

INSTITUTIONAL STATE PLAN AMENDMENT
ASSURANCE AND FINDING CERTIFICATION STATEMENT

STATE: IOWA

TN - MS-97-25
Supersedes TN 96-31

REIMBURSEMENT TYPE: Inpatient hospital _____
 Nursing Facility _____
 ICF/MR X_____

PROPOSED EFFECTIVE DATE: July 1, 1997

A. State Assurances and Findings. The State assures that it has made the following findings:

1. 447.253(b)(1)(i) - The State pays for inpatient hospital services and long-term care facility services through the use of rates that are reasonable and adequate to meet the costs that must be incurred by efficiently and economically operated providers to provide services in conformity with applicable State and Federal laws, regulations, and quality and safety standards. X

2. With respect to inpatient hospital services --

a. 447.253(b)(1)(ii)(A) - The methods and standards used to determine payment rates take into account the situation of hospitals which serve a disproportionate share of low income patients with special needs.

NA

b. 447.253(b)(1)(ii)(B) - If a State elects in its State plan to cover inappropriate level of care services (that is, services furnished to hospital inpatients who require a lower covered level of care such as skilled nursing services or intermediate care services) under conditions similar to those described in section 1861(v)(1)(G) of the Act, the methods and standards used to determine payment rates must specify that the payments for this type of care must be made at rates lower than those for inpatient hospital level of care services, reflecting the level of care actually received, in a manner consistent with section 1861(v)(1)(G) of the Act.

NA

If the answer is "not applicable," please indicate:

Not applicable.

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- c. 447.253(b)(1)(ii)(C) - The payment rates are adequate to assure that recipients have reasonable access, taking into account geographic location and reasonable travel time, to inpatient hospital services of adequate quality.
NA
3. With respect to nursing facility services --
- a. 447.253(b)(1)(iii)(A) - Except for pre-admission screening for individuals with mental illness and mental retardation under 42 CFR 483.20(f), the methods and standards used to determine payment rates take into account the costs of complying with the requirements of 42 CFR part 483 subpart B.
NA
- b. 447.253(b)(1)(iii)(B) - The methods and standards used to determine payment rates provide for an appropriate reduction to take into account the lower costs (if any) of the facility for nursing care under a waiver of the requirement in 42 CFR 483.30(c) to provide licensed nurses on a 24-hour basis.
NA
- c. 447.253(b)(1)(iii)(C) - The State has established procedures under which the data and methodology used to establish payment rates are made available to the public.
NA
4. 447.253(b)(2) - The proposed payment rate will not exceed the upper payment limits as specified in 42 CFR 447.272:
- a. 447.272(a) - Aggregate payments made to each group of health care facilities (hospitals, nursing facilities, and ICFs/MR) -will not exceed the amount that can reasonably be estimated would have been paid for under Medicare payment principles.
X
- b. 447.272(b) - Aggregate payments to each group of State-operated facilities (that is, hospitals, nursing facilities, and ICFs/MR) -- when considered separately -- will not exceed the amount that can reasonably be estimated would have been paid for under Medicare payment principles.
X

If there are no State-operated facilities, please indicate "not applicable."

- c. 447.272.(c) - Aggregate disproportionate share hospital (DSH) payments do not exceed the DSH payment limits at 42 CFR 447.296 through 447.299. NA
- d. Section 1933(g) - DSH payments to individual providers will not exceed the hospital-specific DSH limits in section 1923(g) of the Act. NA

B. State Assurances. The State makes the following additional assurances:

1. For hospitals --

- a. 447.253(c) - In determining payment when there has been a sale or transfer of the assets of the hospital, the State's methods and standards provide that payment rates can reasonably be expected not to increase in the aggregate solely as a result of changes of ownership, more than payments would increase under Medicare under 42 CFR 413.130, 413.134, 413.153 and 413.157 insofar as these sections affect payment for depreciation, interest on capital indebtedness, return on equity (if applicable), acquisition costs for which payments were previously made to prior owners, and the recapture of depreciation. NA

