Member Call Summary

September 19, 2025

Comment Period for Proposed HCBS Waiver Changes in Iowa

As part of the Hope and Opportunity in Many Environments (HOME) project, The Iowa Department of Health and Human Services (Iowa HHS) is redesigning its Medicaid home and community-based services (HCBS) waiver system. The goal is to make services easier to understand, help people stay in their homes and communities, and connect them with the supports they need. Iowa HHS is proposing small updates to the current Medicaid HCBS waivers, which would start in January 2026. These changes would affect the current HCBS waivers and would help Iowa prepare for the planned new HOME waivers in the future.

What changes are proposed? How will these changes make things better?

- Updating how Individual Consumer Directed Attendant Care (ICDAC) works. Click to learn more about how ICDAC currently works.
- Moving to one statewide assessor to do all waiver assessments. Proposed changes include:
    - Starting a single, uniform assessment process for everyone
    - Using a new tool called interRAI-Early Years for children ages 0–3
- Updating the Waiver Prioritization Needs Assessment (WPNA). Click to learn more about proposed changes to waiver assessments.
- Making service definitions more consistent across waivers.
- Making small technical changes, like:
    - Making it optional to work with Independent Support Brokers (ISB)
    - Updating some wording (for example, how “exception to policy” is written)
- You can find more information about these changes here.

These updates will:

- Make the system easier to use and understand
- Help you get services that are based on your needs
- Set up a smoother transition to the new HOME waivers, which will start later in 2026
- Improve the assessment process across the state
- Describe services more clearly and consistently

Written comments about the proposed changes may sent via email to HCBS_Public_Comment@hhs.iowa.gov.

The public comment period is open until Friday, September 19, 2025, at 4:30pm CT.

You can read more here:

- HOME Public Comment Information (Updated September 2025)
- HOME Waiver Waitlist Improvements (Updated September 2025)
- Waiver Service Package Changes (Updated September 2025)

LeadingAge Iowa Urges Governor Reynolds to Collaborate on CMS Nursing Home Staffing Campaign

LeadingAge Iowa has formally reached out to Governor Kim Reynolds to request collaboration on the newly relaunched federal Nursing Home Staffing Campaign, an initiative that could provide significant support to strengthen Iowa's long-term care workforce.

The program, which was initially scheduled to launch in April 2025 with the awarding of grants to five to ten financial incentive administrators, has seen little movement in recent years. CMS had not provided updates on grant availability or the program's future since the start of the Trump administration.

That changed last week when CMS Administrator Mehmet Oz announced that the initiative would move forward with more than **$75 million in federal funding** drawn from civil monetary penalties (CMPs). He also sent a letter to all 50 governors encouraging them to commit their own state-based CMP funds to expand the pool of resources available for recruiting nurses.

CMS emphasized that states can use CMP funds to increase the number of financial incentives available, with CMS matching state contributions proportionally. The agency also encouraged states to enhance their nurse aide training competency and evaluation programs (NATCEPs) by making enrollment easier, expanding access to free training, and reimbursing training costs. States have until **October 3** to signal their interest in partnering with CMS on this initiative.

What the Program Offers

At its core, the Nursing Home Staffing Campaign is designed to use financial incentives to help recruit registered nurses (RNs) and licensed practical nurses (LPNs) into nursing homes and state inspection agencies. Incentives include:

- **Up to $40,000** for tuition reimbursement
- **$10,000 stipend** in exchange for a three-year work commitment in a qualifying setting

While CMS will distribute these funds through financial incentive administrators, the agency has now announced that administrator selection will not occur until **spring 2026**, with an additional several months needed to build the infrastructure to deliver the incentives.

Rural Health Transformation Funding NOFO Announced

On September 15, CMS issued the Notice of Funding Opportunity for the Rural Health Transformation (RHT) program. This announcement opens this one-time application process for states. Applications will be accepted through the grants.gov website under Opportunity # CMS-RHT-26-001 through November 5, 2025. The Rural Health Transformation (RHT) Program helps State governments to support rural communities across America in improving healthcare access, quality, and outcomes by transforming the healthcare delivery ecosystem.

