

Iowa Medicaid Insurance Plans: *Primary Coverage Groups*

	Medicaid	Iowa Health and Wellness Plan (IHAWP)	Healthy and Well Kids in Iowa (<i>hawk-i</i>)	Family Planning Program (FPP)	Program of All-Inclusive Care for the Elderly (PACE)	Dental Wellness Plan (DWP)
Who is covered?	Parents, caretakers, children, pregnant women, children in fostercare/subsidized adoption (up to age 21), children formerly in foster care, aged, blind and disabled individuals	Adults ages 19-64	Children under age 19	Limited coverage for family planning-related services for individuals Ages 12 -54		Adults age 19 and older: Excluded : PACE, Health Insurance Premium Payment (HIPP), Presumptive Eligibility (PE), Persons Eligible only for the Medicare Savings Program (MSP), Medically Needy (MN), Periods of retroactive eligibility, Nonqualified immigrants receiving time-limited coverage for certain emergency medical
Eligibility Criteria	Eligibility is based on financial and non-financial criteria, such as income, assets, citizenship, Iowa residency, immigration status, disability when used as a basis for eligibility	Same eligibility non-financial requirements as Medicaid; Income at or below 133% Federal Poverty Level (FPL); Not eligible for Medicaid under the mandatory coverage groups; Not entitled to or enrolled in Medicare Part A or Part B	Income at or below 302% Federal Poverty Level (FPL) for both <i>hawk-i</i> and <i>hawk-i</i> dental only	Income at or below 300% Federal Poverty Level (FPL); Resident of Iowa, U.S. citizen or qualified non-citizen capable of bearing or fathering children; Not currently receiving Medicaid or IHAWP	Age 55 or older; Live in select Iowa counties; Be certified by state as eligible for nursing home care; Live in the community (not a nursing home); Be able to live safely in the community; Agree to receive health services exclusively through the PACE organization	
Premiums		There are no charges for health services during a member's first year of enrollment. Beginning in the member's second year of enrollment, small monthly contributions may be required, depending on completion of Healthy Behaviors and family income.	* Premiums are based on family income. No family pays more than \$40/month. Some families pay nothing at all.			\$3/month for members above 50% of FPL; Can be waived if Healthy Behaviors are met
Copayments						
Persons under age 21, all services	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Persons over age 21, most services	\$1.00-\$3.00	\$0.00	N/A	\$0.00		\$0.00

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Persons receiving long-term care	Based on family income	N/A	N/A	N/A		N/A
Copayment						
Family planning services or	\$0.00	\$0.00	\$0.00	\$0.00	X	
Pregnant women, all services	\$0.00	\$0.00	\$0.00	N/A	X	
Emergency services	\$0.00	\$0.00	\$0.00	N/A	\$0.00	
Members under the age of 21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Preventive Services						
Affordable Care Act preventative services	X	X	X		X	
Routine check-ups	X	X*	X		X	
Immunizations	X	X*	X*		X	
Professional Office Services						
Primary care provider	X	X	X	X*	X	
Office visit	X	X	X	X*	X	
Allergy testing	X	X	X		X	
Allergy serum and injections	X	X	X		X	
Certified nurse midwife services	X	X	X			
Chiropractor	X*	X*	X*		X	
Contraceptive devices	X	X	X	X*	X	
Dental visit	X	X			X	X
Diabetic self-management training	X - once per member, lifetime maximum	X; 10 hrs within a 12-month period plus 2 hrs followup annually	X		X	

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Gynecological exam	X	X - one visit per year	X	X	X	
Injections	X*	X*	X*		X	
Laboratory tests	X	X	X	X*	X	
Newborn child - office visits	X	X	X			
Podiatry	X*	X*	X		X	
Routine eye exam	X	X	X		X	
Routine hearing exam	X	X	X		X	
Specialist office visit	X*	X*	X*		X	
Children's Services						
EPSDT	X	X	X			X
Infant and Toddler	X	X	X			
Inpatient Hospital Services						
Room and board	X	X	X		X	
Inpatient physician services	X	X	X		X	
Inpatient supplies	X	X	X		X	
Inpatient surgery	X	X	X		X	
Bariatric surgery for morbid obesity	X		X*		X*	
Breast reconstruction, following breast cancer and mastectomy	X	X	X*		X*	
Organ/bone marrow transplants	X*	X*	X*		X*	

