

TITLE XIV  
*GRANT/CONTRACT/PAYMENT ADMINISTRATION*

CHAPTER 150  
 PURCHASE OF SERVICE

[Prior to 7/1/83, Social Services[770] Ch 145]  
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DIVISION I  
 CATEGORIES OF CONTRACTS, TERMS AND CONDITIONS FOR  
 IOWA PURCHASE OF SOCIAL SERVICES AGENCY AND INDIVIDUAL CONTRACTS,  
 IOWA PURCHASE OF ADMINISTRATIVE SUPPORT, AND IOWA DONATIONS OF FUNDS CONTRACT AND  
 PROVISIONS FOR PROVIDER ADVISORY COMMITTEE AND PUBLIC ACCESS TO CONTRACTS

**441—150.1(234) Definitions.**

“*Accounting year*” means a 12 consecutive month period for which accounting records are maintained. It can be either a calendar year or another designated fiscal year.

“*Accrual basis accounting*” means the accounting basis which shows all expenses incurred and income earned for a given time even though the expenses may not have been paid or income received in cash during the period.

“*Administrative support*” means technical assistance, studies, surveys, or securing volunteers to assist the department in fulfilling its administrative responsibilities.

“*Agency*” means an organization or organizational unit that provides social services.

1. Public agency means a general or special-purpose unit of government and organizations administered by that unit to deliver social services, for example, county boards of supervisors, community colleges, and state agencies.

2. Private nonprofit agency means a voluntary agency operated under the authority of a board of directors for purposes other than generating profit and incorporated under Iowa Code chapter 504A. An out-of-state agency must meet requirements of similar laws governing nonprofit organizations in its state.

3. Private proprietary agency means a for-profit agency operated by an owner or board for the operator’s financial benefit.

“*Bureau of purchased services*” means a bureau of the division of fiscal management, which is responsible for administering the purchase of service system.

“*Cash basis accounting*” means the accounting basis which records expenses when bills are paid and income when money is received.

“*Ceiling*” means the maximum limit for payment for a service which has been established by an administrative rule or by the Iowa Code specifically for that service.

“*Client*” means an individual or family group who has applied for and been found to be eligible for social services from the Iowa department of human services.

“*Common ownership*” means that relationship existing when an individual or individuals possess significant ownership or equity in the provider and the institution or organization serving the provider.

“*Components of service*” means the elements or activities that make up a specific service.

“*Contract*” means formal written agreement between the Iowa department of human services and another legal entity, except for those government agencies whose services are covered under provision of Iowa Code chapter 28E.

“*Contractor*” means an institution, organization, facility or individual who is a legal entity and has entered into a contract with the department of human services.

“*Control*” means that relationship existing where an individual or an organization has the power, directly or indirectly, significantly to influence or direct the actions or policies of an organization or institution.

“*Department*” means the Iowa department of human services.

“*Direct cost*” means those expenses which can be identified specifically and solely to a particular program.

“*Donor*” means a local source of funding (public or private) that enters into an Iowa donation of funds contract.

“*Effective date.*”

1. Contract effective date for agency contracts means the first day of a month on which the contract shall become in force.

2. Effective date of rate means the date specified in a purchase of service contract on which the specified rate of payment for service provided begins.

“*Field staff*” means department employees outside of central office reporting to the deputy director of field operations.

“*Grant*” means an award of funds to develop specific programs or achieve specific outcomes.

“*Indirect cost*” means those expenses which cannot be related directly to a specific program and are, therefore, allocated to more than one program.

“*Project manager*” means a department employee who is assigned to assist in developing, monitoring and evaluating a contract and to provide related technical assistance.

“*Provider*” means an institution, organization, facility, or individual who is a legal entity and has entered into a contract with the department to provide social services to clients of the department.

“*Purchase of service system*” means the system within the department for contracting and payment for services, including contracts for funding and contracts for technical assistance.

“*Related to provider*” means that the provider to a significant extent is associated or affiliated with or has control of, or is controlled by, the organization furnishing the services, facilities, or supplies.

“*Relatives*” include the following persons: husband and wife, natural parent and child, sibling, adopted child and adoptive parent, stepparent, stepchild, stepbrother, stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparent and grandchild.

“*Social services*” means a set of actions purposefully directed toward human needs which are socially identified as requiring assistance from others for their resolution.

“*Unit of service*” means a specified quantity of service or a specific outcome as a result of the service provided.

#### **441—150.2(234) Categories of contracts.**

**150.2(1)** *Iowa purchase of social services contract.* An Iowa purchase of social services contract is a legal contract between the department and a provider for a specified service or services to clients referred by the department. This contract establishes the components of service to be provided, the rate per unit of service, a maximum number of units to be available, and other negotiated conditions. The department has three types of contracts for purchasing social services.

a. An agency contract is a contract written with an agency. Iowa Purchase of Social Services Agency Contract, Form 470-0628, shall be completed prior to services being purchased from the agency.

b. A child care certificate is an agreement written with a licensed child care center, a family day care home, a group day care home, an in-home care provider, or a relative care provider. Policies governing child care certificates may be found in 441—Chapter 170.

c. An individual in-home health-related provider agreement is an agreement written with an individual provider of in-home health services. Policies governing individual in-home health-related provider agreements may be found in 441—Chapter 177.

**150.2(2) Iowa purchase of administrative support contract.** An Iowa purchase of administrative support contract is between the department and a contractor for the provision of administrative support. This contract establishes the support services to be provided, the rate and the method of payment, and other negotiated conditions. A contractor or the division of a contractor who is a multiservice organization holding an administrative support contract may not provide direct client services during the period of the contract.

a. A volunteer contract is the administrative support contract between an individual or agency and the department to secure volunteers to assist the department in service delivery.

b. A general use administrative support contract is between the department and a contractor for the provision of administrative support.

**150.2(3) County board of supervisors' participation contract.** Rescinded IAB 7/8/92, effective 7/1/92.

**150.2(4) Iowa donation of funds contract.** The Iowa donation of funds contract establishes the conditions under which a donor makes funds available to the department. This is generally for the purpose of matching state or federal funds for services or administrative support. The contract shall contain specifications concerning amendment, termination, transmittal of funds, accounting, and reversion of unspent funds. The donor may specify the geographic area to be served and the specific service to be provided. The Iowa Donation of Funds Contract, Form 470-0629, shall be completed prior to the department's acceptance of the funds.

#### **441—150.3(234) Iowa purchase of social services agency contract.**

##### **150.3(1) Initiation of contract proposal.**

a. *Right to request a contract.* All potential provider agencies have a right to request a contract.

b. *Initial contact.* The initial contact should be between the potential provider and the regional administrator for the region in which the provider's headquarters is located. In the case of out-of-state providers this contact can be with the regional administrator for either the closest region or the region initiating the contact. The Purchase of Service Provider Handbook shall be given to the provider at the beginning of the process of developing a contract.

c. *Contract proposal development.* When the regional administrator determines that a contract is to be developed, a project manager will be assigned who will assist in contract development and processing. The project manager will assist the contractor in completing the contract proposal and fiscal information appropriate to the contract. This information shall include documentation that the conditions of participation are met. Form 470-0663, Iowa Purchase of Social Services Agency Contract Face Sheet, shall be completed at the same time as Form 470-0628, Iowa Purchase of Social Services Agency Contract, or Form 470-0630, Amendment or Renewal of the Iowa Purchase of Social Services Agency Contract, is prepared.

*d. Contract proposal approval or rejection.* Before a contract can be effective, it shall be signed by the following persons within the time frames provided:

- (1) Authorized representative of the provider agency.
- (2) Human services area administrator, within one week from receipt.
- (3) Regional administrator, within one week from receipt.
- (4) Chief of the bureau of purchased services, within 30 days from receipt.

The provider shall be given a notice and explanation in writing of delays in the process or of rejection of the proposal. Payment cannot be made until the contract is signed by the provider's authorized representative and the chief of the bureau of purchased services.

*e. Criteria for rejection.* The following criteria may cause a proposed contract to be rejected:

- (1) The service is not needed by department clients.
- (2) The service is not in the social services block grant plan for the regions or counties to be served by the program.
- (3) No funds are available for the service being proposed.
- (4) The proposed contract does not meet applicable rules, regulations, or guidelines, including service definition.

*f. Contract effective date.* When the agreed-upon contract conditions have been met, the effective date of the contract is the first day of an agreed-upon month following signature by the chief of the bureau of purchased services.

**150.3(2) Contract administration.**

*a. Contract management.* During the contract period the assigned project manager shall be the contract liaison between the department and the provider. The project manager shall be contacted on all interpretations and problems relating to the contract and shall follow the issues through to their resolution. The project manager shall also monitor performance under the contract and shall provide or arrange for technical assistance to improve the provider's performance, if needed. Report of On-Site Visit, Form 470-0670, may be used to monitor performance under the contract.

*b. Contract amendment.* The contract shall be amended only upon agreement of both parties. Amendments which affect the cost of services shall include reestablishment of applicable rates. Amendment or Renewal of Iowa Purchase of Social Services Agency Contract, Form 470-0630, shall be used to amend or renew the contract.

*c. Contract renewal.* A joint decision to pursue renewal of the contract must be made at least 60 days prior to the expiration date. Each contract shall be evaluated. The results of the evaluation shall be taken into consideration in the decision on renewal prior to renewal. This evaluation may involve use of the Monitoring and Evaluation Review Guide, Form 470-2571, or other evaluation tools specified in the contract. Desk Audit for Title VI and Section 504 Compliance, Form 470-2215, shall be completed by the provider.

*d. Contract termination.* Causes for termination during the period of the contract are:

- (1) Mutual agreement of the parties involved.
- (2) Demonstration that sufficient funds are unavailable to continue the services involved.
- (3) Failure to make required reporting.
- (4) Failure to make financial and statistical records available for review.
- (5) Failure to abide by the provisions of the contract.

**150.3(3) Conditions of participation.** The provider shall meet the following standards:

*a. Licensure, approval, or accreditation.* The provider shall have any license, approval, and accreditation required by law, regulation or administrative rules, or standards of operation required by the state or the federal government before the contract can be effective. Out-of-state providers shall meet Iowa licensing standards related to treatment, professional staff to client ratio, and staff qualifications.

*b. Signed contract.* A contract can be effective only when signed by all parties required in 150.3(1) “d.”

*c. Civil rights laws.* The providers shall be in compliance with all federal, state and local civil rights laws and regulations with respect to equal employment opportunity, or have a written work plan approved by the diversity programs unit to come into compliance. Equal Opportunity Review, Form 470-0148, shall be completed by the provider. Equal Opportunity Review Status Report, Form 470-2194, shall be completed by the diversity programs unit.

*d. Title VI compliance.* The provider shall be in compliance with Title VI of the 1964 Civil Rights Act and all other federal, state, and local laws and regulations regarding the provision of services, or have a written plan approved by the diversity programs unit to come into compliance. Equal Opportunity Review, Form 470-0148, shall be completed by the provider. Equal Opportunity Review Status Report, Form 470-2194, shall be completed by the diversity programs unit.

