

Medicaid LTSS Program Comparison Chart

|  | HCBS AIDS/HIV Waiver                         | HCBS Brain Injury Waiver                                   | HCBS Children’s Mental Health Waiver  | HCBS Elderly Waiver                                     | HCBS Health & Disability Waiver   | HCBS Intellectual Disability Waiver  | HCBS Physical Disability Waiver  | State Plan HCBS Habilitation   | State Plan Community-based Neurobehavioral Rehabilitation Service (CNRS)  |
|--|--|--|---|---|---|--|--|--|---|
| 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  | Age 16 or older  | Age 18 or older   |
| Target Population  | Diagnosis of AIDS/HIV                        | Brain injury diagnosis as set forth in rule 441—83.81(249A | Diagnosis of serious emotional disturbance (SED)  | Age 65 or over  | Blind or disabled SSI-related coverage groups   | Primary disability of intellectual disability determined by a psychologist or psychiatrist | Physical disability as determined by Disability Determination Services | Income at or below 150% FPL; individuals meeting the needs-based eligibility criteria  | Brain injury diagnosis as set forth in rule 441—83.81(249A) and post-injury risk factors as identified in rule 78.56(2)   |
| Level of Care (LOC) Required*  | NF or Hospital                               | NF, SNF, or ICF/ID   | Hospital – Psychiatric Medical Institution for Children (PMIC)                          | Nursing Facility (NF) or Skilled Nursing Facility (SNF) | Nursing Facility (NF) or Skilled Nursing Facility (SNF) or Intermediate Care Facility for Individuals with Intellectual Disability (ICF/ID) | Intermediate Care Facility for Individuals with Intellectual Disability (ICF/ID)           | Nursing Facility (NF) or Skilled Nursing Facility (SNF)                | Meet needs-based eligibility criteria as determined by a Needs-Based Evaluation – CASH/LOCUS or CALOCUS Meets 1 of 7 risk factors and meets at least 2 of 5 criteria showing a need for assistance on a continuing or intermittent basis for at least twelve months. | Member has demonstrated post-injury risk factors as identified in 441 IAC 78.56, and Member has demonstrated need for assistance. The member exhibits neurobehavioral symptoms in such frequency, severity, or intensity that community-based neurobehavioral rehabilitation is required. |
| Care Coordinator   | Case Manager or Community Based Case Manager | Case Manager or Community Based Case Manager               | Case Manager or Integrated Health Home Care Coordinator or Community Based Case Manager | Case Manager or Community Based Case Manager            | Case Manager or Community Based Case Manager  | Case Manager or Community Based Case Manager   | Case Manager or Community Based Case Manager                           | Case Manager or Integrated Health Home Care Coordinator or Community Based Case Manager  | Not Applicable *MCO may choose to assign a Community Based Case Manager   |
| Maximum Dollars Available Per Month (As determined by Level of Care) | \$2,128.08                                   | Amount based on services upper limits                      | \$2,274.96 excluding cost of Environmental Modification                                 | Amount based on services upper limits                   | SNF \$3,166.53<br>NF \$1,087.96<br>ICF/ID \$4,244.04 excluding cost of HVM  | Amount based on services upper limits  | \$ 793.20 excluding cost of HVM  | Not Applicable – State Plan  | Not Applicable – State Plan   |

