

641—80.4(135) Billing services to the local public health services state grant. The contractor shall bill public health activities to the state grant based on the identified needs of the community.

80.4(1) Planning process. Prior to the ensuing fiscal year application process, the contractor shall initiate a community planning process with input from community partners including but not limited to authorized agencies in order to identify the needs of the community.

80.4(2) Alternative plan. A plan is required for the alternative use of the state grant funds. The plan shall be based on an assessment of the community and shall be submitted by the contractor for approval by the department. The plan shall:

a. Assure the department of the delivery of essential public health services that are the primary purpose of these funds.

b. Identify essential public health services to be delivered.

c. Describe the activity to be delivered.

d. Identify target populations to be served.

e. Identify outcome measures.

80.4(3) Funder of last resort. The state grant shall be billed as the last resort.

a. The state grant shall be billed the lower of the authorized agency's cost or charges.

b. The state grant shall not be billed for services eligible for third-party reimbursement (e.g., Medicare, Medicaid, private insurance, approved Iowa waivers, or other federal or state funds).

c. The state grant shall not be billed for the balance between the authorized agency cost or charge, whichever is lower, and the allowed reimbursement from a third-party payer.

d. The state grant shall not be billed for fees waived by the authorized agency.

80.4(4) Cost analysis. The authorized agency shall complete, at a minimum, an annual cost analysis, using a method approved by the department. The authorized agency shall maintain documentation to support the administrative cost allocation.

80.4(5) Fees and donations. Fees for services and donations shall be used to support local public health services.

a. Fees for services provided shall be based on a financial assessment which determines the consumer's financial responsibility. The financial assessment shall be updated annually by the authorized agency. An authorized agency may consider additional health care-related expenses or resources above \$10,000 when determining the consumer fee according to an agency's policy.

b. Sliding fee scale. The authorized agency shall establish a sliding fee scale that considers resources and income. The sliding fee scale shall be based on the charge for services. The authorized agency shall determine placement on the sliding fee scale before the service begins. The authorized agency shall use payments, based on the sliding fee scale, and donations received from consumers to support essential public health services. The following instructions apply to the use of the sliding fee scale:

(1) A fee shall be charged to consumers who have an income at or above 200 percent of federal poverty guidelines.

(2) No fee shall be charged to consumers who have an income at or below 75 percent of federal poverty guidelines and resources of \$10,000 or less.

(3) A sliding fee or full fee for home care aide (personal care); home care aide (homemaker), home care aide (home helper) and home care aide (chore); nursing (disease and disability); and nursing (health maintenance) shall be established.

(4) No fee shall be charged for protective services or communicable disease follow-up services.

(5) An authorized agency may charge a fee according to the authorized agency's policy for services other than those described in subparagraph (4) if the consumer has an income below 200 percent but above 75 percent of federal poverty guidelines.

80.4(6) Reallocation. The department will annually determine the potential for unused funds from contracts. If funds are available, reallocation of the funds shall be at the discretion of the department.