Member Call Summary

October 10, 2025

Join LeadingAge Iowa in Welcoming Back Two Members

We are excited to welcome Lutheran Retirement Home in Northwood and Northcrest Community in Ames back to the LeadingAge Iowa family!

We look forward to supporting their teams with educational opportunities, resources, and connections that strengthen care for those they serve. Welcome back, Lutheran Retirement Home and Northcrest Community —we're thrilled to resume working together to make a meaningful impact in the lives of older adults!

Alex Keller – Special Guest

Today's presenter lives where spreadsheets meet real life. Alexandrea is a CPA and shareholder at Williams & Company PC, leading their West Des Moines office and serving Iowa aging-services providers every day. In addition to traditional CPA services, she turns complex data into usable insights that support confident decisions. She focuses on impact: financials that tell a story, clearer decisions, better conversations. Today she'll walk us through Medicaid cost-report averages across Iowa and leave you with simple next steps to apply in your own organization.

Staffing Standard Litigation Update: Victory Sealed in State-Led Lawsuit

In recent days, the U.S. Court of Appeals for the Eighth Circuit filed a judgment that brings to an end litigation concerning the CMS minimum staffing requirements. As reported earlier, the U.S. Department of Health on September 18 filed motions to voluntarily dismiss the government's appeals of two federal court decisions that vacated the staffing requirements – namely, the favorable decisions earned by LeadingAge state partners and state Attorneys General in the U.S. District Court for the Northern District of Iowa, and by LeadingAge and other plaintiffs in the U.S. District Court for the Northern District of Texas.

On September 19, the Court of Appeals for the Fifth Circuit granted the government's motion to withdraw in the Texas case. All that remained was for the Eighth Circuit to do the same with respect to the Iowa case, and that Court officially entered judgment on October 3 granting the government's motion and dismissing the appeal. LeadingAge joins our State partners and members in celebrating the successful outcomes in both cases!

Government Shutdown: Medicare and Medicare Advantage Impacts

During the government shutdown effective October 1, 2025, Medicare payments to providers and Medicare Advantage (MA) plans will continue.

Medicare Open Enrollment will begin on October 15, as scheduled. The Medicare plan finder at Medicare.gov has been updated and is live with 2026 MA plan offerings, as of October 1.

Beneficiaries will still be able to get their benefits questions answered at 1-800-Medicare but wait times may be longer. The Department of Health and Human Services (HHS) notes in the Centers for Medicare and Medicaid Services (CMS) lapse plan that certain outreach and education activities will cease or slow down: “This could include local and national engagement activities, Medicare card and other mailings, and other beneficiary facing activities.” However, few details are provided.

We expect that State Health Insurance Program offices that assist Medicare beneficiaries in evaluating their Medicare options may be unavailable during the shutdown. CMS will be operating at 50% staffing during this time.

Unlock the Full Value of Your LeadingAge Iowa Membership

Are you making the most of your LeadingAge Iowa membership? Join us for a **free, one-hour Member Benefit Webinar** to explore all the tools, connections, and resources available to help your organization thrive.

This session is designed to give you a fresh look at how your membership can work harder for you, from advocacy and education to operational support and peer connection.

During the webinar, you’ll learn how to:

- Stay informed on key **legislative and regulatory updates** impacting aging services in Iowa.
- Access **complimentary webinars, networking events, and professional development programs**.
- Utilize **member-exclusive resources** that save time, strengthen operations, and support your workforce.
- Connect with a **statewide network of leaders and peers** who share your challenges and goals.

Whether you’re new to LeadingAge Iowa or have been part of our community for years, this session is the perfect opportunity to ensure you’re fully leveraging your membership benefits.

Don’t miss this chance to deepen your engagement, expand your connections, and discover even more value in your LeadingAge Iowa membership.

Date: Monday, October 13
Time: 11:00 a.m.
Location: Online via Zoom- Register here

CMS Issues Guidance on Government Shutdown Procedures

On October 1, the Centers for Medicare & Medicaid Services (CMS) issued a QSO memo (QSO-26-01-ALL) on survey activities based on the federal government shutdown. Within the memo, CMS outlined the following survey activities which will and will not occur based on contingency plans. Here is a summary of survey activities and enforcement action plans during the shutdown:

CLIA – Since survey and certification functions are funded through fees, they will not be impacted.

CMS or State Vendor Contracts Awarded on or before September 30, 2025, will not be impacted by the shutdown. However, if the contractor’s current contract funding expires and/or the option period is not exercised, the contractor must follow the terms and conditions related to stopping work due to the availability of funds. CMS notes that these vendors should contact their Contracting Officer (CO) or Contracting Officer Representative (COR) for further guidance.

