



***Iowa Medicaid
Home and Community Based Services
Brain Injury Waiver
SFY24
Expenditure Report***

January 2025

Table of Contents

Introduction and Background	2
Observations	3
Increased Utilization	5
Decreased Utilization	6
Enrollment	7

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); Wellpoint (formerly Amerigroup), Iowa Total Care and Molina. Molina began serving Medicaid members July 1, 2023, and are only represented in the SFY24 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 SFY23 and the first quarter of SFY24 which is reflected in the expenditure data. All HCBS BI waiver service recipients and service providers were impacted by the PHE; however, the impact of the PHE was 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.

Provisions of the 2024 Iowa Acts, House File 2698, Section 31, require HHS, Iowa Medicaid to implement an increase in HCBS waiver reimbursement rates, effective July 1, 2024. HCBS BI Waiver intermittent SCL reimbursement rates were increased by 9 percent and all other services were increased by 4.1 percent effective July 1, 2024. 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 SFY23 and SFY24 as of January 15, 2025. It is understood that there is a percentage of claims that may have not yet been submitted for payment for dates of service in SFY24 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.

Observations

Table 1. 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. This does not include school-based services delivered by the Area Education Agencies (AEAs) or Lead Education Agencies (LEAs). Year to date comparison shows total BI waiver expenditures increased by 11% or \$4,721,237.28. This equates to a \$1,658,098.53 increase in the state share of costs in SFY24 compared to SFY23 based on the SFY24 average Federal Medical Assistance Percentage (FMAP) of 64.88%.

The average annual cost per HCBS BI Waiver recipient increased slightly from \$28,387.00 per member during SFY23 to \$31,325.62 per member during SFY24, an average increase of \$2,597.16 per waiver member per year. The procedure code descriptions for the codes listed in Table 1 are in Appendix A.

Table 1. BI Waiver Annual Expenditure Comparison by Procedure Code for SFY23 and SFY24								
Procedure Code / Modifier	SFY23 Total Amount Paid	SFY23 Total Units Paid	SFY23 Total Unique Claims Paid	SFY23 Unique State IDs	SFY24 Total Amount Paid	SFY 24 Total Units Paid	SFY24 Total Unique Claims Paid	SFY24 Unique State IDs
96152	\$00.00	0	0	0	Obsolete Procedure Code replaced by 96158 & 96159			
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96158	\$00.00	0	0	0	\$373.02	12	11	3
96159	\$00.00	0	0	0	\$120.24	8	8	1
A0130 A0130 U3	\$84,804.56	2,298	2,298	22	\$66,934.20	1,715	973	18
H2015	\$6,523,208.51	1,019,489	53,132	549	\$6,916,773.75	1,085,788	10,615	555
H2016	\$19,989,382.25	75,664	43,187	248	\$24,195,224.20	81,858	9,625	282
H2021	\$00.00	0	0	0	\$00.00	0	0	0
H2023 U3, U5, U7	\$51,713.18	19,783	962	13	\$42,812.87	15,597	175	11
H2025 U4, U5, U7, UC	\$544,934.68	6,426	1,867	90	\$466,172.55	40,12	801	89
S0215 S0215 U3	\$750,513.28	33,297	18,084	148	\$209,579.15	1,850	20,184	80
S5100 S5100 UA	\$00.00	0	0	0	\$96,861.72	14,018	62	8
S5101	\$27,153.08	699	576	43	\$17,784.89	444	304	40
S5102	\$513,066.19	9,054	6,184	73	\$504,450.67	8,947	4,604	81
S5105	\$6,277.29	83	83	1	\$151.26	2	1	1
S5125 S5125 U3	\$1,058,168.74	186,697	15,251	162	\$1,029,538.60	180,809	13,835	173
S5130	\$1,901.79	339	40	1	\$633.93	113	14	1
S5150 U3, UC	\$3,435,852.43	675,112	21,055	388	\$3,461,533.87	666,482	4,803	363
S5160	\$1,071.16	22	22	22	\$516.18	11	11	11
S5161	\$126,137.00	3,314	3,314	338	\$127,404.87	3,258	3,251	355
S5165	\$174,382.98	32	32	31	\$138,625.05	32	33	30
S5170 UF, UG, UH, UJ	\$598.15	71	4	3	\$183.75	21	1	1
T1002	\$85,352.36	7,075	548	17	\$00.00	0	0	0
T1003	\$69,800.31	6,707	269	9	\$43,342.39	3,700	109	4

