

**249K.2 Definitions.**

As used in [this chapter](#), unless the context otherwise requires:

1. “*Complete replacement*” means completed construction on a new nursing facility to replace an existing licensed and certified facility. The replacement facility shall be located in the same geographical service area as the facility that is replaced and shall have the same number or fewer licensed beds than the original facility.
2. “*Department*” means the department of health and human services.
3. “*Major renovations*” means construction or facility improvements to a nursing facility in which the total amount expended exceeds seven hundred fifty thousand dollars.
4. “*Medical assistance*”, “*medical assistance program*”, or “*Medicaid program*” means the medical assistance program created pursuant to [chapter 249A](#).
5. “*New construction*” means the construction of a new nursing facility which does not replace an existing licensed and certified facility and requires the provider to obtain a certificate of need pursuant to [chapter 10A, subchapter VII](#).
6. “*Nondirect care component*” means the portion of the reimbursement rate under the medical assistance program attributable to administrative, environmental, property, and support care costs reported on the provider’s financial and statistical report.
7. “*Nursing facility*” means a nursing facility as defined in [section 135C.1](#).
8. “*Provider*” means a current or future owner or operator of a nursing facility that provides medical assistance program services.
9. “*Rate determination letter*” means the letter that is distributed quarterly by the Medicaid program to each nursing facility, which is based on previously submitted financial and statistical reports from each nursing facility.

[2007 Acts, ch 219, §36, 41, 43; 2013 Acts, ch 138, §123, 127; 2016 Acts, ch 1073, §85, 189; 2019 Acts, ch 24, §104; 2022 Acts, ch 1131, §79; 2023 Acts, ch 19, §820; 2023 Acts, ch 119, §22](#)

Section amended