State-funded surveys – States that are using state-only funding to complete surveys may continue those surveys. (i.e. Assisted Living)

Surveys of Medicaid-only providers – States may conduct surveys of Medicaid-only provider types during the shutdown as the 1st quarter of Medicaid funding will not be impacted. Medicaid funding remains available and is considered mandatory funding. CMS will advise survey agencies to maintain communication with their State Medicaid agency regarding the availability of Medicaid funds for Medicaid-only survey functions.

Hospice Surveys funded through the Consolidated Appropriations Act (CAA) of 2021 is also considered mandatory and is not impacted by the shutdown.

Complaint Investigations Alleging Harm – complaints triaged as credible allegations of immediate jeopardy (IJ) or harm to an individual should continue to be assessed and investigated according to standard CMS protocols except that, for the duration of the shutdown, it is not necessary for the survey agency to obtain prior CMS approval for conducting complaint investigations for deemed providers (i.e. Home Health).

Revisit Surveys – survey agencies may request approval to conduct a revisit when:

- The provider or supplier has alleged compliance with CMS requirements (pursuant to a prior determination of noncompliance) and
- The revisit survey is necessary to determine compliance and prevent the scheduled Medicare termination of a provider or supplier, and
- The Medicare termination is likely to occur due to timing or specific circumstances.

Immediate threats to life or safety (emergencies and natural disasters) – Survey agencies should take action to prevent or mitigate any other immediate threats to the life or safety of a beneficiary even if the situation does not fit into any of the preceding categories, such as survey and certification activities that may be necessary during a declared public health emergency to prevent injury or harm to beneficiaries.

Other Tasks – Survey Agencies may complete other tasks begun prior to September 30, 2025, if such completion is necessary to ensure an orderly shutdown, provided that the tasks can be accomplished within four hours of CMS notification to the survey agency of a federal shutdown (such as uploading completed surveys). Surveys completed before the shutdown and the CMS-2567 has not been completed prior to the shutdown will generally remain valid if completed after the shutdown. CMS plans to issue special instructions for completion of such reporting.

The following activities are not supported during a Federal Government Shutdown:

- Standard surveys, including statutorily mandated surveys.
- Certain revisit surveys including both onsite and desk revisits that are not required to prevent termination of Medicare participation within the subsequent 45 days. This includes revisits that would end per day CMPs or denial of payments for new admissions. CMS will issue guidance to survey agencies on how these situations will be handled.
- Initial surveys, unless otherwise included above.
- Initial certification via deemed status
- Certain complaint investigations – no complaint investigations are to be completed except those alleging immediate jeopardy or actual harm.
- MDS or OASIS activities, except those necessary to maintain provider reporting.
- Informal dispute resolutions – No IDRs or Independent IDRs should be conducted unless they are pursuant to the excepted complaint investigations for which there is an immediate adverse action that will be taken against the provider during the period of shutdown.

- New CMP-Funded improvement projects – No new CMP improvement projects shall be implemented unless approval has already been granted by the CMS location. Projects already approved by CMS are not affected and may continue since these projects require no further federal action.

If the shutdown persists more than a few weeks, CMS may communicate further instructions with regard to special provisions that are appropriate for Survey & Certification activities. CMS is also expecting to release additional guidance to address timelines impacted by the shutdown included in the State Performance Standards Systems.

CMS Revised the Civil Monetary Penalty Reinvestment Program Guidelines

On September 29, the Centers for Medicare and Medicaid Services (CMS) announced via QSO memo (QSO-25-26-NH) revisions to the Civil Monetary Penalty (CMP) Reinvestment Program.

There will now be a standardized application for all CMS locations as well as a centralized project approval process. If an application was submitted prior to the memo, a new application is not necessary, but the use of the application must begin no later than 45 days after the release date of the memo. States are responsible for soliciting, accepting, monitoring, and tracking projects using the CMP funds, including any funds used for state administration. Applications will also be accepted by the state and determining whether the proposed project meets state requirements, aligns with CMPRP policies and guidance, complies with federal requirements, and demonstrates potential to benefit nursing home residents by enhancing their quality of care or quality of life. Once the state approves the project, they forward it onto CMS.

Project Funding Caps

CMS is increasing the per project funding cap from $5,000 to $6,000 which is applicable to projects related to resident and family councils, consumer information, training to improve the quality of care, and activities to improve quality of life. Nursing homes are eligible to participate in up to three separate training programs over a three-year project duration with each program focusing on different improvement areas annually. Each nursing home can receive up to $6,000 for each project topic, or a maximum total of $18,000.