*e. Section 504 compliance.* The provider shall be in compliance with Section 504 of the Rehabilitation Act of 1973 and with all federal, state, and local Section 504 laws and regulations, or have a written work plan approved by the diversity programs unit to come into compliance. Equal Opportunity Review, Form 470-0148, Plan Review Accessibility Checklist, Form 470-0149, and Section 504 Transition Plan: Structural Accessibility, Form 470-0150, shall be completed by the provider. Equal Opportunity Review Status Report, Form 470-2194, shall be completed by the diversity programs unit.

*f. Affirmative action.* The provider shall be in compliance with all federal, state, and local laws and regulations regarding affirmative action, or have a written work plan approved by the diversity programs unit to come into compliance. Equal Opportunity Review, Form 470-0148, shall be completed by the provider. Equal Opportunity Review Status Report, Form 470-2194, shall be completed by the diversity programs unit.

*g. Abuse reporting.* The provider shall have a written policy and procedure approved by the regional administrator or designee for reporting abuse or denial of critical care of children or dependent adults.

*h. Confidentiality.* The provider shall comply with all applicable federal and state laws and regulations on confidentiality including rules on confidentiality contained in 441—Chapter 9. The provider shall have a written policy and procedure approved by the regional administrator or designee for maintaining individual client confidentiality including client record destruction.

*i. Client appeals and grievances.* Clients receiving service through a purchase of service contract have the right to appeal adverse decisions made by the department or the provider. The provider shall have a written policy and procedure approved by the regional administrator or designee for handling client appeals and grievances and shall provide information to clients about their rights to appeal.

*j. Client reports.* The provider shall maintain the following client records:

(1) Provider service plan or individual program plan. Providers shall develop a written service plan or individual program plan for each client within 30 days of service initiation. The plan shall include a concise description of the situation or area which will be the focus of the service; statement of the goals to be achieved through the delivery of services; time limited and measurable objectives which will lead to the attainment of the goal to be achieved; specific service components, frequency, and the assignment of responsibility for the provision of the components; and the month and year when it is estimated the client will be able to achieve the current goals and objectives. The provider service plan shall be updated upon receipt of a new departmental case plan, but at least once every six months.

(2) Quarterly progress reports. Quarterly progress reports shall be sent to the department service worker responsible for the client. The first report shall be submitted to the department three months after service is initiated. Reports shall be submitted quarterly thereafter, unless provided for otherwise in rules for a specific service.

The progress report shall include a description of the specific service components provided, their frequency, and who provided them; the client's progress with respect to the goals and service objectives; and any recommended changes in the service plan or individual program plan. For all placement cases the report shall include interpretation of the client's reaction to placement, a summary of medical or dental services that were provided, a summary of educational or vocational progress and participation, and a summary of the involvement of the family with the client and the services.

Reports for the adult support program, family-centered services, purchased foster family home services, and independent living service shall also include supporting documentation for service provision. The documentation shall list dates of client and collateral contacts, type of contact, persons contacted, and a brief explanation of the focus of each contact. Each unit of service for which payment is sought should be the subject of a written progress note.

(3) Termination of service summary. A termination of service summary shall be sent to the department service worker responsible for the client within two weeks of service termination. The summary shall include the rationale for service termination and the impact of the service components on the client in relationship to the established goals and objectives.

*k. Financial and statistical records.* Each provider of service must maintain sufficient financial and statistical records, including program and census data, to document the validity of the reports submitted to the department.

(1) The records shall be available for review at any time during normal business hours by department personnel, the purchase of service fiscal consultant, and state or federal audit personnel.

(2) These records shall be retained for a period of five years after final payment.

*l. Reports on financial and statistical records.* Reports on financial and statistical records shall be submitted as required. Failure to do so within the required time limits is grounds for termination of the contract.

*m. Maintenance of client records.* Records for clients served through a purchase of service contract must be retained by the provider for a period of three years after service to the client terminates.

*n. Provider charges.* A provider shall not charge department clients more than it receives for the same services provided to nondepartmental clients.

*o. Special-purpose organizations.* A provider may establish a separate, special-purpose organization to conduct certain of the provider's client-related or nonclient-related activities. For example, a development foundation assumes the provider's fund-raising activity. Often, the provider does not own the special-purpose organization (e.g., a nonprofit, nonstock-issuing corporation), and has no common governing body membership. However, a special-purpose organization is considered to be related to a provider if:

- (1) The provider controls the organization through contracts or other legal documents that give the provider the authority to direct the organization's activities, management, and policies; or
- (2) The provider is, for all practical purposes, the primary beneficiary of the organization's activities. The provider should be considered the special-purpose organization's primary beneficiary if one or more of the following circumstances exist:

The organization has solicited funds on the provider's behalf with provider approval, and substantially all funds so solicited were contributed with intent of benefiting the provider.

The provider has transferred some of its resources to the organization, substantially all of whose resources are held for the benefit of the provider; or

The provider has assigned certain of its functions to a special-purpose organization that is operating primarily for the benefit of the provider.

*p. Certification by department of transportation.* Each service provider of public transit services shall submit Form 020107, Certification Application for Coordination of Public Transit Services, and a copy of "Certificate of Insurance" (an ACORD form or similar or self-insurance documentation) to the applicable project manager annually showing information regarding compliance with or exemption from public transit coordination requirements as found in Iowa Code chapter 324A and department of transportation rules 761—Chapter 910.

Failure to provide the required documentation for compliance or exemption is grounds for denial or termination of the contract.

*q. Services provided.* Services provided, as described in Form 470-0663, Iowa Purchase of Social Services Agency Contract Face Sheet, and attachments, shall at a minimum meet the rules found in the Iowa Administrative Code for a particular service or the contract may be terminated.

*r. Bonding, indemnity and insurance clauses.*

(1) Rescinded IAB 2/3/93, effective 4/1/93.

(2) Indemnity. The provider agrees that it will at all times during the existence of this contract indemnify and hold harmless the department and county against any and all liability, loss, damages, costs or expenses which the provider may hereafter sustain, incur or be required to pay:

1. By reason of any client's suffering personal injury, death or property loss or damages either while participating in or receiving from the provider the care and services to be furnished by the provider under this contract, or while on premises owned, leased, or operated by the provider, or while being transported in any vehicle owned, operated, leased, chartered, or otherwise contracted for by the provider or any officer, agency, or employee thereof.

2. By reason of any client's causing injury to or damage to another person or property during any time when the provider or any officer, agency or employee thereof has undertaken or is furnishing the care and service called for under this contract.

(3) Insurance. The provider agrees that in order to protect itself as well as the department and county under the indemnity agreement above, it will at all times during the term of the contract have and keep in force a liability insurance policy, verification of which shall accompany Form 470-0663, Iowa Purchase of Social Services Agency Contract Face Sheet. The provider agrees that all employees, volunteers, or any other person, other than employees of the department acting within the scope of their employment in the department, authorized to transport clients in privately owned vehicles, have liability insurance in force.

*s. Renegotiation clause.* In the event there is a revision of federal or state laws or regulations and this contract no longer conforms to those laws or regulations, both parties will review the contract and renegotiate those items necessary to conform with the new federal or state laws or regulations.

**150.3(4) Establishment of rates.** The Financial and Statistical Report for Purchase of Service Contracts, Form 470-0664, is the basis for establishing the rates to be paid to all providers under an Iowa Purchase of Social Services Agency Contract, Form 470-0628.

*a. Injectable contraceptive unit.* The rate for the injectable contraceptive unit for family planning services shall be a statewide flat rate per year of family planning service. The rate will reflect the average actual yearly cost of the injectable contraceptive to the providers plus additional office visits, minus the average cost of contraceptive supplies included in the initial or annual family planning unit.

The department of health and the Family Planning Council of Iowa shall survey delegate agencies and together determine the flat rate. The survey shall identify for each delegate agency:

(1) The yearly cost of contraceptive supplies in the Financial and Statistical Report, Form 470-0664, upon which the facility's payment is based.

(2) The number of initial and annual yearly units of service provided by Title XX.

The survey shall then, based upon the above, compute a weighted average noninjectable method cost per year.

The survey shall also determine a weighted average injectable method cost per year by polling all delegate agencies as to the additional cost for delivery of the injectable method which includes the cost of giving the shot and the actual cost of the method.

The payment rate for injectable methods shall be the yearly weighted average injectable method cost minus the yearly weighted average noninjectable method cost for all Title XX delegate agencies.

Future surveys shall be done on an as-needed basis.

*b. Out-of-state providers.*

(1) Rescinded IAB 9/1/93, effective 11/1/93.

(2) Out-of-state providers of other services shall have rates established using the applicable portions of the Financial and Statistical Report for Purchase of Service Contracts, Form 470-0664.

*c. Rescinded IAB 8/9/89, effective 10/1/89.*

**150.3(5) Financial and statistical report.** The Financial and Statistical Report for Purchase of Service Contracts, Form 470-0664, shall be completed by those providers as required in 150.3(4). The reports shall be based on the following rules.

*a. Accounting procedures.* Financial information shall be based on the agency's financial records. When the records are not kept on an accrual basis of accounting, the provider shall make the adjustments necessary to convert the information to an accrual basis for reporting. Providers who are multiple program agencies shall submit a cost allocation schedule prepared in accordance with recognized methods and procedures.



(1) Direct program expense shall include all direct client contact personnel involved in a program including the time of a supervisor of a program, or the apportioned share of the supervisor's time when the supervisor supervises more than one program.

(2) Expenses other than salary and fringe benefits shall be charged as direct program expenses when the expenses are identifiable to a program. They may also be charged as direct program expenses when a method of distribution acceptable to the department is maintained on a consistent basis.

(3) Occupancy expenses shall be allocated to programs on a space utilization formula. The space utilization formula may be used for salaries and fringes of building maintenance and janitorial type personnel.

(4) All expenses which relate jointly to two or more programs shall be allocated to program service costs by utilizing a cost allocation method which fairly distributes costs to the related programs. Any expenses which relate directly to a particular program shall be reflected as such. All maintenance costs shall be charged directly or allocated proportionately to the related programs affected.

(5) Indirect program service costs shall be distributed over all applicable services.

(6) Expenses such as supplies, conferences, and similar expenses that cannot be directly related to a program shall be charged to indirect program service costs.

(7) A multiservice agency shall establish a method acceptable to the department of distributing indirect program service costs.

(8) Income received from fund-raising efforts or donations shall be reported as revenue on the financial and statistical report and used to offset fund-raising costs. Fund-raising costs remaining after the offset shall be an unallowable cost.

All contributions shall be accompanied by a schedule showing the contribution and anticipated designation by the agency. No private moneys contributed to the agency shall be included by the department in its reimbursement rate determination unless these moneys are contributed for services provided to specific individuals for whom the reimbursement rate is established by the department.

