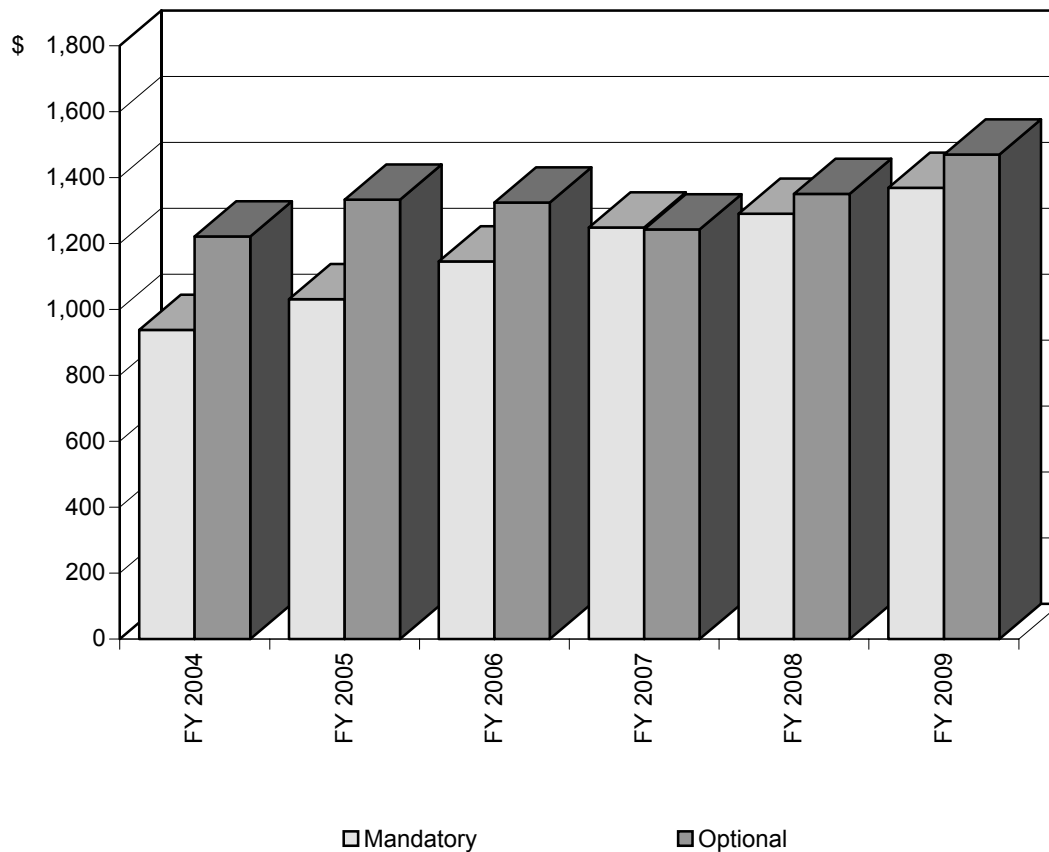


TOTAL IOWA MEDICAL ASSISTANCE FUNDING OPTIONAL AND MANDATORY SERVICES COMPARISON (in millions)



Notes:

- 1) Total represents both federal and State funding.
- 2) To qualify for federal financial participation in funding the costs of the Medical Assistance Program, Iowa is required to cover the costs of a variety of mandatory medical services. In addition, Iowa has elected to cover the costs of additional optional services.
- 3) Mandatory Medicaid benefits include: inpatient hospital; outpatient hospital; physicians; skilled nursing - over 21; family planning; home health services; early and periodic screening, diagnosis, treatment (EPSDT) - under 21; lab and x-ray; rural health clinics and federally qualified health centers (FQHCs); nurse midwives; nursing facilities (intermediate care facilities); and nurse practitioners.
- 4) Optional Medicaid benefits include: prescription drugs, dental, ambulance, physical therapists, audiologists, rehabilitation agencies, podiatrists, optical and optometric services, chiropractors, clinics, medical supplies and equipment, psychologists, orthopedic shoes, hearing aids, ambulatory surgical centers, community mental health centers, genetic consultation clinics, maternal health centers, birthing centers, hospice, certified registered nurse, anesthetists, targeted case management, day treatment, partial hospitalization, lead inspection agencies, area education agencies, psychiatric mental institutions for children, rehabilitative services for children, and home and community-based services available through the waivers.

Iowa LSA Staff Contact:
 Jess Benson
 (515-281-4611)
jess.benson@legis.state.ia.us