However, CMS notes that the application must clearly demonstrate the necessity and reasonableness of all requested funds in their application and throughout the project duration as they will not automatically approve the maximum amount allowable for a project. Additionally, CMS may consider exceptions on a case-by-case basis, of a higher funding cap, particularly if a proposed project's potential to enhance resident care and quality of life is significant and evident.

Technological Parameters

CMS has updated and clarified the allowable technology parameters to better support high-quality resident-centered projects. Recognizing that technology plays a crucial role in creating a more engaging and supportive environment, CMS has expanded the allowable technology lists to align with program goals (however, the old lists remain on the CMS CMPRP website).

Mental and Behavioral Health Projects

CMS is now accepting applications for mental and behavioral health projects, ending the temporary pause implemented when the COE-BHNF initiative was in effect.

Workforce Enhancement Projects

CMS is now accepting applications for workforce enhancement projects that focus on improving competency, education, and training for direct care workers in nursing homes and complement the Nursing Home Staffing Campaign (NHSC). This includes projects in staff training, culture change implementation, professional development for frontline nursing home staff, including RNs, CNAs, LPNs.

Project Reporting Parameters

CMS is updating the project reporting parameters to support more measurable outcomes and streamline reporting requirements. The results must be reported to the state agency for review with multi-year projects being reported annually for the first two years and on the ninth month of the last year and by the ninth month of single year projects.

State Posting of Projects

CMS notes that as part of the commitment to transparency, they will be posting additional key elements of the State Plans on the CMS CMPRP website, along with a summary of CMP funded projects and CMP fund balances, and other applicable State Plan elements.

Care Centers No Longer Required to Register Under Controlled Substances Act

Many of you may have received email communication already from the Board of Pharmacy, but if you haven't, the Board of Pharmacy rules have changed and no longer require "care facilities" to register under the Controlled Substances Act. LeadingAge Iowa clarified with the Board of Pharmacy that this generally includes all care providers that are subject to survey activities under the Department of Inspections, Appeals, and Licensing (DIAL) such as nursing homes, intermediate care, residential care, and assisted living. The language of the email states:

“Effective Aug. 11, 2025, the Board of Pharmacy rules were updated in response to Governor Kim Reynolds’s Executive Order 10. Executive Order 10 directed all state agencies to review administrative rules and identify opportunities to reduce the regulatory burden on Iowa’s licensees. In this review, the Board recognized that care facilities are monitored under licensure by the Department of Inspections, Appeals, & Licensing’s Health Facilities Division. As such, the Board declined to carry forward the requirement that care facilities must also hold a CSA registration for their role in caring for patients by storing and assisting patients with their medication needs.

The action further aligns with a published opinion by the federal Drug Enforcement Administration which does not require registration of care facilities due to the fact that such facilities do not “maintain common stocks of controlled substances.”

In furtherance of this change in registration requirements, your facility’s CSA registration will be administratively canceled no later than Oct. 15, 2025.”

You can read more on the rule change on the Board of Pharmacy Administrative Rules website.

Additionally, we’ve reached out to DIAL to discuss a possible rule change at 481-67.5 which indicates that providers must register under the Controlled Substances Act.

Remote NCLEX Testing Likely to Launch in 2026

The National Council of State Boards of Nursing (NCSBN) announced plans to introduce remote NCLEX testing potentially as early as 2026. Although no official launch date has been confirmed, the announcement is welcome news for nursing licensure accessibility. Remote NCLEX testing would allow eligible candidates to take the exam from home or another approved location, eliminating the need to travel to an official test center. The exam would maintain the same content, length, scoring, and standards as the in-person version, and remote testing would be optional as candidates could still choose to test at a center. Importantly, remote testing would be available to both U.S. and international nursing candidates.

Regarding security, NCSBN says it will use advanced technology and robust measures for remote proctoring in order to ensure exam integrity. For test takers, the potential benefits would be myriad. Remote testing would offer candidates the flexibility to choose a time and location that suits them and the comfort of a familiar environment that could reduce stress and improve performance. Moreover, this development would reduce barriers to access, which may be particularly beneficial to international test takers who, in some cases, acquire substantial travel and visa costs to get to a testing center abroad. By lowering those logistical barriers and potentially speeding up licensure, this change could impact international nurse recruitment pipelines.

