



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

January 2025

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Introduction and Background

In 2020 the Iowa Legislature enacted House File (HF) 2269, 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) Elderly waiver. This legislation also directs the department to track the average amount expended per waiver recipient each fiscal year beginning July 1, 2020, and to report the information annually to the Governor and General Assembly by October 1.

As a result of this legislation, Elderly waiver recipients no longer need to request an exception to policy (ETP) to exceed the monthly cap allowed under the Elderly waiver. Elderly 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 Iowa Medicaid for Fee-For-Service (FFS) members or the member's managed care organization (MCO) for IA Health Link members.

Iowa Department of Health and Human Services implemented the IA Health Link managed care program for most of the Iowa Medicaid population on April 1, 2016. During SFY23 most Iowa Medicaid members were being served by two managed care organizations (MCOs); Wellpoint (formerly 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.

March 9, 2020, a Proclamation of Disaster Emergency was issued to coordinate the State of Iowa's response to Coronavirus 2019 (COVID-19) outbreak. The State Public Health Emergency (PHE) Declaration impacted the typical pattern of service utilization for all HCBS Elderly waiver services during the PHE, which is reflected in the expenditure data.

July 1, 2020, Iowa Medicaid implemented the removal of the HCBS Elderly waiver monthly cap on the total costs of service funded through the waiver. Informational Letter 2152-MC-FFS notified HCBS waiver providers, case managers and the MCOs of the removal of the Elderly waiver monthly funding cap. Iowa Medicaid implemented administrative rules and amended the 1915(C) HCBS Elderly waiver application to remove the monthly funding cap.

The expenditure data provided represents all claims paid for dates of service during each state fiscal year as of November 27, 2024. It is understood that there are 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. Providers must submit first time medical claims and encounters within 180 calendar days of service.

Observations

Table 1 presented below represents the HCBS Elderly waiver population’s annual report of expenditures. The data represents all Elderly waiver claims paid during each state fiscal year (SFY) for both FFS and MCO claims. Year to date comparison shows total Elderly waiver expenditures increased by two percent or by \$1,073,539.90 in SFY24 compared to SFY23. This equates to a \$410,306.95 increase in the state share of cost for SFY24 compared to SFY23.

The average annual cost per HCBS Elderly waiver recipient increased slightly from \$2,317.98 per member during SFY23 to \$2,982.60 per member during SFY24, an increase of 29% or \$664.62 per waiver member per year. The procedure code descriptions for the codes listed in Table 1 are in Appendix A.

Table 1. SFY23 and SFY24 Elderly Waiver Annual Expenditures

Procedure Code	Total # Unique SIDs SFY23	Total # claims paid SFY23	Total # Units Paid SFY23	Total Amount paid SFY23	Total # Unique SIDs SFY24	Total # Claims Paid SFY24	Total # Units Paid SFY24	Total Amount paid SFY24
A0130 A0130 U3	29	344	352	\$14,393.67	24	207	455	\$19,409.86
H0036	26	272	1,152	\$28,638.71	0	0	0	\$-
S0215 S0215U3	335	13,598	22,313	\$473,405.88	171	1,811	169,677	\$159,895.47
S5101	41	691	680	\$24,485.80	36	384	618	\$25,900.30
S5102	89	4,358	5,847	\$341,394.24	82	1,937	5,204	\$313,378.78
S5105	4	52	235	\$17,901.20	2	3	44	\$3,055.20
S5120	171	2,063	235	\$163,895.32	157	1,223	25,871	\$110,470.59

