

STATE OF IOWA DEPARTMENT OF  
**Health** AND **Human**  
SERVICES

Iowa Medicaid  
Home and Community Based Services  
Brain Injury Waiver SFY22  
Expenditure Report

December 2022

## Introduction and Background

In 2019 the Iowa Legislature enacted House File (HF) 570 which directed the Iowa Department of Health and Human Services (HHS) 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 Institutional and Waiver Authorization and Narrative System (IoWANS) by the Iowa Medicaid for Fee-For-Service (FFS) members or the member's managed care organization (MCO) for IA Health Link members.

The Department implemented the IA Health Link managed care program for most of the Medicaid population on April 1, 2016. Most Medicaid members are now being served by two managed care organizations (MCOs); Amerigroup and Iowa Total Care. Iowa Medicaid continues to operate a limited Fee-For-Service (FSS) program for the Medicaid members not enrolled in managed care.

July 1, 2019, Iowa Medicaid implemented the removal of 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. Iowa Medicaid implemented administrative rules and amended the 1915(C) HCBS BI waiver application to remove the monthly funding cap.

March 9, 2020, a Proclamation of Disaster Emergency was issued to coordinate the State of Iowa's response to Novel Coronavirus 2019 (COVID-19) outbreak. The State Public Health Emergency (PHE) Declaration impacted the typical pattern of service utilization for all HCBS BI Waiver services during SFY2021 and SFY2022 which is reflected in the expenditure data. All HCBS BI waiver service recipients and service providers are impacted by the PHE; however, the impact of the PHE is particularly evident with those services typically rendered in a group or congregate setting as noted in the data provided.

Provisions of the 2021 Iowa Acts, House File 891, Section 31, require HHS, Iowa Medicaid to implement an increase in reimbursement rates effective July 1, 2021. HCBS Elderly Waiver reimbursement rates in effect June 30, 2021, were increased by 3.55% effective July 1, 2021.

The expenditure data provided represents all claims paid for dates of service for SFY 21 and SFY22 as of November 15, 2022. It is understood that there are a percentage of claims that may have not yet been submitted for payment for dates of service in SFY22 and therefore not represented in the expenditure 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 and managed care providers have 180 days from the date of service to submit a claim for payment. Effective with dates of service beginning April 1, 2020, providers have an additional 90 calendar days to submit first time medical claims and encounters for managed care claims. Specifically, providers must submit first time medical claims and encounters within 270 calendar days of service.

## Observations

**Table I** presented below represents the BI waiver population’s annual report of expenditures. The data represents all BI waiver claims paid during each state fiscal year (SFY) for both FFS and MCO claims. Year to date comparison shows total BI waiver expenditures increased \$1,962,257.89 which based on SFY22 average FMAP of 68.24%, equates to a \$623,213.11 increase in the state share of costs in SFY22 compared to SFY21.

The average annual cost per HCBS BI Waiver recipient increased slightly from \$23,546.60 per member during SFY21 to \$25,700.40 per member during SFY22, an average increase of \$2,153.45 per waiver member per year. The procedure code descriptions for the codes listed in Table I are in Appendix A.

Procedure Code	SFY21 Total Amount Paid	SFY21 Total Units Paid	SFY21 Total Unique Claims	SFY21 Unique State IDs	SFY22 Total Amount Paid	SFY22 Total Units Paid	SFY22 Total Unique Claims	SFY22 Unique State IDs
96152	\$00.00	0	0	0	\$00.00	0	0	0
96153	\$00.00	0	0	0	\$00.00	0	0	0
A0130, A0130 U3	\$20,172.12	734	727	8	\$42,434.89	1,277	1,272	21
H2015	\$5,359,897.95	91,5097	49,639	579	\$5,756,797.24	95,6931	50,352	548
H2016	\$17,930,588.63	74,762	42,162	255	\$19,061,710.02	76,942	42,515	249
H2021	\$92.80	10	2	1	\$00.00	0	0	0
H2023 U3, U5, U7	\$33,920.64	11,968	653	16	\$48,639.13	18,627	893	12
H2025 U4, U5, U7 & UC	\$442,988.95	4,926	1,988	111	\$491,580.37	4,803	1,743	113
S0215, S0215 U3	\$164,048.00	16,502	3,078	43	\$470,832.63	22,232	11,960	121
S5101	\$13,782.83	330	265	41	\$20,839.44	524	462	61
S5102	\$381,454.58	7,079	5,223	60	\$518,842.19	9,532	6,910	79
S5105	\$6,165.28	88	88	1	\$6,874.82	95	95	1
S5125, S5125 U3	\$1,220,294.06	226,908	16,013	185	\$1,026,252.52	187,798	15,918	169
S5130	\$267.65	53	1	1	\$96.84	18	2	1

