



Medicaid Home and Community Based Service
Brain Injury Waiver
Annual Report of Expenditures
SFY2025

January 2026

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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 a waiver of the administrative rules 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. 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. The PHE impacted all HCBS BI waiver service recipients and service providers; 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 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 (15 min unit) Supported Community Living (SCL) reimbursement rates were increased by 9 percent and all other services were increased by 4.1 percent effective for dates of service beginning July 1, 2024. At the same time monthly and annual cost limits for waiver services with limits were also increased by the same percentages.

The expenditure data provided in this report represents all claims paid for dates of service for SFY24 and SFY25 as of November 19, 2025. It is understood that there is a percentage of claims that may not yet have been submitted for payment for dates of service in SFY25 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 fourteen percent or \$7.9M in SFY2025. This equates to a \$2,916,932.42 increase in the state share of costs in SFY25 compared to SFY24 based on the SFY25 average Federal Medical Assistance Percentage (FMAP) of 63.47%.

The average annual cost per HCBS BI Waiver recipient increased from \$32,299.12 per member during SFY24 to \$37,690.70 per member during SFY25, an average increase of \$5,391.58 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 SFY24 and SFY25						
Service Code	State IDs	Units	Amount Paid	State IDs	Units	Amount Paid
96158	4	14	\$447.00	6	14	\$364.22
96159	1	8	\$120.24	4	14	\$159.07

99199 U1	131	215	\$3,840.00	150	224	\$3,930.00
99199 U2	131	215	\$4,804.00	151	225	\$4,968.00
A0130	18	1,715	\$66,934.20	9	1,140	\$52,387.00
H0031	-	-	\$0.00	1	1	\$31.00
H2015	555	1,086,019	\$6,919,197.94	555	1,202,500	\$8,290,282.43
H2016	282	81,823	\$24,173,739.43	317	96,180	\$28,642,810.75
H2023 U3	9	11,124	\$34,039.44	6	11,839	\$37,766.41
H2023 U5	1	4,273	\$8,161.43	2	790	\$1,572.10
H2025	5	1,712	\$50,252.82	4	1,964	\$60,131.62
H2025 U3	36	322	\$92,399.43	29	214	\$86,938.62
H2025 U4	15	62	\$4,529.10	11	83	\$6,312.15
H2025 U5	25	198	\$103,339.38	23	151	\$120,917.97
H2025 U7	12	78	\$95,078.88	14	79	\$97,809.88
H2025 UC	24	3,127	\$151,688.86	26	4,741	\$225,668.78
S0215	83	20,827	\$212,059.55	52	68,617	\$290,048.53
S5100	8	14,190	\$98,229.76	11	46,396	\$376,021.70
S5101	40	444	\$17,784.89	66	552	\$23,071.76
S5102	81	8,931	\$505,198.11	94	9,989	\$596,247.23
S5105	1	2	\$151.26	-	-	\$0.00
S5125	174	180,242	\$1,026,151.38	159	213,180	\$1,262,742.50
S5125 U3	3	1,184	\$6,833.88	1	787	\$4,723.82
S5150	155	395,336	\$2,049,439.86	162	424,794	\$2,364,019.09
S5150 SE	16	31,033	\$162,312.33	13	48,121	\$248,247.45

S5150 U3	33	14,157	\$188,742.50	32	25,428	\$365,101.87
S5150 UC	198	258,151	\$1,231,203.62	179	212,796	\$1,082,197.71
S5160	11	11	\$516.18	8	8	\$391.26
S5161	355	3,256	\$127,109.05	371	3,727	\$149,684.33
S5165	32	35	\$147,770.05	29	33	\$161,329.69
T1002	-	-	\$0.00	1	4,367	\$61,312.68
T1003	4	3,551	\$41,637.83	2	5,655	\$75,345.38
T1004	1	887	\$12,418.00	-	-	\$0.00
T1004 U3	2	1,529	\$8,669.43	-	-	\$0.00
T1005	44	31,539	\$124,006.48	46	31,828	\$115,199.73
T1016	134	12,289	\$856,906.84	129	11,413	\$827,817.21
T1019	171	566,774	\$2,047,090.61	165	527,913	\$1,997,925.57
T1019 U3	7	10,778	\$41,319.45	7	8,747	\$35,232.49
T2003	81	12,158	\$430,245.65	-	-	\$0.00
T2015	2	354	\$3,823.20	1	613	\$6,890.12
T2015 U3	1	2	\$82.62	1	1	\$43.00
T2018 UC	43	722	\$47,676.46	50	878	\$63,714.72
T2025	116	1,263	\$4,354,158.41	120	1,353	\$4,866,536.59
T2025 SE	60	123,506	\$555,667.28	60	131,705	\$621,656.65
T2025 UA	2	5	\$1,190.00	2	2	\$489.00
T2025 UC	475	640	\$312,547.00	505	699	\$323,756.00
T2027	13	25,052	\$209,496.46	16	49,328	\$427,309.59