2. For nursing facilities and ICFs/MR --

- a. 447.253(c) - In determining payment when there has been a sale or transfer of the assets of a NF or ICF/MR, the State's methods and standards provide that payment rates can reasonably be expected not to increase in the aggregate solely as a result of changes of ownership, more than payments would increase under Medicare under 42 CFR 413.130, 413.134, 413.153 and 413.157 insofar as these sections affect payment for depreciation, interest on capital indebtedness, return on equity (if applicable), acquisition costs for which payments were previously made to prior owners, and the recapture of depreciation. X
- b. 447.253 (d)(2) - When there has been a sale or transfer of the assets of a NF or ICF/MR on or after October 1, 1985, the State's methods and standards provide that the valuation of capital assets for purposes of determining payment rates will not increase (as measured from the date of acquisition by the seller to the date of the change of ownership) solely as a result of a change of ownership, by more than the lesser of:

(i) 1/2 of the percentage increase (as measured from the date of acquisition by the seller to the date of the change of ownership) in the Dodge construction index applied in the aggregate with respect to those facilities that have undergone a change of ownership during the fiscal year; or

(ii) 1/2 of the percentage increase (as measured from the date of acquisition by the seller to the date of the change of ownership) in the Consumer Price Index for All Urban Consumers (CPI-U) (United States city average) applied in the aggregate with respect to those facilities that have undergone a change of ownership during the fiscal year.

X

3. 447.253(e) - The State provides for an appeals or exception procedure that allows individual providers an opportunity to submit additional evidence and receive prompt administrative review, with respect to such issues as the State determines appropriate, of payment rates. X

4. 447.2563(f) - The State requires the filing of uniform cost reports by each participating provider. X

5. 447.253(g) - The State provides for periodic audits of the financial and statistical records of participating providers. X

6. 447.253(h) - The State has complied with the public notice requirements of 42 CFR 447.205.

Notice published on: none

If no date is shown, please explain:

not required as no change-methodology remains the same-80th percentile.

7. 447.253(l) - The State pays for inpatient hospital and long-term care services using rates determined in accordance with the methods and standards specified in the approved State plan. X

C. Related Information

1. 447.255(a) - NOTE: If this plan amendment affects more than one type of provider (e.g., hospital, NF, and ICF/MR; or DSH payments) provide the following rate information for each provider type, or the DSH payments. You may attach supplemental pages as necessary.

Provider type: ICF/MR

For Hospitals: Include DSH payments in the estimated average rates. You may either combine hospital and DSH payments or show DSH separately. If including DSH payment in a combined rate, please initial that DSH payments are included.
NA

Estimated average proposed payment rate as a result of this amendment: \$256.63
Average payment rate in effect for the immediately preceding rate period: \$255.47
Amount of change: \$ 1.16 Percent of change: 0.45%

2. 447.255(b) - Provide an estimate of the short-term and, to the extent feasible, long-term effect the change in the estimated average rate will have on:

(a) The availability of services on a statewide and geographic area basis:
No Change

(b) The type of care furnished:
No Change

(c) The extent of provider participation:
No change

(d) For hospitals -- the degree to which costs are covered in hospitals that serve a disproportionate number of low income patients with special needs:
NA

I HEREBY CERTIFY that to the best of my knowledge and belief, the information provided is true, correct, and a complete statement prepared in accordance with applicable instructions.

Completed by RK for Gary Hesman

Date 9/12/97

Title Bureau Chief

IOWA DEPARTMENT OF HUMAN SERVICES
 Division of Medical Services
 ICF/MR Upper Payment Limit Determination
 December 31, 1996

