



Prevocational Services WPA-004

Iowa Medicaid Program	Waiver Prior Authorization	Effective Date	10/03/2011
Revision Number	8	Last Reviewed	04/17/2026
Reviewed By	Medicaid Medical Director	Next Review	04/16/2027
Approved By	Medicaid Clinical Advisory Committee	Approved Date	10/09/2015

Descriptive Narrative

“Prevocational services” means services that provide career exploration, learning and work experiences, including volunteer opportunities, where the member can develop non-job-task-specific strengths and skills that lead to paid employment in individual community settings.

Prevocational services are provided to persons who are expected to be able to join the general workforce with the assistance of supported employment. Prevocational services are intended to develop and teach general employability skills relevant to successful participation in individual employment. These skills include but are not limited to the ability to communicate effectively with supervisors, coworkers, and customers; an understanding of generally accepted community workplace conduct and dress; the ability to follow directions; the ability to attend to tasks; workplace problem-solving skills and strategies; general workplace safety and mobility training; the ability to navigate local transportation options; financial literacy skills; and skills related to obtaining employment.

Prevocational services include career exploration activities to facilitate successful transition to individual employment in the community. Participation in prevocational services is not a prerequisite for individual or small group supported employment services

Prevocational services must comply with Iowa Administrative Code (IAC) 441-79.9(2).

This requires that all services covered by Medicaid shall:

- Be consistent with the diagnosis and treatment of the patient’s condition.
- Be in accordance with the standards of good medical practice.

- Be required to 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.
- Be the least costly type of service which would reasonably meet the medical need of the member.

Criteria

Waiver prior authorization is required.

Initial Services

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

1. The member is eligible for the Home and Community Based Services (HCBS) Habilitation, Intellectual Disability (ID) waiver, or Brain Injury (BI) waiver; **AND**
2. The member is preparing for paid employment; **AND**
3. The member must have a goal of integrated community employment; **AND**
4. The member is expected to be able to join the general work force with the assistance of supported employment; member may only receive HCBS prevocational services in integrated community-based settings (not in sheltered workshops); **AND**
5. The member has a service plan that includes teaching job readiness skills, such as following directions, attending to tasks, task completion, problem solving, and safety and mobility training; **AND**
 - a. The service plan goals must be measurable and time limited; **AND**
 - b. The service plan is directed at individual member needs; **AND**
6. The member with an intellectual disability, developmental disability, brain injury, or chronic mental illness engaged in work programs shall be paid wages commensurate with the going rate for comparable work and productivity; **AND**
7. The following documentation must be submitted:
 - a. Service plan; **AND**
 - b. Comprehensive person-centered service plan; **AND**
 - c. HCBS comprehensive assessment interRAI, CASH, LOCUS/CALOCUS); **AND**
 - d. Prevocational goals, objectives, and results, if applicable; **AND**

Exclusions

The following do not support prevocational services and cannot be approved:

1. Job task-oriented training or specific education directed at teaching specific job skills or explicit employment objectives; **AND**
2. Vocational training for a specific job or supported employment; **AND**
3. Services intended to address general behavioral issues; **AND**
4. Services intended to be a funding source for sheltered workshop; **AND**
5. Services providing employment or activity due to lack of other available opportunities; **AND**
6. Services defined in Section 4(a)(4) of the 1975 amendments to the Education of the Handicapped Act (20 U.S.C. 1404[16] and [17]) that are otherwise available to the member through a state or local education agency; **AND**
7. Vocational rehabilitation services that are otherwise available to the member through a program funded under Section 110 of the Rehabilitation Act of 1973 (29 U.S.C. 730).

Continued Services

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

1. The initial service criteria continue to be met; **AND**
2. There is demonstrated and measurable progress relative to the prevocational goals; **AND**
3. There is demonstrated evidence of movement toward paid employment; **AND**
4. The services are reflected in the comprehensive service plan and are directed to habilitative goals and objectives rather than specific employment goal and objectives; **AND**
5. Submitted documentation includes:
 - a. Service plan; **AND**
 - b. Prevocational training plan (provider-specific service plan); **AND**
 - c. Comprehensive assessment; **AND**
 - d. Prevocational goals, objectives, and results.

Limitations

Participation in these services is limited to 24 calendar months. This time can be extended to continue beyond 24 months if one of more of the following conditions apply:

1. The member who is in prevocational services is also working in either individual or small-group community employment for at least the number of hours per week desired by the member, as identified in the member's current service plan; **OR**
2. The member who is in prevocational services is also working in either individual or small-group community employment for less than the number of hours per week the member desires, as identified in the member's current service plan, but the member has service documented in the member's current service plan, or through another identifiable funding source (e.g., Iowa vocational rehabilitation services (IVRS)), to increase the number of hours the member is working in either individual or small-group community employment; **OR**
3. The member is actively engaged in seeking individual or small-group community employment or individual self-employment, and services for this are included in the member's current service plan or services funded through another identifiable funding source (e.g., IVRS) are documented in the member's service plan; **OR**
4. The member has requested supported employment services from Medicaid and IVRS in the past 24 months, and the member's request has been denied or the member has been placed on a waiting list by both Medicaid and IVRS; **OR**
5. The member has been receiving individual supported employment services (or comparable services available through IVRS) for at least 18 months without obtaining individual or small-group community employment or individual self-employment; **OR**
6. The member is participating in career exploration activities as described in subparagraph 78.27(9) "a" (1).

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 441-78.27(9) “a” (1).

IAC 441-78.43(11).

IAC 441-78.41(13).

IAC 441-79.9(2).

42 Code of Federal Regulations 440.180(c)(2)(i).

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
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Signature			

Change Date	Changed By	Description of Change	Version
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Change Date	Changed By	Description of Change	Version
04/17/2026	CAC	Annual Review.	8

Signature
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Change Date	Changed By	Description of Change	Version
04/18/2025	CAC	Annual review. Added Limitations section. Updated references.	7

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04/19/2023		Annual review.	6

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01/20/2023	CAC	Annual review. Changes made by Policy.	4

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01/21/2022	CAC	Annual review.	3

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Change Date	Changed By	Description of Change	Version
10/09/2015	Medical Director	Formatting changes for clarity and addition of development reference.	2

Signature
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Change Date	Changed By	Description of Change	Version
10/17/2014	Medical Director	General reformatting and grammatical changes.	1

Signature

CAC = Medicaid Clinical Advisory Committee