



Iowa Health and Wellness Plan Medically Exempt Toolkit

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Many uninsured lowans using the Health Insurance Marketplace are eligible for free or low-cost health care coverage through the Iowa Health and Wellness Plan or other Medicaid programs. Others can receive financial help to lower the cost of buying private insurance plans available on the marketplace.

What is the Iowa Health and Wellness Plan?

On January 1, 2014, Medicaid began to offer a health care coverage option to adults age 19 to 64 with income up to and including 133 percent of the Federal Poverty Level. (A limited number of members in this program will be in the Medicaid Fee-for-Service coverage program. The majority of Iowa Health and Wellness Plan members will get coverage through the IA Health Link managed care program.)

The Iowa Health and Wellness Plan is a Medicaid program created to provide comprehensive health care coverage at low or no cost to low-income, uninsured lowans ages 19 to 64. In addition the Iowa Health and Wellness Plan contains an incentive program referred to as the Healthy Behaviors Program, which is intended to improve the use of preventive services and promote healthy behaviors. The plan replaced the IowaCare program, which ended on December 31, 2013.

All Iowa Health and Wellness Plan members are covered for the same types of health benefits; however, some members are required to pay monthly contributions if they chose not to participate in the Healthy Behaviors Program. Monthly contributions for members with incomes between 50 percent and 133 percent of the federal poverty level will have their premiums waived if Healthy Behaviors are completed for each subsequent year they are enrolled in the Iowa Health and Wellness Plan.

Individuals who otherwise qualify for the Iowa Health and Wellness Plan but who need specialized medical services due to complex medical conditions or mental, physical or developmental disorders will be eligible for more comprehensive coverage through Iowa's Medicaid State Plan. This is referred to as being Medically Exempt.

All other members in the Iowa Health and Wellness Plan, and will receive their medical care from a Managed Care Organization (MCO) through the IA Health Link program.

[The IA Health Link Managed Care Handbook](#) provides more detailed information about plan benefits and how to access services. Members within this plan will get their health care from providers in their MCO's provider network. For further information on MCO provider networks please visit the [Find a Provider webpage](#). Information about MCOs and the IA Health Link may be found on the [IA Health Link webpage](#).



Medically Exempt Eligibility

A Medically Exempt determination **only applies to those who are enrolled in the Iowa Health and Wellness Plan** and will not affect those that are currently enrolled in the Medicaid State Plan. The goal of making individuals Medically Exempt is to ensure those individuals with a need for more extensive behavioral health and substance abuse services have access to appropriate care. Moving individuals from the Iowa Health and Wellness Plan to the Medicaid State Plan will allow them to the care they need.

Iowa uses the term ‘Medically Exempt’ to define the Federal definition of ‘Medically Frail’.

Medically Exempt Individual Definition

DEFINITION 42 CFR § 440.315(f) ‘Medically Frail’: includes individuals with disabling mental disorders (including adults with serious mental illness), individuals with chronic substance use disorders, individuals with serious and complex medical conditions, individuals with a physical, intellectual or developmental disability that significantly impairs their ability to perform 1 or more activities of daily living, or individuals with a disability determination based on Social Security criteria.

The Iowa Health and Wellness Plan provides an Alternative Benefit Plan for enrollees. Federal law allows individuals to be exempt from mandatory enrollment in an Alternative Benefit Plan. Iowa Medicaid must identify exempt individuals and offer a choice between the Alternative Benefit and the regular Medicaid State Plan Benefit. The table below provides more detailed definitions of the categories of exempt individuals identified in 42 CFR §440.315(f) (definition shown on next page).

