



Department of
HUMAN SERVICES

***Home and Community Based Services
Brain Injury Waiver Expenditure Report***

December 2019

Home and Community Based Services Brain Injury Waiver Expenditure Report

Introduction and Background

In 2019 the Iowa Legislature enacted House File (HF) 570, which directed the Iowa Department of Human Services (DHS) to eliminate the monthly budget maximum or cap for individuals eligible for the Medicaid home and community-based services (HCBS) Brain Injury (BI) waiver. This legislation also directs the department to track the average amount expended per waiver recipient each fiscal year beginning July 1, 2019, and to report the information annually to the Governor and General Assembly.

As a result of this legislation, BI Waiver recipients no longer need to request an exception to policy (ETP) to exceed the monthly cap allowed under the BI waiver. BI waiver members may access the medically necessary services and supports identified in their comprehensive person-centered service plan and as authorized in the Individualized Services Information System (ISIS) by the Iowa Medicaid Enterprise (IME) for Fee-For-Service (FFS) members or the member's managed care organization (MCO) for IA Health Link members.

July 1, 2019, the IME removed the HCBS BI waiver monthly cap on the total costs of service funded through the waiver. The Department published Informational Letter 2030-MC-FFS notifying HCBS Waiver providers, case managers and the MCOs of the removal of the BI waiver monthly funding cap. IME has promulgated administrative rules and amended the 1915(C) HCBS BI waiver application to remove the monthly funding cap.

Starting July 1, 2019, DHS began enrolling Medicaid members directly into MCOs. Members are now able to receive services from the MCO immediately. Members have 90 days from their initial enrollment to change MCOs for any reason. If they don't make a choice, they remain with the MCO assigned to them.

Observations

Fee-For-Service BI Waiver Expenditures

The table presented below represents the Fee-For Service (FFS) population's monthly report of expenditures. Month to date comparison shows the average cost per HCBS BI Waiver recipient for the first quarter of State Fiscal Year (SFY) 2020 as \$2,105.22 per waiver recipient compared to \$2,189.31 during the first quarter of SFY2019, a decline of \$84.09 per waiver recipient.

The expenditure data provided represents claims paid for dates of service during the reporting month as of the last day of the reporting month. It is understood that there are claims that have not yet been submitted for payment and are therefore not represented

in the cost data provided. In accordance with 441 IAC 80.4(1) providers billing FFS services have 365 days from the date of service to submit a claim for payment.

Month to date comparison	Recip.	Claims	Units	Total Payment	Avg. per Unit Cost	Avg. Cost per Elig. Recip.	Avg. Unit per Recip.	Avg. Cost per Recip.
07/30/2019	158	393	21,290	\$332,312.23	\$15.61	\$0.53	134.7	\$2,103.24
07/30/2018	153	329	15,918	\$287,949.92	\$18.09	\$0.47	104	\$1,882.03
08/31/2019	157	331	221,422	\$320,073.24	\$14.94	\$0.52	136.4	\$2,038.68
08/31/2018	151	289	17,932	\$319,918.69	\$17.84	\$0.52	118.8	\$2,118.67
09/30/2019*	154	327	19,448	\$334,755.63	\$17.21	\$0.54	126.3	\$2,173.74
09/30/2018*	172	447	93,377	\$441,563.54	\$4.73	\$0.72	542.9	\$2,567.23
Source Medicaid B-1 Monthly Report of Expenditures https://dhs.iowa.gov/ime/about/performance-data/medicaid-b1-report * data represents the FFS population only								

Managed Care Expenditures

BI Waiver expenditure data for the 1st quarter of SFY2020 for managed care enrollees is not available at this time. Providers billing the MCOs for services have 180 days from the original date of service to submit a claim for payment. In conclusion, to assure the most accurate MCO expenditure reporting, the MCO BI Waiver expenditure data for the 1st quarter of SFY2020 will not be available until March 31, 2020.