If a shelter care provider's actual and allowable costs for a child's shelter care placement exceed the amount the department is authorized to pay and the provider is reimbursed by the child's county of legal settlement for the difference between actual and allowable costs and the amount reimbursed by the department, the amount paid by the county shall not be included by the department in its reimbursement rate determination, as long as the amount paid is not greater than the provider's actual and allowable costs, or the statewide average of actual and allowable costs in May of the preceding year for juvenile shelter care homes, whichever is less.

(9) When an agency has a certified public accounting firm perform an audit of its financial statements, the resulting audit report shall follow one of the uniform audit report formats recommended by the American Institute of Certified Public Accountants. These formats are specified in the industry audit guide series, "Audits of Voluntary Health and Welfare Organizations," prepared by the Committee on Voluntary Health and Welfare Organizations, American Institute of Certified Public Accountants, New York, 1974. A copy of the certified audit report shall be submitted to the department within 60 days of receipt.

(10) All expenses reported on Form 470-0664 shall be supported by an agency's general ledger and documentation on file in the agency's office.

*b. Failure to maintain records.* Failure to maintain records adequate to support the Financial and Statistical Report for Purchase of Service Contracts, Form 470-0664, may result in termination of the contract. These records include, but are not limited to:

- (1) Reviewable, legible census reports.
- (2) Payroll information.
- (3) Capital asset schedules.
- (4) All canceled checks, deposit slips, invoices (paid and unpaid).
- (5) Audit reports (if any).
- (6) Board of directors' minutes.

*c. Submission of reports.* The financial and statistical report shall be submitted to the department no later than three months after the close of the provider's established fiscal year. At least one week must be allowed prior to this deadline for the project manager to review the report and transmit it to the purchase of service section in central office. Failure to submit the report in time without written approval from the manager of the purchase of service section may reduce payment to 75 percent of the current rate. Failure to submit the report within six months of the end of the fiscal year shall be cause for terminating the contract.

*d. Rate modification.* Modification of rates shall be made when required by changes in licensing requirements, changes in the law, or amendments to the contract. Requests for modification of a rate may be made when changes are because of program expansion or modification and have the approval of the district where services are provided. Even if there is a modification of the rate, the modified rate is still subject to any maximum established in any law or rule.

*e. Payment of new rate.* New rates shall be effective for services provided beginning the first day of the second calendar month after receipt by the purchase of service section of a report sufficient to establish rates or, by mutual agreement, new rates shall be effective the first day of the month following completion of the fiscal review. Failure to submit a report sufficient to establish a rate will result in the effective date being delayed. At least one week must be allowed prior to the deadline in paragraph "c" above for the project manager to review the report and transmit it to central office.

*f. Exceptions to costs.* Exceptions to costs identified by the purchase of service section or its fiscal consultant will be communicated to the provider in writing.

*g. Accrual basis.* Providers not using the accrual basis of accounting shall adjust amounts to the accrual basis when the financial and statistical report is completed. Records of cash receipts and disbursements shall be adjusted to reflect accruals of income and expenses.

*h. Census data.* Documentation of units of service provided which identifies the individual client shall be available on a daily basis and summarized on a monthly report. The documentation and reports shall be retained by the provider for review at the time the expenditure report is prepared and reviewed by the department's fiscal consultant.

*i. Opinion of accountant.* The department may require that an opinion of a certified public accountant or public accountant accompany the report when adjustments made to prior reports indicate noncompliance with reporting instructions.

*j. Revenues.* When the Financial and Statistical Report is completed, revenues shall be reported as recorded in the general books and records adjusted for accruals. Expense recoveries shall be reflected as revenues.

*k. Capital asset use allowance (depreciation) schedule.* The Capital Asset Use Allowance Schedule shall be prepared using the guidelines for provider reimbursement in the Medicare and Medicaid Guide, December 1981.

*l. The following expenses shall not be allowed:*

- (1) Fees paid directors and nonworking officers' salaries.
- (2) Bad debts.
- (3) Entertainment expenses.
- (4) Memberships in recreational clubs, paid for by an agency (country clubs, dinner clubs, health clubs, or similar places) which are primarily for the benefit of the employees of the agency.
- (5) Legal assistance on behalf of clients.
- (6) Costs eligible for reimbursement through the medical assistance program.
- (7) Food and lodging expenses for personnel incurred in the city or immediate area surrounding the personnel's residence or office of employment, except when the specific expense is required by the agency and documentation is maintained for audit purposes. Food and lodging expenses incurred as part of programmed activities on behalf of clients, their parents, guardians, or consultants are allowable expenses when documentation is available for audit purposes.
- (8) Business conferences and conventions. Meeting costs of an agency which are not required in licensure.
- (9) Awards and grants to recognize board members and community citizens for achievement. Awards and grants to clients as part of treatment program are reimbursable.
- (10) Survey costs when required certification is not attained.
- (11) Federal and state income taxes.

*m. Limited service—without a ceiling.* The following expenses are limited for service without a ceiling established by administrative rule or law for that service. This includes services with maximum rates, with the exception of foster group care and shelter care.

- (1) Moving and recruitment are allowed as a reimbursable cost only to the extent allowed for state employees. Expenses incurred for placing advertising for purposes of locating qualified individuals for staff positions are allowed for reimbursement purposes.
- (2) and (3) Rescinded IAB 5/18/88, effective May 1, 1988.
- (4) Costs for participation in educational conferences are limited to 3 percent of the agency's actual salary costs, less excluded or limited salary costs as recorded on the financial and statistical report.
- (5) Costs of reference publications and subscriptions for program-related materials are limited to \$500 per year.
- (6) Memberships in professional service organizations are allowed to the extent they do not exceed one-half of 1 percent of the total salary costs less excluded salary costs.
- (7) In-state travel costs for mileage and per diem expenses are allowable to the extent they do not exceed the maximum mileage and per diem rates for state employees for travel in the state.
- (8) Reimbursement for air travel shall not exceed the lesser of the minimum commercial rate or the rate allowed for mileage in subparagraph (7) above.
- (9) The maximum reimbursable salary for the agency administrator or executive director charged to purchase of service is \$40,000 annually.
- (10) Annual meeting costs of an agency which are required in licensure are allowed to the extent required by licensure.

*n. Limited service—with a ceiling.* The following expenses are limited for services with a ceiling established by administrative rule or law for that service. This includes shelter care.

(1) The maximum reimbursable compensation for the agency administrator or executive director charged to purchase of service annually is \$40,000.

(2) Annual meeting costs of an agency which are required for licensure are allowed to the extent required by licensure.

*o. Establishment of ceiling and reimbursement rate.*

(1) The maximum allowable rate ceiling applicable to each service is found in the rules for that particular service.

(2) When a ceiling exists, the reimbursement rate shall be established by determining on a per unit basis the allowable cost plus the current cost adjustment subject to the maximum allowable cost ceiling.

*p. Rate limits.* Interruptions in service programs will not affect the rate. If an agency assumes the delivery of service from another agency, the rate shall remain the same as for the former agency.

(1) Unless otherwise provided for in 441—Chapter 156, rates for shelter care shall not exceed \$83.69 per day based on a 365-day year.

(2) For the fiscal year beginning July 1, 2000, the maximum reimbursement rates for services provided under a purchase of social service agency contract (adoption; local purchase services including adult day care, adult support, adult residential, community supervised apartment living arrangement, sheltered work, work activity, and transportation; shelter care; family planning; and independent living) shall be the same as the rates in effect on June 30, 2000, except under any of the following circumstances:

1. If a new service was added after June 30, 2000, the initial reimbursement rate for the service shall be based upon actual and allowable costs. A new service does not include a new building or location or other changes in method of service delivery for a service currently provided under the contract.

For adoption, the only time a provider shall be considered to be offering a new service is if the provider adds the adoptive home study, the adoptive home study update, placement services, or postplacement services for the first time. Preparation of the child, preparation of the family and preplacement visits are components of the services listed above.

For local purchase services, a provider shall be considered to be offering a new service when adding a service not currently purchased under the social services contract. For example, the contract currently is for adult support, and the provider adds a residential service.

For shelter care, if the provider is currently offering shelter care under social services contract, the only time the provider shall be considered to be offering a new service is if the provider adds a service other than shelter care.

For family planning, the only time the provider shall be considered to be offering a new service is when a new unit of service is added by administrative rule.

For independent living, the only time a provider shall be considered to be offering a new service is when the agency adds a cluster site or a scattered site for the first time. If, for example, the agency has an independent living cluster site, the addition of a new site does not constitute a new service.

If the department defines, in administrative rule, a new service as a social service that may be purchased, this shall constitute a new service for purposes of establishment of a rate. Once the rate for the new service is established for a provider, the rate will be subject to any limitations established by administrative rule or law.

2. If a social service provider loses a source of income used to determine the reimbursement rate for the provider, the provider's reimbursement rate may be adjusted to reflect the loss of income, provided that the lost income was used to support actual and allowable costs of a service purchased under a purchase of service contract.

3. For the fiscal year beginning July 1, 2000, the combined service and maintenance reimbursement rate paid to a shelter care provider shall be based on the financial and statistical report submitted to the department. The maximum reimbursement rate shall be \$83.69 per day. If the department reimburses the provider at less than the maximum rate, but the provider's cost report justifies a rate of at least \$83.69, the department shall readjust the provider's reimbursement rate to the actual and allowable cost plus the inflation factor or \$83.69, whichever is less.

4. For the fiscal year beginning July 1, 2000, the purchase of service reimbursement rate for adoption, independent living services, and shelter care shall be increased by 5 percent of the rates in effect on June 30, 2000. The 5 percent increase in shelter care rates results in a per diem increase of \$3.99. The shelter care provider's actual and allowable cost plus inflation shall be increased by \$3.99. For state fiscal year 2001 beginning July 1, 2000, the established statewide average actual and allowable rate shall be increased by \$3.99.

5. Rescinded IAB 6/28/00, effective 7/1/00.

*q. Related party costs.* Direct and indirect costs applicable to services, facilities, equipment, and supplies furnished to the provider by organizations related to the provider are includable in the allowable cost of the provider at the cost to the related organization. All costs allowable at the provider level are also allowable at the related organization level, unless these related organization costs are duplicative of provider costs already subject to reimbursement.

(1) Allowable costs shall be all actual direct and indirect costs applying to any service or item interchanged between related parties, such as capital use allowance (depreciation), interest on borrowed money, insurance, taxes, and maintenance costs.

(2) When the related party's costs are used as the basis for allowable rental or supply costs, the related party shall supply documentation of these costs to the provider. The provider shall complete a schedule displaying amount paid to related parties, related party cost, and total amount allowable. The resulting costs shall be allocated according to policies in 150.3(5) "a"(3) to (7).

Financial and statistical records shall be maintained by the related party under the provisions in 150.3(3) "k."

(3) Tests for relatedness shall be those specified in rule 441—150.1(234) and 150.3(3) "o." The department or the purchase of service fiscal consultant shall have access to the records of the provider and landlord or supplier to determine if relatedness exists. Applicable records may include financial and accounting records, board minutes, articles of incorporation, and list of board members.

