

Member Call Summary

November 14, 2025

Iowa Submits Application to the Rural Health Transformation Plan

On November 5, Governor Kim Reynolds announced that the state has submitted its application for the Rural Health Transformation Program, a federal funding initiative managed by the Centers for Medicare and Medicaid Services (CMS). The proposal, titled **Healthy Hometowns**, is aimed at building a high-quality, sustainable system of care that improves the health, well-being, and quality of life in rural communities across the state. If fully awarded, Iowa could receive \$200 million per project year period, totaling \$1 billion over the 5-year grant.

Healthy Hometowns is Iowa's strategic response—developed in collaboration with rural hospitals, health systems, and community partners—to address these challenges through a **hub and spoke model** of care. Healthy Hometowns has three primary goals:

1. Iowans will be able to get health care within their rural communities at the most appropriate locations for type and level of care thanks to support from newly developed partnerships, more rural primary care physicians and specialists, and upgraded equipment.
2. Iowans living in rural areas will have improved health outcomes with similar rates of morbidity and premature mortality to those living in Iowa's more populous areas.
3. Iowa will invest in the development and utilization of innovative technology and data infrastructures to support sustainable care options close to home, seamless care partnerships, and data sharing throughout the state.

The initiative includes six key components:

- **Hometown Connections:** Expanding Centers of Excellence and developing Health Hubs with investments in telehealth, medical equipment, and care for uninsured Iowans.
- **Best and Brightest:** Recruiting and retaining top-tier health professionals in rural communities through targeted incentives.
- **Combat Cancer – Prevent and Treat:** Increasing access to cancer screening and treatment, forming cancer-specific hubs, and supporting families and research.
- **Communities of Care:** Co-locating providers for coordinated multidisciplinary care supported by community health worker

- **Health Information Exchange:** Ensuring seamless access to health records across the state to support continuity of care
- **EMS Community Care Mobile:** Bringing care directly to rural residents through mobile health services and high-risk transport support.

Within five years, the state anticipates measurable improvements, including

- Fewer emergency department visits for preventable conditions
- More rural residents receiving care locally
- Increased provider-to-population ratios
- Expanded telehealth access across rural Iowa

Awardee decisions are expected to be announced by December 31, 2025. Read more about Iowa's Healthy Hometowns proposal [here](#). Read more about the Rural Health Transformation Plan [here](#).

Proposed Rule Increases Personal Needs Allowance (PNA) to \$55

The Iowa Department of Health and Human Services has proposed increasing the Personal Needs Allowance (PNA) for nursing facility residents to \$55 per month, as outlined in 2025 Iowa Acts, House File 1049, section 19.

Medicaid's Personal Needs Allowance (PNA) is the amount of monthly income a Medicaid-funded nursing home resident can keep of their personal income. The PNA is intended to cover the nursing home resident's personal expenses, which are not covered by Medicaid. This may include, but is not limited to haircuts, vitamins, clothing, magazines, and vending machine snacks.

Any interested person may submit written or oral comments concerning this proposed rulemaking. Comments must be received by the Department no later than 4:30 p.m. on November 18, 2025. Comments should be directed to:

Victoria L. Daniels
 Department of Health and Human Services
 Lucas State Office Building
 321 East 12th Street
 Des Moines, Iowa 50319
 Phone: 515.829.6021
 Email: victoria.daniels@hhs.iowa.gov

LeadingAge Iowa supported this increase to the PNA, recognizing its importance in helping residents retain control over personal spending and dignity. We will continue to monitor this rulemaking process and share updates with members as they become available.

Shutdown Ends: What's Ahead for Aging Services as Government Opens

Putting an end to the country's historic 43-day government shutdown, late on Wednesday, November 12, President Trump signed into law a spending package that hours earlier the House passed by a vote of 222 to 209. The bill, [advanced in the Senate on November 10, 2025](#), extends federal funding for most government programs through January 30 and includes three (of 12) full-year appropriations bills. In addition to funding at fiscal year 2025 levels government programs—including those overseen and administered by the Department of Housing and Urban Development (HUD)—through January 2026, the bill extends Medicare telehealth flexibilities and the acute hospital-at-home program through January 30, 2026. The 4% Medicare sequester cut that would otherwise take effect in calendar year 2026 to offset the cost of HR 1 is waived by this legislation and the Supplemental Nutrition Assistance Program (SNAP) is funded through September 30, 2026. With the House and Senate now back at work (the House was on recess throughout the shutdown), Congress turns its attention to completing additional full-year appropriations bills, including the fiscal year 2026 funding bill for HUD, and addressing other LeadingAge priorities, such as the permanent extension of telehealth flexibilities and protecting Medicare home health payments from proposed damaging cuts.