T2029	5	948	\$3,592.35	7	661	\$9,038.12
T2036	24	25,688	\$63,080.02	23	25,692	\$68,601.78
T2037	10	3,590	\$10,304.70	11	3,940	\$8,568.47
T2039	16	16	\$160,823.60	9	9	\$76,335.33
T2040	450	4,616	\$333,644.48	463	4,965	\$373,390.09
T2041	374	5,411	\$87,538.32	381	6,466	\$103,819.10
Grand Total	1,495	2,972,096	\$48,287,186.38	1,493	3,226,211	\$56,272,219.01

Increased Utilization

Table 2. presented below represents the services that experienced an increased expenditures during SFY25 compared to SFY24. The largest increase occurred with H2016, daily supported community living (SCL). The second and third largest increases occurred with H2015, intermittent (15 min) SCL, and S5150 Respite delivered by Home Health Agencies.

The increase in expenditures for specific services during SFY25 is due in part to the July 1, 2024, 9 percent rate increase for intermittent SCL, which contributed to an additional 115,481 units of service being delivered. The remaining HCBS received a 4.1 percent rate increase effective July 1, 2024, contributing to the increase in expenditures during SFY25 as providers' service delivery patterns and members' service utilization changed in direct response to the end of the COVID-19 PHE and the adoption of the flexibilities that were granted during the PHE for HCBS. Additionally, as individuals are 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 SFY25.

Table 2. BI Waiver Increases in Annual Expenditures by Procedure Code for SFY25				
Service Code	Service Name	Difference Amount Paid	Difference Units Paid	Difference Members served
96159	Behavioral programming (i.e., health and behavioral intervention); each additional 15-minute unit	\$38.83	6	3
99199 U1	Background check fee	\$90.00	9	19
99199 U2	Background check fee admin	\$164.00	10	20
H0031	Behavioral programming (mental health assessment); 15-minute unit	\$31.00	1	1
H2015	Supported Community Living; 15 min	\$1,371,084.49	116,481	-
H2016	Supported Community Living; daily	\$4,469,071.32	14,357	35
H2023 U3	Small Group SE Tier 1	\$3,726.97	715	(3)
H2025	Long Term Job Coaching hourly	\$9,878.80	252	(1)
H2025 U4	Long-Term Job Coaching Tier 1	\$1,783.05	21	(4)
H2025 U5	Long-Term Job Coaching Tier 3	\$17,578.59	(47)	(2)
H2025 U7	Long -Term Job Coaching Tier 4	\$2,731.00	1	2
H2025 UC	Long -Term Job Coaching Tier 5	\$73,979.92	1,614	2
S0215	Transportation per mile; individual	\$77,988.98	47,790	(31)
S5100	Adult day care; 15-Minutes	\$277,791.94	32,206	3
S5101	Adult day care; half day	\$5,286.87	108	26
S5102	Adult day care; full day	\$91,049.12	1,058	13
S5125	Consumer Directed Attendant Care Agency 15 min	\$236,591.12	32,938	(15)
S5150	Respite Home Health Agency 15 min	\$314,579.23	29,458	7
S5150 SE	Respite Savings CCO	\$85,935.12	17,088	(3)
S5150 U3	Respite Specialized 15 min	\$176,359.37	11,271	(1)
S5161	Personal emergency response / locator (monthly)	\$22,575.28	471	16
S5165	Home and vehicle modification (home modifications only); per service	\$13,559.64	(2)	(3)
T1002	IMMT (HH agency RN);	\$61,312.68	4,367	1
T1003	IMMT (HH agency LPN); 15-minute unit	\$33,707.55	2,104	(2)
T2003	Transportation 1-way trip; individual	\$54,569.69	850	4
T2015	Prevocational Services - per hour	\$3,066.92	259	(1)