Vendor Number	Vendor Name	Per Diem Cost	Property Cost	Routine Service Cost	Payment Rate	Property Cost	Incentive Factor	Recompute Payment Rate
<u>Government Controlled Facilities</u>								
1	880021 Glenwood State Hosp-School	255.45	12.47	242.98	261.84	12.47	0.00	249.37
2	880088 Woodward State Hosp-School	284.35	13.29	271.06	291.43	13.29	0.00	278.14
	Total	539.80	25.76	514.04	553.27	25.76	0.00	527.51
	Average Cost			257.02				
	X112*			1.12				
	Routine Cost Upper Payment Limit			287.86				
	Average Payment							263.75
<u>Community Based and Proprietary Facilities</u>								
1	880039 Village Northwest Unlimited	238.70	14.40	224.30	244.67	14.40	0.00	230.27
2	880070 New Hope Village	246.25	20.55	225.70	252.41	20.55	0.00	231.86
3	880112 Sunnycrest Manor	173.39	5.79	167.60	177.73	5.79	0.00	171.94
4	880138 Children's Rehabilitation Center	252.99	22.50	230.49	255.47	22.50	0.00	232.97
5	880153 Christian Opportunity Center	191.62	11.37	180.25	196.41	11.37	0.00	185.04
6	880195 Bethphage Mission Midwest	248.90	27.83	221.07	255.13	27.83	0.00	227.30
7	880237 Jasper County Care Facility	250.19	6.64	243.54	255.47	6.64	0.00	248.83
8	880245 North Central Human Services	225.14	11.60	213.54	230.77	11.60	0.00	219.17
9	880252 Courage Homes	190.24	20.45	169.79	195.00	20.45	0.00	174.55
10	880260 Hills & Dales	219.51	11.23	208.27	224.99	11.23	0.00	213.76
11	880278 Country View	244.85	9.85	235.00	250.97	9.85	0.00	241.12
12	880286 Behavioral Technologies-Delta	224.77	15.19	209.58	230.39	15.19	0.00	215.20
13	880310 Living Center East	165.10	7.37	157.73	169.22	7.37	0.00	161.85
14	880328 Handicapped Development	236.95	15.02	221.93	242.88	15.02	0.00	227.86
15	880336 Burling House	249.53	11.81	237.72	255.47	11.81	0.00	243.66
16	880344 Harmony House	140.82	12.02	128.80	144.34	12.02	0.00	132.32
17	880369 Park View Homes	174.33	26.77	147.55	178.69	26.77	0.00	151.92
18	880377 Wood Lake Group Home	207.43	12.75	194.68	212.61	12.75	0.00	199.86
19	880393 Behavioral Technologies-Alpha	216.47	23.75	192.72	221.89	23.75	0.00	198.14
20	880419 Behavioral Technologies-Beta	216.85	22.55	194.20	222.27	22.55	0.00	199.62
21	880427 Behavioral Technologies-Gamma	225.66	22.65	203.01	231.30	22.65	0.00	208.65
22	880435 Kathleen's Care, Inc.	179.92	9.29	170.63	184.42	9.29	0.00	175.13
23	880443 REM-Iowa-Crestwood	194.22	18.45	175.77	199.08	18.45	0.00	180.63

DEPARTMENT OF HUMAN SERVICES
 Division of Medical Services
 ICF/MR Upper Payment Limit Determination
 December 31, 1996

