

249A.26 State and county participation in funding for services to persons with disabilities — case management.

1. The state shall pay for one hundred percent of the nonfederal share of the services paid for under any prepaid mental health services plan for medical assistance implemented by the department as authorized by law.

2. *a.* Except as provided for disallowed costs in [section 249A.27](#), the state shall pay one hundred percent of the nonfederal share of the cost of case management provided to adults, day treatment, and partial hospitalization provided under the medical assistance program for persons with an intellectual disability, a developmental disability, or chronic mental illness. For purposes of [this section](#), persons with mental disorders resulting from Alzheimer’s disease or a substance use disorder shall not be considered to be persons with chronic mental illness.

b. The state shall pay for one hundred percent of the nonfederal share of the costs of case management provided for adults, day treatment, partial hospitalization, and the home and community-based services waiver services.

c. The case management services specified in [this subsection](#) shall be paid for by a county only if the services are provided outside of a managed care contract.

3. The state shall pay one hundred percent of the nonfederal share of the cost of services provided to adult persons with chronic mental illness who qualify for habilitation services in accordance with the rules adopted for the services.

4. The state shall pay for the entire nonfederal share of the costs for case management services provided to persons seventeen years of age or younger who are served in a home and community-based services waiver program under the medical assistance program for persons with an intellectual disability.

5. Funding under the medical assistance program shall be provided for case management services for eligible persons seventeen years of age or younger residing in counties with child welfare decategorization projects implemented in accordance with [section 232.188](#), provided these projects have included these persons in the service plan and the decategorization project county is willing to provide the nonfederal share of the costs.

6. The state shall pay the nonfederal share of the costs of an eligible person’s services under the home and community-based services waiver for persons with brain injury.

7. Notwithstanding [section 8.39](#), the department may transfer funds appropriated for the medical assistance program to a separate account established in the department’s case management unit in an amount necessary to pay for expenditures required to provide case management for mental health and disabilities services under the medical assistance program which are jointly funded by the state and county, pending final settlement of the expenditures. Funds received by the case management unit in settlement of the expenditures shall be used to replace the transferred funds and are available for the purposes for which the funds were originally appropriated.

[91 Acts, ch 158, §7; 92 Acts, ch 1241, §74; 93 Acts, ch 172, §43; 94 Acts, ch 1150, §3; 96 Acts, ch 1183, §32; 2002 Acts, ch 1120, §3, 9; 2004 Acts, ch 1090, §33, 52; 2005 Acts, ch 175, §113; 2007 Acts, ch 218, §119; 2010 Acts, ch 1031, §390; 2012 Acts, ch 1019, §105, 106; 2012 Acts, ch 1133, §59, 60; 2013 Acts, ch 30, §51; 2014 Acts, ch 1026, §53; 2018 Acts, ch 1165, §74, 75; 2023 Acts, ch 19, §805](#)

Prohibition against requiring county funding for medical assistance program waiver for services to persons with brain injury; [94 Acts, ch 1170, §57](#)

Elimination of monthly budget maximum or cap for individuals eligible for medical assistance program waiver for services to persons with a brain injury; department of health and human services required to track average expended per waiver recipient and report annually to general assembly by December 30; [2019 Acts, ch 82, §1; 2022 Acts, ch 1109, §2; 2023 Acts, ch 19, §1358](#)