

Medicaid Advisory Council (MAC) Legislative Report

Executive Summary

This report covers the period from January 1, 2025, through December 31, 2025, and provides an overview of Medicaid services for children with special health care needs, along with the annual recommendations of the **Medicaid Advisory Council (MAC)**. Iowa Code section 514I.5(6)(f) requires the MAC to submit an annual report describing its activities, findings, and recommendations.

The Medicaid Advisory Council, mandated by federal law and established in Iowa Code, advises the Medicaid Director on health and medical care services provided under the medical assistance program, with a focus on access, quality, and coordination of care.

Program Description

Iowa Medicaid and related programs offer coverage options for children and families based on age, income, and health care needs.

The **Hawki program** provides health care coverage to children under age 19 with countable family income at or below 302 percent of the Federal Poverty Level (FPL) who are not eligible for Medicaid and are not covered by other health insurance. The **Hawki Dental-Only Program** serves children who meet Hawki income requirements but have existing health insurance. Both programs provide preventive and restorative dental services, including medically necessary orthodontia.

The Medicaid Expansion component covers:



▶ Children ages 6 to 18 with family income between 122 and 167 percent of the FPL; and



▶ Infants from birth to age 1 with family income between 240 and 375 percent of the FPL.

Benefit Options for Children with Special Health Care Needs

Children with special health care needs may qualify for Medicaid through **Home and Community-Based Services (HCBS) Waivers**. Waitlists currently exist for the following waivers:

HCBS Waivers

Child Mental Health Waiver

- ▶ Under age 18
- ▶ Diagnosis of serious emotional disturbance
- ▶ Meets level-of-care requirements
- ▶ Disability determination based on SSI criteria by SSA or DDS
- ▶ Income at or below 300 percent of the FPL

Health and Disability Waiver

- ▶ Under age 65
- ▶ Disability determination based on SSI criteria by SSA or DDS
- ▶ Meets level-of-care requirements
- ▶ Income at or below 300 percent of the FPL
- ▶ No resource limit

Brain Injury Waiver

- ▶ No age limit
- ▶ Brain injury diagnosis
- ▶ Meets level-of-care requirements
- ▶ Income at or below 300 percent of the FPL
- ▶ No resource limit

Intellectual Disability Waiver

- ▶ No age limit
- ▶ Primary diagnosis of intellectual disability
- ▶ Meets level-of-care requirements
- ▶ Income at or below 300 percent of the FPL
- ▶ No resource limit

Medicaid for Kids with Special Needs (MKSN)

Medicaid for Kids with Special Needs (MKSN) is available when:

- ▶ The child is under age 19
- ▶ The child is determined disabled under SSI criteria by SSA or HHS
- ▶ Household income is at or below 300 percent of the FPL
- ▶ The child is enrolled in an employer-sponsored health plan with at least a 50 percent employer premium contribution
- ▶ No resource limit applies

Enrollment Options

Children with special health care needs may enroll in either MKSN or HCBS Waiver services, depending on eligibility and family circumstances.

Coordination of Health Services

Coordination among MKSN, HCBS Waivers, and other publicly funded programs is essential to providing seamless, comprehensive support. Information-sharing and collaborative outreach reduce duplication, close gaps in care, and improve system navigation for families.

Partnerships across the Department of Health and Human Services support an integrated network that improves efficiency for providers and access to services for families.

Additional services include:

- ▶ Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)
- ▶ School-Based Services

Appropriateness and Quality of Care for Children with Special Health Care Needs

It is the goal of Health and Human Services and Medicaid to ensure that members receive appropriate care and that the quality of that care meets established standards.

Speaking directly with members and beneficiaries who access services provides meaningful insight into the challenges they face and the gaps that exist within current systems. These conversations help identify areas where members struggle most and inform opportunities for improvement. By listening to members' experiences, the program can better adapt services, enhance care quality, and ensure members receive the right support at the right time.

Engagement with the Beneficiary Advisory Council (BAC) and the Medicaid Advisory Council (MAC) has highlighted several areas that MAC will focus on in the coming year.

Recommended Areas of Review

In speaking with the newly formed Beneficiary Advisory Council (BAC) and hearing from Medicaid Advisory Council (MAC) members, the following areas have been identified as priorities for the coming year:

- ▶ Ensuring that access to needed care is not defined by state borders and that members are able to receive medically necessary services, including care from out-of-state providers when appropriate.
- ▶ Providing additional support for families with children approaching their 18th birthday, particularly during the transition from pediatric to adult systems of care, and exploring ways to support families in the months leading up to this transition.
- ▶ Identifying ways to provide clearer and more detailed instructions for MKSN applications, including additional guidance related to income limits and eligibility requirements.
- ▶ Addressing challenges faced by families with children who have significant medical needs while on HCBS waiver waitlists, including difficulties finding daytime care during work hours. While medical daycare is a waiver service, families on the waitlist often struggle to access care. Increasing awareness of EPSDT services and how to access them remains a priority.

These are just a few of the areas where MAC seeks to make a meaningful difference.

Federal Updates

The updated structures of the Medicaid Advisory Council (MAC) and the Beneficiary Advisory Council (BAC) emphasize the importance of incorporating Medicaid member feedback into program oversight and decision-making. Both councils are committed to creating a consistent approach for elevating and incorporating member guidance to support more equitable and effective delivery of Medicaid programs and services.

Medicaid Advisory Council Recommendations

The Medicaid Advisory Council is focused on the Medicaid program as a whole. The recommendations below reflect areas the Council has identified as priorities for the coming year.

MAC is embracing a renewed vision that returns the Council to its core purpose: centering member voices and strengthening program quality through meaningful collaboration. By reconnecting with its original mission, MAC is better positioned to provide thoughtful guidance, promote transparency, and support improvements that reflect the needs of the communities served.

A key area of improvement for the coming year is reporting. Under the 2024 Federal Access Rules, MAC is now required to submit a report by July 1 outlining findings, outcomes, and recommendations for the following year. Preparation for this requirement includes a focus on meeting structure, agenda development, and progress tracking.

MAC is also working to improve meeting effectiveness by refining agenda development and tracking agenda items. This effort aligns closely with the role of the Beneficiary Advisory Council, which identifies areas of concern and topics for MAC review. These items are tracked to ensure progress and reported back to BAC during quarterly meetings.