

# Long Term Services and Supports (LTSS) 101

LeAnn Moskowitz  
LTSS Policy Program Manager

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# Long Term Services and Supports (LTSS)

Long Term Services and Supports (LTSS) help children, adults, and seniors, with disabilities and chronic illnesses maintain a good quality of life in settings such as their home or, if needed, in a facility.

Services are intended to help people reach the highest degree of independence possible.

# Long Term Services and Supports (LTSS)

Medicaid is the primary payer across the nation for long-term care services.

During 2024 **50,000** Iowans received Medicaid funded LTSS, **68.9** percent received Home and Community Based Services (HCBS)

# Long Term Services and Supports (LTSS) System

- **Person-driven:** The system affords older people, people with disabilities and/or chronic illness the opportunity to decide where and with whom they live, to have control over the services they receive and who provides the services, to work and earn money, and to include friends and supports to help them participate in community life.
- **Inclusive:** The system encourages and supports people to live where they want to live with access to a full array of quality services and supports in the community.
- **Effective and accountable:** The system offers high quality services that improve quality of life. Accountability and responsibility is shared between public and private partners and includes personal accountability and planning for long-term care needs, including greater use and awareness of private sources of funding.
- **Sustainable and efficient:** The system achieves economy and efficiency by coordinating and managing a package of services paid that are appropriate for the beneficiary and paid for by the appropriate party.
- **Coordinated and transparent:** The system coordinates services from various funding streams to provide a coordinated, seamless package of supports, and makes effective use of health information technology to provide transparent information to consumers, providers and payers.
- **Culturally competent:** The system provides accessible information and services that take into account people's cultural and linguistic needs.

LTSS population includes some the most vulnerable Iowans

- Aged
- Blind
- Disabled
  - Health and Physical Disabilities
  - Intellectual/Developmental Disabilities
  - Traumatic Brain Injuries
  - Mental/Behavioral Health
    - Serious Emotional Disturbance (children)
    - Serious and Persistent Mental Illness (adults)

**Medicaid**

**LTSS  
Population**

Require services and supports in their homes, or in a facility.

# Iowa LTSS Program Options

## **Traditional State Plan Services**

- State Plan Requirements: 42 U.S.C. § 1396a(a)
- Mandatory Services: 42 U.S.C. § 1396a(a)(10)(A), (D)
- Medicaid Service Categories: 42 U.S.C. § 1396(d)(a)

## **Home and Community Based Services (HCBS) State Plan Option**

- Authorizing Statute: 42 U.S.C. § 1396n(i)
- HCBS State Plan Requirements: 42 C.F.R. § 441.700-750

## **Home and Community Based Services Waivers**

- Authorizing Statute: 42 U.S.C. § 1396n(c)(1)
- Special Income Category: 42 C.F.R. § 435.217
- HCBS Waiver Requirements: 42 C.F.R. § 441.300-.310
- HCBS Waiver Services: 42 C.F.R. § 440.180

## **Program For All Inclusive Care for the Elderly (PACE)**

- Authorizing Statute: 42 U.S.C. § 1396u-4

# Facility Based Services

## Long-Term Care (LTC) Facilities (Institutional care)

- Nursing Facilities (NF)
- Skilled Nursing Facilities (SNF)
- Nursing facilities for the Mentally Ill (NFMI)
- Intermediate Care Facilities for the Intellectually Disabled (ICF/ID)
  - Community-Based
  - Woodward Resource Center
- Psychiatric Medical Institute for Children (PMIC)
- Residential Care Facilities (RCF)

Referred to as Intermediate Care Facilities.

Nursing Facility services are provided in Medicaid certified Nursing Homes

For individuals aged 21 or older who need them.

## **Nursing Facility (NF)**

Provide 3 primary services

- Skilled nursing or medical care and related services
- Rehabilitation needed due to injury, disability, or illness
- Long term care —health-related care and services (above the level of room and board) not available in the community, needed regularly due to a mental or physical condition



# Nursing Facility (NF)

Federal Requirements specify that Nursing Facilities must provide:

- Nursing and related services
- Specialized rehabilitative services (treatment and services required by residents with mental illness or intellectual disability, not provided or arranged for by the state)
- Medically-related social services
- Pharmaceutical services (with assurance of accurate acquiring, receiving, dispensing, and administering of drugs and biologicals)
- Dietary services individualized to the needs of each resident
- Professionally directed program of activities to meet the interests and needs for well being of each resident
- Emergency dental services (and routine dental services to the extent covered under the state plan)
- Room and bed maintenance services
- Routine personal hygiene items and services

Provided in Medicaid certified Nursing Homes that are also certified as a Medicare skilled nursing facility (SNF)

## **Skilled Nursing Facility (SNF)**

- Skilled nursing or medical care and related services following hospitalization
- Rehabilitation following hospitalization needed due to injury, disability, or illness

# **Nursing Facility for Persons with Mental Illness (NF/MI)**

Nursing Facility for Persons with Mental Illness (NF/MI) services are provided in Medicaid certified Nursing Homes

For individuals who primarily have mental illness and are aged 21 or older who need them.