T2018 UC	Individual Supported Employment	\$16,038.26	156	7
T2025	Consumer Choices Option (CCO) Individual Goods and Services	\$512,378.18	90	4
T2025 SE	Consumer Choices Option (CCO) Individual Goods and Services	\$65,989.37	8,199	-
T2025 UC	CCO Workman’s Compensation	\$11,209.00	59	30
T2027	Medical Day Care for Children	\$217,813.13	24,276	3
T2029	Specialized medical equipment; per item	\$5,445.77	(287)	2
T2036	Respite (resident camp overnight); 15-minute unit	\$5,521.76	4	(1)
T2040	CCO Financial Management Service (FMS)	\$39,745.61	349	13
T2041	CCO Independent Support Broker (ISB) Fee	\$16,280.78	1,055	7

Decreased Utilization

Table 3. presented below represents the services that experienced a decrease in expenditures during SFY25 compared to SFY24. The largest decrease in expenditure occurred with S5150 UC, Respite Home Care Agency 15 min, with 45,355 less units of service delivered in SFY25 compared to SFY24. The second and third largest decrease in expenditure occurred with T2039 Home and vehicle modification (vehicle modifications only) and T1019 Consumer Directed Attendant Care Individual 15 min.

The reduction in SFY25 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 ongoing shortage of home health aides and nursing staff across the state.

Table 3. BI Waiver Decrease in Annual Expenditures by Procedure Code for SFY25				
Service Code	Service Name	Difference Amount Paid	Difference Units Paid	Difference Members served
96158	Behavioral programming (i.e., health and behavioral intervention); first 30 minutes	-\$82.78	-	2
A0130	Transportation; non-emergent wheelchair van; individual; trip	-\$14,547.20	(575)	(9)
H2023 U5	Smal Group SE Tier 2	-\$6,589.33	(3,483)	1

H2025 U3	Long- Term Job Coaching Tier 2	-\$5,460.81	(108)	(7)
S5105	Adult day care; extended day	-\$151.26	(2)	(1)
S5125 U3	Consumer Directed Attendant Care Skilled Agency 15 min	-\$2,110.06	(397)	(2)
S5150 UC	Respite Home Care Agency 15 min	-\$149,005.91	(45,355)	(19)
S5160	Personal emergency response/ locator (initial fee for install)	-\$124.92	(3)	(3)
T1004	IMMT (HH agency home health aide); 15 min	-\$12,418.00	(887)	(1)
T1004 U3	IMMT (SCL); 15-minute unit	-\$8,669.43	(1,529)	(2)
T1005	Respite Home Health Agency Group 15 min	-\$8,806.75	289	2
T1016	Case Management 15 min	-\$29,089.63	(876)	(5)
T1019	Consumer Directed Attendant Care Individual 15 min	-\$49,165.04	(38,861)	(6)
T1019 U3	Consumer Directed Attendant Care Individual Skilled 15 min	-\$6,086.96	(2,031)	-
T2015 U3	Career Exploration per hour	-\$39.62	(1)	-
T2025 UA	Consumer Choices Option (CCO)Individual Goods and Services	-\$701.00	(3)	-
T2037	Respite (group day camp) 15-minute unit	-\$1,736.23	350	1
T2039	Home and vehicle modification (vehicle modifications only); Per service	-\$84,488.27	(7)	(7)

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.

SFY24	23-Jul	23-Aug	23-Sep	23-Oct	23-Nov	23-Dec	24-Jan	24-Feb	24-Mar	24-Apr	24-May	24-Jun
Wellpoint	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	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
SFY25	24-Jul	24-Aug	24-Sep	24-Oct	24-Nov	24-Dec	25-Jan	25-Feb	25-Mar	25-Apr	25-May	25-Jun
Wellpoint	712	713	709	704	711	708	704	702	698	694	691	690
Iowa Total Care	506	509	508	509	513	513	514	514	514	509	510	506
Molina	98	103	105	102	102	106	111	111	111	117	118	117
Fee For Service	139	137	137	138	138	138	139	137	138	137	139	139
Total Enrollment	1,455	1,462	1,459	1,453	1,464	1,465	1,468	1,464	1,461	1,457	1,458	1,452

Recommendation:

There are no recommendations to change the services within the BI Waiver application. Several changes have occurred within Medicaid during SFY25 impacting utilization including changes in policy related to lack of service utilization. Additionally, significant changes are expected to occur across the HCBS waiver programs through the current waiver redesign project also referred to as the [Hope in Many Environments \(HOME\)](#). The department will continue to monitor service utilization for any gaps in care or unexpected service patterns and work with our Iowa Health Link partners to address those as warranted.