

Good afternoon. Thank you for the opportunity to speak with you today. My name is Shelly Chandler. I am the Executive Director of the Iowa Association of Community Providers. We are the professional trade association of providers of intellectual, developmental behavioral health and brain injury services. Our members support 160,000 Iowans in all 99 counties.

Our providers do not choose who manages the system of care. We have been managed by DHS - counties - regions - Magellan.

IACP has been working with our members on the preparation for managed care expansion for four years based on what we have seen in other states.

Since last month's meeting, we have received more information from DHS. We received the rates. We continue to work closely with DHS and the MCO's on a daily basis to understand and navigate the terms and conditions of the contracts, and the rates for ALL of the providers of the Long Term Services and Supports system.

As mentioned this morning, the rates now set are based on a weighted average. Originally, earlier this fall, the rate offered by DHS to IACP for HCBS was the lowest paid rate for each service. The expectation was that providers would negotiate with the MCOs.

An example, for an individual on the ID waiver living in a 24 hour home, the daily rate would have been \$65/day - unacceptable.

We worked with DHS, as are working with the MCOs, to address this. The rates, while not perfect, are better, FAR better, than where they were. We are moving forward.

Our members' issues with the average are that they are based on claims paid in the last fiscal year. This reflects costs that are 2-3 years old. The Department's decision not to honor Iowa law to rebase HCBS rates this year ignores the current costs of HCBS, and does not recognize changes in services or new services that occurred after July 1.

We are realists. The system as it was is gone. Magellan is gone. Case management is gone. We must move forward.

Will there be problems? Yes. If we wait, there will be problems then too. I would remind you, there were problems with the old system as well.

I am not a cheerleader for managed care. I am a cheerleader for community providers and for those they serve. I believe we will work out the details, as we have done. It's what we do.

If I could turn back the clock, I would, to take more time for deliberate, thoughtful time for implementation, I would, but I can't - so we move forward.

Thank you.

Shelly Chandler  
Executive Director  
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