CDC Adopts ACIP Vaccine Recommendations

The Centers for Disease Control & Prevention (CDC) officially adopted the recommendations of the Advisory Committee for Immunization Practices (ACIP) to update the adult and child vaccine schedules for 2025/2026 on October 6. With COVID-19 vaccination, this means that individuals ages 6 months and older are recommended to undertake shared decision-making with a clinician when considering whether to receive a COVID-19 vaccination. It is also recommended that these informed consent conversations include a discussion about the risks, benefits, and uncertainties of COVID vaccination, and for individuals 6 months to 64 years, there is an emphasis during these conversations that the benefits of COVID vaccination are greatest for those who are at risk for severe illness.

At this time, we are uncertain if CDC will release a revised definition of up to date for the National Healthcare Safety Network (NHSN) reporting for resident and employee COVID-19 vaccination status. Historically, NHSN has only updated the definitions at the beginning of a quarter, which occurred late September.

What does this mean?

Several states, including Illinois, released separate guidance on vaccine recommendations including all adults 18 years and older are recommended to be vaccinated for COVID-19. We don't anticipate that Iowa will release guidance separate from the CDC.

It is expected that State and Federal health programs such as Medicare and Medicaid and ACA plans will cover the vaccine and private health insurances have expressed intention to cover the vaccines. If you're unsure about coverage for a particular individual, you should contact their health insurance plan to identify if the vaccine is covered or not.

With federal regulation, F887, nursing home providers must educate and offer COVID-19 vaccine to all residents and employees. The education information should reflect as much information as possible to allow the individuals to make an informed decision. If the individual declines vaccination, the declination should be included in the resident record or employee file to provide to the surveyors reviewing compliance.

Revised MDS Definition for Falls

In the latest version of the Resident Assessment Instrument (RAI) Manual, the Centers for Medicare and Medicaid Services (CMS) revised the definition of a fall. In the RAI manual for previous years, the definition indicated that a fall was not the result of an overwhelming external force such as a resident pushes another resident. However, in the current RAI manual, CMS revised the definition to include these incidents.

For reference **the old definition stated:** A fall is an unintentional change in position coming to rest of the ground, floor, or onto the next lower surface (e.g. onto a bed, chair, or bedside mat). The fall may be witnessed, reported by the resident or an observer or identified when a resident is found on the floor or ground. Falls include any fall, no matter whether it occurred at home, while out in the community, in an acute hospital, or a nursing home. Falls are not the result of an overwhelming external force (e.g. a resident pushes another resident). An intercepted fall occurs when the resident would have fallen if they had not caught themselves or had not been intercepted by another person – this is still considered a fall. CMS understands that challenging a resident's balance and training them to recover from a loss of balance is an intentional therapeutic intervention and does not consider anticipated losses of balance that occur during supervised therapeutic interventions as intercepted falls.

The new definition states: A fall is an unintentional change in position coming to rest on the ground, floor, or onto the next lower surface (e.g. onto a bed, chair, or bedside mat) or the result of an overwhelming external force (e.g. resident pushes another resident). An intercepted fall occurs when the resident would have fallen if they had not caught themselves or had not been intercepted by another person – this is still considered a fall.

What does this mean?

- There may be more falls counted on the MDS that previously were not. However, falls because of another resident pushing them would be reportable as resident-to-resident abuse and are hopefully not common.
- Previously, you would have completed an incident report if a resident pushed another resident which resulted in the resident being on the floor or a lower surface. Now, you will need to complete a fall investigation and follow your policy for follow-up assessments.
- Appendix PP of the State Operations Manual aligns with the old definition. However, it also references the RAI manual which makes me believe that the surveyors will use the latest definition when reviewing falls after October 1, 2025. Rather than possibly having confusion on whether it is a fall for MDS coding purposes or regulatory purposes, it may be easiest to adapt the latest definition and procedures.

Additionally, the definitions have changed of a fall the results in a major injury. J1900 definition of a major injury now includes (but is not limited to) traumatic bone fractures, joint dislocations, subluxations, internal organ injuries, amputations, spinal cord injuries, head injuries, and crush injuries. The guidance in the RAI indicates that fractures confirmed to be pathologic (vs. traumatic) are not considered a major injury resulting from a fall.

What does this mean?

- The change in the RAI definition does not alter the state reporting requirements. Continue to report incidents, including falls, as you were previously.
- The terminology “but is not limited to” isn’t well defined and may be subjective and problematic until we know more. We’ve asked LeadingAge National to try to seek clarification with CMS. You will likely need to use your best clinical judgement on whether a fall with an injury is coded under J1900C that may be considered a major injury under the “but not limited to” clause. It will likely be helpful for you to document why you did or did not include the fall with injury that could be included in this category, that way when the state or other auditors are reviewing the coding to your MDS and the supporting documentation, you can provide your justification for how you coded the item set.
- There were no updates yet to the Quality Measures, therefore, it is likely that more individuals could be included in your numerator for falls with major injuries.