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Outpatient Hospital Services						
Abortions						
Ambulatory surgical center	X	X	x		X	
Chemotherapy	X	X	X		X	
Dialysis	X	X	X		X	
Outpatient diagnostic lab, radiology	X	X	X	X*	X	
Emergency Care						
Ambulance	X	X	X		X	
Urgent care center	X	X	X*		X	
Hospital Emergency Room	X; \$3.00 per visit for non-emergent medical services	X; \$8.00 per visit for non-emergent medical services	X; Non-emergent conditions are subject to a \$25 copay		X	
Non-Emergency Medical Transportation	X				X	
Behavioral Health Services						
Assertive Community Treatment	X				X*	
Behavioral Health Intervention Services	X	X*			X*	
(b)(3) services	X					
Inpatient mental health and substance abuse treatment	X	X*	X		X*	
Office visit	X	X	X		X	

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Outpatient mental health and substance abuse	X	X	X		X*	
Psychiatric Medical Institutions for Children	X	X for 19-20 year olds				
Outpatient Therapy Services						
Cardiac rehabilitation	X*	X	X*		X	
Occupational therapy	X*	Limits	X*		X	
Oxygen therapy	X*	Limits	X*		X	
Physical therapy	X*	Limits	X*		X	
Pulmonary therapy	X*	Limits	X*		X	
Respiratory therapy	X*	Limits	X*		X	
Speech therapy	X*	Limits	X*		X	
Prescription Drug Coverage						
Quantity	31-day supply	31-day supply	31-day supply		X	
Prescription Drug Copay						
Generic copay	X; \$1.00 copay	X	X		\$0.00	
Preferred brand-name	X; \$1.00 copay	X	X		\$0.00	
Non-preferred brand name	X; \$1.00-3.00 copay	X	X		\$0.00	
Prescription oral contraceptives	X	X	X	X		

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Prescription and non-prescription drugs for smoking cessation	X	X			X	
Radiology Services						
Mammography	X	X	X		X	
Routine radiology screening and diagnostic services	X	X	X		X	
Sleep study testing	X	X*	X		X*	
Laboratory Services						
Colorectal cancer screening	X	X	X		X	
Diagnostic genetic testing	X	X*	X		X*	
Pap smears	X	X	X	X	X	
Pathology tests	X	X	X	X*	X	
Routine laboratory screening and diagnostic services	X	X	X	X*	X	
Sexually transmitted infection and sexually transmitted disease testing	X	X	X	X	X	
Durable Medical Equipment						

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Medical equipment and supplies	X	X	X		X	
Diabetes equipment and supplies	X	X*	X		X	
Eye glasses	X*	X (19-20 year olds)	X*		X*	
Hearing aids	X	X (19-20 year olds)	X*		X*	
Orthotics	X*		X*		X*	
Hospice						
Routine care	X	X*			X*	

Medicaid Long Term Support Services (LTSS) Comparison Chart: Home- And Community-Based Waiver Services