LeadingAge Requests CMS to Prioritize Certain Activities Following Shutdown

LeadingAge sent [a letter](#) to the Centers for Medicare & Medicaid Services (CMS) on November 13 highlighting a few areas for prioritization as they transition out of the federal government shutdown. Among these concerns, LeadingAge highlighted issues related to respiratory illness guidance and data reporting, survey activity, updates to care compare and associated data, and the Civil Money Penalty Reinvestment Program.

The letter outlines the concern with the reporting of vaccinations in NHSN and the lack of updated definitions for COVID-19 vaccination status. In the letter, LeadingAge asks CMS to suppress the data or remove COVID-19 vaccination reporting from the Nursing Home Quality Reporting Program altogether. Additionally, LeadingAge pointed out uncertainty for states on what guidance to follow as the HICPAC Committee provided CDC recommendations in late 2024 that were not adopted and the committee has since

been disbanded. LeadingAge asked CMS to issue a memo clarifying which guidance providers should follow. LeadingAge Illinois/Iowa followed up with LeadingAge on the respiratory illness guidance as they requested CMS to clarify which guidance providers should be following. Illinois released guidance indicating they are following the Healthcare Infection Control Practices Advisory Committee (HICPAC) recommendations from November 2024 while Iowa continues to follow the Centers for Disease Control & Prevention (CDC) guidance. Unfortunately, the HICPAC recommendations don't include recommendations for reducing the duration residents are required to isolate following a COVID-19 infection. We have also submitted a letter to Iowa Health and Human Services – Healthcare Associated Infections and to the Department of Inspections, Appeals, and Licensing requesting that they also transition to following the HICPAC guidance. Unfortunately, neither entity has responded to the letter at this time. LeadingAge Illinois/Iowa staff followed up with both entities on the request, to which they replied that they would review the request following the end of the government shutdown as DIAL furloughed many non-essential staff in early November.

The letter also addresses the lack of a Care Compare refresh in October and urges CMS to complete an off-cycle refresh of the data since some of the data has been suppressed for a period of time. LeadingAge addressed the Civil Money Penalty Reinvestment Program (CMPRP) based on a memo released September 29 increasing the amount of funds for various projects and clarifying the use of CMP funds for various projects. LeadingAge advocated to include technologies and supplies supporting telehealth and electronic health records as an eligible expense for CMP funds. Finally, LeadingAge encouraged CMS to prioritize incorporation of the risk-based survey approach to assist with the backlog of survey activity due to the shutdown. As of November 14, CMS has not released guidance on prioritizing survey activity and the Illinois Department of Public Health (IDPH) and the Iowa Department of Inspections, Appeals, and Licensing (DIAL) has not communicated their plans to address the survey backlog yet.

Multisociety Guidance for Infection Prevention and Control in Nursing Homes Released

Several healthcare media outlets reported [new guidance on infection prevention and control in nursing homes](#) was released in late October. Upon review of the guidance document, there were numerous (42) recommendations provided for nursing home providers to incorporate into the nursing home infection prevention and control program. Many of the recommendations are incorporated into Appendix PP for nursing homes as well as various Centers for Disease Control & Prevention (CDC) guidance documents. Kellie Van Ree, Director of Clinical Services developed a lengthy [resource document](#) to aid your infection preventionist in determining what new recommendations may be included in the document as well as what may be new or best practice to consider.

Upcoming Events

Skilled Nursing Bootcamp (in-person)

November 17, 2025 from 9 a.m.-4:15 p.m.

Location: Aurora Training Center, 11159 Aurora Ave., Urbandale

Assisted Living Bootcamp (in-person)

November 18, 2025 from 9 a.m.-4:15 p.m.

Location: Aurora Training Center, 11159 Aurora Ave., Urbandale

Dementia Leadership Course (virtual)

November 19, 21 & December 3, 5, 2025 from 10:15 a.m.-2:15 p.m.

MDS Virtual Program (virtual)

December 10-12, 2025 from 11 a.m.-3 p.m.