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| <b>HCBS Regional Specialists (HCBS Waiver and State Plan HCBS Habilitation)</b> | Visit <a href="http://www.dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/hcbs-contacts">www.dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/hcbs-contacts</a> for a listing of HCBS Regional Specialist assignments.  |
| <b>Where to apply?</b>  | <p>HCBS Waiver: Local HHS income maintenance office or online at: <a href="https://hhservices.iowa.gov/apspssp/ssp.portal">https://hhservices.iowa.gov/apspssp/ssp.portal</a></p> <p>HCBS Habilitation: To apply for Habilitation, the member must first be Medicaid eligible and have countable income at or below 150% of the federal poverty level. Application for Habilitation is made by the IHH Care Coordinator or CBCM submitting a request for Habilitation to the Iowa Medicaid Medical Services Unit or the managed care organization (MCO) submitting a completed assessment and social history to the Iowa Medicaid Medical Services Unit.</p> <p>CNRS: To request CNRS, the CNRS provider should seek prior authorization through the member's assigned MCO or through Iowa Medicaid Medical Services for Fee for Service (FFS) members.</p>  |
| <b>Determination of financial eligibility</b>                                   | <p>HCBS Waiver, HCBS Habilitation and CNRS: HHS income maintenance worker. Review of Medicaid eligibility is completed every 12 months.</p> <p>Habilitation: Member's that are eligible for Medicaid state plan benefit coverage and have income at or below 150% of the Federal Poverty Level are financially eligible for Habilitation</p> <p>CNRS: Member's that are eligible for Medicaid state plan benefit coverage are financially eligible for CNRS</p>  |
| <b>Determination of level of care (LOC)</b>                                     | <p>HCBS Waiver and HCBS Habilitation: Iowa Medicaid Medical Services or Managed Care Organization (MCO). Core Standardized Assessment and LOC Completed at least once every 12 months or when there is a significant change in the member's situation or condition.</p> <p>CNRS: Level of care is not applicable. Each member will have had a department-approved, standardized comprehensive functional neurobehavioral assessment completed within the 90 days prior to admission. Iowa Medicaid Medical Services or Managed Care Organization (MCO) may approve the initial and subsequent neurobehavioral rehabilitation treatment plans which conform to the conditions of medical necessity pursuant to subrule 78.56(4) and to the conditions pursuant to subrule 78.56(3).</p>   |
| <b>Development of service plan</b>  | <p>HCBS Waiver and HCBS Habilitation: Case Manager (CM), MCO Community Based Case Manager (CBCM), Integrated Health Home (IHH) Care Coordinator. Service plan completed after waiver/ state plan HCBS eligibility determination approval and annually thereafter. Service plan must be completed, and services authorized, prior to service provision.</p> <p>CNRS: The community-based neurobehavioral services provider shall submit the proposed plan of care, the results of the member's formal assessment, and medical documentation supporting a brain injury diagnosis to the Iowa Medicaid medical services unit or member's MCO for approval before providing the services. Within 30 days of admission, the provider shall submit the member's treatment plan to the Iowa Medicaid medical services unit. (1) The Iowa Medicaid medical services unit or member's MCO will approve the provider's treatment plan if: 1. The treatment plan conforms to the medical necessity requirements in subrule 78.55(4); 2. The treatment plan is consistent with the written diagnosis and treatment recommendations made by a licensed medical professional that is a licensed neuropsychologist or neurologist, M.D., or D.O.; 3. The treatment plan is sufficient in amount, duration, and scope to reasonably achieve its purpose; 4. The provider can demonstrate that the provider possesses the skills and resources necessary to implement the plan; and 5. The treatment plan does not exceed 180 days in duration. (2) A treatment summary detailing the member's response to treatment during the previous approval period must be submitted when approval for subsequent plans is requested.</p> |

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| <b>Provider Enrollment</b>         | <p>HCBS Waiver and HCBS Habilitation: Providers must enroll with Iowa Medicaid and MCOs to be providers of service. Providers must be fully enrolled and be authorized in a service plan prior to service provision.</p> <p>CNRS Providers must enroll with Iowa Medicaid and MCOs to be providers of service. Providers must be fully enrolled and except in the case of an emergency admission, be prior authorized to render the service to the member before the member is admitted.</p>  |
| <b>Initial Date of Eligibility</b> | <p>Waiver eligibility effective date will be determined when the following eligibility requirements are completed: financial (income &amp; resource) eligibility is determined, and level of care is established. Waiver services provided before approval of eligibility for the waiver, or prior to service plan authorization, cannot be paid.</p> <p>The Habilitation eligibility date is the first date that the Iowa Medicaid was able to determine that the member met the needs based and risk-based criteria for the Habilitation program.</p> <p>CNRS: A member is eligible for CNRS the first day that they are determined Medicaid eligible and meet the CNRS eligibility criteria.</p> |
| <b>For More Info</b>               | Visit <a href="http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs">http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs</a> ; *NF (Nursing Facility), SNF (Skilled Nursing Facility), ICF/ID (Intermediate Care Facility for the Intellectually Disabled)   |