	AIDS/HIV Waiver	Brain Injury Waiver	Children’s Mental Health Waiver	Elderly Waiver	Health and Disability Waiver	Intellectual Disability Waiver	Physical Disability Waiver	Habilitation
Age	No age limit	Age 1 month or older	Under age 18	Age 65 or older	Under age 65	No age limit	Age 18 through 64	Age 16 or older
Target Population	Diagnosis of AIDS/HIV	Brain injury diagnosis as set forth in rule 441—83.81(249A)	Diagnosis of serious emotional disturbance	Age 65 or over	<ul style="list-style-type: none"> ▪ Blind or disabled ▪ Supplemental Security Income (SSI)-related coverage groups 	Primary disability of intellectual disability determined by a psychologist or psychiatrist	Physical disability as determined by Disability Determination Services	Income at or below 150% Federal Poverty Level (FPL)
Level of Care (LOC) Required*	Nursing Facility (NF) or Hospital	NF, Skilled Nursing Facility (SNF), or Intermediate Care Facility for individuals with an Intellectually Disability(ICF/ID)	Hospital	NF or SNF	NF , SNF, or ICF/ID	ICF/ID	NF or SNF	<p>Meet needs-based eligibility criteria as determined by a Needs-Based Evaluation – interRAI-MH Core Standardized Assessment</p> <p>Meets 1 of 2 risk factors and meets at least 2 of 5 criteria showing a need for assistance for at least two years</p> <p>Be determined by the Iowa Medicaid Enterprise (IME), Medical Services to be able to live in a home or community based setting where all medically necessary service needs can be met</p>

	AIDS/HIV Waiver	Brain Injury Waiver	Children's Mental Health Waiver	Elderly Waiver	Health and Disability Waiver	Intellectual Disability Waiver	Physical Disability Waiver	Habilitation
Care Coordinator	<ul style="list-style-type: none"> ▪ Case Manager (CM) or ▪ Community Based Case Manager (CBCM) 	<ul style="list-style-type: none"> ▪ CM or ▪ CBCM 	<ul style="list-style-type: none"> ▪ CM or ▪ Integrated Health Home (IHH) Care Coordinator or ▪ CBCM 	<ul style="list-style-type: none"> ▪ CM or ▪ CBCM 	<ul style="list-style-type: none"> ▪ CM or ▪ CBCM 	<ul style="list-style-type: none"> ▪ CM or ▪ CBCM 	<ul style="list-style-type: none"> ▪ CM or ▪ CBCM 	<ul style="list-style-type: none"> ▪ CM or ▪ IHH Care Coordinator or ▪ CBCM
Maximum Dollars Available Per Month (As determined by LOC)	<ul style="list-style-type: none"> ▪ \$1876.80 	<ul style="list-style-type: none"> ▪ \$3,013.08 ▪ Excluding cost of Case Management & Home and Vehicle Modification (HVM) 	<ul style="list-style-type: none"> ▪ \$2,006.34 ▪ Excluding cost of Environmental Modification 	<ul style="list-style-type: none"> ▪ NF \$1,365.78 ▪ SNF \$2,792.65 ▪ Excluding cost of Case Management & HVM 	<ul style="list-style-type: none"> ▪ NF \$959.50 ▪ SNF \$2,792.65 ▪ ICF/ID \$3,742.93 ▪ Excluding cost of HVM 	<ul style="list-style-type: none"> ▪ ICF/ID – Amount based on services upper limits 	<ul style="list-style-type: none"> ▪ \$705.84 ▪ Excluding cost of HVM 	<ul style="list-style-type: none"> ▪ Not Applicable – State Plan
Adult Day Care	x	x		x	x	x		
Assistive Devices				x				
Assisted Living				x				
Behavioral Programming		x						
Case Management Services		x		x				x
Chore				x				
Community Based Neurobehavioral Rehabilitation Services (CNRS)								
Consumer Choices Option (CCO)	x	x		x	x	x	x	
Consumer Directed Attendant Care (CDAC)	x	x		x	x	x	x	
Counseling	x				x			
Day Habilitation						x		x

