

**HUMAN SERVICES DEPARTMENT[441]**

**Notice of Intended Action**

**Proposing rule making related to nursing facilities  
and providing an opportunity for public comment**

The Human Services Department hereby proposes to amend Chapter 36, “Facility Assessments,” Iowa Administrative Code.

*Legal Authority for Rule Making*

This rule making is proposed under the authority provided in Iowa Code chapter 249L.

*State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code chapter 249L.

*Purpose and Summary*

Nursing facilities are required to pay a quality assurance assessment of \$12.75 unless the nursing facility has 46 or fewer beds, is designated as a continuing care retirement center by the Insurance Division of the Iowa Department of Commerce, or has 21,000 or more Medicaid days, in which case the facility is required to pay a quality assurance assessment of \$2.45 per non-Medicare patient day. Under the proposed amendments, the annual nursing facility determination will match up with the submission of cost reports.

*Fiscal Impact*

This rule making has no fiscal impact to the State of Iowa.

*Jobs Impact*

After analysis and review of this rule making, no impact on jobs has been found.

*Waivers*

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to rule 441—1.8(17A,217).

*Public Comment*

Any interested person may submit written comments concerning this proposed rule making. Written comments in response to this rule making must be received by the Department no later than 4:30 p.m. on September 29, 2020. Comments should be directed to:

Nancy Freudenberg  
Department of Human Services  
Hoover State Office Building, Fifth Floor  
1305 East Walnut Street  
Des Moines, Iowa 50319-0114  
Email: [appeals@dhs.state.ia.us](mailto:appeals@dhs.state.ia.us)

*Public Hearing*

No public hearing is scheduled at this time. As provided in Iowa Code section 17A.4(1)“b,” an oral presentation regarding this rule making may be demanded by 25 interested persons, a governmental subdivision, the Administrative Rules Review Committee, an agency, or an association having 25 or more members.

*Review by Administrative Rules Review Committee*

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee’s meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rule-making actions are proposed:

ITEM 1. Amend paragraph **36.6(2)“a”** as follows:

a. Effective July 1, 2019, nursing facilities with 46 or fewer licensed beds are required to pay a quality assurance assessment of \$2.45 per non-Medicare patient day. Effective with assessment for the state fiscal year beginning July 1, ~~2012~~ 2021, the number of licensed beds on file with the department of inspections and appeals as of ~~May~~ June 1 of each year shall be used to determine the assessment level for the following state fiscal year.

ITEM 2. Amend paragraph **36.6(2)“b”** as follows:

b. Effective July 1, 2019, nursing facilities designated as continuing care retirement centers (CCRCs) by the insurance division of the Iowa department of commerce are required to pay a quality assurance assessment of \$2.45 per non-Medicare patient day. Effective with assessment for the state fiscal year beginning July 1, ~~2012~~ 2021, continuing care retirement center designations as of ~~May~~ June 1 of each year shall be used to determine the assessment level for the following state fiscal year.

ITEM 3. Amend paragraph **36.6(2)“c”** as follows:

c. Effective July 1, 2019, nursing facilities with annual Iowa Medicaid patient days of 21,000 or more are required to pay a quality assurance assessment of \$2.45 per non-Medicare patient day. Effective with assessment for the state fiscal year beginning July 1, ~~2012~~ 2021, the annual number of Iowa Medicaid patient days reported in the most current cost report submitted to the Iowa Medicaid enterprise as of ~~May~~ June 1 of each year shall be used to determine the assessment level for the following state fiscal year.