| Category | Definition |
|---|---|
| Individuals with Disabling Mental Disorder | <p>The member has a diagnosis of at least one of the following:</p> <ul style="list-style-type: none"> • Psychotic disorder; • Schizophrenia; • Schizoaffective disorder; • Major depression; • Bipolar disorder; • Delusional disorder • Obsessive-compulsive disorder |
| Individuals with chronic substance use disorder | <p>Individuals with a chronic substance use disorder:</p> <ul style="list-style-type: none"> • The member has a diagnosis of substance use disorder, AND • The member meets the Severe Substance Use Disorder level on the DSM-V Severity Scale by meeting six or more diagnostic criteria, OR • The member’s current condition meets the Medically-Monitored or Medically-Managed Intensive Inpatient criteria of the ASAM criteria <p>(“DSM-V” means the 5th edition of the <i>Diagnostic and Statically Manual of Mental Disorders</i> published by the American Psychiatric Association. “ASAM criteria” means the 2013 edition of <i>The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions</i> published by the American Society of Addiction Medicine.)</p> |
| Individuals with serious and complex medical conditions | <ul style="list-style-type: none"> • The individual meets criteria for Hospice services, OR • The individual has a serious and complex medical condition AND • The condition significantly impairs the ability to perform one or more activities of daily living*. <p>(Examples of serious and complex medical conditions include but are not limited to: traumatic brain injury, epilepsy, cerebral palsy and ventilator dependency.)</p> |
| Individuals with a physical disability | <ul style="list-style-type: none"> • The individual has a physical disability AND • The condition significantly impairs the ability to perform one or more activities of daily living*. <p>(Examples of physical disabilities include but are not limited to: multiple sclerosis, quadriplegia, and paraplegia.)</p> |

Definition continued on next page

| Category | Definition |
|--|--|
| Individuals with an intellectual or developmental disability | <ul style="list-style-type: none"> • The individual has an intellectual or developmental disability as defined in IAC 441-24.1. This definition means a severe, chronic disability that: • Is attributable to a mental or physical impairment or combination of mental and physical impairments; • Is manifested before the age of 22; • Is likely to continue indefinitely; • Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and • Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated • AND • The condition significantly impairs the ability to perform one or more activities of daily living* <p>(Developmental disabilities include but are not limited to: autism, epilepsy, cerebral palsy and mental retardation.)</p> |
| Individuals with a disability determination | <ul style="list-style-type: none"> • Any individual with a current disability designation by the Social Security Administration |
| *Activities of daily living (ADLs) | <ul style="list-style-type: none"> • Activities of daily living (ADLs) is a term used in healthcare to refer to daily self-care activities within an individual's place of residence, in outdoor environments, or both • Activities of daily living include: <ul style="list-style-type: none"> ○ Bathing and showering (washing the body) ○ Bowel and bladder management (recognizing the need to relieve oneself) ○ Dressing ○ Eating (including chewing and swallowing) ○ Feeding (setting up food and bringing it to the mouth) ○ Functional mobility (moving from one place to another while performing activities) ○ Personal device care ○ Personal hygiene and grooming (including washing hair) ○ Toilet hygiene (completing the act of relieving oneself) |

Process: How does a member become Medically Exempt?

There are three ways an individual can become Medically Exempt.

1. Medically Exempt Member Survey
 - a. If an individual indicates they have limitations in their activities of daily living or receive Social Security Income on their application to receive health care, and are determined to be eligible for the Iowa Health and Wellness Plan, they will receive a Medically Exempt Member Survey.
 - b. Members will mail, fax or call Iowa Medicaid Member Services with their survey responses.
 - c. After the surveys are scored, members will receive a notification indicating to which health plan they are assigned.
 - d. Members are strongly encouraged to call Iowa Medicaid Member Services if they have questions about their Medically Exempt status.
 - e. See APPENDIX A for copy of the Member Survey.

2. Medically Exempt Attestation and Referral Form
 - a. This form is available on the IME website and can be completed by the following:
 - i. Providers with a current National Provider Identifier number
 - ii. Employees of DHS
 - iii. Designees from the mental health region or the Iowa Department of Corrections
 - b. Forms can be submitted by telephone, email, fax or mail.
 - c. See APPENDIX B for a copy of the Medically Exempt Attestation and Referral Form



Completing the Medically Exempt Attestation and Referral Form

It is imperative that the Medically Exempt Attestation and Referral Form is completed correctly. Incomplete forms will **NOT** be accepted.