	AIDS/HIV Waiver	Brain Injury Waiver	Children's Mental Health Waiver	Elderly Waiver	Health and Disability Waiver	Intellectual Disability Waiver	Physical Disability Waiver	Habilitation
Emergency Response		x		x	x	x	x	
Environmental Modifications and Adaptive Devices			x					
Family and Community Support			x					
Family Counseling & Training		x						
Home Based Habilitation								x
Home Delivered Meals	x			x	x			
Home Health Aide	x			x	x	x		
Homemaker	x			x	x			
Home/Vehicle Modifications		x		x	x	x	x	
In-home Family Therapy			x					
Interim Medical Monitoring & Treatment		x			x	x		
Mental Health Outreach				x				
Nursing	x			x	x	x		
Nutritional Counseling				x	x			
Prevocational Services *includes Career Exploration		x				x		x
Respite: Individualized, group, specialized	x	x	x	x	x	x		

	AIDS/HIV Waiver	Brain Injury Waiver	Children's Mental Health Waiver	Elderly Waiver	Health and Disability Waiver	Intellectual Disability Waiver	Physical Disability Waiver	Habilitation
Senior Companion				X				
Supported Community Living (SCL)		X				X		
Specialized Medical Equipment		X					X	
Supported Community Living: Residential-Based (RBSCL) for children						X		
Supported Employment (SE)		X				X		X
Transportation		X		X		X	X	
HCBS Regional Specialists (HCBS Waiver and State Plan HCBS Habilitation)	Visit www.dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/hcbs-contacts for a listing of HCBS Regional Specialist assignments.							
Where to apply?	<p>HCBS Waiver: Local DHS income maintenance office or online at: https://dhsservices.iowa.gov/apspssp/ssp.portal</p> <p>HCBS Habilitation: To apply for Habilitation, the member must first be Medicaid eligible. Application for Habilitation is made by the IHH Care Coordinator or CBCM submitting a request for Habilitation to the IME Medical Services Unit or the managed care organization submitting a completed assessment and social history to the IME Medical Services Unit.</p>							
Determination of financial eligibility	<p>HCBS Waiver and HCBS Habilitation: DHS income maintenance worker. Review of Medicaid eligibility is completed every 12 months.</p> <p>Habilitation: Member's that are eligible for Medicaid state plan benefit coverage and have income at or below 150% FPL are financially eligible for Habilitation</p>							
Determination of LOC	<p>HCBS Waiver and HCBS Habilitation: IME Medical Services or Managed Care Organization (MCO). Core Standardized Assessment and LOC Completed at least once every 12 months or when there is a significant change in the member's situation or condition.</p>							
Development of service plan	<p>HCBS Waiver and HCBS Habilitation: CM, CBCM, IHH Care Coordinator. Service plan completed after waiver/ state plan HCBS eligibility determination approval and annually thereafter. Service plan must be completed, and services authorized, prior to service provision.</p>							
Provider Enrollment	<p>HCBS Waiver and HCBS Habilitation: Providers must enroll with IME and MCOs to be providers of service. Providers must be fully enrolled and be authorized in a service plan prior to service provision.</p>							
Initial Date of Eligibility	<p>Waiver eligibility effective date will be determined when the following eligibility requirements are completed: financial (income & resource) eligibility is determined and level of care is established. Waiver services provided before approval of eligibility for the waiver, or prior to service plan authorization, cannot be paid.</p> <p>The Habilitation eligibility date is the first date that the IME was able to determine that the member met the needs based and risk based criteria for the Habilitation program.</p>							