Vendor Number	Vendor Name	Per Diem Property		Routine Service		Payment		Property Incentive		Recompute	
		Cost	Cost	Cost	Cost	Rate	Cost	Factor	Rate		
24	880450 REM-Iowa-Terry Avenue	185.81	19.77	166.04	190.45	19.77	0.00	170.68			
25	880468 Opportunity Village	255.62	13.45	242.18	255.47	13.45	0.00	242.02			
26	880476 Opportunity Living I	235.28	23.89	211.39	241.16	23.89	0.00	217.27			
27	880484 REM-Iowa-8th Street	192.72	20.00	172.72	197.54	20.00	0.00	177.54			
28	880492 REM-Iowa 36th Avenue	181.86	17.17	164.69	186.41	17.17	0.00	169.24			
29	880500 Fourth Avenue Group Home	271.25	21.94	249.31	255.47	21.94	0.00	233.53			
30	880518 REM-Iowa-Daleview Drive	194.27	20.62	173.65	199.12	20.62	0.00	178.50			
31	880526 Northwoods Living	238.14	32.31	205.82	244.09	32.31	0.00	211.78			
32	880534 Opportunity Living II	230.71	23.75	206.97	236.48	23.75	0.00	212.73			
33	880542 Community Care/Clinton Cty	210.59	2.26	208.33	215.85	2.26	0.00	213.59			
34	880559 REM-Iowa Washington	197.03	19.13	177.90	201.96	19.13	0.00	182.83			
35	880567 REM-Iowa Kalona	206.29	20.21	186.09	211.45	20.21	0.00	191.24			
36	880575 Prairie House	179.26	12.59	166.67	183.75	12.59	0.00	171.16			
37	880583 REM-Iowa Coralville	205.95	23.50	182.45	211.10	23.50	0.00	187.60			
38	880591 Ashwood	241.77	14.95	226.82	247.81	14.95	0.00	232.86			
39	880609 REM-Iowa N. 35th Street	152.01	20.93	131.08	155.81	20.93	0.00	134.88			
40	880617 Crestview	257.77	22.43	235.34	255.47	22.43	0.00	233.04			
41	880625 REM Iowa, Shelby A	189.13	16.92	172.21	193.86	16.92	0.00	176.94			
42	880633 Bluff View Homes	197.51	26.58	170.93	202.44	26.58	0.00	175.86			
43	880641 REM Iowa, Shelby B	186.20	14.20	172.00	190.86	14.20	0.00	176.66			
44	880658 REM-Iowa Mansfield Avenue	183.16	19.93	163.22	187.74	19.93	0.00	167.81			
45	880666 Westview Homes	200.22	11.08	189.14	205.23	11.08	0.00	194.15			
46	880674 Faith, Hope and Charity	234.91	21.98	212.92	242.90	21.98	0.00	220.92			
47	880682 Progress Industries West	259.78	21.79	237.99	255.47	21.79	0.00	233.68			
48	880690 Indian Avenue	251.51	10.45	241.06	255.47	10.45	0.00	245.02			
49	880716 Highland Drive	258.66	22.26	236.40	255.47	22.26	0.00	233.21			
50	880732 Carlton Drive	241.68	20.62	221.06	247.72	20.62	0.00	227.10			
51	880740 Clark Street Group Home	256.79	14.88	241.91	255.47	14.88	0.00	240.59			
52	880757 Shepherd's Cottage	154.16	5.40	148.76	158.01	5.40	0.00	152.61			
53	880765 Belmont #1	261.07	19.08	241.99	255.47	19.08	0.00	236.39			
54	880773 Rownd Street Home	259.12	21.92	237.20	255.47	21.92	0.00	233.55			
55	880781 Bethphage at Osceola-Ayers	247.03	27.36	219.67	253.20	27.36	0.00	225.84			
56	880799 Bethphage at Osceola-McLane	250.55	30.72	219.83	255.47	30.72	0.00	224.75			
57	880807 ARC - Carriage Hill	195.14	8.94	186.19	200.01	8.94	0.00	191.07			
58	880815 ARC - Hacienda	191.70	9.14	182.56	196.49	9.14	0.00	187.35			
59	880823 ARC - West 32nd St.	210.47	9.19	201.28	215.73	9.19	0.00	206.54			

