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Concerns Faced by Community Providers

- **Accessibility** to services throughout the state is fragmented (medications, services to persons with brain injury & developmental disabilities)
- **Uniformity** of cost reporting (HF 309 to address this passed in 2006 - still has not been completed!)
- **Cost reporting** is currently done retroactively; rates are set 18+ months in arrears with NO ability to carry a margin through the interim period.
 - **Methodology** utilized by CMS/State of Iowa contracts for Medicaid funds are reduced by counties once set by IME.
 - **Administrative costs** in HCBS rules do not reflect Generally Accepted Accounting Principles & include indirect costs. They are capped at 20% (example – mandatory staff training is disallowed)
- **Accountability** of agencies charged with administering state funding is non-existent. Currently, counties submit management plan to MH/DS division administrator. Once submitted there is no oversight of the implementation of that plan.
- **Community-based services** are encouraged but state institutions & out-of-state placements are funded much higher rates
- **Community employment** is being pushed heavily by state departments but services have been decimated due to unsustainable rates for service providers.

Systems Recommendations

- **Increased accessibility** for all Iowans experiencing disability through development of a regional or statewide system
- **Increased Uniformity:** Development of **single cost reporting system** that is based on rates **set prospectively**
- **Cost Reporting:** Medicaid rates are set based on **methodology** as outlined in State of Iowa contract with CMMS, & may not be reduced by other local funding agencies
- **Accountability:** Agencies charged with administering state funds are held **accountable** to standardized rules & regulations as set forth by Iowa Code. There is oversight by IME of Medicaid state match dollars & service implementation.
- **Increase viability of Community-based services:** Build the capacity of community based services through fair fiscal policy & technical assistance. The rate of state services may not exceed those of community providers.
- **Increase access to Community employment:** Development of incentives to clients & providers to seek & retain integrated, competitive employment within the community of choice.