

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

Iowa Medicaid  
Home and Community Based Services  
Brain Injury Waiver SFY23  
Expenditure Report

December 2023

## 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 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 three managed care organizations (MCOs); Amerigroup, Iowa Total Care and Molina. Molina began serving Medicaid members July 1, 2023, and are not included in the claims data. Iowa Medicaid continues to operate a limited Fee-For-Service (FFS) 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 SFY2022 and SFY2023 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 HCBS waiver reimbursement rates effective July 1, 2021. HCBS BI waiver reimbursement rates in effect June 30, 2021, were increased by 3.55 percent effective July 1, 2021. At the same time monthly and annual cost limits for waiver services with limits were also increased by the same percentage.

As part of the American Rescue Plan Act (ARPA) Section 9817 HCBS implementation plan, the Department designated \$14.6M in state funds to increase HCBS Waiver and Habilitation reimbursement rates by 4.25 percent effective July 1, 2022. At the same time monthly and annual cost limits for waiver services with limits were also increased by the same percentage.

The expenditure data provided in this report represents all claims paid for dates of service for SFY22 and SFY23 as of December 06, 2023. It is understood that there is a percentage of claims that may have not yet been submitted for payment for dates of service in SFY23 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, through the end of the PHE May 11, 2023, providers were given an additional 90 calendar days to submit first time medical claims and encounters for managed care claims. Specifically, providers were required to 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 by 11% or \$4,143,416.93. This equates to a \$1,293,574.77 increase in the state share of costs in SFY23 compared to SFY22 based on the SFY23 average Federal Medical Assistance Percentage (FMAP) of 68.78%.

The average annual cost per HCBS BI Waiver recipient increased slightly from \$25,700.40 per member during SFY22 to \$28,387.00 per member during SFY23, an average increase of \$2,686.89 per waiver member per year. The procedure code descriptions for the codes listed in Table I are in Appendix A.

Procedure Code	SFY22 Total Amount Paid	SFY22 Total Units Paid	SFY22 Total Unique Claims	SFY22 Unique State IDs	SFY23 Total Amount Paid	SFY23 Total Units Paid	SFY23 Total Unique Claims	SFY23 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
96158	\$00.00	0	0	0	\$28,291.42	1917	1691	19
96159	\$00.00	0	0	0	\$244,650.72	33039	1837	18

A0130, A0130 U3	\$42,434.89	1,277	1,272	21	\$84,804.56	2,298	2,298	22
H2015	\$5,756,797.24	95,6931	50,352	548	\$6,523,208.51	1,019,48	53,132	549
H2016	\$19,061,710.02	76,942	42,515	249	\$19,989,382.25	75,664	43,187	248
H2021	\$00.00	0	0	0	\$00.00	0	0	0
H2023 U3 U5, U7	\$48,639.13	18,627	893	12	\$51,713.18	19,783	962	13
H2025 U4 U5, U7 & U	\$491,580.37	4,803	1,743	113	\$544,934.68	6,426	1,867	90
S0215, S0215 U3	\$470,832.63	22,232	11,960	121	\$750,513.28	33,297	18,084	148
S5101	\$20,839.44	524	462	61	\$27,153.08	699	576	43
S5102	\$518,842.19	9,532	6,910	79	\$513,066.19	9,054	6,184	73
S5105	\$6,874.82	95	95	1	\$6,277.29	83	83	1
S5125, S5125 U3	\$1,026,252.52	187,798	15,918	169	\$1,058,168.74	186,697	15,251	162
S5130	\$96.84	18	2	1	\$1,901.79	339	40	1
S5150, S5150 U3, S5150 UC	\$3,208,389.06	668,458	20,620	442	\$3,435,852.43	675,112	21,055	388
S5160	\$972.67	21	21	21	\$1,071.16	22	22	22
S5161	\$112,104.36	2,999	2,999	312	\$126,137.00	3,314	3,314	338
S5165	\$134,549.33	27	27	25	\$174,382.98	32	32	31
S5170 UF, UG, UH, UJ	\$11,753.99	1,445	119	12	\$598.15	71	4	3
T1002	\$29,299.2	2,240	88	1	\$85,352.36	7,075	548	17
T1003	\$40,850.6	3,319	183	5	\$69,800.31	6,707	269	9
T1004, T1004 U3	\$83,028.74	7,541	119	4	\$75,118.67	5,789	64	4
T1005	\$133,377.87	39,465	940	58	\$113,542.92	30,803	719	51
T1016	\$611,515.97	9,188	1,386	130	\$842,119.80	12,293	1,533	139