PARTMENT OF HUMAN SERVICES
 Division of Medical Services
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Vendor Number	Vendor Name	Per Diem Property		Routine Service		Payment		Property Incentive		Recompute Payment	
		Cost	Cost	Cost	Cost	Rate	Cost	Factor	Rate		
60	880831 Martin Luther Hms of IA Inc	197.58	14.32	183.25	202.51	14.32	0.00	188.19			
61	880849 Belmont II	253.15	23.27	229.87	255.47	23.27	0.00	232.20			
62	880872 Opportunity Living III	250.20	18.08	232.12	255.47	18.08	0.00	237.39			
63	880922 Martin Luther Settler's Lane Home	220.42	16.31	204.11	225.93	16.31	0.00	209.62			
64	880955 Martin Luther Home-S. 15th Street	214.69	16.53	198.16	220.06	16.53	0.00	203.53			
65	880971 G & G Living - Dawn	243.37	26.14	217.23	249.46	26.14	0.00	223.32			
66	880989 G & G Living - Sunrise	236.18	25.80	210.38	242.08	25.80	0.00	216.28			
67	880997 South Hill Home	226.91	23.62	203.30	232.59	23.62	0.00	208.97			
68	881003 G & G Living - Westside	237.61	26.84	210.78	243.56	26.84	0.00	216.72			
69	881011 Martin Luther-40th St Home	251.79	18.84	232.95	255.47	18.84	0.00	236.63			
70	881029 Mahaska Diamond Shelter	256.31	14.81	241.50	239.48	14.81	0.00	224.67			
71	881037 Glenshire House	279.52	48.30	231.22	255.47	48.30	0.00	207.17			
72	881045 G & G Living - Sunset	241.52	26.84	214.68	247.56	26.84	0.00	220.72			
73	881052 Martin Luther-Prospect Ave.	257.22	21.38	235.85	255.47	21.38	0.00	234.09			
74	881060 Martin Luther-16th St House	260.36	21.84	238.52	255.47	21.84	0.00	233.63			
75	881078 Woodridge House	270.75	48.35	222.40	255.47	48.35	0.00	207.12			
76	881086 G & G Living - Hillside	234.32	26.84	207.48	240.18	26.84	0.00	213.34			
77	881094 G & G Living - Jackson	237.11	26.50	210.61	243.04	26.50	0.00	216.54			
78	881102 Nevada I	268.11	23.49	244.62	255.47	23.49	0.00	231.98			
79	881110 Clarion I	252.91	14.69	238.22	255.47	14.69	0.00	240.78			
80	881128 Theimer Group Home	257.68	18.14	239.54	255.47	18.14	0.00	237.33			
81	881136 Nevada II	246.43	22.28	224.16	252.59	22.28	0.00	230.31			
82	881144 Martin Luther-20th Street	257.63	18.51	239.12	255.47	18.51	0.00	236.96			
83	881151 C.O.C. - Easton	204.65	29.48	175.16	209.76	29.48	0.00	180.28			
84	881169 Chamber Ridge	276.10	53.83	222.27	255.47	53.83	0.00	201.64			
85	881177 Clarion II	253.50	12.38	241.12	255.47	12.38	0.00	243.09			
86	881185 C.O.C. - Southview House	217.99	28.83	189.16	223.19	28.83	0.00	194.36			
87	881193 Bluegrass View	260.14	50.25	209.89	255.47	50.25	0.00	205.22			
88	881201 Nodaway Place	246.67	46.89	199.78	252.83	46.89	0.00	205.94			
89	881219 Oakshire House	244.74	54.81	189.93	250.86	54.81	0.00	196.05			
90	881227 Martin Luther - Sherman Blvd.	260.04	22.06	237.98	255.47	22.06	0.00	233.41			
91	881235 CCC Eastview Home	196.64	14.17	182.47	201.55	14.17	0.00	187.38			
92	881243 Suncrest	241.27	52.65	188.62	247.30	52.65	0.00	194.65			
93	881250 Martin Luther Homes S.W. Payton	263.48	21.63	241.85	255.47	21.63	0.00	233.84			
94	881268 Berry Ridge House	285.60	58.69	226.90	255.47	58.69	0.00	196.78			
95	881276 The Homestead Living & Learning Ctr	235.72	22.73	212.99	241.62	22.73	0.00	218.89			

IOWA DEPARTMENT OF HUMAN SERVICES
 Division of Medical Services
 ICF/MR Upper Payment Limit Determination
 December 31, 1996