| Service  | HCBS AIDS/HIV Waiver | HCBS Brain Injury Waiver | HCBS Children’s Mental Health Waiver | HCBS Elderly Waiver | HCBS Health & Disability Waiver | HCBS Intellectual Disability Waiver | HCBS Physical Disability Waiver | State Plan HCBS Habilitation | State Plan Community-based Neurobehavioral Rehabilitation Service (CNRS) |
|--|----------------------|--------------------------|--------------------------------------|---------------------|---------------------------------|-------------------------------------|---------------------------------|------------------------------|--|
| Adult Day Care   | x                    | x                        |                                      | x                   | x                               | x                                   |                                 |                              | NA   |
| Adult Day Care in the Home                                     | x                    | x                        |                                      | x                   | x                               | x                                   |                                 |                              | NA   |
| Assistive Devices  |                      |                          |                                      | x                   |                                 |                                     |                                 |                              | NA   |
| Assisted Living  |                      |                          |                                      | x                   |                                 |                                     |                                 |                              | NA   |
| Behavioral Programming   |                      | x                        |                                      |                     |                                 |                                     |                                 |                              | NA   |
| Case Management Services                                       |                      | x                        |                                      | x                   |                                 |                                     |                                 | x                            | NA   |
| Chore  |                      |                          |                                      | x                   |                                 |                                     |                                 |                              | NA   |
| Community Based Neurobehavioral Rehabilitation Services (CNRS) |                      |                          |                                      |                     |                                 |                                     |                                 |                              | X  |
| Consumer Choices Option (CCO)                                  | x                    | x                        |                                      | x                   | x                               | x                                   | x                               |                              | NA   |
| Consumer Directed Attendant Care (CDAC)                        | x                    | x                        |                                      | x                   | x                               | x                                   | x                               |                              | NA   |
| Counseling   | x                    |                          |                                      |                     | x                               |                                     |                                 |                              | NA   |

|  |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|----|
| Day Habilitation   |   |   |   |   |   | x |   | x | NA |
| Emergency Response                                       |   | x |   | x | x | x | x |   | NA |
| Enabling Technology for Remote Support Assessment        |   | x |   |   |   | x |   | x |    |
| Enabling Technology for Remote Support Equipment Per Job |   | x |   |   |   | x |   | x |    |
| Environmental Modifications and Adaptive Devices         |   |   | x |   |   |   |   |   | NA |
| Family and Community Support                             |   |   | x |   |   |   |   |   | NA |
| Family Counseling & Training                             |   | x |   |   |   |   |   |   | NA |
| Home Based Habilitation                                  |   |   |   |   |   |   |   | x |    |
| Home Delivered Meals                                     | x |   |   | x | x |   |   |   | NA |
| Home Health Aide   | x |   |   | x | x | x |   |   | NA |
| Homemaker  | x |   |   | x | x |   |   |   | NA |
| Home/Vehicle Modifications                               |   | x |   | x | x | x | x |   | NA |
| In-home Family Therapy                                   |   |   | x |   |   |   |   |   | NA |
| Interim Medical Monitoring & Treatment (IMMT)            |   | x |   |   | x | x |   |   | NA |
| Medical Day Care for Children                            |   | x | x |   | x | x |   |   |    |
| Mental Health Outreach                                   |   |   |   | x |   |   |   |   | NA |
| Nursing  | x |   |   | x | x | x |   |   | NA |
| Nutritional Counseling                                   |   |   |   | x | x |   |   |   | NA |
| Prevocational Services<br>*Includes Career Exploration   |   | x |   |   |   | x |   | x | NA |
| Respite: Individualized,                                 | x | x | x | x | x | x |   |   | NA |

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|---|--|---|--|---|--|---|---|---|----|
| group, specialized  |  |   |  |   |  |   |   |   |    |
| Senior Companion  |  |   |  | x |  |   |   |   | NA |
| Supported Community Living (SCL)                                    |  | x |  |   |  | x |   |   | NA |
| Specialized Medical Equipment                                       |  | x |  |   |  |   | x |   | NA |
| Supported Community Living: Residential Based (RBSCCL) for children |  |   |  |   |  | x |   |   | NA |
| Supported Employment (SE)   |  | x |  |   |  | x |   | x | NA |
| Transportation  |  | x |  | x |  | x | x |   |    |

