



Attendant Care WPA-001

Iowa Medicaid Program	Waiver Prior Authorization	Effective Date	07/25/2011
Revision Number	12	Last Reviewed	04/17/2026
Reviewed By	Medicaid Medical Director	Next Review	04/16/2027
Approved By	Medicaid Clinical Advisory Committee	Approved Date	06/22/2019

Criteria

Prior authorization is required.

Initial Services

1. Member is eligible for the Home and Community Based Services (HCBS), Health and Disability, Elderly, AIDS/HIV, Physical Disability, Intellectual Disability, or Brain Injury waiver; **AND**
2. Service activities performed by a person to help a member with self-care tasks which the member would typically do independently if the member were otherwise able; **AND**
3. Skilled service activities shall be under the supervision of a licensed nurse or licensed therapist working under the direction of a physician; **AND**
4. Services are essential to the health and welfare of the member; **AND**
5. Service plan and Attendant Care agreement is directed at meeting the individual member needs; **AND**
6. Service plan is consistent with the diagnosis(es) and treatment of the member’s condition; **AND**
7. Service plan is in accordance with standards of good medical practice; **AND**
8. Service plan documents how services will meet the medical need of the member and for the reasons other than the convenience of the member or the member’s practitioner or caregiver; **AND**
9. The scope, frequency, and duration of services shall be indicated in the service plan and the approved and signed Attendant Care agreement. Only direct services are billable; **AND**
10. Services are the least costly type of service which would reasonably meet the medical need of the member; **AND**
11. Attendant Care services may not be simultaneously reimbursed with any other HCBS waiver services; **AND**

12. Providers of Attendant Care fulfill requirements outlined in Iowa Administrative Code (IAC) 77.30(7); **AND**
13. Submitted documentation includes:
 - a. Comprehensive Person-Centered Service Plan for the member; **AND**
 - b. InterRAI Assessment; **AND**
 - c. List of all natural, waiver, and non-waiver support services. Natural supports may include, but are not limited to family, friends, or community resources; **AND**
 - d. HCBS Attendant Care agreement; **AND**
 - e. Home health agency plan of care, if applicable.

Services Not Covered

Only direct services are billable. Services not covered under Attendant Care include, but are not limited to:

1. Services provided simultaneously with any similar service regardless of funding source.
2. Services provided simultaneously with in-home health-related care services.
3. Cost for the supervision of skilled services by the nurse or therapist.
4. Service activities including parenting or childcare for or on behalf of the member including, but not limited to basic childcare, taking a child to a playground, or taking a child to school.
5. Transportation costs.
6. The costs of food.
7. Reminders and cueing.
8. Companionship.
9. Any activity related to supervising a member. Only direct services are billable.
10. Services that are not documented in accordance with IAC 441-79.3 rules.
11. Any covered Attendant Care service not identified in the member's Attendant Care agreement Form #470-3372.
12. Wait time for any activity (e.g., physician visits, laundry cycle, dishwasher cycle time).
13. Deep cleaning and chore services, as defined in IAC 441-78.37.
14. All pet related services, including but not limited to feeding, walking, dropping removal, shopping for pet food/supplies, taking pet to veterinarian.
15. Moving and packing services.
16. Visiting, watching movies or television, and playing games.
17. Taking the member to visit relatives, casino, bars, or for salon services, including but not limited to manicure, pedicure, or massages.

18. Meal preparation, housekeeping, shopping, or other activities that are completed for the benefit of people other than the member.
19. Non-essential shopping, including, but not limited to Christmas, birthday, and window shopping.
20. Dining out at restaurants or take-out food brought to member.
21. Transportation time related to non-allowable activities.
22. Activities the member is able to perform or due to member's age would be considered parental responsibility

Continued Services

1. Initial service criteria are met; **AND**
2. Necessity for service and service intensity must be independently met for continued services regardless of past history of service approval; **AND**
3. Submitted documentation includes:
 - a. Comprehensive person-centered service plan for the member; **AND**
 - b. nterRAI; **AND**
 - c. List of all natural, waiver, and non-waiver support services. Natural supports may include but are not limited to family, friends, or community resources; **AND**
 - d. HCBS Attendant Care agreement; **AND**
 - e. ; **AND**
 - f. Home health agency plan of care, if applicable.

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 441-78.34(7).

IAC 441-78.37(15).

IAC 441-78.38(8).

IAC 441-78.41(8).

IAC 441-78.43(13).

IAC 441-78.46(1).

IAC 441-77.30(7).

Iowa Medicaid HCBS 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
[mm/dd/yyyy]			[#]

Signature

Change Date	Changed By	Description of Change	Version
04/17/2026	CAC	Annual Review.	12

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William (Bill) Jagiello, DO



Change Date	Changed By	Description of Change	Version
04/18/2025		Annual Review. Added "or due to member's age would be considered parental responsibility" under section Services Not Covered, #22.	11


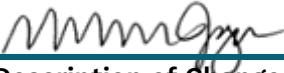
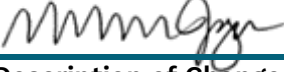
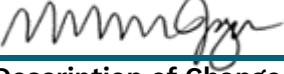
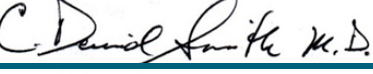

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William (Bill) Jagiello, DO



Change Date	Changed By	Description of Change	Version
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Criteria Change History

04/19/2024	CAC	Annual Review	10
Signature			
William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
04/21/2013	CAC	Annual Review.	9
Signature			
William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
04/15/2022	CAC	Annual Review.	8
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William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
04/16/2021	CAC	Annual review. Minor formatting changes.	7
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William (Bill) Jagiello, DO 			
Change Date	Changed By	Description of Change	Version
04/20/2018	CAC	Added criterion #12	6
Signature			
C. David Smith, MD 			
Change Date	Changed By	Description of Change	Version
08/04/2015	Policy	Added "v" under services not covered.	5
Signature			
Jason Kessler, MD 			
Change Date	Changed By	Description of Change	Version
04/17/2015	CAC	Combined two items under services not covered. Added last paragraph in References.	4
Signature			
Change Date	Changed By	Description of Change	Version
04/18/2014	Medical Director	Criterion #9 added "only direct services are billable". Under services not covered removed "this is not an all- inclusive list" and added "include but are not limited to". Combined some items not covered.	3
Signature			
Change Date	Changed By	Description of Change	Version
04/16/2013	CAC	Services not covered "j" added IAC and "k" added "Form".	2
Signature			
Change Date	Changed By	Description of Change	Version
10/19/2012	CAC	Page 2 - "n" moved to be part of "m" and "o" through "y" relabeled to be "n" through "x".	1
Signature			

CAC = Medicaid Clinical Advisory Committee