Vendor Number	Vendor Name	Per Diem Cost	Routine Service		Payment Rate	Property Cost	Incentive Factor	Recompute Payment Rate
			Cost	Cost				
96	881284 Nevada III	243.33	27.99	215.35	249.42	27.99	0.00	221.43
97	881292 Nevada IV	237.25	21.93	215.33	243.19	21.93	0.00	221.26
98	881300 Community Care of Pacific Junction	137.42	12.33	125.09	140.86	12.33	0.00	128.53
99	881318 Community Care of Glenwood	129.17	6.66	122.51	132.40	6.66	0.00	125.74
100	881326 Ankeny House	247.39	8.26	239.13	253.58	8.26	0.00	245.32
101	881334 Martin Luther-68th St.	278.77	26.78	251.99	255.47	26.78	0.00	228.69
102	881342 Martin Luther-Lewis St.	256.63	24.66	231.97	255.47	24.66	0.00	230.81
103	881359 Burlington House	240.48	56.86	183.61	246.49	56.86	0.00	189.63
104	881367 Martin Luther-41st St	240.31	23.81	216.51	246.32	23.81	0.00	222.51
105	881375 Meadow House	287.37	64.66	222.71	255.47	64.66	0.00	190.81
106	881383 Sunrise Trail	295.70	73.04	222.65	255.47	73.04	0.00	182.43
Total		24211.08	2378.38	21832.71	24346.73	2378.38	0.00	21968.35
Average Cost				205.97				
X 112				1.12				
Routine Cost Upper Payment Limit				<u>230.69</u>				
Average Payment								<u>207.25</u>

IOWA DEPARTMENT OF HUMAN SERVICES
Division of Medical Services
Estimate of Federal Funding (Federal FY 1998) for ICF/MRs

Calculation of Federal Portion of Payments

Total T-19 Payments	132341122	
Divided by 4 Quarters per Year	<u>4</u>	
Quarterly Cost	33085280	
Federal Match 1987	62.94%	
Federal Portion	<u>20823876</u>	20823876
Quarterly Cost	33085280	
Multiplied by 3 Quarters Remaining	<u>3</u>	
Remaining Cost	99255841.39	
Federal Match 1998	63.75%	
Federal Portion	<u>63275599</u>	63275599
Total Estimated Federal Payments (FY 1998)		<u><u>84099474</u></u>

IOWA DEPARTMENT OF HUMAN SERVICES
 Division of Medical Services
 Estimate of Federal Funding (Federal FY 1998) for ICFMRs

Provider Number	Provider Name	Period End	Annual Patient Days	Payment Rate	Total Payments	Total T-19 Payments
880021	Glenwood State Hosp-School	6/30/96	74062	256.63	19006531	8844402
880038	Village Northwest Unlimited	6/30/96	21814	246.68	5378988	5109943
880070	New Hope Village	6/30/96	17488	254.38	4448566	4085418
880088	Woodward State Hosp-School	6/30/96	51856	256.63	13307805	5822165
880112	Sunnycresc Manor	6/30/96	10248	179.12	1835579	1835579
880138	Children's Habilitation Center	6/30/96	10565	256.63	2711296	2711296
880153	COC-Broadway	6/30/98	5419	197.94	1072657	1072657
880195	Bethpage Mission Midwest	6/30/96	19881	256.63	5102081	4591855
880237	Jasper County Care Facility	6/30/96	8349	256.63	2142804	1885491
880245	Kelly's Court-NCHS	6/30/96	8784	232.57	2042887	2042887
880252	Courage Homes	6/30/96	15488	196.52	3236247	3236247
880260	Hills & Dale	6/30/96	15364	226.75	3483780	3483780
880278	Country View	6/30/96	11612	252.93	2911787	2820774
880286	Behavioral Technologies-Delta	6/30/96	2903	232.19	674037	674037
880310	Living Center East	6/30/96	8496	170.54	1619488	1619488
880328	Handicapped Development	6/30/96	19577	244.77	4781901	4781901
880336	Burling House	6/30/96	4392	256.63	1127119	1127119
880344	Hannony House	6/30/96	22534	145.46	3277840	2265568
880369	Park View Homes	6/30/96	18452	180.08	2962671	2962671
880377	Wood Lake Group Homes	6/30/96	5812	214.27	1245347	1167513
880393	Behavioral Technologies-Alpha	6/30/96	2920	223.62	652984	652964
880416	Behavioral Technologies-Beta	6/30/96	2920	224.01	654108	654108
880427	Behavioral Technologies-Gamma	6/30/96	2920	233.11	680677	680677
880435	Kathleen's Care, Inc.	6/30/96	4921	185.88	914613	645809
880443	REM-Iowa-Crestwood	6/30/96	2928	200.63	587442	587442
880450	REM-Iowa-Terry Avenue	6/30/96	2928	191.94	562004	562004
880468	Opportunity Village	6/30/96	10826	256.63	2776276	2778276
880476	Opportunity Living I	6/30/96	11888	243.04	2840211	2751454
880484	REM-Iowa-8th Street	6/30/96	2928	199.08	582907	582907
880492	REM-Iowa 38th Avenue	6/30/96	2928	187.86	550063	550063
880500	Fourth Avenue Group Home	6/30/96	2182	256.63	559967	559967
880518	REM-Iowa-Daleview Drive	6/30/96	2928	200.88	587585	587585
880526	Northwoods Living	6/30/96	10964	245.99	2697075	2607173
880534	Opportunity Living II	6/30/96	5826	238.33	1388486	1388486
880542	Community Care/Clinton City	6/30/96	8952	217.54	1947410	1947410
880559	REM-Iowa Washington	6/30/96	2927	203.54	595748	585748
880567	REM-Iowa Kalona	6/30/96	2928	213.10	623957	623957
880575	Prairie House	6/30/96	4320	186.63	806261	806261
880583	REM-Iowa Cornville	6/30/96	2904	212.75	617824	617824