Things to remember when completing the Medically Exempt Attestation and Referral Form.

1. Make sure **ALL** member information is filled in on the first page.
2. Questions about a member's condition (pages 2 and 3): If a condition doesn't pertain to your client, please check 'Not Applicable'.

Please note, several of the questions have two parts that must be answered.

3. Provider, worker or referring entity information (Page 4): This section must be completed and signed. **Please print legibly.**

We are unable to accept forms we cannot read. The form must be signed by the appropriate individual.


4. On page 4, if you do not have a National Provider Identified number, please provide your appropriate designation or title that qualifies you to submit the form.
5. On page 4, the form certification box needs to be checked in order for the form to be accepted.
6. **Incomplete forms will be returned to the provider if possible with an explanation as to why it was not accepted.**
7. To check the status of a Medically Exempt exemption for a patient or client, you can call Iowa Medicaid Member Services at 1-800-338-8366.



Department of HUMAN SERVICES

Benefits Package

| Plan Benefits | Medicaid State Plan | Iowa Health and Wellness Plan |
|---|---|---|
| | | Note: Medically Exempt individuals will be enrolled in the Medicaid State Plan benefit with the option to opt-out. |
| | | |
| Ambulatory Patient Services <ul style="list-style-type: none"> Physician Services Primary Care | Covered | Covered |
| Chiropractic | Covered | Covered |
| Podiatry | Covered | Covered; routine foot care is generally not covered, however it may be covered as part of a member's overall treatment related to certain health care conditions |
| Emergency Services <ul style="list-style-type: none"> Emergency Room Ambulance | Covered | Covered |
| Hospitalization | Covered | Covered |
| Rehabilitative and Habilitative Services <ul style="list-style-type: none"> Physical Therapy Occupational Therapy Speech Therapy | Covered, no limits | Covered 60 visits covered annually for each therapy |
| Lab Services <ul style="list-style-type: none"> X-Rays Lab Tests | Covered | Covered |
| Prescription Drugs | Covered | Covered |
| Home Health | Covered | Covered |
| Hospice | Covered Respite: unlimited but may only be used in 5-day increments | Covered Respite: 15 inpatient and 15-day outpatient lifetime limit |
| Skilled Nursing Facility | Limited to 120 days per rolling year | Limited to 120 days per rolling year |
| Dental | Covered | Covered through the Iowa Dental Wellness Plan |
| Other Benefits | | |
| <ul style="list-style-type: none"> Bariatric Surgery Temporomandibular Joint (TMJ) Eyeglasses Hearing Aids Non-Emergency Medical Transportation Intermediate Care Facility (Nursing Facility) Intermediate Care Facility for the Intellectually Disabled | <ul style="list-style-type: none"> Covered Covered Covered Covered Covered Not covered, available under other eligibility group Not covered, available under other eligibility group | <ul style="list-style-type: none"> Not covered Not covered Not covered Not covered Not covered Not covered Not covered |

| Mental Health, Substance Abuse Treatment, and Support Services | | |
|---|---|--|
| Plan Benefits | Medicaid State Plan | Iowa Health and Wellness Plan |
| |  | Note: Medically Exempt individuals will be enrolled in the Medicaid State Plan benefit with the option to opt-out. |
| Mental Health and Substance Use Disorder Services | Covered - Inpatient/Outpatient services including services provided by: <ul style="list-style-type: none"> • Hospitals • Psychiatrists • Psychologists • Social Workers • Family and Marital Therapists • Licensed Mental Health Counselors | Covered - Inpatient/Outpatient services provided by: <ul style="list-style-type: none"> • Hospitals • Psychiatrist • Psychologist • Social Workers • Family and Marital Therapists • Licensed Mental Health Counselors *Mental Health Parity Required |
| Other Mental Health Services | <ul style="list-style-type: none"> • Behavioral Health Intervention Services • Assertive Community Treatment (ACT) | Not covered |
| Additional B3 Services covered because of savings from the Managed Care Iowa Plan Waiver | <ul style="list-style-type: none"> • Intensive Psychiatric Rehab • Community Support Services • Peer Support • Residential Substance Abuse Treatment | Not covered |
| Habilitation – 1915i Home- and Community-Based Services | <ul style="list-style-type: none"> • An individualized, comprehensive service plan • Home-based habilitation • Day habilitation • Prevocational habilitation • Supported Employment | Covered after a Medically Frail/Exempt determination; person is moved into Medicaid State Plan |