Provide 3 primary services

- Skilled nursing or medical care and related services
- Rehabilitation needed due to injury, disability, or illness
- Long term care —health-related care and services (above the level of room and board) not available in the community, needed regularly due to a mental or physical condition

# Intermediate Care Facility for Individuals with Intellectual Disability (ICF/ID)

ICF/ID services are provided in residential facilities licensed and certified by the Department for Inspections and Appeals and Licensing (DIAL) as an ICF/ID

For individuals who primarily have an intellectual disability or other related condition

The ICF/ID is responsible for all activities, including day programs, because the concept of Active Treatment (AT) is that all aspects of support and service to the individual are coordinated towards specific individualized goals in the Individual Program Plan.

Active Treatment (AT) aggressive, consistent implementation of a program of specialized and generic training, treatment and health services

- Ongoing evaluation, and planning,
- 24-hour supervision,
- Coordination, and integration of health or rehabilitative services

# Psychiatric Medical Institute for Children (PMIC)

PMIC services are provided in residential facilities licensed and certified by the Department for Inspections and Appeals and Licensing (DIAL) as a PMIC

- ✓ For individuals aged 21 and under
- ✓ Symptoms consistent with a mental health diagnosis
- ✓ Community-based services do not meet the child's treatment needs
- ✓ Proper treatment requires inpatient psychiatric care
- ✓ The services are reasonably expected to improve the child's condition or prevent regression

The PMIC is responsible for providing an integrated program of therapies, activities, and experiences designed to meet the treatment objectives.

“Active treatment” means implementation of a professionally developed and supervised individual plan of care that is developed and implemented by an interdisciplinary team (IDT).

- ❖ Ongoing evaluation, and planning,
- ❖ 24-hour supervision,
- ❖ Coordination, and integration of health or rehabilitative services

# Residential Care Facility (RCF)

RCF services are provided in residential facilities licensed and certified by the Department for Inspections and Appeals and Licensing (DIAL)

Organized continuous 24-hour care and services for persons who need supports other than nursing care.

Residents are unable to properly care for themselves because of illness, disease, or physical or mental infirmity, but they do not require the services of a registered or licensed nurse except on an emergency basis

- ✓ Three or more meals per day, with special diet when ordered by the physician;
- ✓ Furnished living and sleeping quarters
- ✓ Laundry, including linens and personal clothing as needed for the resident to present a neat appearance, to be free of odors, and to be comfortable;
- ✓ Assistance with personal care, such as grooming, washing hair,
- ✓ Administration of medications, exclusive of nursing care;
- ✓ General supervision; and
- ✓ Provision of activities and socialization experiences to the extent deemed adequate by DIAL.

Medicaid only pays for services that occur in a RCF when those services do not duplicate the services the RCF is required to provide

State Supplementary Assessment (SSA) covers Residential Care Facility assistance for individuals who are aged, blind, or disabled and meet the financial eligibility guidelines.

# Program For All Inclusive Care for the Elderly (PACE)

**PACE** is an Iowa Medicaid managed care program that helps older Iowans to stay in their home and stay as healthy as possible.

For members who are age 55 or older **and**

- Live in an Iowa county served by the PACE provider
- Meet a level of care that is equal to nursing facility services because of chronic illnesses or disabilities
- Can live safely in your home with help from PACE services
  - preventive and primary care
  - will also provide any other medical care that you may need such as hospitalizations,
  - specialty care, nursing facility care, hospice or emergency care. Besides medical and
  - personal care support, a PACE social worker will help you with non-medical problems; and
  - also coordinate admission and discharge if you need care outside of your home

## **Community Based LTSS**

- State Plan HCBS - Habilitation
- HCBS Waivers
- Community- Based Neurobehavioral Rehabilitation Services (CNRS)
- Home Health Services
- Targeted Case Management
- Money Follows the Person



# HCBS State Plan Option

To provide state plan Home and Community-Based Services (HCBS) to Iowans with functional limitations typically associated with chronic mental illness.

- ▶ Must be eligible for Medicaid through an existing coverage group
- ▶ Household income cannot exceed 150% of Federal Poverty Level (FPL)
- ▶ Meet needs-based and risk-based eligibility criteria as determined by a Needs-Based Assessment

Services provided in the home or community to assist in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to live and work successfully in the community.

## **Residential Services**

- Help with gaining, retaining and improving skills for living independently in the home and community.

## **Day Habilitation**

- Help with gaining, keeping and improving skills related to active participation in the community

## **Supported Employment Services**

- Help with gaining, retaining and improving skills related to finding and keeping a job

## **Prevocational and Career Exploration Services**

- Help with gaining, retaining and improving skills that lead to paid employment in community settings

# 1915(i) HCBS Habilitation Program

# HCBS Waivers

# 1915(C) HCBS

Provides long term care services and supports to older Iowans and Iowans with disabilities in their homes and communities.

## **Residential Services and Supports**

- Help with gaining, retaining and improving skills for living independently in the home and community.