*r. Day care increase.* Rescinded IAB 7/7/93, effective 7/1/93.

*s. Interest on unpaid invoices.* Any invoice that remains unpaid after 60 days following the receipt of a valid claim is subject to the payment of interest. The rate of interest is 1 percent per month beyond the 60-day period, on a simple interest basis. A separate claim for the interest is to be generated by the agency. If the original claim was paid with both federal and state funds, only that portion of the original claim paid with state funds will be subject to interest charges.

*t. Interest as an allowable cost.* Necessary and proper interest on both current and capital indebtedness is an allowable cost.

(1) "Interest" is the cost incurred for the use of borrowed funds. Interest on current indebtedness is the cost incurred for funds borrowed for a relatively short term. Interest on capital indebtedness is the cost incurred for funds borrowed for capital purposes.

(2) “Necessary” requires that the interest be incurred on a loan made to satisfy a financial need of the provider, be incurred on a loan made for a purpose reasonably required to operate a program, and be reduced by investment income except where the income is from gifts and grants whether restricted or unrestricted, and which are held separate and not commingled with other funds.

(3) “Proper” requires that interest be incurred at a rate not in excess of what a prudent borrower would have had to pay in the money market on the date the loan was made, and be paid to a lender not related through control or ownership to the borrowing organization.

*u. Rate formula.* Paragraph 150.3(5)“*p*” notwithstanding, when rates are determined based on cost of providing the service involved, they will be calculated according to the following mathematical formula:

$$\frac{\text{Net allowable expenditures}}{\text{Effective utilization level}} \times \text{Reimbursement factor} = \text{Base Rate}$$

(1) Net allowable expenditures are those expenditures attributable to service to clients which are allowable as set forth in subrule 150.3(5), paragraphs “*a*” to “*t*.”

(2) Effective utilization level shall be 80 percent or actual (whichever is greater) of the licensed or staffed capacity (whichever is less) of the program.

(3) Inflation factor is the percentage which will be applied to develop payment rates consistent with current policy and funding of the department. The inflation factor is intended to overcome the time lag between the time period for which costs were reported and the time period during which the rates will be in effect. The inflation factor shall be the amount by which the Consumer Price Index for all urban consumers increased during the preceding calendar year ending December 31.

(4) Base rate is the rate which is developed independent of any limits which are in effect. Actual rates paid are subject to applicable limits or maximums.

*v. Rescinded IAB 5/13/92, effective 4/16/92.*

**150.3(6) Client eligibility and referral.**

*a. Program eligibility.* To receive services through the purchase of service system, clients shall be determined eligible and be formally referred by the department. The department shall not make payment for services provided prior to the client’s application, eligibility determination, and referral. See “*b*” below for an exception to this rule.

The following forms shall be used by the department to authorize services:

Form 470-0622, Referral of Client for Purchase of Social Services.

Form 470-0719, Placement Agreement: Child Placing or Child Caring Agency (Provider).

*b.* When a court orders foster care and the department has no responsibility for supervision or placement of the client, the department will pay the rate established by these rules for maintenance and service provided by the facility.

**150.3(7) Client fees.** The provider shall agree not to require any fee for service from departmental clients unless a fee is required by the department and is consistent with federal regulation and state policy. Rules governing client fees are found in 441—130.4(234).

The provider shall collect fees due from clients. The provider shall maintain records of fees collected, and these records shall be available for audit by the department or its representative. When a client does not pay the fee, the provider shall demonstrate that a reasonable effort has been made to collect the fee. Reasonable effort to collect means an original billing and two follow-up notices of nonpayment. When the second notice of nonpayment is sent, the provider shall send a copy of the notice to the department worker.

**150.3(8) Billing procedures.** At the end of each month the provider agency shall prepare Form 470-0020, Purchase of Service Provider Invoice, for contractual services provided by the agency during the month.

Separate invoices shall be prepared for each county from which clients were referred, each service, and each funding source involved in payment. Complete invoices shall be sent to the departmental county office responsible for the client for approval and forwarding for payment.

More frequent billings may be permitted on an exception basis with the written approval of the region and the chief of the bureau of purchased services.

*a.* Time limit for submitting vouchers, invoices, or claims. The time limit for submission of original vouchers, invoices, or claims shall be three months from the date of service.

*b.* Resubmittals of rejected claims. Valid claims which were originally submitted within the time limit specified in paragraph "a" but were rejected because of an error shall be resubmitted without regard to time frames.

**150.3(9) Reviews of departmental actions.** A provider who is adversely affected by a departmental decision may request a review. A review request may cause the action to be stopped pending the outcome of the review, except in cases where it can be documented that to do so would be detrimental to the health and welfare of clients. The procedure for review is:

*a.* The provider shall send a written request for review to the project manager responsible for the contract within ten days of receipt of the decision in question. This request shall document the specific area in question and the remedy desired. The project manager shall provide a written response within ten days.

*b.* When dissatisfied with the response, the provider shall submit to the regional administrator within ten days the original request, the response received, and any additional information desired. The regional administrator shall study the concerns and the action taken, and render a decision in writing within 14 days. A meeting with the provider may be held to clarify the situation.

*c.* If still dissatisfied, the provider may within ten days request a review by the chief of the bureau of purchased services. The request for review should include copies of material from paragraphs "a" and "b" above. The bureau chief shall review the issues and positions of the parties involved and provide a written decision within 14 days. A meeting may be held with the provider, project manager, and regional administrator or designee.

*d.* The provider may appeal this decision within ten days to the director of the department, who will issue the final department decision within 14 days.

**150.3(10) Review of financial and statistical reports.** Authorized representatives of the department or state or federal audit personnel shall have the right to review the general financial records of a provider. The purpose of the review is to determine if expenses reported to the department have been handled as required under 150.3(5). Representatives shall provide proper identification and shall use generally accepted auditing principles. The reviews may include an on-site visit to the provider, the provider's central accounting office, the offices of the provider's agents, a combination of these, or, by mutual decision, to other locations.

**150.3(11)** Rescinded, effective 3/1/87.

This rule is intended to implement Iowa Code section 234.6.

**441—150.4(234) Iowa purchase of social services contract—individual providers.**

**150.4(1) Individual child day care provider agreement.** Rules governing individual child day care provider agreements may be found in 441—Chapter 170.

**150.4(2) Individual in-home health-related provider agreement.** Rules governing individual in-home health-related provider agreements may be found in 441—Chapter 177.

**441—150.5(234) Iowa purchase of administrative support.**

**150.5(1) Initiation of contract proposal.**

*a. Right to request a contract.* All potential contractors have a right to request a contract.

*b. Initial contact.*

(1) Volunteer contract. The initial contact for a volunteer contract may be between the potential contractor and the regional administrator of the region in which the individual or the contractor agency's headquarters is located or the contract may be between the potential contractor and the director of the state volunteer program in the central office of the department. If so, the director will communicate with the region.

(2) General use administrative support contract. The initial contact for a general use administrative support contract may be between the potential contractor and the regional administrator of the region in which the individual or contractor organization's headquarters is located or the contract may be between the potential contractor and the chief of the bureau of purchased services, who will communicate with the region.

*c. Contract proposal development.* When the regional administrator determines that a contract is to be developed, a project manager will be assigned who will assist in contract development and processing. The project manager will assist the contractor in completing the contract proposal and fiscal information appropriate to the contract. This includes documentation that the conditions of participation required below are met.

*d. Contract proposal approval or rejection.* Before a contract can be effective it shall be signed by the following persons within the time frames provided:

(1) Volunteer contract.

Individual contractor or authorized representative of the contractor agency.

Regional administrator within one week from receipt.

Director of the state volunteer program within 30 days from receipt.

(2) General use administrative support contract.

Individual contractor or authorized representative of the contractor agency.

Regional administrator within one week from receipt.

Chief of the bureau of purchased services within two weeks from receipt.

Director of the division of management and budget within two weeks from receipt.

The contractor shall be notified of delays in the process or of rejection of the proposal. This notification along with an explanation shall be in writing. The applicant has a right to have the decision reviewed by the director of the state volunteer program, or chief of the bureau of purchased services.

*e. Criteria for rejection.* The following criteria may cause a proposed contract to be rejected.

(1) The proposed activity is not needed by the department.

(2) No funds are available for the activity being proposed.

(3) The proposed contract does not meet applicable rules, regulations, or guidelines.



*f. Contract effective date.* If the agreed-upon contract conditions have been met, the effective date of the contract is the first day of an agreed-upon month following signature by the director of the state volunteer program, or the chief of the bureau of purchased services.

**150.5(2) Contract administration.**

*a. Contract management.* During the contract period, the assigned project manager shall be the liaison between the department and the contractor. The project manager shall be contacted on all interpretations and problems related to the contract and shall follow issues through to their resolution. The project manager shall also monitor performance under the contract and will provide or arrange for technical assistance to improve the contractor's performance, if needed.

*b. Contract amendments.* The contract shall be amended only upon agreement of both parties. Amendments which affect the cost of providing the volunteer services must include reestablishment of amounts to be paid.

*c. Contract renewal.* A joint decision to pursue renewal of the contract must be made at least 60 days prior to the expiration date. Each contract shall be evaluated. The results of the evaluation shall be taken into consideration in the decision on renewal. This evaluation may involve use of evaluation tools specified in the contract.

*d. Contract termination.* Causes for termination during the period of the contract are:

- (1) Mutual agreement of the parties involved.
- (2) Demonstration that sufficient funds are unavailable to continue the service(s) involved.
- (3) Failure to make reports required by the contract.
- (4) Failure to make financial, statistical, and program records available.
- (5) Failure to abide by the provisions of the contract.

**150.5(3) Conditions of participation.** The contractor shall meet the following standards:

*a. Licensure, approval, or accreditation.* The contractor shall have any license, approval, and third-party accreditation required by law, regulation, or administrative rules, or shall meet standards of operation required by state or federal regulation. This requirement must be met before the contract can be effective.

*b. Signed contract.* A contract can be effective only when signed by all parties required in 150.5(1) "d."

*c. Civil rights laws.* The contractors shall be in compliance with all federal, state, and local civil rights laws and regulations with respect to equal employment opportunity, or have a written work plan approved by the diversity programs unit to come into compliance.

*d. Title VI compliance.* The contractors shall be in compliance with Title VI of the 1964 Civil Rights Act and all other federal, state, and local laws and regulations regarding the provision of services, or have a written plan approved by the diversity programs unit to come into compliance.

*e. Section 504 compliance.* The contractors shall be in compliance with Section 504 of the Rehabilitation Act of 1973 and with all federal, state, and local Section 504 laws and regulations, or have a written work plan approved by the diversity programs unit to come into compliance.

*f. Affirmative action.* The contractors shall be in compliance with all federal, state, and local laws and regulations regarding affirmative action, or have a written work plan approved by the diversity programs unit to come into compliance.