| Plan Benefits | Medicaid State Plan | Iowa Health and Wellness Plan |
|--------------------------------------|--|--|
| <p>Managed Care</p> | | |
| <p>Integrated Health Home</p> | <p>Eligibility based on member having a serious mental illness, defined as an adult that has a persistent or chronic mental having (verified within the past year) a, behavioral, or emotional disorder specified within the most current Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association or its most recent International Classification of Diseases that causes serious functional impairment and substantially interferes with or limits one or more major life activities including functioning in the family, school, employment or community</p> <p>An Integrated Health Home is focused on adults with a Serious Mental Illness (SMI) and children with a Serious Emotional Disturbance (SED). Teams of Health Care Professionals provide whole person care which integrates medical, social, and behavioral health care needs for individuals with a SMI or SED.</p> | <p>Only covered under the Medicaid State Plan after a Medically Frail/Exempt determination; person is moved into regular Medicaid</p> |

FAQs

1. What is the effective date of the Medically Exempt coverage?

The Medically Exempt status will be active from the first day of the enrollment period in which the provider or member form has been approved.

Example: Enrollment period begins March 1. The Medically Exempt form is submitted and approved on April 15. The Medically Exempt status will begin on March 1.

2. Will Non-Emergency Medical Transportation (NEMT) be covered for those that are determined to be Medically Exempt?

Yes. NEMT is covered for Medically Exempt individuals on the Medicaid State Plan.

3. How will I know if my patient/client is made Medically Exempt?

Providers are able to verify a member's eligibility and benefit package by calling the ELVS (Eligibility Verification System) line at 1-800-338-7725 or 515-323-9639 in the Des Moines area. If the patient/client has been deemed Medically Exempt, it will indicate in ELVS that the patient is eligible for the Medicaid State Plan.

4. Will individuals that are deemed Medically Exempt receive the Medicaid State Plan Dental Benefits?

No. Those that are determined to be Medically Exempt will receive services through the Iowa Dental Wellness Plan. This plan is only available for Iowa Health and Wellness Plan members.

Resources

Where can people go for additional information or help enrolling in the Iowa Health and Wellness Plan?

Help is available online, by phone and in person for free.

- **Online:** Visit www.HealthCare.gov or <https://dhsservices.iowa.gov/>.
- **Phone:** Call the federal hub at 1-800-318-2596 or the Department of Human Services (DHS) contact center at 1-855-889-7985.
- **In person:** Many organizations and health department offices have people trained and certified to help members understand their health insurance options. Members can visit <https://localhelp.healthcare.gov/> and search by city and state or zip code to find a list of personal assistance locally available. The list includes contact information, office hours, types of help offered and will be frequently updated.

«Name»
«Address_Line_1»
«Address_Line_2»
«City_State_Zip»

Name: _____ Medicaid Member ID # _____

Please Answer the Following Questions and Return

You may have already been notified that you have been assigned to a Medicaid health plan. However, by answering the questions on the other side of this form you will help us ensure you are enrolled in the plan that best fits your medical needs. Your answers may lead to a change in your health plan assignment to better meet your medical needs.

Completing and returning this form is optional. If you choose to respond, please answer all of the questions on the other side in pencil or blue or black ink and return the form.