S5150, S5150 U3, S5150 UC	\$3,205,508.48	66,5514	20,300	444	\$3,208,389.06	668,458	20,620	442
S5160	\$1,060.99	22	22	22	\$972.67	21	21	21
S5161	\$107,970.02	2,938	2,938	291	\$112,104.36	2,999	2,999	312
S5165	\$140,139.71	31	31	29	\$134,549.33	27	27	25
S5170 UF, UG, UH, UJ	\$50,873.03	6,367	618	43	\$11,753.99	1,445	119	12
T1002	\$32,239.19	2,533	65	1	\$29,299.2	2,240	88	1
T1003	\$71,407.15	6,341	177	6	\$40,850.6	3,319	183	5
T1004, T1004 U3	\$62,081.96	6,743	152	3	\$83,028.74	7,541	119	4
T1005	\$116,537.78	34,646	600	58	\$133,377.87	39,465	940	58
T1016	\$823,162.00	12,749	1,565	143	\$611,515.97	9,188	1,386	130
T1019, T1019 U3	\$1,954,811.28	585,219	21,827	199	\$1,844,660.68	542,515	19,035	173
T1021	\$00.00	0	0	0	\$00.00	0	0	0
T2001	\$00.00	0	0	0	\$00.00	0	0	0
T2003, T2003 U3	\$267,279.01	10 139	9 396	81	\$363,420.49	12,306	11,761	97
T2015, T2015 U3	\$33,800	3,380	511	10	\$24,366.56	2,354	252	6
T2018 UC	\$48,116.57	736	543	55	\$42,798.60	628	375	42
T2025	\$2,367,220.28	1,093	1,093	96	\$2,698,558.28	3029	1242	109
T2025 UC	\$268,257.00	542	542	440	\$290,160.00	572	572	447
T2029	\$17,566.9	170	21	12	\$5,265.02	171	20	6
T2036	\$9,416.49	906	25	8	\$22,796.62	4,155	52	16
T2037	\$8,794.5	3,385	32	10	\$5,296.14	1008	15	12
T2039	\$65,874.92	11	11	11	\$79,984.37	12	12	12
<b>Grand Total</b>	<b>\$35,225,790.75</b>	<b>2,601,922</b>	<b>180,308</b>	<b>1,496</b>	<b>\$37,188,048.64</b>	<b>2,580,222</b>	<b>191,955</b>	<b>1,447</b>

**Table 2** presented below represents the services that experienced an increase in expenditures during SFY22 compared to SFY21. The largest increase in expenditures occurred with daily supported community living (SCL) services. The second and third largest increase in expenditures occurred with intermittent (15 min) SCL and Consumer Choices Option (CCO) services. CCO represents the claims paid to the Financial Management Service (FMS) vendor for goods and services received by the members choosing to self-direct their services through the CCO under the waiver.

The increase in expenditures for specific services during SFY22 may be due in part to the 3.55 percent provider rate increase effective July 1, 2021, members gaining access to all the medically necessary services identified in their comprehensive service plans without being limited by a monthly cap on the total cost of services. In addition, it is assumed that providers' service delivery patterns and members' service utilization behavior changed in direct response to the COVID-19 PHE restrictions that were in place during SFY20 and SFY21 loosening during SFY22, with more individuals willing to have staff come into their homes, actively participate in community activities, and participate in services in a group or congregate setting. It is also likely that the American Rescue Plan Act (ARPA) Section 9817 funds allocated to HCBS Recruitment and Retention grants also had a positive impact on the number of units of service that HCBS providers delivered during the last half of SFY22.

<b>Procedure Code</b>	<b>Service</b>	<b>Difference in Amount Paid</b>	<b>Difference in # Units Paid</b>	<b>Difference in # Claims Paid</b>	<b>Difference In # Unique State IDs</b>
H2016	Supported Community Living (Daily)	\$1,131,121.39	2,180	353	-6
H2015	Supported Community Living (15 min)	\$396,899.29	41,834	713	-31
T2025	Consumer Choices Option	\$331,338.00	1,936	149	13
S0215 & S0215 U3	Transportation; per mile; Individual/ Group	\$306,784.63	5,730	8,882	78
S5102	Adult Day Care, Full Day	\$137,387.61	2,453	1,687	19
T2003 & T2003 U3	Transportation; per one way trip Individual/ Group	\$96,141.48	2167	2365	16
H2025 (U4, U5, U7 & UC)	Long-Term Job Coaching	\$48,591.42	-123	-245	2
A0130 & A0130 U3	Transportation; non-emergent wheelchair	\$22,262.77	543	545	13