T1019, T1019 U3	\$1,844,660.68	542,515	19,035	173	\$2,241,989.85	582,954	21,869	290
T1021	\$00.00	0	0	0	\$00.00	0	0	0
T2001	\$00.00	0	0	0	\$1,325.91	74	37	1
T2003, T2003 U3	\$363,420.49	12,306	11,761	97	\$430,702.82	12,600	11,607	101
T2015, T2015 U3	\$24,366.56	2,354	252	6	\$11,171.79	1,009	74	5
T2018 UC	\$42,798.60	628	375	42	\$43,869.93	615	343	39
T2025	\$2,698,558.28	3029	1242	109	\$3,410,834.21	9,242	1,666	123
T2025 UC	\$290,160.00	572	572	447	\$311,227.00	657	657	466
T2029	\$5,265.02	171	20	6	\$21,340.41	184	23	11
T2036	\$22,796.62	4,155	52	16	\$47,639.89	20,374	98	22
T2037	\$5,296.14	1008	15	12	\$11,331.82	4,143	25	13
T2039	\$79,984.37	12	12	12	\$51,990.47	10	10	10
Grand Total	\$37,188,048.64	2,580,222	191,955	1,447	\$41,828,637.64	2,770,072	216,174	1,456

Table 2 presented below represents the services that experienced an increase in expenditures during SFY23 compared to SFY22. 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. As the workforce shortages persist members are turning to the self-direction program to employ family and friends to deliver needed care.

The increase in expenditures for specific services during SFY23 is due in part to the 3.55 percent provider rate increase effective July 1, 2021, the 4.25 percent provider rate increase effective July 1, 2022. Increases in expenditures were also expected during SFY23 as providers' service delivery patterns and members' service utilization behavior changes in direct response to the unwinding of the COVID-19 PHE restrictions. With more individuals willing to have staff come into their homes, actively participate in community activities, and participate in services in groups and congregate settings service utilization increased. It is also assumed 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 and SFY23.

**Table 2. BI Waiver Increases in Annual Expenditures by Procedure Code for SFY23**

<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>
96158	Behavioral programming (i.e., health and behavioral intervention); first 30 minutes	\$28,291.42	1,917	1,691	19
96159	Behavioral programming (i.e., health and behavioral intervention); each additional 15-minute unit	\$244,650.72	33,039	1,837	18
A0130, A0130 U3	Transportation; non-emergent wheelchair van; individual; group: trip	\$42,369.67	1,021	1,026	1
H2015	Supported community living; 15-minute unit	\$766,411.27	62,558	2,780	1
H2016	Supported community living; daily	\$927,672.23	-1,278	672	-1
H2023 U3, U5, U7	Supported employment (small group)	\$3,074.05	1,156	69	1
H2025 U4, U5, U7 & UC	Supported employment (long term job coaching)	\$53,354.31	1,623	124	-23
S0215, S0215 U3	Transportation; per mile; individual; group	\$279,680.65	11,065	6,124	27
S5101	Adult day care; half day	\$6,313.64	175	114	-18

S5125, S5125 U3	CDAC (agency) skilled and unskilled	\$31,916.22	-1,101	-667	-7
S5130	Homemaker	\$1,804.95	321	38	0
S5150, S5150 U3, S5150 UC	Respite	\$227,463.37	6,654	435	-54
S5160	Personal Emergency Response; initial	\$98.49	1	1	1
S5161	Personal Emergency Response; monthly	\$14,032.64	315	315	26
S5165	Home and vehicle modification (home modifications only); per service	\$39,833.65	5	5	6
T1002	Interim Medical Monitoring and Treatment (IMMT) (HH agency RN); 15 min unit	\$56,053.16	4,835	460	16
T1003	Interim Medical Monitoring and Treatment (IMMT) (HH agency LPN); 15 min unit	\$28,949.71	3,388	86	4
T1016	Case management (targeted or waiver); 15-minute unit	\$230,603.83	3,105	147	9
T1019, T1019 U3	Consumer Directed Attendant Care (CDAC) (individual) skilled and unskilled	\$397,329.17	40,439	2,834	117
T2001	Non-emergency transportation patient attendant/escort	\$1,325.91	74	37	1

