

## **Table of Contents**

**State/Territory Name: IA**

**State Plan Amendment (SPA) #: 18-0024**

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



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**Financial Management Group**

Jerry R. Foxhoven, Director  
Iowa Department of Human Services  
1305 East Walnut, 5<sup>th</sup> Floor  
Des Moines, IA 50319-0114

MAR 27 2019

RE: Iowa Medicaid State Plan Amendment TN: 18-024

Dear Mr. Foxhoven:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 18-024. This amendment recognizes the removal from the State's nursing facility provider tax of the state-imposed limitation on the percentage used for calculating the amount of non-Medicare revenue to determine the amount of assessment fees. The Medicaid State plan effects of this change are increased reimbursement to providers for Medicaid's share of the tax, and an increase of \$5.00 per day in the Quality Assurance Rate Add-On.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. This is to inform you that Medicaid State plan amendment 18-024 is approved effective July 1, 2019. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please call Tim Weidler at (816) 426-6429.

Sincerely,

Kristin Fan  
Director

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER	2. STATE
		1 8 - 0 2 4	IOWA
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE <p style="text-align: right;">July 1, 2019</p>	
5. TYPE OF PLAN MATERIAL (Check One)			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> 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 2019 <del>\$1,699,929</del> \$129,118	
		b. FFY 2020 <del>\$3,096,770</del> \$387,355	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-D Page 20		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-D Page 20	
10. SUBJECT OF AMENDMENT Removes the state imposed limitation of the percentage used for calculating the amount of non-Medicare revenue to determine the amount of assessment fees.			
11. GOVERNOR'S REVIEW (Check One)			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL		16. RETURN TO	
13. TYPED NAME Jerry R. Foxhoven		JERRY R FOXHOVEN DIRECTOR DEPARTMENT OF HUMAN SERVICES 1305 EAST WALNUT 5TH FLOOR DES MOINES IA 50319-0114	
14. TITLE DIRECTOR			
15. DATE SUBMITTED 12-28-18			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED		18. DATE APPROVED MAR 27 2019	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL JUL 01 2019		20. SIGNATURE OF REGIONAL OFFICIAL	
21. TYPED NAME Kristin FAN		22. TITLE Director, FMG	
23. REMARKS			

\* Per State's concurrence, pen & ink adjustment to Federal budget impact amounts reported in Box 7. 3/26/19.

**Methods and Standards for Establishing Payment Rates for Nursing Facility Services**

**K. Nursing Facility Quality Assurance Assessment Pass-Through and Quality Assurance Rate Add-On**

1. Quality assurance assessment pass-through. Effective the later of July 1, 2019 or the first day of the quarter following approval from CMS a quality assurance assessment pass-through rate shall be added to the Medicaid reimbursement rate as otherwise calculated pursuant to Section 4.19-D. The quality assurance assessment pass-through rate shall be equal to the quality assurance assessment Medicaid cost divided by Medicaid patient days.
  
2. Quality assurance assessment rate add-on. Effective the later of July 1, 2019 or the first day of the quarter following approval from CMS, a quality assurance rate add-on of \$15.00 per patient day shall be added to the Medicaid reimbursement rates as otherwise calculated pursuant to Section 4.19-D.

TN No. IA-18-024  
 Supersedes TN # MS-09-009

Effective JUL 01 2019  
 Approved MAR 27 2019