## **Help in the Home**

- Help with personal care and activities in the home

## **Day Services**

- Help with gaining, keeping and improving skills related to active participation in the community

## **Equipment and Modifications**

- Devices, technology and modifications to the home or vehicle that improves independence in the home and community.

## **Supported Employment Services**

- Help with gaining, retaining and improving skills related to finding and keeping a job

## **Prevocational and Career Exploration Services**

- Help with gaining, retaining and improving skills that lead to paid employment in community settings

## **Self-Direction**

- Using a monthly budget to make decisions about your services and supports

Provides services to individuals with brain injury and co-occurring mental health diagnosis to maximize independence in activities of daily living and ability to live successfully in their home and community.

## **Community-based Neurobehavioral Rehabilitation Services (CNRS)**

Services are delivered by a team of allied health and well-qualified support staff in a community-based setting.

CNRS is individually tailored to address cognitive, medical, behavioral and psychosocial challenges, as well as the physical impacts of acquired brain injury.

# State Plan Home Health Care

Medical care provided in the member's home

Usually short-term and is prescribed by a doctor to help the member recover from an illness, injury, or hospital stay.

A physician must certify that a member has a medical need for services

## **Medical Services**

- Skilled nursing care to administer medications, monitor vital signs, and manage chronic conditions.
- Physical therapy – assists with regaining strength and mobility after surgery or injury.
- Occupational therapy assists with daily living activities, ensuring members can perform tasks like dressing and bathing safely.
- Speech therapy assists with communication or swallowing difficulties.

## **Non-Medical Services**

- A home health aid assists with bathing, grooming, and dressing, helping members maintain their hygiene and appearance.

## **Specialized Services**

- These include palliative care for serious illnesses, post-surgical care for recovery at home, and chronic disease management for conditions like diabetes or heart disease.

## **State Plan Targeted Case Management (TCM)**

Provides the support services necessary to facilitate the community-based service planning process for individuals with disabilities to live healthy and safe lives at home and be a part of their community.

Case Managers work with individuals and their families, service providers and other agencies to integrate services from multiple providers and funding streams into an integrated plan of care.

Services are delivered at home, via a person-centered plan in the community and the setting of their choice.

Populations served include individuals who are eligible for the following:

- Intellectual Disability Waiver
- Brain Injury Waiver
- Health and Disability Wavier
- Physical Disability Waiver
- AIDS/HIV Waiver
- Elderly Waver
- Individuals who meet the criteria for development disability and for targeted case management

## **Money Follows the Person (MFP)**

Grant from the Centers for Medicare and Medicaid Services (CMS) to help participants make a successful transition to independent living.

Provides opportunities for individuals with a Brain Injury or Intellectual Disability who have resided in an ICF/ID or Nursing facility for 3 or more months to move out and into their own homes in the community of their choice.

Grant funds provide funding for the transition services and enhanced supports needed for the first year after the individual transitions into the community.

The program pays the cost of setting up a new home: one-time only expenses, such as deposits for rent or utilities, household supplies and other supports to make sure the move to independent living is successful.

For those who need help with monthly rent, help applying for rental assistance is provided.

[MFP Referral Information \(Form 470-5151\)](#)



## Client Participation

Medicaid members are required to participate in the cost of institutional care and/or HCBS Waiver services.

“Client participation” is the amount of income that the member must pay to the long-term care facility at the beginning of each month for your care.

An LTSS provider collects client participation from the Medicaid member as payment for services provided.

Before any Medicaid payment can be made for a member’s LTSS services, the client participation must first be applied to the claim. Iowa Medicaid or the member’s MCO reduces the provider’s payment by the member’s client participation amount.

A member’s continued eligibility can be dependent on them paying the client participation, allowing them to stay within resource limits.

Exceptions:

- Residing in a Mental Health Institute (MHI)
- A Qualified Medicare Beneficiary (QMB) residing in an institution and receiving skilled care.
- Member with countable income of \$50 or less. All members receive a \$50 personal needs allowance

## Estate Recovery

When a member received Medicaid benefits, which includes capitation fees paid to a managed care organization, even if the plan did not pay for any services, the state of Iowa has the right to ask for money back from your estate after your death.

Members affected by the estate recovery policy are those who:

- Are 55 years of age or older, regardless of where they are living; or
- Are under age 55 and:
  - Reside in a nursing facility, an intermediate care facility for persons with an intellectually disability, or a mental health institute, and
  - Cannot reasonably be expected to be discharged and return home.

The state will never ask for more money back than it was paid.

[Estate Recovery | Health & Human Services.](#)



# Resources

Iowa Medicaid Programs <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-medicaid-programs>

Apply for Services

<https://hhs.iowa.gov/apply-services>

Iowa Health Link, Iowa Medicaid Managed Care

<https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link>

Medicaid News

<https://hhs.iowa.gov/programs/welcome-iowa-medicaid/medicaid-news>

Medicaid Dashboards and Reports

<https://hhs.iowa.gov/performance-and-reports/medicaid-reports>