T2003, T2003 U3	Transportation; 1-way trip; individual; group	\$67,282.33	294	-154	4
T2018 UC	Supported Employment; Individual	\$1,071.33	-13	-32	-3
T2025	Financial Management Services (CCO)	\$712,275.93	6,213	424	14
T2025 UC	Workman's Compensation (CCO)	\$21,067.00	85	85	19
T2029	Specialized medical equipment; per item	\$16,075.39	13	3	5
T2036	Respite (resident camp); 15 min unit	\$24,843.27	16,219	46	6
T2037	Respite (group day camp)	\$6,035.68	3,135	10	1
T2018 UC	Supported Employment; Individual	\$1,071.33	-13	-32	-3

Table 3 presented below represents the services that experienced a decrease in expenditures during SFY23 compared to SFY22. The largest decrease in expenditures occurred with Home and Vehicle Modifications (HVM) with two less members receiving HVM during SFY23. The second and third largest decrease in expenditures occurred with Respite followed by Home Delivered Meals. Home Delivered Meals was temporarily added as a service under the BI Waiver beginning in SFY20 in response to the COVID-PHE. As the PHE unwound people began to resume pre-COVID services and activities, and fewer members demonstrated a need for home delivered meals. The decrease in expenditures for Respite is most likely a result of the ongoing lack of available direct service staff to deliver the service.

The reduction in SFY23 expenditures for the other listed services may be due in part to a small percentage of unrepresented claims that have yet to be submitted as well as the change in provider's service delivery patterns and members' service utilization behavior as they return to Pre-PHE patterns of service delivery and utilization.



<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>
S5102	Adult Day Care, Full Day	\$(5,776.00)	-478	-726	-6
S5105	Adult day care; Extended Day	\$(597.53)	-12	-12	0
S5170 UF, UG, UH, UJ	Home Deliver Meals	\$(11,155.84)	-1,374	-115	-9
T1004, T1004 U3	Interim Medical Monitoring and Treatment (IMMT) group	\$(7,910.07)	-1,752	-55	0
T1005	Respite (Home Health agency group); 15-minute unit	\$(19,834.95)	-8,662	-221	-7
T2015, T2015 U3	Prevocational Services; Career Exploration	\$(13,194.77)	-1,345	-178	-1
T2039	Home and vehicle modification (vehicle modifications only); per service	\$(27,993.90)	-2	-2	-2

## Enrollment

Table 4 presented below represents the BI waiver members enrollment in managed care or FFS for SFY22 and SFY23. 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 SFY23</b>												
<b>SFY22</b>	<b>07/21</b>	<b>08/21</b>	<b>09/21</b>	<b>10/21</b>	<b>11/21</b>	<b>12/21</b>	<b>01/22</b>	<b>02/22</b>	<b>03/22</b>	<b>04/22</b>	<b>05/22</b>	<b>06/22</b>
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
<b>SFY23</b>	<b>07/22</b>	<b>08/22</b>	<b>09/22</b>	<b>10/22</b>	<b>11/22</b>	<b>12/22</b>	<b>01/23</b>	<b>02/23</b>	<b>03/23</b>	<b>04/23</b>	<b>05/23</b>	<b>06/23</b>
Amerigroup	770	770	769	770	761	761	761	759	761	769	766	763
Iowa Total Care	523	524	525	524	524	521	522	527	529	538	545	543
FFS	146	149	146	146	147	146	148	148	148	144	141	142
Total Members	1,439	1,443	1,440	1,440	1,432	1,428	1,431	1,434	1,438	1,451	1,452	1,448

**Recommendation:**

Due to the COVID-19 PHE impact on BI waiver service utilization during SFY22 and SFY23, the ARPA Section 9817 Maintenance of Effort (MOE) requirements, and the changes to the HCBS waiver programs which will occur during SFY2024 and SFY2025 through the HOME project, there are no recommendations to change the program at this time. The department will 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 Code retired 04/01/2023 replaced by 96158 & 96159
96153	Health and Behavior Intervention – Group Counseling Code retired 04/01/2023 replaced by 96158 & 96159
96158	Behavioral programming (i.e., health and behavioral intervention); first 30 minutes
96159	Behavioral programming (i.e., health and behavioral intervention); each additional 15-minute unit
A0130	Transportation; non-emergent wheelchair van; individual; trip
A0130 U3	Transportation; non-emergent wheelchair van; group; trip
H0031	Behavioral programming (i.e., mental health plan development); 15-minute unit
H0032	Behavioral programming (mental health assessment); 15-minute unit
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	Home and vehicle modification (home modifications only); per service
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; I-way trip; individual

T2003 U3	Transportation; I-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