IOWA DEPARTMENT OF HUMAN SERVICES
 Division of Medical Services
 Estimate of Federal Funding (Federal FY 1998) for ICF/MRs

Provider Number	Provider Name	Period End	Annual Patient Days	Payment Rate	Total Payments	Total T-18 Payments
880591	Ashwood	6/30/96	5411	248.26	1343320	1343320
880609	REM-Iowa N. 35th Street	6/30/96	2920	157.02	458509	458509
880617	Crestview	6/30/96	14406	256.63	3697012	3697012
880625	REM Iowa, Shelby A	6/30/96	2928	195.37	572057	572057
880633	Bluff View Homes	6/30/96	5656	204.02	1194768	1194768
880641	REM Iowa, Shelby B	6/30/96	2865	192.35	551075	551075
880658	REM-Iowa Mansfield Avenue	6/30/96	2921	189.20	552660	552660
880666	Washview Homes	6/30/96	4275	206.63	884166	884166
880674	Faith, Hope and Charity	6/30/96	11580	242.66	2809960	2722168
880682	Progress Industries West	6/30/96	2926	256.63	750899	750899
880690	Indian Avenue	6/30/96	1772	256.63	454748	454748
880716	Highland Drive	6/30/96	1464	256.63	375706	375706
880732	Carlton Drive	6/30/96	1464	249.66	365487	365487
880740	Clark Street Group Home	6/30/96	1464	256.63	375706	375706
880757	Shepherd's Cottage	6/30/96	5435	159.24	865486	865486
880765	Belmond #1	6/30/96	2176	256.63	558427	558427
880773	Rownd Street Home	6/30/96	1464	256.63	375706	375706
880781	Bethphage at Osceola Ayers	6/30/96	2442	255.18	623151	534128
880789	Bethphage at Osceola-McLane	6/30/96	2464	256.63	632336	632336
880807	ARC - Carnegie Hill	6/30/96	2928	201.58	590212	590212
880815	ARC - Hacienda	6/30/96	2928	198.02	579812	579812
880823	ARC - West 32nd St.	6/30/96	2928	217.42	636602	636602
880831	Martin Luther Hms of IA Inc	6/30/96	2196	204.10	448183	288786
880849	Belmond II	6/30/96	2195	256.63	563303	563303
880872	Opportunity Living III	6/30/96	5856	256.63	1502825	1502825
880922	Martin Luther Settler's Lane Home	6/30/96	2192	227.70	499113	332742
880955	Martin Luther Home-S. 15th Street	6/30/96	2192	221.77	486126	324084
880971	G & G Living - Dawn	6/30/96	2198	251.40	552081	552081
880989	G & G Living - Sunrise	6/30/96	2198	243.97	535760	535760
880997	South Hill Home	6/30/96	1796	234.40	420888	420888
881003	G & G Living - Westside	6/30/96	2196	245.46	539021	539021
881011	Martin Luther-40th St Home	6/30/96	1462	256.63	375193	375193
881029	Mariska Diamond Shelter	6/30/96	2889	256.63	741404	741404
881037	Glenshire House	6/30/96	1439	236.63	368281	368281
881045	G & G Living - Sunset	6/30/96	2181	249.48	544137	544137
881052	Martin Luther-Prospect Ave.	6/30/96	1467	256.63	373910	373910
881060	Martin Luther-16th St House	6/30/96	1464	256.63	375706	375706
881076	Woodridge House	6/30/96	1464	256.63	375706	375706
881086	G & G Living - Hillside	6/30/96	2198	242.05	531560	531560

