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State/Territory Name: Iowa

State Plan Amendment (SPA) #: 26-0008

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850

Financial Management Group

November 5, 2026

Rebecca Curtiss, Medicaid Director of Operations
Iowa Health and Human Services
Division of Medicaid
321 East 12th Street
Des Moines, IA 50319-1002
RE: TN 26-0008

Dear Director Curtiss,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Iowa state plan amendment (SPA) to Attachment 4.19-D IA 26-0008, which was submitted to CMS on August 27, 2026. This plan amendment was submitted to allow special population NFs to not be subject to a limit while calculating a cost report-based rate.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2026. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Sudev Varma at 301-448-3916 or via email at sudev.varma@cms.hhs.gov

Sincerely

[redacted]

Rory Howe
Director
Financial Management Group

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 26-0008

2. STATE: IA

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT: (●) XIX ( ) XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
7/1/2026

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 483 Subpart B

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 $ 3,401
b. FFY 2027 $ 13,625

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19 D Page 13

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Supersedes Attachment 4.19 D Page 13

9. SUBJECT OF AMENDMENT
Medicaid Reimbursement for Special Population Nursing Facilities

10. GOVERNOR'S REVIEW *(Check One)*
(●) GOVERNOR'S OFFICE REPORTED NO COMMENT
( ) COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
( ) NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
( ) OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL
[redacted]

12. TYPED NAME
Rebecca Curtiss

13. TITLE
Medicaid Deputy Director of Operations

14. DATE SUBMITTED
8/13/2026

15. RETURN TO
Iowa Health and Human Services
Division of Medicaid
321 East 12th Street
Des Moines, IA 50319 1002

FOR CMS USE ONLY

16. DATE RECEIVED
August 27, 2026

17. DATE APPROVED
11/5/2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Rory Howe

21. TITLE OF APPROVING OFFICIAL
Director of the Financial Management Group

22. REMARKS

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

D. State-Owned Nursing Facilities and Special Population Nursing Facilities

"Special population nursing facility" refers to a nursing facility that serves the following populations:

- 100 percent of the residents served are aged 30 and under and require the skilled level of care
- 70 percent of the residents served require the skilled level of care for neurological disorders
- One hundred percent of the residents require care from a facility licensed by the department of inspections and appeals as an intermediate care facility for persons with mental illness.
- One hundred percent of the residents require care from a facility licensed by the department of inspections and appeals as an intermediate care facility for persons with medical complexity. "Intermediate care facility for persons with medical complexity" means an intermediate care facility for persons with an intellectual disability which provides health and rehabilitation services to individuals who require a skilled nursing level of care, have either a multiple organ dysfunction or severe single organ dysfunction, and requires daily use of medical resources or technology.

State-owned nursing facilities and special population nursing facilities receive Medicaid payment rates that are updated annually with new cost report data. State-owned and specialty population nursing facilities are required to complete a financial and statistical report approved by the Department.

Cost is allowable only to the extent that it relates to patient care; is reasonable, ordinary, and necessary; and is not in excess of what a prudent and cost-conscious buyer would pay for the given services or item. Only these costs are considered in calculating the Medicaid nursing facility reimbursable cost per diem for purposes of this section.