The RHT Program focuses on promoting innovation, strategic partnerships, infrastructure development, and workforce investment.
States will help rural communities meet these strategic goals:

- **Make rural America healthy again:** Support rural health innovations and new access points to promote preventative health and address root causes of diseases. Projects will use evidence-based, outcomes-driven interventions to improve disease prevention, chronic disease management, behavioral health, and prenatal care.

- **Sustainable access:** Help rural providers become long-term access points for care by improving efficiency and sustainability. With RHT Program support, rural facilities work together—or with high-quality regional systems—to share or coordinate operations, technology, primary and specialty care, and emergency services.

- **Workforce development:** Attract and retain a high-skilled health care workforce by strengthening recruitment and retention of healthcare providers in rural communities. Help rural providers practice at the top of their license and develop a broader set of providers to serve a rural community's needs, such as community health workers, pharmacists, and individuals trained to help patients navigate the healthcare system.

- **Innovative care:** Spark the growth of innovative care models to improve health outcomes, coordinate care, and promote flexible care arrangements. Develop and implement payment mechanisms incentivizing providers or Accountable Care Organizations (ACOs) to reduce health care costs, improve quality of care, and shift care to lower cost settings.

- **Tech innovation:** Foster use of innovative technologies that promote efficient care delivery, data security, and access to digital health tools by rural facilities, providers, and patients. Projects support access to remote care, improve data sharing, strengthen cybersecurity, and invest in emerging technologies.

CMS will be hosting two applicant webinars on Sept. 19 & Sept. 25, (click links on the interested dates to register). Interestingly, while the notice explains only states are eligible applicants, it encourages states to apply even if they don't have large rural populations or rural hospitals. LeadingAge staff will finish reviewing the announcement and provide further details about the application in the coming days. The full NOFO can be accessed here.

Maximize Your Membership: Upcoming Member Benefit Webinar

Are you getting the most out of your LeadingAge membership? Join us for a **special joint webinar with LeadingAge Illinois and LeadingAge Iowa on Monday, October 13, at 11:00 a.m. CT** to explore the full range of benefits, resources, and support available exclusively to members.

This interactive session will cover:

- **Advocacy at the state and federal levels** – how your membership supports aging services and ways you can get involved.
- **Education and professional development opportunities** – including complimentary webinars and in-person networking.
- **Tools, resources, and networking** – designed to strengthen your organization and connect you with peers.
- **Member-exclusive programs and partnerships** – that help save you time and money.

Whether you're brand new to LeadingAge or a long-time member looking for a refresher, this webinar is a perfect opportunity to learn how to maximize the value of your membership. We'll also save time for Q&A so you can connect directly with the LeadingAge Illinois and Iowa team.

Don't miss this chance to ensure your organization is leveraging every member benefit available.

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

Share Your Advocacy Story – A Quick Way to Get Involved

We know not everyone has the time to schedule and host a Legislative Visit—but your voice is still critical to advancing aging services in Iowa. That's why LeadingAge Iowa has created **Share Your Advocacy Story**, a simple resource to help you tell your story in a way that connects with legislators, the media, or even our team at LAI.

This tool walks you through how to highlight the challenges your organization faces and the impact of your work on older Iowans and their families. It's a quick and easy way to strengthen our collective voice without a big-time commitment. Whether you share your story directly with your legislator, send it to the LAI team to use in our advocacy efforts, or submit it as an op-ed or media piece, your perspective matters.

Your story can shed light on the real issues—like workforce shortages, reimbursement challenges, or growing demand for services—that numbers and policy papers alone can't capture. By sharing even one experience, you help policymakers understand the human impact of their decisions.

Click here to access the **Share Your Advocacy Story** resources and take the first step toward amplifying your impact.

LeadingAge Iowa Submits Letter Requesting Review & Change in COVID-19 Guidance

Other states have started issuing revised guidance to better align practices with all acute respiratory illnesses (ARI) after more than three years since the last guidance changes. On September 17, 2025, LeadingAge Iowa sent a letter to the Department of Inspections, Appeals, and Licensing (DIAL) and Department of Health and Human Services (HHS) requesting the departments to review and issue updated guidance for both staff and residents.