Three ways to return this form:

1. Use the enclosed postage paid envelope OR
2. Fax it to the Iowa Medicaid Enterprise at: 515-725-1351, OR
3. Call Iowa Medicaid Member Services at at **1-800-338-8366** or locally at 515-256-4606 to complete the survey over the phone.

Need help?

If you have any questions, please call Iowa Medicaid Member Services at **1-800-338-8366** or locally at 515-256-4606 between 8 a.m. and 5 p.m., Monday through Friday.

Si necesita informacion en espanol porfavor llamenos al servicio de miembros
1-800-338-8366.

Turn Page Over: Questions on the Back Page

Name: _____ Medicaid Member ID # _____

Please Answer the Following Questions and Return

Completing and returning this form is optional. If you choose to respond, please answer all of the questions below.

1. Compared to other people your age, how would you rate your physical health?

Excellent Good Fair Poor

2. Compared to other people your age, how would you rate your mental health?

Excellent Good Fair Poor

3. How often do you need help from another person in doing activities like: bathing, walking, eating, managing your medications?

Never 1-2 times a week 3-4 times a week Every day

4. Other than for pregnancy, in the last six months, how many times have you stayed overnight as a patient in a hospital?

None 1 time 2 time 3 or more times

5. In the last six months, how many times have you used an emergency room?

None 1 time 2 times 3 or more times

6. In the last six months, how many times have you been seen by a doctor/nurse practitioner/physician assistant (count office/clinic visits and home visits; do not count emergency room or hospital visits)?

None 1-2 times 3-5 times More than 5 times

7. If you use drugs or alcohol, how often does it keep you from doing your daily activities?

Never Sometimes Often Always

8. If you experience sadness, depression or nervousness, how often does it keep you from doing your daily activities?

Never Sometimes Often Always

9. Do you receive Social Security disability benefits?

Yes No

Questions? Call Iowa Medicaid Member Services at 1-800-338-8366 or locally at 515-256-4606.



Iowa Department of Human Services
Medically Exempt Attestation and Referral Form

Iowa Medicaid must identify individuals who are eligible for enrollment in the Iowa Health and Wellness Plan and who have enhanced medical needs. These individuals are considered 'Medically Exempt' and may be eligible for more benefits by getting coverage under the Medicaid State Plan.

'Medically Exempt' includes individuals who have a:

- Disabling mental disorder (including adults with serious mental illness)
- Chronic substance use disorders
- Serious and complex medical conditions
- Physical, intellectual or developmental disability that significantly impairs their ability to perform 1 or more activities of daily living
- Disability determination based on Social Security criteria.

The table below provides more detailed definitions of the categories of Medically Exempt individuals.

Instructions: If you have a patient that you believe may meet the definition of a Medically Exempt individual, please fill out the information below and complete each question on the form. Incomplete forms will not be accepted. **Please note that you must obtain the individual's (or legal guardian's) written consent before conveying this information to the Medicaid program.**

Member Information

| | | |
|---------------|---------------------|-----------|
| Member Name | | Date |
| Address | | |
| City | | State/ZIP |
| Telephone | Cell Phone | |
| State ID | | |
| Date of Birth | County of Residence | |

Please complete each question. If the condition does not apply to the individual, please check not applicable at the top of each question. Incomplete forms will not be accepted. Please note, in order to be consider complete, each category must be appropriately marked.