T1004 T1004 U3	\$75,118.67	5,789	64	4	\$21,087.43	2,416	12	3
T1005	\$113,542.92	30,803	719	51	\$109,550.24	31,539	507	44
T1016	\$842,119.80	12,293	1,533	139	\$857,325.22	12,295	1,456	134
T1019 T1019 U3	\$2,241,989.85	582,954	21,869	290	\$2,088,963.47	577,695	6,305	172
T1021	\$00.00	0	0	0	\$00.00	0	0	0
T2001	\$1,325.91	74	37	1	\$00.00	0	0	0
T2003 T2003 U3	\$430,702.82	12,600	11,607	101	\$429,225.65	12,130	5,755	79
T2015 T2015 U3	\$11,171.79	1,009	74	5	\$3,905.82	356	10	3
T2018 UC	\$43,869.93	615	343	39	\$48,640.23	736	203	44
T2025	\$3,410,834.21	9,242	1,666	123	\$4,358,185.97	1,264	1,224	116
T2025 UC	\$311,227.00	657	657	466	\$315,756.00	640	640	475
T2025 SE	\$534,501.35	119127	817	56	\$555,667.28	123,506	874	60
T2027	Medical Day Care for Children New Service 11/01/2024				\$209,496.46	25,052	102	13
T2029	\$21,340.41	184	23	11	\$3,592.35	948	25	5
T2029 UA, T2029 UB	Enabling Technology for Remote Support New Service 11/01/2024				\$00.00	0	0	0
T2036	\$47,639.89	20,374	98	22	\$62,388.34	25,260	101	24
T2037	\$11,331.82	4,143	25	13	\$10,304.70	3,590	16	10
T2039	\$51,990.47	10	10	10	\$156,768.60	15	15	15
Grand Total	\$41,828,637.64	2,770,072	216,174	1,456	\$46,549,874.92	2,886,119	86,665	1,486

Increased Utilization

Table 2. presented below represents the services that experienced an increase in expenditures during SFY24 compared to SFY23. The largest increase in expenditures occurred with H2016, daily supported community living (SCL). The second and third largest increase in expenditures occurred with H2015, intermittent (15 min) SCL and T2025, 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. T2027 Medical Day Care for Children was a new service November 1, 2023, replacing Respite that was provided while the parents worked during the PHE.

The increase in expenditures for specific services during SFY24 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 SFY24 as providers’ service delivery patterns and members’ service utilization behavior changed in direct response to the end of the COVID-19 PHE. 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 has had a positive impact on the number of HCBS members served and units of service that HCBS providers delivered during SFY24.

Table 2. BI Waiver Increases in Annual Expenditures by Procedure Code for SFY24

Procedure Code/ Modifier(s)	Difference Total Amount Paid	Difference Total Units Paid	Difference Total Unique Claims Paid	Difference Unique State IDs
96158	\$373.02	12	11	3
96159	\$120.24	8	8	1
H2015	\$393,565.24	662,99	-42,517	6
H2016	\$4,205,841.95	6,194	-33,562	34
S5100 S5100 UA	\$96,861.72	14,018	62	8
S5150, S5150 U3 S5150 UC	\$25,681.44	-8,630	-16,252	-25
S5161	\$1,267.87	-56	-63	17
T1016	\$15,205.42	2	-77	-5
T2018 UC	\$4,770.30	121	-140	5
T2025	\$947,351.76	-7,978	-442	-7
T2025 UC	\$4,529.00	-17	-17	9
T2025 SE	\$21,165.93	4,379	57	4
T2027	\$209,496.46	25,052	102	13
T2036	\$14,748.45	4,886	3	2
T2039	\$104,778.13	5	5	5