DIAL Clarifies Waiver Process for Life Safety Code Surveys

The Iowa Department of Inspections, Appeals, and Licensing (DIAL) Fire Safety Unit recently met with LeadingAge Iowa staff regarding life safety code waivers. Previously, they encouraged all providers to request a waiver if corrective action would not occur prior to the correction date in the submitted plan of correction. However, based on clarification from the Centers for Medicare and Medicaid Services (CMS) and review of the State Operations Manual (SOM) Chapter 7, they issued this letter to skilled nursing providers on requesting waivers and correction dates. The key points include:

- If correction of the deficiency is expected to be less than 90 days, no waiver is required. Submit your plan of correction with the completion date after the anticipated corrective action is planned.
- If anticipated correction is between 90-179 days, waivers will be required and submitted to DIAL for approval.
- Any correction that will be 180+ days requires a waiver that is submitted to CMS for approval.

***Important Note** - you want to pay close attention to your survey cycle and enforcement periods. If your letter indicates that a denial of payment for new admissions (DPNA) will be effectuated 90 days from the survey, you want to ensure that you are **back in substantial compliance before that date** to avoid the DPNA. This information will be included in the letters that are sent with your survey results.

DIAL also encourages providers to ensure there is adequate time for correction to ensure that upon a revisit you are placed back in substantial compliance. This may include discussion with outside contractors on possible parts ordering and then returning appointments. For example, if you need to hire an outside contractor for a project to comply and they are able to schedule you in 30 days, but when they come onsite they identify that they need to order a part which will take 7 days to receive and then return to install it. If you identify that your correction date will be the date of the first appointment, the surveyors will return to your building for a revisit and because it was necessary to order a part you will not be in substantial compliance and will subsequently receive enforcement action. It may be necessary to identify your correction date as 60 days to ensure that everything is corrected accordingly.

Additionally, DIAL indicated that there is an increasing prevalence of Fire Safety Evaluation System (FSES) surveys based on variances to the construction type. If you receive a deficiency under K161 for the “construction type” and want to correct via alternative methods which included a FSES survey, you will be required to submit the FSES survey report with your plan of correction. DIAL is unable to approve any waivers that request additional time to complete the FSES survey, so they are encouraging providers to ensure that this is a routinely scheduled process as it may be difficult to schedule the survey.

Preventing Pressure Injuries – Positioning Support Devices

The National Pressure Injury Advisory Panel Quick Reference Guide Prevention Recommendations provides recommendations to prevent pressure injuries with full body support surfaces, when in a seated position, and preventing heel injuries. As a reminder, clinical providers should determine the resident’s pressure injury risk and establish interventions based on the risk identified. This risk should be reassessed periodically on an ongoing basis and interventions reviewed.

When a resident has a risk of pressure injury when laying in bed, best practices for providers include:

- Use of full body support surfaces for any resident who is at risk for pressure injuries.
- Maintaining an inventory of full body support surfaces.

- Ensuring that full body support surfaces are appropriate for the individual resident's weight, height, size, and body mass.
- Consider the following factors as a full body support surface is individually selected:
    - Overall risk of pressure injuries
    - Response of the skin and tissue
    - Independence, mobility, and activity needs
    - Posture and sleeping position and their effects on pressure redistribution
    - Need for microclimate management and shear reduction features
    - Residents preference and care goals
- Use of alternating air or pressure redistribution foam full body support surfaces when a resident is at risk of pressure injuries.
- Use of sheepskin where available if a full body support surface with pressure redistribution properties are available or if used with a full body support surface that they do not interfere with the pressure reduction mechanisms, only use medical grade sheepskin as non-medical grade sheepskin does not have the same microclimate management properties and may inadvertently increase the risk for pressure injury.
- Promoting use of pressure redistribution foam instead of a fiber support surface.
- Air fluidized full body support should only be used if the individual is at a very high risk of pressure injury such as those who are immobilized or have previously experienced a full thickness pressure injury with the use of a different full body support surface or considered following surgical reconstruction with flaps/grafts.
- A low air loss full body support surface can be used when the resident has moisture and heat at the skin surface as a contributing factor for pressure injury development.

When a resident spends time in a seated position and is at risk of pressure injuries, best practices include:

- Consideration of the following factors when selecting a wheelchair seat:
    - The overall risk of pressure injuries
    - Independence, mobility, and activity needs
    - Body size, shape and weight distribution
    - Posture, presence of deformities, asymmetry and the effect on pressure redistribution
    - Need for enhanced features such as dynamic weight shifting
    - Personal preferences and goals
- Use of a seating support surface with pressure redistribution properties when in a seated position.
- Limiting the duration of time out of bed is limited if the individual cannot independently reposition themselves.