	van; trip Individual/Group				
T2025 UC	CCO Workman's Compensation	\$21,903.00	30	30	7
T1004	Interim Medical Monitoring and Treatment (IMMT) (group)	\$20,946.78	798	-33	1
T1005	Respite (Home Health agency group);	\$16,840.09	4819	340	0
H2023 (U3, U5, U7)	Small-Group Supported Employment	\$14,718.49	6659	240	-4
T2039	Home and vehicle modification (vehicle modifications only); per service	\$14,109.45	1	1	1
T2036	Respite (resident camp);	\$13,380.13	3249	27	8
S5101	Adult day care; half day	\$7,056.61	194	197	20
S5161	Personal emergency response (monthly	\$4,134.34	61	61	21
S5150, S5150 U3, S5150 UC	Respite – Home Care Agency	\$2,880.58	2,944	320	-2
S5105	Adult day care; Extended Day	\$709.54	7	7	0

**Table 3** presented below represents the services that experienced a decrease in expenditures during SFY22 compared to SFY21. The largest decrease in expenditures occurred with Case Management for the FFS population. The second and third largest decrease in expenditures occurred with agency and individual consumer directed attendant care (CDAC) services followed by Respite. The reduction in Case Management and CDAC expenditures can be directly linked to the decrease in the number of members receiving those services. Whereas the decrease in Respite is likely linked to the lack of available direct service staff to deliver the service and reimbursement rates that do not support the wages to deliver the service.

Home Delivered Meals was temporarily added as a service under the BI Waiver beginning in SFY20 in response to the COVID-PHE and as the PHE unwinds and people begin to resume pre-COVID services and activities, fewer members have a need for home delivered meals.

The reduction in expenditures for specific services during SFY22 may be due in part to unrepresented claims that have yet to be submitted as well as the change in provider’s service delivery patterns and members’ service utilization behavior due to the Covid-19 PHE and PHE flexibilities unwinding.

<b>Procedure Code</b>	<b>Service</b>	<b>Difference in Amount Paid</b>	<b>Difference in # Units Paid</b>	<b>Difference in # Claims Paid</b>	<b>Difference In # Unique State IDs</b>
T1016	Case Management	(\$211,646.03)	-3,561	-179	-13
S5125 & S5123 U3	Agency Consumer Directed Attendant Care (CDAC)	(\$194,041.54)	-39,110	-95	-16
T1019 & T1019 U3	Individual CDAC	(\$110,150.60)	-42,704	-2792	-26
S5170 UF, UG, UH, UJ	Home Deliver Meals	(\$39,119.04)	-4922	-499	-31
T1003	IMMT (HH agency LPN);	(\$30,556.55)	-3022	6	-1
T2029	Specialized medical equipment; per item	(\$12,301.88)	1	-1	-6
T2015 & T2015 U3	Prevocational Services and Career Exploration	(\$9,433.44)	-1026	-259	-4
S5165	Home and Vehicle Modifications (Home Modifications Only)	(\$5,590.38)	-4	-4	-4
T2018 UC	Individual Supported Employment	(\$5,317.97)	-108	-168	-13
T2037	Respite (group day camp)	(\$3,498.36)	-2377	-17	2
T1002	IMMT (HH Agency RN)	(\$2,939.99)	-293	23	0
S5130	Homemaker	(\$170.81)	-35	1	0
H2021	Family Counseling and Training	(\$92.80)	-10	-2	-1
S5160	Personal emergency response (initial fee for install)	(\$88.32)	-1	-1	-1

## Enrollment

**Table 4** presented below represents the BI waiver members enrollment in managed care or FFS for each SFY. Overall BI waiver enrollment has remained consistent during the two-year period. As the PHE flexibilities related to Medicaid eligibility unwinds, and members who are no longer eligible for the BI Waiver are transitioned to other coverage groups, overall enrollment will decline.

Enrollment at any point in time during the waiver year is contingent upon the number of BI Waivers funding slots approved by the Centers for Medicaid and Medicare Services (CMS) and those funding slots that can be managed within the funding budget allocated within the Medicaid budget for the BI Waiver each SFY.