*g. Abuse reporting.* The contractor shall have an approved policy and procedure for reporting abuse or denial of critical care of children or dependent adults.

*h. Confidentiality.* The contractor shall comply with all applicable federal and state laws and regulations on confidentiality.

*i. Financial and statistical records.* Each contractor of service shall maintain sufficient financial and statistical records, including program and census data, to document the validity of the reports submitted to the department.

(1) The records shall be available for review at any time during normal business hours by department personnel, the purchase of service fiscal consultant, or state or federal audit personnel.

(2) These records shall be retained for a period of five years after final payment.

*j. Certification by department of transportation.* Each contractor who supplies transportation services shall submit Form 020107, Certification Application for Coordination of Public Transit Services, and a copy of "Certificate of Insurance" (an ACORD form or similar or self-insurance documentation) to the applicable project manager annually showing information regarding compliance with, or exemption from, public transit coordination requirements as found in Iowa Code chapter 324A and department of transportation rules 761—Chapter 910.

Failure to provide the required documentation for compliance or exemption is grounds for denial or termination of the contract.

**150.5(4) Establishing amounts to be paid.** The amounts to be paid under purchase of administrative support contracts are actual approved expenses as negotiated in the contract. Approved items of cost are based on submission of a proposed budget listing those items necessary for provision of the volunteer coordination or technical assistance to be delivered. At the termination of the contract a statement of actual expenses incurred shall be submitted by the contractor.

**150.5(5) Billing procedures.** At the end of each month, or as otherwise provided in the contract, the contractor shall prepare a claim on Form 07-350, Purchase Order/Payment Voucher, for expenses for which reimbursement is permitted in the contract. The claim is to be sent to the regional office of the department that administers the contract for approval and forwarding for payment.

*a. Time limit for submitting claims.* The time limit for submission of original claims shall be within 90 days of the provision of service.

*b. Resubmittals of rejected claims.* Valid claims which were originally submitted within this time limit but were rejected because of an error must be resubmitted, but without regard to time frames.

**150.5(6) Reviews of department actions.** A contractor who is adversely affected by a department decision may request a review. A review request may cause the action to be stopped pending the outcome of the review process, except in cases where it can be documented that to do so would be detrimental to the health and welfare of clients. The procedure for review is:

*a.* Within ten days of receipt of the decision in question the contractor shall send a written request for review to the project manager responsible for the contract. This request shall document the specific area in question and the remedy desired. A written response from the project manager shall be provided within ten days.

*b.* When dissatisfied with the response, the contractor shall submit the original request, the response received, and any additional information desired to the regional administrator within ten days. The regional administrator shall study the concerns, the action taken and render a decision in writing within 14 days. A meeting with the contractor may be held to clarify the situation.

c. If still dissatisfied, the contractor may within ten days request a review by the chief of the bureau of purchased services. The request for review should include copies of material from paragraphs “a” and “b” above. The bureau chief shall review the issues and positions of the parties involved and provide a written decision within 14 days. A meeting with the contractor, project manager, and regional administrator or designee may be held.

d. The contractor may appeal this decision within ten days to the director of the department, who will issue the final department decision within 14 days.

**150.5(7) Reviews.** Authorized representatives of the department or state or federal audit personnel have the right to review the general financial records of a contractor. The purpose of the review is to determine if expenses reported to the department have been handled as required under 150.5(4). Representatives shall provide proper identification and shall use generally accepted auditing principles. The reviews may be on the basis of an on-site visit to the contractor, the contractor’s central accounting office, the offices of the contractor’s agents, a combination of these, or, by mutual decision, to other locations.

This rule is intended to implement Iowa Code sections 234.6 and 601J.5, subsection 3, paragraph “c.”

**441—150.6(234) County board of supervisors participation contract.** Rescinded IAB 7/8/92, effective 7/1/92.

**441—150.7(234) Iowa donation of funds contract.**

**150.7(1) Contract development.** The regional administrator or designee shall assist the donor in completion of the contract document.

a. *Contract approval or rejection.* Before a contract can be effective it shall be signed by the following persons within the time frames provided:

- (1) Donor or the donor’s authorized representative.
- (2) Human services area administrator, within one week from receipt.
- (3) Regional administrator, within one week from receipt.
- (4) Chief of the bureau of purchased services, within two weeks from receipt.

b. *Contract effective date.* The contract is effective upon signature of the chief of the bureau of purchased services.

c. *Contract ending date.* The contract ending date shall be specified in the contract, but shall not be later than June 30 following the effective date of the contract.

**150.7(2) Contract administration.**

a. *Contract management.* During the contract period the regional administrator or designee shall be the liaison between the department and the donor. The liaison shall be contacted on all interpretations and problems relating to the contract. When a problem involves a particular service or administrative support contract, the project manager for that contract shall be notified by the liaison for the donor, if the project manager is not also the liaison.

b. *Contract amendment.* The contract shall be amended if:

(1) The donor or department is unable to comply with the existing terms of the contract and contract termination is not being sought.

(2) The donor decides to provide additional funds and the department agrees to accept them.

c. *Contract termination.* The contract may be terminated early if any of the following conditions exist:

- (1) The donor and the department agree to terminate the contract early.
- (2) The donor or the department fails to comply with contract terms.

d. *Contract renewal.* A donation of funds contract cannot be renewed. A new contract shall be negotiated when the donor wishes to provide funds in subsequent periods.

**150.7(3) Conditions of participation.**

a. *Signed contract.* A contract shall be effective only when signed by all parties required in 150.7(1)“a.”

b. *Civil rights laws.* The donors shall be in compliance with all federal, state, and local civil rights laws and regulations with respect to equal employment opportunity, or have a written work plan approved by the diversity programs unit to come into compliance.

c. *Title VI compliance.* The donors shall be in compliance with Title VI of the 1964 Civil Rights Act and all other federal, state, and local laws and regulations regarding the provision of services, or have a written plan approved by the diversity programs unit to come into compliance.

d. *Section 504 compliance.* The donors shall be in compliance with Section 504 of the Rehabilitation Act of 1973 and with all federal, state, and local Section 504 laws and regulations, or have a written work plan approved by the diversity programs unit to come into compliance.

e. *Affirmative action.* The donors shall be in compliance with all federal, state, and local laws and regulations regarding affirmative action, or have a written work plan approved by the diversity programs unit to come into compliance.

f. *Confidentiality.* The donor shall comply with all applicable federal and state laws and regulations on confidentiality.

g. *Eligibility of clients for programs.* Clients for whom services are purchased using funds donated through this contract must be determined eligible by the department using 441—Chapters 130 and 153.

h. *Purchase of service system.* The donor shall follow the policies of the purchase of service system established by the department.

i. *Restrictions on donated funds.* The donor may specify the geographical area to be served and the service to be provided.

j. *Transmittal of funds.* Any funds available under this contract shall be transmitted to the department at least quarterly. When funds are for match purposes, they shall be transmitted in amounts sufficient to cover the anticipated quarterly expenditures.

k. *Accounting.* The department shall supply a monthly report which provides an accounting of the use of the funds to the donor.

**150.7(4) Administrative control of funds.** Except for restrictions permitted by subrule 150.7(3)“i,” all donated funds shall be donated on an unrestricted basis for use as if they were appropriated funds and shall be under the administrative control of the department.

**150.7(5) Reversion of unspent funds.** No funds donated and transmitted to the department will be returned to the donor unless the donor is a public agency. Unspent funds will be returned to the public agency donor after the contract period upon submittal of a written request to the manager of the purchase of service section.

**441—150.8(234) Provider advisory committee.** The provider advisory committee serves in an advisory capacity to the department, specifically to the bureau of purchased services. The provider advisory committee is composed of representatives from member provider associations as appointed by the respective associations. Individual representatives from provider agencies having a purchase of service contract but not belonging to an association may become members of the provider advisory committee upon simple majority vote of the committee members at a meeting. A representative of the purchase of service fiscal consultant is a nonvoting member. Departmental representatives from the bureau of purchased services, the office of the deputy director of field operations, the division of adult, children and families services, and the division of mental health and developmental disabilities are also nonvoting members.

**441—150.9(234) Public access to contracts.** Subject to applicable federal and state laws and regulations on confidentiality including 441—Chapter 9, all material submitted to the department of human services pursuant to this chapter shall be considered public information.

These rules are intended to implement Iowa Code section 234.6 and 2000 Iowa Acts, House File 2555, section 1, subsection 1, paragraph “d,” and Senate File 2435, section 31, subsection 7.

**441—150.10 to 441—150.20** Reserved.

DIVISION II  
PURCHASE OF SOCIAL SERVICES CONTRACTING ON BEHALF OF COUNTIES FOR  
LOCAL PURCHASE SERVICES FOR ADULTS WITH MENTAL ILLNESS,  
MENTAL RETARDATION, AND DEVELOPMENTAL DISABILITIES

PREAMBLE

In order for the counties to fulfill their duties pursuant to the approved county management plans, counties must have service agreements with providers of mental health, mental retardation and developmental disabilities services. The Iowa State Association of Counties has requested the assistance of the department in negotiating contracts on behalf of the counties. The following rules set forth the terms and conditions for contracting that will be used by the department when contracting on behalf of counties with providers of local purchase services for adults with mental illness, mental retardation and developmental disabilities.

The department, within the limits of current resources, will negotiate contracts on behalf of counties beginning July 1, 1997. The initial contracts will be negotiated by amending the existing purchase of social service agency contract, using Form 470-0630, Amendment or Renewal of Iowa Purchase of Services Agency Contract, to reflect the contractual relationship between the provider and the counties. The amendment will be effective for the time period ending June 30, 1998.

**441—150.21(234) Definitions.**

“*Accounting year*” means a 12-consecutive-month period for which accounting records are maintained. It can be either a calendar year or another designated fiscal year.

“*Accrual basis accounting*” means the accounting basis which shows all expenses incurred and income earned for a given time even though the expenses may not have been paid or income received in cash during the period.

“Agency” means an organization or organizational unit that provides social services.

1. Public agency means a general or special-purpose unit of government and organizations administered by that unit to deliver social services, for example, county boards of supervisors, community colleges, and state agencies.

2. Private nonprofit agency means a voluntary agency operated under the authority of a board of directors for purposes other than generating profit and incorporated under Iowa Code chapter 504A. An out-of-state agency must meet requirements of similar laws governing nonprofit organizations in its state.

3. Private proprietary agency means a for-profit agency operated by an owner or board for the operator’s financial benefit.

“Bureau of purchased services” means a bureau within the division of fiscal management, which is responsible for administering the purchase of service system.

“Cash basis accounting” means the accounting basis which records expenses when bills are paid and income when money is received.

“Ceiling” means the maximum limit for payment for a service which has been established by an administrative rule or by the Iowa Code specifically for that service.

“Client” means an individual or family group who has applied for and been found to be eligible for social services from the Iowa department of human services.

“Common ownership” means that relationship existing when an individual or individuals possess significant ownership or equity in the provider and the institution or organization serving the provider.

“Components of service” means the elements or activities that make up a specific service.

