



***Iowa Medicaid
Home and Community Based Services
Elderly Waiver
SFY25
Expenditure Report***

January 2026

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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 SFY25 most Iowa Medicaid members were being served by three managed care organizations (MCOs); Iowa Total Care, Molina and Wellpoint. 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 SFY23 and the first quarter of SFY24 which is reflected in the expenditure data. The PHE impacted all HCBS Elderly 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.

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. 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. Services under the Elderly Waiver 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 percentage.

The expenditure data provided represents all claims paid for dates of service during each state fiscal year as of November 27, 2025. It is understood that there are a percentage of claims that may have not yet 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. 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 members. Year to date comparison shows total Elderly waiver expenditures increased by sixteen percent or by \$7,584,020.49 in SFY25 compared to SFY24. This equates to a \$410,306.95 increase in the state share of cost for SFY25 compared to SFY24 based on the SFY25 average Federal Medical Assistance Percentage (FMAP) of 63.47%.

The average annual cost per HCBS Elderly waiver recipient increased slightly from \$2,317.98 per member during SFY24 to \$2,982.60 per member during SFY25, 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. SFY24 and SFY25 Elderly Waiver Annual Expenditures

Procedure Code	Total # Unique SIDs SFY24	Total # Units Paid SFY24	Total Amount paid SFY24	Total # Unique SIDs SFY25	Total # Units Paid SFY25	Total Amount paid SFY25
A0130 A0130 U3	24	458	\$19,484.86	28	1,158	\$47,582.48

S0215 S0215U3	173	17,028	\$161,970.47	64	10,730	\$118,091.97
S5100	2	9,221	\$84,806.56	9	23,461	\$191,980.91
S5101	33	608	\$25,900.30	48	479	\$23,491.38
S5102	82	5,198	\$312,563.58	87	5,776	\$368,595.93
S5105	2	40	\$3,055.20	0	0	0
S5120	157	25,647	\$110,381.97	163	23,937	\$109,676.36
S5125 S5125U3	3,472	3,234,515	\$18,443,887.10	3,812	3,701,935	\$21,954,666.10
S5130	1554	367,697	\$2,043,598.36	1,520	341,616	\$1,985,501.45
S5135	54	26,287	\$72,480.88	43	26,840	\$70,528.40
S5150 S5150U3	38	131,268	\$771,648.80	47	145,801	\$869,812.80
S5160	188	188	\$8,902.39	148	152	\$7,523.73
S5161	6,095	58,210	\$2,151,882.70	6,483	65,869	\$2,369,546.17
S5165	35	42	\$43,202.34	25	26	\$30,746.72
S5170 (UF, UH, UG, UJ)	10,379	2,043,682	\$17,045,380.76	10,999	2,173,171	\$18,902,267.37
S5199	4	4	\$257.91	2	2	\$264.83
T1005	1	73	\$248.20			
T1016	30	2,882	\$200,961.83	35	3,548	\$256,863.55
T1019 T1019U3	1,766	3,959,415	\$14,850,157.50	1,761	4,085,896	\$15,925,428.20
T2003	238	12,413	\$279,387.72	241	13,258	\$306,399.69
T2025	6	62	\$66,353.20	12	85	\$84,743.69
T2031	1,353	317,146	\$8,398,250.10	1,370	322,945	\$8,977,173.61

T2039	1	1	\$4,995.00	3	3	\$2,246.85
T2040	319	2,671	\$193,059.88	390	2,964	\$222,915.74
T2041	204	3,197	\$48,700.41	236	3,481	\$55,581.85
Grand Total	26,210	10,217,953	\$65,297,608.74	27,526	21,864.510	\$72,881,629.23

Increased Utilization

Table 2. presented below represents the services that experienced an increase in expenditure during SFY25 compared to SFY24. The largest increase in SFY25 expenditures continued to occur with Agency Consumer Directed Attendant Care (CDAC). The second and third largest increase in expenditures occurred with Home Delivered Meals and Individual Consumer Directed Attendant Care (ICDAC).

