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State/Territory Name: IA

State Plan Amendment (SPA) #: 18-0009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

AUGUST 24, 2018 DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 355
Kansas City, Missouri 64106



Division of Medicaid and Children's Health Operations

August 28, 2018

Michael Randol, Medicaid Director
Division of Medical Services
Department of Human Services
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, IA 50315

Dear Mr. Randol:

On July 31, 2018, the Centers for Medicare & Medicaid Services (CMS) received Iowa's State Plan Amendment (SPA) Transmittal #18-009. The purpose of the SPA is to include the following two (2) additional remedies when nursing facilities in the state are not in compliance: 1) Directed plan of correction; and 2) Directed in-service training.

SPA #18-009 was approved August 24, 2018, with an effective date of July 1, 2018, as requested by the state. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Iowa State Plan.

If you have any questions regarding this amendment, please contact Sandra Levels at (816) 426-5925.

Sincerely, _____

8/28/2018

James G. Scott
Associate Regional Administrator
for Medicaid and Children's Health Operations

Sign

Enclosure

cc:
Mikki Stier, Deputy Director, Iowa DHS
Jennifer Steenblock, IME
Sally Oudekerk, IME
Alisa Horn, IME

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>1 8 — 0 0 9</u>	2. STATE IOWA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2018	

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT a. FFY 2018 \$ 0 b. FFY 2019 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Section 4 pages 79c.2, 79c.3 Attachment 4.35-H, page 1 Attachment 4.35-I, page 1 (New) *	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Section 4 pages 79c.2, 79c.3 Attachment 4.35-H, page 1 * Attachment 4.35-I, page 1

10. SUBJECT OF AMENDMENT

Establishes two additional remedies to ensure prompt compliance with NF requirements. This will allow for the State Surveying Agency to use & implement any & all available remedies when a NF is non-compliant.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO JERRY R FOXHOVEN DIRECTOR DEPARTMENT OF HUMAN SERVICES 1305 EAST WALNUT 5TH FLOOR DES MOINES IA 50319-0114
13. TYPED NAME Jerry R. Foxhoven	
14. TITLE DIRECTOR	
15. DATE SUBMITTED 8-1-18	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED July 31, 2018	18. DATE APPROVED August 24, 2018
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2018	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME James G. Scott	22. TITLE Associate Regional Administrator for Medicaid and Children's Health Operations

23. REMARKS

* Pen and ink changes, per request dated 08.16.18.

Citation

c) Application of Remedies

42 CFR
§488.410

(i) If there is immediate jeopardy to resident health or safety, the State terminates the NF's provider agreement within 23 calendar days from the date of the last survey or immediately imposes temporary management to remove the threat within 23 days.

42 CFR
§488.417(b)
§1919(h)(2)(C)
of the Act.

(ii) The State imposed the denial of payment (or its approved alternative) with respect to any individual admitted to an NF that has not come into substantial compliance within 3 months after the last day of the survey.

42 CFR
§488.414
§1919(h)(2)(D)
of the Act.

(iii) The State imposes the denial of payment for new admissions remedy as specified in 42 CFR §488.417 (or its approved alternative) and a State monitor as specified as 42 CFR §488.422 when a facility has been found to have provided substandard quality of care on the last three consecutive standard surveys.

42 CFR
§488.408
§1919(h)(2)(A)
of the Act.

(iv) The State follows the criteria specified at 42 CFR §488.408(c)(2), §488.408(d)(2), and §488.408(e)(2) when it imposes remedies in place of or in addition to termination.

42 CFR
§488.412(a)

(v) When immediate jeopardy does not exist, the State terminates an NF's provider agreement no later than 6 months from the finding of noncompliance, if the conditions of 42 CFR §488.412(a) are not met.

(d) Available Remedies

42 CFR
§488.406(b)
§1919(h)(2)(A)
of the Act.

(i) X The State has established the remedies defined in 42 CFR §488.406(b).

- X (1) Termination
- X (2) Temporary Management
- X (3) Denial of Payment for New Admissions
- X (4) Civil Money Penalties

TN No.	IA-18-009	Effective	7-1-18
Supersedes TN #	<u>MS-96-8</u>	Approved	<u>8-24-18</u>

Citation

- (5) Transfer of Residents; Transfer of Residents with Closure of Facility
- (6) State Monitoring
- (7) Directed Plan of Correction
- (8) Directed In-Service Training

Attachments 4.35-B through 4.35-I describe the criteria for applying the above remedies.

42 CFR
§488.406(b)
§1919(h)(2)(B)(ii)
of the Act.

(ii) ___ The State uses alternative remedies. The State has established alternative remedies that the State will impose in place of a remedy specified in 42 CFR §488.406(b).

- ___ (1) Termination
- ___ (2) Temporary Management
- ___ (3) Denial of Payment for New Admissions
- ___ (4) Civil Money Penalties
- ___ (5) Transfer of Residents; Transfer of Residents with Closure of Facility
- ___ (6) State Monitoring
- ___ (7) Directed Plan of Correction
- ___ (8) Directed In-Service Training

Attachments 4.35-B through 4.35-I describe the criteria for applying the above remedies.

42 CFR
§488.303(b)
§1910(h)(2)(F)
of the Act.

(e) ___ State Incentive Programs
___ (1) Public Recognition
___ (2) Incentive Payments

TN No.	IA-18-009	Effective	7-1-18
Supersedes TN #	<u>MS-96-8</u>	Approved	<u>8-24-18</u>

Enforcement of Compliance for Nursing Facilities

Directed Plan of Correction: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

(Will use the criteria and Notice Requirements specified in the regulation.)

___ Alternative Remedy

Describe the criteria and demonstrate that the alternative is as effective in deterring Non-compliance. Notice requirements are as specified in the regulations

TN No. IA-18-009

Effective 7-1-18

Supersedes TN # MS-96-8

Approved 8-24-18

Enforcement of Compliance for Nursing Facilities

Directed In-Service Training: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

Specified Remedy

(Will use the criteria and Notice Requirements specified in the regulation.)

Alternative Remedy

Describe the criteria and demonstrate that the alternative is as effective in deterring Non-compliance. Notice requirements are as specified in the regulations

TN No.

IA-18-009

Effective

7-1-18

Supersedes TN #

~~N/A~~

Approved

New

8-24-18