IOWA DEPARTMENT OF HUMAN SERVICES
 Division of Medical Services
 Estimate of Federal Funding (Federal FY 1998) for ICF/MR

Provider Number	Provider Name	Period End	Annual Patient Days	Payment Rate *	Total Payments	Total T-19 Payments
881084	G & G Living - Jackson	6/30/86	2191	244.94	536656	536656
881102	Nevada I	6/30/88	2082	256.63	536870	536870
881110	Clarion I	6/30/86	2184	256.63	560480	560480
881128	Theimer Group Home	6/30/86	1820	256.83	467087	467087
881138	Nevada II	6/30/86	2184	254.57	555973	555973
881144	Martin Luther-20th Street	6/30/86	1456	256.63	373653	373653
881151	C.O.C. - Easton	6/30/86	2912	211.40	615598	615598
881169	Chamber Ridge	6/30/86	1448	256.63	371600	371600
881177	Clarion II	6/30/86	2184	256.63	560480	560480
881185	C.O.C. - Southview House	6/30/86	2912	225.18	655728	655728
881193	Bluegrass View	6/30/86	2032	256.63	521472	521472
881201	Nodaway Place	6/30/86	2184	254.81	556500	556500
881219	Oakshire House	6/30/86	2184	252.82	552156	552156
881227	Martin Luther - Sherman Blvd.	6/30/86	1456	256.63	373653	373653
881235	COC Eastview Home	6/30/86	2912	203.12	591500	591500
881243	Suncrest	6/30/86	4332	249.23	1079666	1079666
881250	Martin Luther Homes S.W. Payton	6/30/86	1450	256.63	372114	372114
881268	Berry Ridge House	6/30/86	1452	256.63	372627	372627
881276	The Homestead Living & Learning Ctr	6/30/88	8596	243.50	2093139	2093139
881284	Nevada III	6/30/86	2184	251.36	548981	548981
881292	Nevada IV	6/30/86	2184	245.08	535261	535261
881300	Community Care of Pacific Junction	6/30/86	4381	141.96	621922	621922
881318	Community Care of Glenwood	6/30/86	41597	133.43	5550243	5550243
881326	Ankeny House	6/30/86	1456	255.56	372089	372089
881334	Martin Luther-88th St.	6/30/86	1388	256.63	356202	356202
881342	Martin Luther-Lewis St.	6/30/86	1436	256.63	368621	368621
881359	Burlington House	6/30/86	2176	248.41	640548	640548
881367	Martin Luther-41st St	7/31/86	1456	248.24	361441	361441
881375	Meadow House	8/31/86	1480	266.63	374680	374680
881383	Sunrise Trail	6/30/86	1326	256.63	340281	340281
881409	Ridge Trail	10/31/86	1400	256.63	359282	359282
881417	Oak Ridge	1/31/87	830	256.63	213003	106501
			<u>678651</u>		<u>153778212</u>	<u>132341122</u>

*: Calculated using the CPI of 3.3% effective 7/1/87

NOTE: T-19 payments calculated based upon T-19 Occupancy % as shown on the 12/31/98 ICF/MR Compilation (# of T-19 Patients to Total Beds)