“Contract” means formal written agreement between the Iowa department of human services and another legal entity, except for those government agencies whose services are covered under provision of Iowa Code chapter 28E.

“Contractor” means an institution, organization, facility or individual who is a legal entity and has entered into a contract with the department of human services.

“Control” means that relationship existing where an individual or an organization has the power, directly or indirectly, significantly to influence or direct the actions or policies of an organization or institution.

“Department” means the Iowa department of human services.

“Direct cost” means those expenses which can be identified specifically and solely to a particular program.

“Effective date.”

1. Contract effective date for agency contracts means the first day of a month on which the contract shall become in force.

2. Effective date of rate means the date specified in a purchase of service contract on which the specified rate of payment for service provided begins.

“Grant” means an award of funds to develop specific programs or achieve specific outcomes.

“Indirect cost” means those expenses which cannot be related directly to a specific program and are, therefore, allocated to more than one program.

“Project manager” means a department employee who is assigned to assist in developing, monitoring and evaluating a contract and to provide related technical assistance.

“Provider” means an institution, organization, facility, or individual who is a legal entity and has entered into a contract with the department to provide social services to clients of the department.

“*Purchase of service system*” means the system within the department for contracting and payment for services.

“*Related to provider*” means that the provider to a significant extent is associated or affiliated with or has control of, or is controlled by, the organization furnishing the services, facilities, or supplies.

“*Social services*” means a set of actions purposefully directed toward human needs which are socially identified as requiring assistance from others for their resolution.

“*Unit of service*” means a specified quantity of service or a specific outcome as a result of the service provided.

#### **441—150.22(234) Department contracts on behalf of counties.**

**150.22(1)** *28E Agreement.* The department may enter into a purchase of social services agency contract on behalf of a county when the department and the county have entered into an agreement pursuant to Iowa Code chapter 28E. The 28E Agreement shall authorize the department to enter into a contract on behalf of the county for the purchase of local purchase services as identified in rule 441—153.35(225C). The services shall be directed toward persons with mental illness, mental retardation, or a developmental disability who are eligible for services pursuant to the approved county management plan developed in accordance with 441—Chapter 25, Division II.

**150.22(2)** *Contract terms and conditions.* When the department is contracting on behalf of a county, the terms and conditions of the purchase of social services agency contract shall apply unless modified by the provisions below. Form 470-0663, Iowa Purchase of Social Services Agency Contract Face Sheet, and Form 470-0628, Iowa Purchase of Social Services Agency Contract, shall be used. Form 470-3642, Local Purchase Addendum to the Iowa Purchase of Social Services Agency Contract, shall be used to set forth the changes to the contract pursuant to the provisions below.

**150.22(3)** *Initiation of a proposal for a new contract or contract amendment.*

*a. Right to request a contract.* All potential provider agencies have a right to request a contract.

*b. Initial contact.* For new contracts, the initial contact should be between the potential provider and the regional administrator for the region in which the provider’s headquarters is located. In the case of out-of-state providers, this contact shall be with the regional administrator for the region where the county is located on whose behalf the contract is being negotiated. The Purchase of Service Provider Handbook shall be given to the provider at the beginning of the process of developing a contract.

*c. Contract proposal development.* When the regional administrator determines that a contract is to be developed, a project manager shall be assigned who shall assist in contract development and processing. The project manager shall assist the contractor in completing the contract proposal and fiscal information appropriate to the contract or contract amendment. This information shall include documentation that the conditions of participation are met. Form 470-0663, Iowa Purchase of Social Services Agency Contract Face Sheet, shall be completed at the same time as Form 470-0628, Iowa Purchase of Social Services Agency Contract, or Form 470-0630, Amendment or Renewal of the Iowa Purchase of Social Services Agency Contract, is prepared.

*d. Contract proposal approval or rejection.* Before a contract or contract amendment can be effective, it shall be signed by the following persons within the time frames provided:

(1) Authorized representative of the provider agency.

(2) Human service area administrator of the county in which the provider is located, within one week from receipt.

(3) Regional administrator of the region in which the provider is located, within one week from receipt.

(4) Chief, bureau of purchased services, within 30 days from receipt.

If the provider is located out of state, the contract or contract amendment shall be signed by the human service area administrator and regional administrator in the region where the county is located on whose behalf the contract is being negotiated.

The provider shall be given a notice and explanation in writing of delays in the process or of rejection of the proposal. Payment cannot be made until the contract is signed by the provider's authorized representative and the chief of the bureau of purchased services.

*e. Criteria for rejection.* The proposed contract or contract amendment may be rejected if one or more of the following criteria are present:

(1) The service is not needed by department clients.

(2) The service is not in the social services block grant plan for the regions or counties to be served by the program.

(3) Funds are not available for the service being proposed.

(4) The proposed contract does not meet applicable rules, regulations, or guidelines, including service definition.

(5) A county has requested that the department contract with the provider on its behalf, and the department in its sole discretion does not have sufficient resources to negotiate and process the contract or contract amendment.

(6) No county has requested that the department contract with the provider on its behalf or has requested the amendment.

*f. Contract effective date.* When the agreed-upon contract conditions have been met, the contract or contract amendment shall become effective the first of the month in which it is signed by the chief of the bureau of purchased services as long as all terms and conditions of the contract were met on the first of the month.

**150.22(4) Contract administration.**

*a. Contract management.* During the contract period the assigned project manager shall be the contract liaison between the department and the provider. The project manager shall be contacted on all interpretations and problems relating to the contract and shall follow the issues through to their resolution. The project manager shall also monitor performance under the contract, as provided for in the 28E agreement, and shall provide or arrange for technical assistance to improve the provider's performance, if needed. Report of On-Site Visit, Form 470-0670, may be used to monitor performance under the contract.

*b. Contract amendment.* The contract shall be amended only upon agreement of both parties. Amendment or Renewal of Iowa Purchase of Social Services Agency Contract, Form 470-0630, shall be used to amend the contract.

*c. Contract renewal.* A joint decision to pursue renewal of the contract must be made at least 60 days prior to the expiration date. Each contract shall be evaluated. The results of the evaluation shall be taken into consideration in the decision on renewal prior to renewal. This evaluation may involve use of the Monitoring and Evaluation Review Guide, Form 470-2571, or other evaluation tools specified in the contract. Desk Audit for Title VI and Section 504 Compliance, Form 470-2215, shall be completed by the provider.



*d. Contract termination.*

(1) Causes for termination during the period of the contract are:

1. Mutual agreement of the parties involved.
2. Demonstration that sufficient funds are unavailable to continue the services involved.
3. Failure to make required reporting.
4. Failure to make financial and statistical records available for review.
5. Failure to abide by the provisions of the contract.

(2) The provider or the department may terminate this contract without cause upon 30 days' notice. The department may terminate the contract upon 10 days' notice for cause except in the event of loss of licensure or imminent danger to clients. In the event of loss of license, the contract shall be terminated on the date the license is terminated or relinquished, without the need for notice. In the event of imminent danger to clients, the contract shall be terminated immediately upon notice.

(3) When notice of termination is required herein, it shall be provided by certified mail and is effective upon receipt as evidenced by the U.S. Postal Service return receipt card.

**150.22(5) Conditions of participation.** The provider shall meet the following standards:

*a. Licensure, approval, or accreditation.* The provider shall have any license, approval, and accreditation required by law, regulation or administrative rules, or standards of operation required by the state or the federal government before the contract can be effective. Out-of-state providers shall meet Iowa licensing standards related to treatment, professional staff-to-client ratio, and staff qualifications.

*b. Signed contract.* A contract can be effective only when signed by all parties required in 441—paragraph 150.22(3)“d.”

*c. Civil rights laws.* The providers shall be in compliance with all federal, state and local civil rights laws and regulations with respect to equal employment opportunity, or have a written work plan approved by the diversity programs unit to come into compliance. Equal Opportunity Review, Form 470-0148, shall be completed by the provider. Equal Opportunity Review Status Report, Form 470-2194, shall be completed by the diversity programs unit.

*d. Title VI compliance.* The provider shall be in compliance with Title VI of the 1964 Civil Rights Act and all other federal, state, and local laws and regulations regarding the provision of services, or have a written plan approved by the diversity programs unit to come into compliance. Equal Opportunity Review, Form 470-0148, shall be completed by the provider. Equal Opportunity Review Status Report, Form 470-2194, shall be completed by the diversity programs unit.

*e. Section 504 compliance.* The provider shall be in compliance with Section 504 of the Rehabilitation Act of 1973 and with all federal, state, and local Section 504 laws and regulations, or have a written work plan approved by the diversity programs unit to come into compliance. Equal Opportunity Review, Form 470-0148, Plan Review Accessibility Checklist, Form 470-0149, and Section 504 Transition Plan: Structural Accessibility, Form 470-0150, shall be completed by the provider. Equal Opportunity Review Status Report, Form 470-2194, shall be completed by the diversity programs unit.

*f. Affirmative action.* The provider shall be in compliance with all federal, state, and local laws and regulations regarding affirmative action, or have a written work plan approved by the diversity programs unit to come into compliance. Equal Opportunity Review, Form 470-0148, shall be completed by the provider. Equal Opportunity Review Status Report, Form 470-2194, shall be completed by the diversity programs unit.

*g. Abuse reporting.* The provider shall have a written policy and procedure approved by the regional administrator or designee for reporting abuse or denial of critical care of dependent adults.

*h. Confidentiality.* The provider shall comply with all applicable federal and state laws and regulations on confidentiality including rules on confidentiality contained in 441—Chapter 9. The provider shall have a written policy and procedure approved by the regional administrator or designee for maintaining individual client confidentiality including client record destruction.

*i. Client appeals and grievances.* Clients receiving service through a purchase of service contract have the right to appeal adverse decisions made by the county or the provider. The provider shall have a written policy and procedure approved by the regional administrator or designee for handling client appeals and grievances and shall provide information to clients about their rights to appeal. Client appeals of adverse decisions made by the county shall be made in accordance with the provisions of the county management plan developed pursuant to rule 441—25.21(225C).

*j. Client reports.* The provider shall maintain client records as specified below. The records shall be available for review during normal business hours by any of the following: authorized department or county personnel, the purchase of service fiscal consultant, and state, county or federal audit personnel.

(1) Provider service plan or individual program plan. Providers shall develop a written service plan or individual program plan for each client within 30 days of service initiation. The plan shall include a concise description of the situation or area which will be the focus of the service; statement of the goals to be achieved through the delivery of services; time-limited and measurable objectives which will lead to the attainment of the goal to be achieved; specific service components, frequency, and the assignment of responsibility for the provision of the components; and the month and year when it is estimated the client will be able to achieve the current goals and objectives. The provider service plan shall be updated in coordination with the central point of coordination or designee.

(2) Quarterly progress reports. Quarterly progress reports shall be sent to the central point of coordination or designee responsible for the client, unless waived by the county. The first report shall be submitted three months after service is initiated. Reports shall be submitted quarterly thereafter, unless provided for otherwise in rules for a specific service.