S5125 S5125U3	3,572	203,398	40,099	\$16,928,765.62	3,386	212,578	3,243,335	\$18,458,921.28
S5130	1,741	67,301	2,989,182	\$2,295,768.41	1,547	56,732	366,322	\$2,034,666.21
S5135	54	427	421,885	\$48,960.44	54	382	26,501	\$72,220.48
S5150 S5150U3	91	5,453	23,049	\$661,337.87	91	1,625	172,529	\$984,895.00
S5160	377	380	119,487	\$17,299.60	193	200	191	\$8,902.39
S5161	6,340	55,475	391	\$2,157,633.19	6101	53,859	58,889	\$2,153,538.76
S5165	30	31	58,253	\$38,303.12	34	36	41	\$42,352.34
S5170 (UF, UH, UG, UJ)	11,059	148,864	30	\$16,961,410.06	6,258	57,030	2,055,853	\$17,009,033.64
S5199	16	25	2,075,103	\$923.34	4	4	4	\$257.91
T1005	2	2	612	\$1,920.96	1	5	73	\$248.20
T1016	19	209	56	\$203,034.88	30	203	2896	\$200,961.83
T1019 T1019U3	1,795	209	3,044	\$14,851,750.60	1,755	65,341	4,014,771	\$14,873,757.89
T1021	0	0	0	\$0.00	0	0	0	\$ -
T1030	1	91,723	4,012,406	\$200.00	0	0	0	\$ -
T2003	254	1	4	\$212,217.25	239	5,869	12,417	\$279,387.72
T2025	12	285	4,402	\$85,341.09	219	440	16,231	\$229,971.17
T2031	1,504	11,942	336,902	\$8,775,787.64	1,353	11,168	319,769	\$8,423,285.93
T2039	2	2	2	\$1,575.00	0	0	0	0
Grand Total	27,774	607,367	10,115,983	\$64,379,696.63	21,945	471,037	10,494,888	\$65,453,236.53

Increased Utilization:

Table 2 presented below represents the services that experienced an increase in expenditures during SFY24 compared to SFY23. The largest increase in SFY24 expenditures continued to be Agency Consumer Directed Attendant Care (CDAC). The second and third largest increase in expenditures occurred the Home Delivered Meals and Individual Consumer Directed Attendant Care (CDAC).

The increase in expenditures for specific services during SFY24 may be due in part to the 4.25 percent provider rate increase effective July 1, 2024, and 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, SFY21 and SFY22 loosening during SFY23. In SFY24 more individuals were willing to have staff come into their homes, actively participate in community activities, and participate in services in a group or congregate setting. The PHE was ended and therefore expanded flexibilities were ended November 11, 2023. It is also likely that sustained funds from legislature also had a positive impact on the number of units of service that HCBS providers delivered during SFY24.

Table 2. Elderly Waiver Increase in Annual Expenditures by Procedure code for SFY24

Procedure Code	Service	Difference in amount paid	Difference in units	Difference in Claims Paid	Difference In # Unique SIDS
A0130 A0130 U3	Transportation; non emergent wheelchair; van	\$5,016.19	-103	137	5
S5101	Adult day care; half day	\$1,414.50	62	307	5
S5125 S5125U3	CDAC Agency 15 min	\$1,530,155.66	-3,203,236	-9,180	186
S5135	Senior Companion	\$23,260.04	395,384	45	0
S5150 S5150U3	Respite	\$323,557.13	-149,480	3,828	0
S5165	Home Modification	\$4,049.22	58,212	-5	-4

S5170 (UF, UH, UG, UJ)	Home Delivered Meals	\$47,623.58	-2055823	91,834	4,801
T1019 T1019U3	CDAC Individual 15 min	\$22,007.29	-4,011,727	-65,132	40
T2003	Transportation per trip	\$0.00	-12413		15
T2025	FMS	\$67,170.47	-11,829	-5,868	-207

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 T2031 Assisted Living services. The second and third largest decrease in expenditures occurred with S0215 Transportation per mile followed by S5130 Homemakers.

The reduction in expenditures for specific services during SFY24 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.

The reduction in Homemaker in these expenditures in SFY23 likely occurred because of members gaining access to alternative sources for direct care services such as CDAC, because of the loosening of COVID-19 restrictions that were in place during SFY20 and SFY21.

TABLE 3. Elderly Waiver Decrease in Annual Expenditures by Procedure Code for SFY24

Procedure Code	Service	Difference in amount paid	Difference in units	Difference in Claims Paid	Difference In # Unique SIDS
H0036	Mental Health Outreach	-\$28,638.71	1,152	28,639	26
S0215 S0215U3	Transportation, Per mile	-\$313,510.41	-147,364	11,787	164
S5102	Adult day care; full day	-\$28,015.46	643	2,421	7

S5105	Adult day care; extended day	-\$14,846.00	191	49	2
S5120	Chore; 15-minute unit	-\$53,424.73	-25,636	840	14
S5130	Homemaker; 15-minute unit	-\$261,102.20	2,622,860	10,569	194
S5135	Senior Companion 15 min	\$23,260.04	395,384	45	0
S5160	Personal emergency response (initial fee for install)	-\$8,397.21	119,296	180	184
S5161	Personal emergency response (monthly)	-\$4,094.43	-58,498	1,616	239
S5199	Assistive devices	-\$665.43	2,075,099	21	12
T1005	Respite	-\$1,672.76	539	-3	1
T1016	Case management (targeted or waiver); 15-minute unit	-\$2,073.05	-2,840	6	-11
T1030	Nursing (RN); per visit	-\$200.00	91,723	4,012,406	200
T2025 UC	FMS-Workman's Comp.	-\$24,627.16			
T2031	Assisted living services	-\$352,501.71	335,549	774	151