| | |
|---|---|
| <p>1. Individuals with disabling mental disorder</p> | <p>Not Applicable</p> <p>The member has a diagnosis of at least one of the following:</p> <ul style="list-style-type: none"> • Psychotic Disorder; • Schizophrenia; • Schizoaffective Disorder; • Major Depression; • Bipolar Disorder; • Delusional Disorder <p>Obsessive-Compulsive Disorder</p> |
| <p>2. Individuals with chronic substance use disorder</p> <p>Important Note: Individual must have a substance use disorder and meet one of the additional criteria. Please check the applicable criteria.</p> | <p>Not Applicable</p> <p>Individuals with a chronic substance use disorder:</p> <ul style="list-style-type: none"> • The member has a diagnosis of substance use disorder, AND • The member meets the severe substance abuse disorder level on the • DSM-V Severity Scale by meeting 6 or more diagnostic criteria, OR • The member’s current condition meets the medically-monitored or medically-managed intensive inpatient criteria of the ASAM criteria. <p><i>“DSM-5” means the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association. “ASAM criteria” means the 2013 edition of The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions published by the American Society of Addiction Medicine.</i></p> |
| <p>3. Individuals with serious and complex medical conditions</p> <p>Important Note: If individual has complex medical condition, must check all applicable criteria.</p> | <p>Not Applicable</p> <ul style="list-style-type: none"> • The individual meets criteria for hospice services, OR • The individual has a serious and complex medical condition AND • The condition significantly impairs the ability to perform one or more <u>activities of daily living (ADLs)</u> <p>(Go to Box 7 to describe the impairment in ability to perform ADLs).</p> |
| <p>4. Individuals with a physical disability</p> <p>Important Note: If individual has a physical disability, must check all applicable criteria.</p> | <p>Not Applicable</p> <ul style="list-style-type: none"> • The individual has a physical disability AND • The condition significantly impairs the ability to perform one or more <u>activities of daily living (ADLs)</u> <p>(Go to Box 7 to describe the impairment in ability to perform ADLs).</p> |

| | |
|---|--|
| <p>5. Individuals with an intellectual or developmental disability</p> <p>Important Note: If individual has a developmental disability, must check all applicable criteria.</p> | <p>Not Applicable</p> <p>The individual has an intellectual or developmental disability as defined in IAC 441-24.1. This definition means a severe, chronic disability that:</p> <ul style="list-style-type: none"> • Is attributable to a mental or physical impairment or combination of mental and physical impairments; • Is manifested before the age of 22; Is likely to continue indefinitely; • Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; AND • Reflects the person’s need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated; AND • The condition significantly impairs the ability to perform one or more <u>activities of daily living (ADLs)*</u> (see below for details on ADLs). <p>(Go to Box 7 to describe the impairment in ability to perform ADLs).</p> |
| <p>6. Individuals with a disability determination*</p> | <p>Not Applicable</p> <p>*Do NOT check this box if the individual has applied for, but not yet received a disability determination</p> <p>The individual has a current disability designation by the Social Security Administration standards.</p> |
| <p>7. Use the box below to describe the <u>activities of daily living (ADLs)</u> the member needs assistance with and the frequency of that need.</p> <p>(Examples of ADLs may include but are not limited to bathing and showering, bowel and bladder management, dressing, eating, feeding, functional mobility, personal device care, personal hygiene and grooming and/or toilet hygiene.)</p> | |
| Empty box for describing ADLs | |

Provider, Worker, or Referring Entity Information

** To submit this form, you must be a provider with a current National Provider Identified number, an employee of the Department of Human Services, a designee from a mental health region or a designee from the Department of Corrections.*

| |
|---|
| Provider/Worker/Entity: Agency or Business Name (Please Print) |
| Provider/Worker/Entity Name: Individual Completing this Referral (Please Print) |
| Provider NPI#/Worker License and Type |
| Telephone |
| Email |

| |
|--|
| Signature and Date (check the statement below): |
|--|

I certify that by signing this document I understand that any false statement, omission, or misrepresentation may result in prosecution under state and federal laws. I also certify that I have obtained the individual’s written consent to provide the Medicaid program this information.

Use the “Submit Referral Form” button above to submit this form electronically. You may also use the methods below to contact the Iowa Medicaid Enterprise regarding this form.

| | |
|--|---|
| Telephone Toll Free – (800) 338-8366 In Des Moines (515) 256-4606 | Mail Iowa Medicaid Enterprise Member Services (Attn: Medically Exempt) PO Box 36510 Des Moines, IA 50315 |
| Fax (515) 725-1351 | Email IMEMemberServices@dhs.state.ia.us |
| Website www.ime.state.ia.us | |