- Frequent repositioning in the chair including teaching and encouraging the resident to self-reposition as frequently as possible by performing pressure redistribution maneuvers and weight shifts that redistribute as much pressure as possible.
- Position residents in such a way that reduces pressure, shear, and friction including:
    - Selecting a chair that provides support and maintains stability
    - Selecting a reclined seated position in which the resident's legs are elevated and supported so the heels are offloaded. If reclining is not possible, ensure that the residents' feet are well-supported.
    - Use of dynamic weight shifting such as tilting and reclining

When a resident is at risk of developing heel pressure ulcers, best practices to reduce the risks include:

- Elevating the heels to ensure they are not in contact with the support surface
- Using a heel offloading device that is appropriate based on the resident's mobility and activity level
- Elevate the heels using standard pillows or cushions with sufficient height to ensure that heels are not in contact with the support surface.
- Use of preventative dressings (such as a soft silicone multilayered foam dressing) could be used as an adjunct to heel elevation and regular repositioning

CMS Releases the Mission & Priorities Document (MPD) for FY2026

On September 12, the Centers for Medicare & Medicaid Services (CMS) released the Fiscal Year Mission & Priorities Document (MPD) or Admin Info 25-11-All. The MPD outlines CMS' Priorities by provider type throughout the document. You'll find an overview by provider type below. The Fiscal Year (FY) 2026 begins October 1, 2025.

Hospice:

CMS notes that they will continue implementation of the Consolidated Appropriations 2021 (CAA) which established new hospice program survey and enforcement requirements, along with expanded requirements for Accrediting Organizations with deeming authority for hospice programs. These requirements were codified in the Calendar Year 2022 Home Health Prospective Payment Rate Update Final Rule. Additionally, CMS notes the temporary pause on the implementation of a Special Focus Program (SFP) which was included in the Calendar Year 2024 Home Health Prospective Payment System Rate Update.

Long-Term Care:

CMS is continuing to test a risk-based survey approach which allows for nursing homes that consistently demonstrate higher-quality performance to receive a more focused

survey, improving efficiency and resource utilization compared to standard recertification. Once the testing phase is complete, CMS will announce the ongoing efforts for the risk-based survey process.

Surveyor Training and Education:

CMS is implementing a Surveyor Skills Review (SSR) Assessment annually which will measure the competency and knowledge required for successful surveys. Surveyors will take the SSR assessment after completing all the prerequisite and basic training courses for their primary area of expertise and one year of experience surveying health care facilities. Each surveyor will be notified when they are eligible to take the SSR between October 1 and September 30th annually. You can view the SSR competency assessments by provider type on the Quality, Safety, & Education Portal (QSEP).

The memo also outlines state survey performance criteria including conducting recertification visits timely and uploading the information to CMS. You can access the most recent State Performance Standards System (SPSS) rating here.

New Member Resources

New Beyond the Standard guidance and worksheets are available to aid members with ensuring compliance with pressure ulcers.

A new Driving Quality: Navigating Healthcare with LeadingAge Illinois/Iowa webcast is available. This new webcast reviews short and long-stay pressure ulcer quality measure calculations and strategies for reducing pressure ulcers.

Upcoming Events

Leadership Retreat (in-person)
September 29, 2025 from 9 a.m.-4:30 p.m. and September 30, 2025 from 8 a.m.-1 p.m.
Location: DeSoto House, 230 S. Main Street, Galena, IL 61036

Regional Networking Meeting (in-person)
October 7, 2025 from 1-3 p.m.
Location: Mill Pond Retirement Community, 1201 SE Mill Pond CT, Ankeny, IA 50021
Sponsored by: Key Rehab

Assisted Living Program Manager (in-person + on-demand)
October 9, 2025 from 8:30 a.m.-4:15 p.m.
Location: Aurora Training Center, 11159 Aurora Ave., Urbandale, IA

Assisted Living Nurse Delegation (in-person)

October 9, 2025 from 8:30 a.m.-4:15 p.m.

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

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.