Enrollment

Table 4 presented below represents the Elderly waiver members enrollment in managed care or FFS for each SFY. Overall Elderly 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 Elderly 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 Elderly 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 for the Elderly waiver each SFY. The Elderly Waiver does not have a waitlist as enrollment is historically below the Point-In-Time limit approved for the waiver and expenditures can be funded within the Medicaid budget allocated for the Elderly Waiver.

Table 4. HCBS Elderly Waiver MCO and FFS Enrollment for SFY23 and SFY24

SFY23	7/22	08/22	09/22	10/22	11/22	12/22	1/23	2/23	3/23	4/23	5/23	6/23
Amerigroup	4,337	4,274	4,212	4,143	4,106	4,047	3,977	3,940	3,955	3,986	3,991	3,986
ITC	3,317	3,400	3,456	3,530	3,581	3,618	3,647	3,690	3,710	3,713	3,707	3,687
FFS	20	27	20	29	35	36	35	31	33	35	37	35
Total Members	7,674	7,701	7,696	7,702	7,722	7,701	7,659	7,661	7,698	7,734	7,735	7,708
SFY24	7/23	08/23	09/23	10/23	11/23	12/23	1/24	2/24	3/24	4/24	5/24	6/24
Wellpoint (formerly Amerigroup)	3,468	3,628	3,636	3,648	3,644	3,578	3,531	3,520	3,521	3,516	3,476	3,438
ITC	3,307	3,380	3,374	3,386	3,370	3,312	3,260	3,210	3,165	3,114	3,020	2,989
Molina	833	595	576	567	598	668	748	832	910	968	1,046	1,118
FFS	48	43	43	30	34	37	34	44	39	42	41	45
Total Members	7,656	7,646	7,632	7,631	7,646	7,595	7,573	7,606	7,635	7,640	7,583	7,590

Appendix A

HCBS Elderly Waiver Service Code Chart

Procedure Code/ Modifier	Service Description
S5101	Adult day care; half day
S5102	Adult day care; full day
S5105	Adult day care; extended day
T2031	Assisted living services
S5199	Assistive devices per item Personal Care Item- adaptive device & therapeutic resources
T1016	Case management (targeted or waiver); 15-minute unit
S5125 & S5125 U3	CDAC (agency); 15-minute unit
T1019 & T1019 U3	CDAC (individual); 15-minute unit
S5120	Chore; 15-minute unit
T2025	Financial management services; per month
T2025 UC	FMS- Workman's Comp
T1021	Home health aide; Per Visit
S5170 UF, UH, UG, UJ	Home-delivered meals; per meal
S5130	Homemaker; 15-minute unit
S5165	Home and vehicle modification (home modifications only); per service
T2039	Home and vehicle modification (vehicle modifications only); per service
H0036	Mental health outreach; 15-minute unit
T1030	Nursing (RN); per visit
T1031	Nursing (LPN); per visit

97802	Nutritional counseling (initial); 15-minute unit
97803	Nutritional counseling (subsequent); 15-minute unit
S5160	Personal emergency response (initial fee for install)
S5161	Personal emergency response (monthly)
S5150 & S5150 U3	Respite (Home Health agency, specialized). Respite (Home Health agency, basic individual). Respite (Home Care agency, basic individual). Respite (home/non-facility, specialized). Respite (home/non-facility basic individual). 15 min unit
T1005	Respite (Home Health agency group). Respite (home non-facility, group). Respite (hospital or NF) <ul style="list-style-type: none"> · RCF · Adult day care · Childcare facility · ICF/ID · Foster group care 15-minute unit
T2036	Respite (resident camp); 15-minute unit
T2037	Respite (group day camp)
S5135	Senior companion; 15-minute unit
S0215 & S0215 U3	Transportation; per mile; individual
T2003 & T2003 U3	Transportation. 1-way trip; individual, 1 way trip group
A0130 & A0130 U3	Transportation; non-emergent wheelchair van; individual; trip group; trip
T2001	Transportation; non-emergent; escort; trip