The progress report shall include a description of the specific service components provided, their frequency, and who provided them; the client's progress with respect to the goals and service objectives; and any recommended changes in the service plan or individual program plan. For all placement cases the report shall include interpretation of the client's reaction to placement, a summary of medical or dental services that were provided, a summary of educational or vocational progress and participation, and a summary of the involvement of the family with the client and the services.

Each unit of service for which payment is sought should be the subject of a written progress note.

(3) Termination of service summary. A termination of service summary shall be sent to the central point of coordination or designee responsible for the client within two weeks of service termination. The summary shall include the rationale for service termination and the impact of the service components on the client in relationship to the established goals and objectives.

*k. Financial and statistical records.* Each provider of service must maintain sufficient financial and statistical records, including program and census data, to document the validity of the reports submitted to the department or the county.

(1) The records shall be available for review at any time during normal business hours by any of the following: authorized department or county personnel, the purchase of service fiscal consultant, and state, county or federal audit personnel.

(2) These records shall be retained for a period of five years after final payment.

*l. Reports on financial and statistical records.* Reports on financial and statistical records shall be submitted as required. Failure to do so within the required time limits is grounds for termination of the contract.

*m. Maintenance of client records.* Records for clients served through a purchase of service contract must be retained by the provider for a period of three years after service to the client terminates.

*n. Provider charges.* This contract may be negotiated on behalf of multiple counties. Each county may establish its own rate pursuant to this contract.

*o. Special-purpose organizations.* A provider may establish a separate, special-purpose organization to conduct certain of the provider's client-related or non-client-related activities. For example, a development foundation assumes the provider's fund-raising activity. Often, the provider does not own the special-purpose organization (e.g., a nonprofit, non-stock-issuing corporation), and has no common governing body membership. However, a special-purpose organization is considered to be related to a provider if:

(1) The provider controls the organization through contracts or other legal documents that give the provider the authority to direct the organization's activities, management, and policies; or

(2) The provider is, for all practical purposes, the primary beneficiary of the organization's activities. The provider should be considered the special-purpose organization's primary beneficiary if one or more of the following circumstances exist:

The organization has solicited funds on the provider's behalf with provider approval, and substantially all funds so solicited were contributed with intent of benefiting the provider.

The provider has transferred some of its resources to the organization, substantially all of whose resources are held for the benefit of the provider; or

The provider has assigned certain of its functions to a special-purpose organization that is operating primarily for the benefit of the provider.

*p. Certification by department of transportation.* Each service provider of public transit services shall submit Form 020107, Certification Application for Coordination of Public Transit Services, and a copy of "Certificate of Insurance" (an ACORD form or similar or self-insurance documentation) to the applicable project manager annually showing information regarding compliance with or exemption from public transit coordination requirements as found in Iowa Code chapter 324A and department of transportation rules 761—Chapter 910.

Failure to provide the required documentation for compliance or exemption is grounds for denial or termination of the contract.

*q. Services provided.* Services provided, as described in Form 470-0663, Iowa Purchase of Social Services Agency Contract Face Sheet, and attachments, shall at a minimum meet the rules found in the Iowa Administrative Code for a particular service or the contract may be terminated.

*r. Bonding, indemnity and insurance clauses.*

(1) Indemnity. The provider agrees that it will at all times during the existence of this contract indemnify and hold harmless the department and county against any and all liability, loss, damages, costs or expenses which the provider may hereafter sustain, incur or be required to pay:

1. By reason of any client's suffering personal injury, death or property loss or damages either while participating in or receiving from the provider the care and services to be furnished by the provider under this contract, or while on premises owned, leased, or operated by the provider, or while being transported in any vehicle owned, operated, leased, chartered, or otherwise contracted for by the provider or any officer, agency, or employee thereof.

2. By reason of any client's causing injury to or damage to another person or property during any time when the provider or any officer, agency or employee thereof has undertaken or is furnishing the care and service called for under this contract.

(2) Insurance. The provider agrees that in order to protect itself as well as the department and county under the indemnity agreement above, it will at all times during the term of the contract have and keep in force a liability insurance policy, verification of which shall accompany Form 470-0663, Iowa Purchase of Social Services Agency Contract Face Sheet. The provider agrees that all employees, volunteers, or any other person, other than employees of the department or the county acting within the scope of their employment in the department or the county, authorized to transport clients in privately owned vehicles, have liability insurance in force.

*s. Renegotiation clause.* In the event there is a revision of federal or state laws or regulations, or a change in the county management plan and the contract no longer conforms to those laws or regulations or the county plan, both parties shall review the contract and renegotiate those items necessary to conform with the new federal or state laws or regulations or changes to the county management plan.

**150.22(6) Establishment of rates.** The Financial and Statistical Report for Purchase of Service Contracts, Form 470-0664, is the basis for establishing the rates to be paid to all providers, including out-of-state providers, under an Iowa Purchase of Social Services Agency Contract, Form 470-0628. If, however, pursuant to the 28E agreement between the county and the department, the county has elected to use an alternative method of establishing rates for a provider, the county rate-setting methodology shall apply for rates for services provided by that provider to clients referred from that county.

State payment program rates for persons enrolled in the state payment program shall be established pursuant to 441—subrule 153.57(3).

**150.22(7) Financial and statistical report.** The Financial and Statistical Report for Purchase of Service Contracts, Form 470-0664, shall be completed by those providers as required in subrule 150.22(6). The reports shall be based on the following rules.

*a. Accounting procedures.* Financial information shall be based on the agency's financial records. When the records are not kept on an accrual basis of accounting, the provider shall make the adjustments necessary to convert the information to an accrual basis for reporting. Providers who are multiple program agencies shall submit a cost allocation schedule prepared in accordance with recognized methods and procedures.

(1) Direct program expense shall include all direct client contact personnel involved in a program including the time of a supervisor of a program, or the apportioned share of the supervisor's time when the supervisor supervises more than one program.

(2) Expenses other than salary and fringe benefits shall be charged as direct program expenses when the expenses are identifiable to a program. They may also be charged as direct program expenses when a method of distribution acceptable to the department is maintained on a consistent basis.

(3) Occupancy expenses shall be allocated to programs on a space utilization formula. The space utilization formula may be used for salaries and fringes of building maintenance and janitorial-type personnel.

(4) All expenses which relate jointly to two or more programs shall be allocated to program service costs by utilizing a cost allocation method which fairly distributes costs to the related programs. Any expenses which relate directly to a particular program shall be reflected as such. All maintenance costs shall be charged directly or allocated proportionately to the related programs affected.

(5) Indirect program service costs shall be distributed over all applicable services.

(6) Expenses such as supplies, conferences, and similar expenses that cannot be directly related to a program shall be charged to indirect program service costs.

(7) A multiservice agency shall establish a method acceptable to the department of distributing indirect program service costs.

(8) Income received from fund-raising efforts or donations shall be reported as revenue on the financial and statistical report and used to offset fund-raising costs. Fund-raising costs remaining after the offset shall be an unallowable cost.

All contributions shall be accompanied by a schedule showing the contribution and anticipated designation by the agency. No private moneys contributed to the agency shall be included by the department in its reimbursement rate determination unless these moneys are contributed for services provided to specific individuals for whom the reimbursement rate is established by the department.

(9) When an agency has a certified public accounting firm perform an audit of its financial statements, the resulting audit report shall follow one of the uniform audit report formats recommended by the American Institute of Certified Public Accountants. These formats are specified in the industry audit guide series, "Audits of Voluntary Health and Welfare Organizations," prepared by the Committee on Voluntary Health and Welfare Organizations, American Institute of Certified Public Accountants, New York, 1974. A copy of the certified audit report shall be submitted to the department within 60 days of receipt.

(10) All expenses reported on Form 470-0664 shall be supported by an agency's general ledger and documentation on file in the agency's office.

*b. Failure to maintain records.* Failure to maintain records adequate to support the Financial and Statistical Report for Purchase of Service Contracts, Form 470-0664, may result in termination of the contract. These records include, but are not limited to:

- (1) Reviewable, legible census reports.
- (2) Payroll information.
- (3) Capital asset schedules.
- (4) All canceled checks, deposit slips, invoices (paid and unpaid).
- (5) Audit reports (if any).
- (6) Board of directors' minutes.

*c. Submission of reports.* The financial and statistical report shall be submitted to the department no later than three months after the close of the provider's established fiscal year. At least one week must be allowed prior to this deadline for the project manager to review the report and transmit it to the department's bureau of purchased services. Failure to submit the report in time without written approval from the chief of the bureau of purchased services may reduce payment to 75 percent of the current rate. Failure to submit the report within six months of the end of the fiscal year shall be cause for terminating the contract.

*d. Rate modification.* Modification of rates shall be made when required by changes in licensing requirements, changes in the law, or amendments to the contract. Requests for modification of a rate may be made when changes are because of program expansion or modification and have the approval of the region where services are provided. Even if there is a modification of the rate, the modified rate is still subject to any maximum established in any law or rule.

*e. Payment of new rate.* When rates are established by the department, new rates shall be effective for services provided beginning the first day of the second calendar month after receipt by the purchase of service section of a report sufficient to establish rates or, by mutual agreement, new rates shall be effective the first day of the month following completion of the fiscal review. Failure to submit a report sufficient to establish a rate will result in the effective date being delayed. At least one week shall be allowed prior to the deadline in paragraph 150.22(7)“c” above for the project manager to review the report and transmit it to central office of the department. If the county has elected to use an alternative method of establishing rates, the effective date of any new rates shall be determined by the county.

*f. Exceptions to costs.* Exceptions to costs identified by the bureau of purchased services or its fiscal consultant shall be communicated to the provider in writing.

*g. Accrual basis.* Providers not using the accrual basis of accounting shall adjust amounts to the accrual basis when the financial and statistical report is completed. Records of cash receipts and disbursements shall be adjusted to reflect accruals of income and expenses.

*h. Census data.* Documentation of units of service provided which identifies the individual client shall be available on a daily basis and summarized on a monthly report. The documentation and reports shall be retained by the provider for review at the time the expenditure report is prepared and reviewed by the department’s fiscal consultant.

*i. Opinion of accountant.* The department may require that an opinion of a certified public accountant or public accountant accompany the report when adjustments made to prior reports indicate noncompliance with reporting instructions.

*j. Revenues.* When the Financial and Statistical Report is completed, revenues shall be reported as recorded in the general books and records adjusted for accruals. Expense recoveries shall be reflected as revenues.

*k. Capital asset use allowance (depreciation) schedule.* The Capital Asset Use Allowance Schedule shall be prepared using the guidelines for provider reimbursement in the Medicare and Medicaid Guide, December 1981.

