

LEGISLATIVE ACTION REQUEST

EASTERSEALS IOWA SAVES TAX PAYER DOLLARS WHILE PROVIDING NECESSARY SERVICES

- The average daily cost for Easterseals to provide a respite care for a client is \$120.00 compared to the average daily cost of \$888.20 for institutional care. (Source: <https://www.thegazette.com/health-care-medicine/resident-counts-drop-but-costs-increase-at-iowas-six-state-run-institutions/>)
 - The average monthly cost for Easterseals to provide intermittent supported community living for a client is \$1,452.37 compared to the average monthly cost of \$26,646.00 for institutional care. (Source: <https://www.thegazette.com/health-care-medicine/resident-counts-drop-but-costs-increase-at-iowas-six-state-run-institutions/>)
 - Easterseals Iowa Vocational Program clients earned \$1.5 million in taxable wages for the state last year. The 2022 unemployment rate for Iowans with disabilities was 7.4% compared to the entire state, which was 3.5%. (Source: <https://www.iowadatacenter.org/application/files/4217/2054/2826/IowanswithDisabilities2024.pdf>)
 - In fiscal year 25/26, Easterseals Iowa will leverage public/private partnerships to fundraise \$1,427,650, with 93 cents of each dollar that comes into the organization spent directly on mission delivery. To effectively provide Iowans with disabilities high-quality, community-based services, the Home and Community Based reimbursement rates must be increased.
 - At time of publication, Easterseals Iowa had 222 individuals on a waitlist for necessary services due to lack of workforce.
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2026 LEGISLATIVE ACTION REQUESTED

1. 3% Across-the-board rate investment to sustain quality services.
2. Maintain \$230,000 in funding to the Easterseals Iowa Rural Solutions program within the Agriculture and Natural Resources budget to continue providing supports and services to Iowa farmers and farm family members with disabilities.
3. Community Mental Health Prescriber rates and SNMIS safety net service rates must match Medicaid rates – same service, same rate.
4. Require that providers receive at least 30 days' advance notice before Medicaid funding ends for any member, to address eligibility communication gaps and prevent unrecoverable costs.
5. Implement regular, scheduled rate reviews for HCBS and Habilitation, with a predictable process to ensure providers can meet capacity needs.