Medicaid Long Term Care Facilities Comparison Chart

	Intermediate Care Facility for the Intellectually Disabled (ICF/ID)	Nursing Facility (NF)/Skilled Nursing Facility (SNF)	Special Population Facilities			Psychiatric Medical Institution for Children (PMIC)
			Skilled Nursing Facility (SNF)	Nursing Facility for Mentally Ill (NF/MI)	Intermediate Care Facility for the Medically Complex (ICF/MC)	
Age	No Limit	No Limit	Age 30 and under	Age 65 or older	No Limit	Under age 21
Level of Care (LOC) Required	ICF/ID	NF or SNF	SNF	Certification of Need for Care	ICF/MC	Certification of Need
LOC Form Used	Form 470-4393, Level of Care Cert. for Facility	Form 470-4393, Level of Care Cert. for Facility	Form 470-4393, Level of Care Cert. for Facility	Determined by PASRR	Form 470-4393, Level of Care Cert. for Facility	Form 470-2780, Cert. of Need for Inpatient Psychiatric Services.
Pre-Admission Screening and Resident Review (PASRR) Required?	No	Yes	Yes	Yes	No	No
Case Activity Report (CAR)	Form 470-0042, Case Activity Report	Entries to be made in PathTracker System	Entries to be made in PathTracker System	Entries to be made in PathTracker System	Form 470-0042, Case Activity Report	Form 470-0042, Case Activity Report
30-day Stay Required?	Yes, if not Medicaid eligible at admission	Yes, if not Medicaid eligible at admission	Yes, if not Medicaid eligible at admission	Yes, if not Medicaid eligible at admission	Yes, if not Medicaid eligible at admission	Yes, if not Medicaid eligible at admission
Disability determination needed?	Yes unless age 65 and over	Yes unless age 65 and over	Yes unless under age 21	No	Yes unless age 65 and over	No
Client participation applied?	Yes	Yes	Yes	Yes	Yes	Yes
Medicaid Payment	The facility must accept the combination of client participation and Medicaid payment as payment in full for the care of a resident. No additional charges can be billed for any supplies or services required in the resident plan of care. Some exceptions apply, see below					
Reserve Bed Days	<p>Hospitalization: payment allowed not to exceed 10 days in a calendar month.</p> <p>Leave of absence: max. 30 days annually, unless approved by physician or qualified intellectual disability professional</p>	<p>Hospitalization: not to exceed 10 days in a calendar month.</p> <p>Leave of absence: maximum 18 days per calendar year</p> <p>Paid at \$0*</p>	<p>Hospitalization: not to exceed 10 days in a calendar month.</p> <p>Leave of absence: maximum 18 days per calendar year</p> <p>Paid at 42% of facility</p>	<p>Hospitalization: not to exceed 10 days in a calendar month.</p> <p>Leave of absence: maximum 18 days per calendar year</p> <p>Paid at 42% of facility</p>	<p>Hospitalization: not to exceed 10 days in a calendar month.</p> <p>Leave of absence: maximum 18 days per calendar year</p> <p>Paid at 42% of facility</p>	<p>Hospitalization: not to exceed 10 days in a calendar month.</p> <p>Leave of absence: maximum 14 consecutive days or 30 days per calendar year</p>

	Intermediate Care Facility for the Intellectually Disabled (ICF/ID)	Nursing Facility (NF)/Skilled Nursing Facility (SNF)	Special Population Facilities			Psychiatric Medical Institution for Children (PMIC)
			Skilled Nursing Facility (SNF)	Nursing Facility for Mentally Ill (NF/MI)	Intermediate Care Facility for the Medically Complex (ICF/MC)	
	Paid at reduced per diem rate depending on facility size	*State-operated NFs are paid at 42% of facility rate	rate	rate	rate	Paid at 100% of facility rate.
Supplementation Allowed?	No	Yes	Yes	Yes	No	No

Facility per diem includes:

1. Supplies or services the facility required to provide:

- Nursing services, social work services, activity programs, and individual and group therapy
- Rehabilitation or habilitation programs
- Services related to the nutrition, comfort, cleanliness and grooming of a resident as required under state licensure and Medicaid survey requirements
- Medical equipment, medical supplies, and other items required in the facility-developed plan of care. Some exceptions apply, see 441IAC 78.10(2)
- Nonprescription drugs
- Fees charged by medical professionals for services requested by the facility that do not meet criteria for direct Medicaid payment

2. Nonemergency transportation for residents to receive necessary medical services outside the facility.

- If a family member, friend, or volunteer is not available to provide the transportation at no charge, the facility must arrange and pay for the transportation within 30 miles of the facility (one way).
- *Exception:* Beyond 30 miles from the facility (one way), nonemergency transportation can be arranged through a transportation broker.