DIAL Monthly Updates

On Monday, September 29, the Department of Inspections, Appeals, and Licensing (DIAL) hosted their monthly association update call and provided the following updates:

LTC:

The long-term care recertification survey average is 11.34 months for the fiscal year ending September 30. Due to the efficient recertification averages, DIAL anticipated focusing on complaint investigations as there were 235 pending complaints. However, the federal government shutdown has halted nearly all long-term care survey activity as outlined in the Centers for Medicare & Medicaid Services (CMS) memo.

There were a few immediate jeopardy concerns identified during the month including a fall from a mechanical lift that resulted in bilateral sacral fractures as the staff were unaware of how to appropriately select the size of the sling for the lift based on the individual resident’s size. Additionally, an immediate jeopardy was identified when a resident with visual impairment eloped from the building without alarms sounding at 2:06 a.m. and was not found until approximately an hour later when staff left the building for a break and the resident was on the ground outside the building. A different incident was identified that resulted in immediate jeopardy when a resident who was a full code did not have CPR initiated when the resident was without a pulse or breathing. Finally, another immediate jeopardy was identified in the dietary department that related to the environment and the cleanliness of the kitchen. DIAL indicated that there were signs of active rodent infestation and residents in the building had symptoms of nausea and vomiting.

Despite the four immediate jeopardy concerns identified during September, the LTC unit provided statistical data identified an overall significant decrease in the number

of immediate jeopardy and harm level deficiencies compared to 2024 along with a higher number of deficiency free recertification surveys. During a presentation to the Iowa Nursing Home Quality Coalition, Vicki Worth from DIAL stated that CMS has flagged Iowa for the number of deficiency free surveys and reminded providers that if they have a deficiency free survey it could increase the likelihood of a federal comparative survey. During the meeting, LeadingAge Iowa staff agreed with the lower trends of immediate jeopardy and harm level deficiencies and asked DIAL representatives what they felt were contributing factors. DIAL indicated that they believe the decrease is reflective of the lower average in recertification visits. With surveyors being in the buildings more frequently, there appear to be fewer deficient practices that result in harm or immediate jeopardy.

Additionally, DIAL discussed that they would resume reviewing the PASRR compliance for the Iowa Health and Human Services during the recertification surveys. Upon entrance, the surveyors will request a list of all Level 2 residents in the building and surveyors will review that the Level 2 recommendations and service matters review (including the compliant or non-compliant letter) is present in the resident's record. DIAL will also ensure that the Level 2 interventions are included in the care plan and carried out as identified. LeadingAge Iowa staff expressed concern that this process seems duplicative since the providers are expected to upload all documentation and complete the service matters review on Level 2 residents and that historically members have expressed concerns with the training on appropriate care planning of the Level 2 interventions. DIAL indicated that the process was not duplicative, and they are reviewing for different purposes. Following the meeting, Iowa HHS representatives reached out to us to schedule a meeting on the training concerns identified during the meeting. If you have any feedback that has not already been shared with LeadingAge Iowa staff, please email Kellie Van Ree, Director of Clinical Services by the end of business on Friday, October 10. Finally, DIAL indicated that deficiencies identified in F644, F645, or F646 will now result in a directed plan of correction that will require providers to review the training available and submit evidence that the training was completed to return to substantial compliance.

<u>Adult Services:</u>

Catie Campbell at DIAL shared that Frieda Paul has accepted the new program coordinator position following Deb Dixon's retirement. Frieda will be training for this position in the coming weeks but has been a surveyor with the department for over 4 years. The assisted living recertification surveys are improving, and they hope to have all providers with a recertification within 24 months by the end of 2025.

<u>MSB:</u>

Medicare services provided a couple short updates including that all home health agencies and hospice providers are current with their recertification surveys and there are not any pending complaint investigations. Hema Lindstrom with the

department encouraged home health providers to consider sending their home health aides to the OASIS training available.

New Member Resources

LeadingAge Iowa developed a new policy template for members on the Use of Insulin Pumps.

Upcoming Events

LeadingAge Illinois & Iowa Member Benefit Webinar (virtual)

October 13, 2025 from 11 a.m.-12 p.m.

AAPACN Director of Nursing Services - Certified (DNS-CT) Certification Workshop

(virtual)

October 14-15 & 20-21, 2025 from 9 a.m.-3:30 p.m.

CAA Virtual Program (virtual)

October 16, 2025 from 11 a.m.-3 pm.

Candida auris and Transfers (virtual)

October 28, 2025 from 2-3 p.m.