The increase in expenditures for specific services during SFY25 may be due in part to the 4.1 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’ utilization behavior 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. Elderly Waiver Increase in Annual Expenditures by Procedure code for SFY25

Service Code	Service Name	Difference Amount Paid	Difference Units Paid	Difference Members served
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A0130 & A0130U3	Transportation; non emergent wheelchair; van	\$28,097.62	700	4
S5100	Adult day care in the home: 15-minute unit	\$107,174.35	14,000	7
S5102	Adult day care; full day	\$56,032.35	578	5
S5125 & S5125U3	CDAC (agency); 15-minute unit	\$3,510,779.00	467,420	340
S5150 & S5150U3	Respite 15 min	\$98,164.00	14,533	9
S5161	Personal emergency response (monthly)	\$217,663.47	7,686	388
S5170 (UF, UH, UG, UJ)	Home-delivered meals; per meal	\$1,856,886.61	129,489	620
S5199	Assistive devices per item Personal Care Item- adaptive device & therapeutic resources	\$6.92	-2	-2
T1016	Case management (targeted or waiver); 15-minute unit	\$55,901.72	666	5
T1019 & T1019U3	CDAC (individual); 15-minute unit	\$1,075,270.70	126,481	-5
T2003	Transportation. 1-way trip; individual, 1 way trip group	\$27,011.97	845	3
T2025	Workman's comp	\$18,390.49	23	6
T2031	Assisted living services	\$578,923.51	5,799	17
T2040	Financial management services; per month	\$29,855.86	293	71
T2041	Independent Support Broker	\$6,881.44	248	32

Decreased Utilization

Table 3 presented below represents the services that experienced a decrease in expenditure during SFY25 compared to SFY24. The largest decrease in expenditures occurred with S5130 Homemaker; 15-minute units. The second and third largest decrease in expenditure occurred with S5125 & S5125 U3 Consumer Directed Attendant Care (CDAC) and S5165 Home and Vehicle Modifications.

The reduction in expenditure on specific services during SFY25 may be due in part to unrepresented claims that have yet to be submitted.

The reduction in Homemaker and CDAC could be due to the increase in other services such as moving services to Consumer Choice Options as noted by the increase in Independent Support Broker payments and Fiscal Management Services payments.

TABLE 3. Elderly Waiver Decrease in Annual Expenditures by Procedure Code for SFY25				
Procedure Code	Service	Difference in amount paid	Difference in units	Difference In # Unique SIDS
S5125 & S5125 U3	CDAC (agency); 15-minute unit	-\$43,878.50	-6,298	-109
S5101	Adult day care; half day	-\$2,408.92	-129	15
S5105	Adult day care; extended day	-\$3,055.20	-40	-2

S5120	Chore; 15-minute unit	-\$701.65	-1,710	6
S5130	Homemaker; 15-minute unit	-\$58,096.91	-26,081	-34
S5135	Senior companion; 15-minute unit	-\$1,952.48	555	-11
S5160	Personal emergency response (initial fee for install)	-\$1,378.66	-36	-40
S5165	Home and vehicle modification (home modifications only); per service	-\$12,455.62	-16	-10
T1005	Respite	-\$248.2	-73	-1
T2039	Home and vehicle modification (vehicle modifications only); per service	-\$2,748.15	2	2

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 SFY24 and SFY25

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	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
SFY25	24-Jul	24-Aug	24-Sep	21-Oct	24-Nov	24-Dec	25-Jan	25-Feb	25-Mar	25-Apr	25-May	25-Jun
WellPoint	3,481	3,494	3,514	3,553	3,577	4,047	3,622	3,643	3,648	3,653	3,630	3,617
ITC	3,002	3,015	3,026	3,055	3,074		3,060	3,052	3,051	3,078	3,068	3,042
Molina	1,131	1,131	1,155	1,165	1,187	3,618	1,229	1,223	1,228	1,253	1,257	1,253
FFS	42	50	50	45	53	36	53	46	48	46	52	50
Total Members	7,656	7,690	7,745	7,702	7,722	7,701	7,964	7,964	7,975	8,030	8,007	7,962

Recommendation:

There are no recommendations to change the services within the EW Waiver application currently. Several changes have occurred within Medicaid during SFY24 impacting utilization including the PHE unwind, the addition of Molina Healthcare to the Iowa Health Link July 1, 2023, and 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.

Appendix A

HCBS Elderly Waiver Service Code Chart

Procedure Code/ Modifier	Service Description
A0130 & A0130 U3	Transportation; non emergent wheelchair; van
S5100	Adult day care in the home: 15-minute unit
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	<p>Respite (Home Health agency, specialized).</p> <p>Respite (Home Health agency, basic individual).</p> <p>Respite (Home Care agency, basic individual).</p> <p>Respite (home/non-facility, specialized).</p> <p>Respite (home/non-facility basic individual).</p> <p>15 min unit</p>
T1005	<p>Respite (Home Health agency group).</p> <p>Respite (home non-facility, group).</p> <p>Respite (hospital or NF)</p> <ul style="list-style-type: none"> · RCF · Adult day care · Childcare facility

	<ul style="list-style-type: none"> · 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