<b>Table 4. HCBS BI Waiver MCO and FFS Enrollment for SFY21</b>												
<b>SFY21</b>	07/20	08/20	09/20	10/20	11/20	12/20	01/21	02/21	03/21	04/21	05/21	06/21
Amerigroup	843	840	835	830	826	823	821	820	819	819	815	815
Iowa Total Care	540	537	533	533	528	533	535	535	534	536	532	529
FFS	161	160	160	155	154	153	153	154	154	153	152	152
Total Members	1,544	1,537	1,528	1,518	1,508	1,509	1,509	1,509	1,507	1,508	1,499	1,496
<b>SFY22</b>	07/21	08/21	09/21	10/21	11/21	12/21	01/22	02/22	03/22	04/22	05/22	06/22
Amerigroup	811	808	807	803	801	797	797	789	785	780	771	771
Iowa Total Care	531	532	530	529	526	524	521	521	520	522	521	522
FFS	151	153	151	151	153	151	149	146	145	145	149	147
Total Members	1,493	1,493	1,488	1,483	1,480	1,472	1,467	1,456	1,450	1,447	1,441	1,440

### Recommendation:

Due to the COVID-19 PHE impact on BI waiver service utilization during SFY2021 and SFY2022, and the continued impact anticipated during SFY23 and the ARPA Section 9817 Maintenance of Effort (MOE) requirements, no changes to the service scope, amount or duration guidelines are recommended at this time. It is recommended that the department continue to monitor service utilization for any gaps in care or unexpected service patterns.



## Appendix A

### HCBS Brain Injury Waiver Service Code Descriptions

Procedure Code	Service Description
96152	Behavioral programming (i.e., health and behavioral intervention); 15-minute unit
96153	Health and Behavior Intervention – Group Counseling
A0130	Transportation; non-emergent wheelchair van; individual; trip
A0130 U3	Transportation; non-emergent wheelchair van; group; trip
H2015	Supported community living; 15-minute unit
H2016	Supported community living; daily
H2021	Family counseling and training; 15-minute unit
H2023 U3	Supported employment (small group); 15-minute unit (Groups 2-4)
H2023 U5	Supported employment (small group); 15-minute unit (Groups 5-6)
H2023 U7	Supported employment (small group); 15-minute unit (Groups 7-8)
H2025 U3	Supported employment (long term job coaching) 2-8 hours/month
H2025 U4	Supported employment (long term job coaching) 1 contact/month
H2025 U5	Supported employment (long term job coaching) 9-16 hours/month
H2025 U7	Supported employment (long term job coaching) 17-25 hours/month
H2025 UC	Supported employment (long term job coaching) 26 or more hours per month
S0215	Transportation; per mile; individual
S0215 U3	Transportation; per mile; group
S5101	Adult day care; half day
S5102	Adult Day Care, Full Day
S5105	Adult day care; Extended Day
S5125	CDAC (agency); 15-minute unit
S5125 U3	CDAC (agency); 15-minute unit Skilled
S5130	Homemaker (Temporarily added during the COVID-19 PHE)
S5135	Senior Companion (Temporarily added during the COVID-19 PHE)

S5150	Respite (Home Health agency, basic individual); 15-minute unit
S5150 U3	Respite (Home Health agency, basic individual); 15-minute unit Specialized
S5150 UC	Respite (Home Care agency, basic individual);15-minute unit
S5160	Personal emergency response (initial fee for install)
S5161	Personal emergency response (monthly
S5165	Environmental modifications and adaptive devices (home modification); per item
S5170 UF	Home Delivered Meals – Morning (Temporarily added during the COVID-19 PHE)
S5170 UG	Home Delivered Meals – Noon (Temporarily added during the COVID-19 PHE)
S5170 UH	Home Delivered Meals – Evening (Temporarily added during the COVID-19 PHE)
S5170 UJ	Home Delivered Meals – Liquid Supplement (Temporarily added during the COVID-19 PHE)
T1002	Interim Medical Monitoring and Treatment (IMMT) (HH agency RN); 15 min unit
T1003	Interim Medical Monitoring and Treatment (IMMT) (HH agency LPN); 15 min unit
T1004	IMMT (group) 15-minute unit
T1004 U3	IMMT (SCL); 15-minute unit
T1005	Respite (Home Health agency group); 15-minute unit
T1016	Case management (targeted or waiver); 15-minute unit
T1019	Consumer Directed Attendant Care (CDAC) (individual); 15-minute unit
T1019 U3	CDAC (individual); 15-minute unit Skilled
T2001	Non-emergency transportation patient attendant/escort
T2003	Transportation; 1-way trip; individual
T2003 U3	Transportation; 1-way trip; group
T2015	Prevocational services; per hour
T2015 U3	Prevocational Career Exploration; per hour
T2018 UC	Supported employment; individual; hourly
T2025	Financial management services; per month – Consumer Choices Option
T2025 UC	Workman’s Compensation, per month- Consumer Choices Option
T2029	Specialized medical equipment; per item
T2036	Respite (resident camp); 15 min unit

T2037	Respite (group day camp)
T2039	Home and vehicle modification (vehicle modifications only); per service