

Services Included in IRIS, Family Care, Partnership and PACE

| Family Care Partnership & PACE (Program of All Inclusive Care for the Elderly) | | | |
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| IRIS Home and Community Based Waiver Services Adaptive Aids (general and vehicle) Adult Day Care Care/Case Management Communication Aids/Interpreter Services Consultative Clinical and Therapeutic Services for Caregivers Consumer Education and Training Counseling and Therapeutic Resources Customized Goods and Services Daily Living Skills Training Day Services/Treatment Financial Management Services Family Fam | Medicaid Card Services - LTC Services Alcohol and Other Drug Abuse Day Treatment Services (in all settings except hospital-based) Community Support Program Durable Medical Equipment, except for hearing aids and prosthetics Home Health Medical Supplies Mental Health Day Treatment Services (in all settings) Mental Health Services, except those provided by a physician or on an inpatient basis Nursing Facility (all stays including Intermediate Care Facility for Individuals with | Acute/Primary Medicaid Services Physician services Laboratory and x-ray services Inpatient hospital Outpatient hospital services EPSDT (under 21) Family planning services and supplies Federally-qualified health center services Rural health clinic services Nurse midwife services Certified nurse practitioner services Prescribed drugs (very limited if Medicare eligible. Medicare Part D would cover most outpatient drugs) | Medicare Services Medicare Part A (Hospital), Part B (Medical), ar Part D (Prescription Drugs) Ambulance services Ambulatory surgical centers Blood Durable Medical Equipment, Prosthetics, Orthotics and Supplies Cardiac rehab Chiropractic services - extremely limited (service covered is manipulation of the spin correct a minor dislocation, called "subluxation") Diabetes supplies |
| • | Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) and Institution for Mental Disease. IMD not covered between ages 21-64) Nursing Services (including respiratory care, intermittent and private duty nursing) Occupational Therapy (in all settings except for inpatient hospital) Personal Care Physical Therapy (in all settings except for inpatient hospital) Speech and Language Pathology Services (in all settings except for inpatient hospital) Transportation to receive non-emergency medical care (except Ambulance) | | Diabetes supplies Diagnostic tests, x-rays and lab services Physician services Emergency and urgent care services Home health care if homebound and need skilled nursing or therapy services Hospice care Inpatient hospital care Inpatient mental health care Outpatient mental health care Outpatient hospital services, including outpatient surgery Limited post-hospital skilled nursing facility daily skilled nursing and/or rehabilitation services needed |
| Respite Care Self-Directed Personal Care Skilled Nursing (amounts above what's available with Medicaid card) Specialized Medical Equipment and Supplies Specialized Transportation Support Broker Supported Employment Supportive Home Care Training Services for Unpaid Caregivers ¹ Vocational Futures Planning | | Outpatient mental health provided by a physician Outpatient substance abuse provided by a physician Outpatient surgery Ambulance services Emergency care Urgent care Diagnostic services Hearing services Vision services | Physical/speech/occupational therapy Podiatry services, limited to treatment of injuries or diseases of the foot, no routine Prescription drugs, including drugs covere under Medicare Part A, Part B, and Part D Very limited dental, hearing and vision services, excluding all dental services exc where necessary to the provision of other, covered medical services, also excluding routine eye care and hearing exams and hearing aids. Eyeglasses and contacts lim to one pair after cataract surgery, |
| | and acute/primary services with their Medicaid card. with their Medicaid card. Individuals enrolled in IRIS or | | Substance abuse treatment (outpatient) Various preventive services, screenings, vaccinations, and yearly wellness visit. P-00570 (04/ |