Covered Medicaid benefits:

1. Medical equipment and services that meet the Medicare definition of medical necessity and are provided by providers enrolled in the Medicaid program

- Physician services
- Ambulance services
- Hospital services
- Hearing aids, braces and prosthetic devices
- Customized wheelchairs for which separate payment may be made. See 441 IAC 78.10(2).

2. Other supplies or services:

- Drugs covered pursuant to 441IAC 78.1(2)
- Dental services
- Optician and optometrist services
- Repair of medical equipment and appliances that belong to the resident
- Other medical services specified in 441 IAC Chapter 78

Iowa Medicaid Insurance Plans: *Limited Medicaid Benefits*

	Medically Needy (MN)	Medicare Savings Program (MSP)		Presumptive Eligibility (PE)	State Supplementary Assistance (SSA)	Incarceration
		Qualified Medicare Beneficiary (QMB)	Specified Low Income Medicare Beneficiary (SLMB)			
Who is covered?	Provides medical assistance to otherwise Medicaid eligible people who have too much income or assets to qualify for Medicaid, but not enough for medical care. The spenddown process allows members to reduce their excess income through incurred medical expenses. Members who have a MN spenddown obligation are "conditionally eligible" for Medicaid until they have verified enough medical expenses to meet their	Individuals who need help with Medicare premiums	Individuals who need help with Medicare premiums	Provides immediate and temporary access to health services by providing temporary medical assistance for most presumably eligible Medicaid populations. PE is determined by DHS authorized providers, including all participating hospitals.	Supplements the income of aged, blind or disabled persons who receive Supplementary Security Income (SSI) benefits or would be eligible for SSI benefits except that their income exceeds SSI limits. Programs include: Blind Allowance, Dependent Person Allowance, Family Life-Home, In-Home Health-Related Care, and Residential Care Facility Assistance.	Limited medical assistance to incarcerated individuals who are admitted to a medical institution such as a hospital. Payment is limited to inpatient hospital services.
Eligibility criteria	A MN spenddown obligation may need to be met before Medicaid pays for medical expenses. No income limit. Must be aged, blind, disabled, an adult with a minor in the home, pregnant woman, or a child.	Income at 100% Federal Poverty Level (FPL); Assets: \$7,560 for 1 person, \$11,340 for a couple; Pays for Medicare Part A & B premiums, coinsurance, and deductibles for people who are entitled to hospital insurance under Medicare Part A.	Income over 100% FPL, but less than 120%; Assets: \$7,560 for 1 person, \$11,340 for a couple; Pays the cost of Medicare Part B premiums.	Eligibility determinations are based on DHS policies and processes for each PE type. Based on self-attestation by the applicant. Can only be approved for PE once a year. (Pregnant women - once per pregnancy; Breast and/or Cervical Cancer - once per treatment period)		Individual must meet all Medicaid eligibility requirements, except for the incarceration status.

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	Medically Needy (MN)	Medicare Savings Program (MSP)		Presumptive Eligibility (PE)	State Supplementary Assistance (SSA)	Incarceration
		Qualified Medicare Beneficiary (QMB)	Specified Low Income Medicare Beneficiary (SLMB)			
What's covered?	Once your spenddown is met, if you have one, then Medicaid will cover most services except for the following: Care in nursing facilities, intermediate care facilities for the intellectually disabled or skilled nursing facilities; and care in a facility licensed for psychiatric care.	Medicaid will pay only for the Medicare premiums, deductibles and co-insurance for medical services covered by Medicare.		Offers immediate health care coverage to people likely to be Medicaid eligible, before there has been a full Medicaid determination.	Coverage of specific medical services under SSA is subject to the same general conditions and restrictions that are applicable in regular Medicaid.	Individuals who are incarcerated may be eligible for limited Medicaid coverage when they are admitted to a medical institution such as a hospital. Payment is limited to inpatient hospital services.