*l. The following expenses shall not be allowed:*

- (1) Fees paid directors and nonworking officers’ salaries.
- (2) Bad debts.
- (3) Entertainment expenses.
- (4) Memberships in recreational clubs, paid for by an agency (country clubs, dinner clubs, health clubs, or similar places) which are primarily for the benefit of the employees of the agency.
- (5) Legal assistance on behalf of clients.
- (6) Costs eligible for reimbursement through the medical assistance program.
- (7) Food and lodging expenses for personnel incurred in the city or immediate area surrounding the personnel’s residence or office of employment, except when the specific expense is required by the agency and documentation is maintained for audit purposes. Food and lodging expenses incurred as part of programmed activities on behalf of clients, their parents, guardians, or consultants are allowable expenses when documentation is available for audit purposes.
- (8) Business conferences and conventions. Meeting costs of an agency which are not required in licensure.

(9) Awards and grants to recognize board members and community citizens for achievement. Awards and grants to clients as part of treatment program are reimbursable.

(10) Survey costs when required certification is not attained.

(11) Federal and state income taxes.

*m. Limited service—without a ceiling.* The following expenses are limited for service without a ceiling established by administrative rule or law for that service. This includes services with maximum rates, with the exception of foster group care and shelter care.

(1) Moving and recruitment are allowed as a reimbursable cost only to the extent allowed for state employees. Expenses incurred for placing advertising for purposes of locating qualified individuals for staff positions are allowed for reimbursement purposes.

(2) Costs for participation in educational conferences are limited to 3 percent of the agency's actual salary costs, less excluded or limited salary costs as recorded on the financial and statistical report.

(3) Costs of reference publications and subscriptions for program-related materials are limited to \$500 per year.

(4) Memberships in professional service organizations are allowed to the extent they do not exceed one-half of 1 percent of the total salary costs less excluded salary costs.

(5) In-state travel costs for mileage and per diem expenses are allowable to the extent they do not exceed the maximum mileage and per diem rates for state employees for travel in the state.

(6) Reimbursement for air travel shall not exceed the lesser of the minimum commercial rate or the rate allowed for mileage in subparagraph (5) above.

(7) The maximum reimbursable salary for the agency administrator or executive director charged to purchase of service is \$40,000 annually.

(8) Annual meeting costs of an agency which are required in licensure are allowed to the extent required by licensure.

*n. Limited service—with a ceiling.* The following expenses are limited for services with a ceiling established by administrative rule or law for that service.

(1) The maximum reimbursable compensation for the agency administrator or executive director charged to purchase of service annually is \$40,000.

(2) Annual meeting costs of an agency which are required for licensure are allowed to the extent required by licensure.

*o. Establishment of ceiling and reimbursement rate.*

(1) The maximum allowable rate ceiling applicable to each service is found in the rules for that particular service.

(2) When a ceiling exists, the reimbursement rate shall be established by determining on a per unit basis the allowable cost plus the current cost adjustment subject to the maximum allowable cost ceiling.

*p. Rate limits.* Interruptions in service programs will not affect the rate. If an agency assumes the delivery of service from another agency, the rate shall remain the same as for the former agency.

(1) For the fiscal year beginning July 1, 2000, the maximum reimbursement rates for local purchase services, including adult day care, adult support, adult residential, community supervised apartment living arrangement, sheltered work, work activity, and transportation shall be the same as the rates in effect on June 30, 2000, except under any of the following circumstances:

1. If a new service was added after June 30, 2000, the initial reimbursement rate for the service shall be based upon actual and allowable costs. A new service does not include a new building or location or other changes in method of service delivery for a service currently provided under the contract.

For local purchase services, a provider shall be considered to be offering a new service when adding a service not currently purchased under the social services contract. For example, the contract currently is for adult support, and the provider adds a residential service.

If the department defines, in administrative rule, a new service as a social service that may be purchased, this shall constitute a new service for purposes of establishment of a rate. Once the rate for the new service is established for a provider, the rate will be subject to any limitations established by administrative rule or law.

2. If a social service provider loses a source of income used to determine the reimbursement rate for the provider, the provider's reimbursement rate may be adjusted to reflect the loss of income, provided that the lost income was used to support actual and allowable costs of a service purchased under a purchase of service contract.

(2) Rescinded IAB 6/30/99, effective 7/1/99.

*q. Related party costs.* Direct and indirect costs applicable to services, facilities, equipment, and supplies furnished to the provider by organizations related to the provider are includable in the allowable cost of the provider at the cost to the related organization. All costs allowable at the provider level are also allowable at the related organization level, unless these related organization costs are duplicative of provider costs already subject to reimbursement.

(1) Allowable costs shall be all actual direct and indirect costs applying to any service or item interchanged between related parties, such as capital use allowance (depreciation), interest on borrowed money, insurance, taxes, and maintenance costs.

(2) When the related party's costs are used as the basis for allowable rental or supply costs, the related party shall supply documentation of these costs to the provider. The provider shall complete a schedule displaying amount paid to related parties, related party cost, and total amount allowable. The resulting costs shall be allocated according to policies in subparagraphs 150.22(7) "a"(3) to (7).

Financial and statistical records shall be maintained by the related party under the provisions in paragraph 150.22(5) "k."

(3) Tests for relatedness shall be those specified in rule 441—150.21(234) and paragraph 150.22(5) "o." Authorized department or county personnel, the purchase of service fiscal consultant, and state, county, or federal audit personnel shall have access to the records of the provider and landlord or supplier to determine if relatedness exists. Applicable records may include financial and accounting records, board minutes, articles of incorporation, and list of board members.

*r. Interest as an allowable cost.* Necessary and proper interest on both current and capital indebtedness is an allowable cost.

(1) "Interest" is the cost incurred for the use of borrowed funds. Interest on current indebtedness is the cost incurred for funds borrowed for a relatively short term. Interest on capital indebtedness is the cost incurred for funds borrowed for capital purposes.



(2) "Necessary" requires that the interest be incurred on a loan made to satisfy a financial need of the provider, be incurred on a loan made for a purpose reasonably required to operate a program, and be reduced by investment income except where the income is from gifts and grants whether restricted or unrestricted, and which are held separate and not commingled with other funds.

(3) "Proper" requires that interest be incurred at a rate not in excess of what a prudent borrower would have had to pay in the money market on the date the loan was made, and be paid to a lender not related through control or ownership to the borrowing organization.

s. *Rate formula.* Paragraph 150.22(7) "p" notwithstanding, when rates are determined based on cost of providing the service involved, they will be calculated according to the following mathematical formula:

$$\frac{\text{Net allowable expenditures}}{\text{Effective utilization level}} \times \text{Reimbursement factor} = \text{Base Rate}$$

(1) Net allowable expenditures are those expenditures attributable to service to clients which are allowable as set forth in subrule 150.22(7), paragraphs "a" to "r."

(2) Effective utilization level shall be 80 percent or actual (whichever is greater) of the licensed or staffed capacity (whichever is less) of the program.

(3) Inflation factor is the percentage which will be applied to develop payment rates consistent with current policy and funding of the department. The inflation factor is intended to overcome the time lag between the time period for which costs were reported and the time period during which the rates will be in effect. The inflation factor shall be the amount by which the Consumer Price Index for all urban consumers increased during the preceding calendar year ending December 31.

(4) Base rate is the rate which is developed independent of any limits which are in effect. Actual rates paid are subject to applicable limits or maximums.

**150.22(8)** *Client eligibility and referral.* To receive services through the purchase of service system, clients shall be determined eligible and be formally referred by the county. The county is not obligated to make payment for services provided prior to the client's application, eligibility determination, and referral.

The following forms shall be used by the county to authorize services:

Form 470-0622, Referral of Client for Purchase of Social Services, or the process authorized by the referring county.

**150.22(9)** *Client fees.* The provider shall agree not to require any fee for service from clients referred pursuant to the contract unless a fee is required by the referring county and is consistent with federal and state regulation.

The provider shall collect fees due from clients, if requested by the referring county. The provider shall maintain records of fees collected, and these records shall be available for audit by the referring county or its representative. When a client does not pay the fee, the provider shall demonstrate that a reasonable effort has been made to collect the fee. Reasonable effort to collect means an original billing and two follow-up notices of nonpayment. When the second notice of nonpayment is sent, the provider shall send a copy of the notice to the central point of coordination or designee.

**150.22(10) Billing procedures.** At the end of each month the provider agency shall prepare Form 470-0020, Purchase of Service Provider Invoice, or the form agreed upon between the provider and the referring county, for contractual services provided by the agency during the month.

Separate invoices shall be prepared for each county from which clients were referred. Complete invoices shall be sent to the county responsible for the client for approval and forwarding for payment. More frequent billings may be permitted on an exception basis by the referring county.

*a. Time limit for submitting vouchers, invoices, or claims.* The time limit for submission of original vouchers, invoices, or claims shall be three months from the date of service.

*b. Resubmittals of rejected claims.* Valid claims which were originally submitted within the time limit specified in paragraph "a" but were rejected because of an error shall be resubmitted without regard to time frames.

**150.22(11) Review of actions.** A provider who is adversely affected by a departmental decision may request a review by the department. A review request may cause the action to be stopped pending the outcome of the review, except in cases where it can be documented that to do so would be detrimental to the health and welfare of clients. The procedure for review is:

*a.* The provider shall send a written request for review to the project manager responsible for the contract within 10 days of receipt of the decision in question. This request shall document the specific area in question and the remedy desired. The project manager shall provide a written response within 10 days.

*b.* When dissatisfied with the response, the provider shall submit to the regional administrator within 10 days the original request, the response received, and any additional information desired. The regional administrator shall study the concerns and the action taken, and render a decision in writing within 14 days. A meeting with the provider may be held to clarify the situation.

*c.* If still dissatisfied, the provider may within 10 days request a review by the chief of the bureau of purchased services. The request for review should include copies of material from paragraphs "a" and "b" above. The bureau chief shall review the issues and positions of the parties involved and provide a written decision within 14 days. A meeting may be held with the provider, project manager, and regional administrator or designee.

*d.* The provider may appeal this decision within 10 days to the director of the department, who shall issue the final department decision within 14 days.

The department shall notify the applicable counties of any request for review and the decision reached in response to the request.

A provider who is adversely affected by a county decision may request a review in accordance with procedures established by the county pursuant to the approved county management plan.

**150.22(12) Review of financial and statistical reports.** The provider's general financial records shall be available for review by authorized department and county personnel, the purchase of service fiscal consultant, and state, county, and federal audit personnel. The purpose of the review is to determine if expenses reported for the purpose of establishing the rate have been handled as required under subrule 150.22(7). Representatives shall provide proper identification and shall use generally accepted auditing principles. The reviews may include an on-site visit to the provider, the provider's central accounting office, the offices of the provider's agents, a combination of these, or, by mutual decision, to other locations.

**150.22(13) Notification of changes.** The provider shall, prior to implementation whenever possible, notify the assigned project manager of any changes in the provider's organization or delivery of service which may affect compliance with any terms and conditions of the contract. If prior notice is not possible, the provider shall notify the project manager within one working day of the change.

These rules are intended to implement Iowa Code section 234.6 and 2000 Iowa Acts, Senate File 2435, section 31, subsection 7.

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