

For initial services **ALL** the following must be met:

1. The child is younger than 18 years of age and eligible for the Home and Community-Bases Services (HCBS) Brain Injury (BI), Children's Mental Health (CMH), Health and Disability (HD), or Intellectual Disability (ID)waiver; **AND**
2. The service is medically necessary and verified in writing by the child's healthcare professional and documented in the child's service plan; **AND**

3. Documentation in the service plan confirms that State Plan Medical Child Care services and Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services have been exhausted or are not available to the child; **AND**
4. Documentation in the service plan confirms that there is no other HCBS or State Plan services to meet the need; **AND**
5. The child has care needs exceeding the range of activities that a legally responsible individual would ordinarily perform in the household on behalf of a person without a disability or chronic illness of the same age, and which are necessary to assure the health and welfare of the child and avoid institutionalization; **AND**
6. The child has emotional or behavioral needs requiring the need for intense supervision or care to ensure the safety of the child and those around him/her; **OR**
7. The child has medical needs, such as ostomy care or catheterization; tube feeding or supervision during feeding to prevent complications such as choking, aspiration or excess intake; monitoring of seizure activity, frequent care to prevent or remedy serious conditions such as pressure sores; suctioning; assistance in transferring and positioning throughout the day; assistance with multiple personal care needs including dressing, bathing, and toileting; complex medical treatment throughout the day; **OR**
8. The child has a complex and unstable medical condition that requires constant and direct supervision.

Limitations

1. This service is limited to medically fragile children and children with complex behavioral health needs and may not be used to provide services that are the responsibility of the parent or guardian; **AND**
2. The services are provided outside periods when the child is in school. “School” refers to brick and mortar school buildings where students attend classes in person during school hours set by the school district, participation in home schooling and private educational instruction occurring inside and outside the home; **AND**
3. It is expected that the services will be used while the primary caregivers are absent due to working, attending school, participating in vocational training or otherwise regularly absent and unavailable to provide the specialized exceptional care the child requires; **AND**
4. Specialized childcare services shall not be simultaneously reimbursed with other residential or respite services, HCBS BI or ID waiver Supported Community Living (SCL) services, EPSDT, HCBS nursing, or Medicaid or HCBS home health aide services; **AND**
5. The services under Medical Day Care for Children are limited to additional services not otherwise covered under the state plan, including

CMH and EPSDT, but consistent with waiver objectives of avoiding institutionalization; **AND**
6. The cost of Medical Day Care for Children may not exceed the upper rate limit or daily cost limit published on the HHS Fee Schedule website.

Exclusions

The following do not support Medical Day Care for Children and cannot be approved:

1. Activities that a legally responsible individual would ordinarily perform in the household on behalf of a person without a disability or chronic illness of the same age.
2. Supplanting a legally responsible individual's financial responsibility to provide for childcare on behalf of a person without a disability or chronic illness of the same age.

Continued Services

For continued services **ALL** the following must be met:

1. The child is younger than 18 years of age and eligible for the HCBS BI, CMH, HD, or ID waiver; **AND**
2. The service is medically necessary and verified in writing by the child's healthcare professional and documented in the child's service plan; **AND**
3. The child has care needs exceeding the range of activities that a legally responsible individual would ordinarily perform in the household on behalf of a person without a disability or chronic illness of the same age, and which are necessary to assure the health and welfare of the child and avoid institutionalization; **AND**
4. The child has emotional or behavioral needs requiring the need for intense supervision or care to ensure the safety of the child and those around him/her; **OR**
5. The child has medical needs, such as ostomy care or catheterization; tube feeding or supervision during feeding to prevent complications such as choking, aspiration or excess intake; monitoring of seizure activity, frequent care to prevent or remedy serious conditions such as pressure sores; suctioning; assistance in transferring and positioning throughout the day; assistance with multiple personal care needs including dressing, bathing, and toileting; complex medical treatment throughout the day; **OR**
6. The child has a complex and unstable medical condition that requires constant and direct supervision.

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

HHS Informational Letter #2468-MC-FFS.

42 Code of Federal Regulations.

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

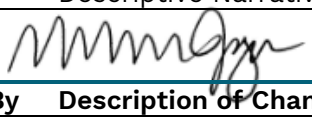
Change Date	Changed By	Description of Change	Version

Signature

Change Date	Changed By	Description of Change	Version
10/17/2025	CAC	Annual Review. Limitations section updated.	3

Signature
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Change Date	Changed By	Description of Change	Version
10/18/2024	CAC	Annual Review. Examples removed from Initial Service #6 & Continued Services #4 sections. Added reference to INFORMATIONAL LETTER NO.2468 in Descriptive Narrative section.	2

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Change Date	Changed By	Description of Change	Version
10/20/2023	CAC	Criteria implementation.	1

Signature
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CAC = Medicaid Clinical Advisory Committee