Decreased Utilization

Table 3. presented below represents the services that experienced a decrease in expenditures during SFY24 compared to SFY23. The largest decrease in expenditures occurred with S0215 Transportation per mile, with 31,447 less units of service delivered compared to 2023. The second and third largest decrease in expenditures occurred with T2019, Individual Consumer Directed Attendant Care followed by T1002 Interim Medical Monitoring and Treatment (IMMT) provided by an RN. S5170 Home Delivered Meals and S5130 Homemaker services were temporarily added as services under the BI Waiver

beginning in SFY20 in response to the COVID-PHE. As the PHE unwound during SFY23 and the first quarter of SFY24 people resumed pre-COVID services and activities, and fewer members demonstrated a need for home delivered meals and homemaker services.

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.

Procedure Code/ Modifier(s)	Difference Total Amount Paid	Difference Total Units Paid	Difference Total Unique Claims Paid	Difference Unique State IDs
A0130 A0130 U3	(\$17,870.36)	-583	-1325	-4
H2023 U3, U5, U7	(\$8,900.31)	-4186	-787	-2
H2025 U4, U3, U5, U7, UC	(\$78,762.13)	-2414	-1066	-1
S0215 S0215 U3	(\$555,219.88)	-31513	1972	-71
S5101	(\$9,368.19)	-255	-272	-3
S5102	(\$8,615.52)	-107	-1580	8
S5105	(\$6,126.03)	-81	-82	0
S5125 S5125 U3	(\$28,630.14)	-5888	-1416	11
S5130	(\$1,267.86)	-226	-26	0
S5160	(\$554.98)	-11	-11	-11
S5165	(\$174,382.98)	-32	-32	-31
S5170 UF, UG, UH, UJ	(\$414.40)	-50	-3	-2
T1002	(\$85,352.36)	-7075	-548	-17
T1003	(\$26,457.92)	-3007	-160	-5
T1004 T1004 U3	(\$54,031.24)	-3373	-52	-1
T1005	(\$3,992.68)	736	-212	-7
S5165	(\$174,382.98)	-32	-32	-31
T1019, T1019 U3	(\$153,026.38)	-5259	-15564	-118
T2001	(\$1,325.91)	-74	-37	-1
T2003, T2003 U3	(\$1,477.17)	-470	-5852	-22
T2015, T2015 U3	(\$7,265.97)	-653	-64	-2
T2029	(\$17,748.06)	764	2	-6
T2037	(\$1,027.12)	-553	-9	-3

Enrollment

Table 4. presented below represents the BI waiver members enrollment in managed care or FFS for SFY23 and SFY24. 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 remains consistent as waiver slots are back filled with eligible applicants from the waiting list.

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 budget allocated for the BI Waiver within the Medicaid budget each SFY.

Table 4. HCBS BI Waiver MCO and FFS Enrollment for SFY23 and SFY2024												
SFY23	07/22	08/22	09/22	10/22	11/22	12/22	01/23	02/23	03/23	04/23	05/23	06/23
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 Enrollment	1,439	1,443	1,440	1,440	1,432	1,428	1,431	1,434	1,438	1,451	1,452	1,448
SFY24	07/23	08/23	09/23	10/23	11/23	12/23	01/24	02/24	03/24	04/24	05/24	06/24
Wellpoint (formerly Amerigroup)	644	683	686	693	694	690	690	689	703	703	711	701
Iowa Total Care	510	512	512	513	511	512	510	510	509	509	516	510
Molina	152	107	101	101	99	97	98	96	95	95	101	97
Fee For Service (FFS)	145	145	145	144	143	142	143	141	142	142	136	137
Total Enrollment	1,451	1,447	1,444	1,451	1,447	1,441	1,441	1,436	1,449	1,449	1,464	1,445