



# Iowa Department of Human Services

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## INFORMATIONAL LETTER NO.1306

**DATE:** October 21, 2013

**TO:** Iowa Medicaid Nursing Facilities, Skilled Nursing Facilities and Nursing Facilities/Mental ILL

**From:** Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

**RE:** Medicaid Members Desiring an Available Private Room

**EFFECTIVE:** July 1, 2013

This Informational Letter announces a rule change affecting members residing in intermediate care facilities that would like private rooms.

Effective July 1, 2013, an Iowa Medicaid member who desires a private room in a nursing facility, where one is available; may pay the difference or provide supplementation by directly paying the facility for the room.

This amendment to the Iowa Administrative Code is located in Chapter 441-81.10(5)e(4) and reads as follows:

*Supplementation for provision of a private room not otherwise covered under the medical assistance program, subject to the following conditions, requirements, and limitations:*

- 1. Supplementation for provision of a private room is not permitted for any time period during which the private room is therapeutically required pursuant to 42 CFR § 483.10(c)(8)(ii).*
- 2. Supplementation for provision of a private room is not permitted for a calendar month if no room other than the private room was available as of the first day of the month or as of the resident's subsequent initial occupation of the private room.*
- 3. Supplementation for provision of a private room is not permitted for a calendar month if the Facility's occupancy rate was less than 80 percent as of the first day of the month or as of the resident's subsequent initial occupation of the private room.*
- 4. Supplementation for provision of a private room is not permitted if the nursing facility only provides one type of room or all private rooms.*
- 5. If a nursing facility provides for supplementation for provision of a private room, the facility may base the supplementation amount on the difference between the amount paid for a room covered under the medical assistance program and the private-pay rate for the*

*private room identified for supplementation. However, the total payment for the private room from all sources for a calendar month shall not be greater than the aggregate average private room rate during that month for the type of rooms covered under the medical assistance program for which the resident would be eligible.*

6. *If a nursing facility provides for supplementation for provision of a private room, the facility shall inform all residents, prospective residents, and their legal representatives of the following:*
  - *That if the resident desires a private room, the resident or resident's family may provide supplementation by directly paying the facility the amount of supplementation;*
  - *The nursing facility's policy if a resident residing in a private room converts from private pay to payment under the medical assistance program but the resident or resident's family is not willing or able to pay supplementation for the private room;*
  - *The private rooms for which supplementation is available, including a description and identification of such rooms; and*
  - *The process for an individual to take legal responsibility for providing supplementation, including identification of the individual and the extent of the legal responsibility.*
  
7. *For a resident for whom the nursing facility receives supplementation, the nursing facility shall indicate in the resident's record all of the following:*
  - *A description and identification of the private room for which the nursing facility is receiving supplementation;*
  - *The identity of the individual making the supplemental payments;*
  - *The private-pay charge for the private room for which the nursing facility is receiving supplementation; and The total charge to the resident for the private room for which the nursing facility is receiving supplementation, the portion of the total charge reimbursed under the medical assistance program, and the portion of the total charge reimbursed through supplementation.*
  
8. *Supplementation pursuant to this subparagraph shall not be required as a precondition of admission, expedited admission, or continued stay in a facility.*
  
9. *The nursing facility shall ensure that all appropriate care is provided to all residents notwithstanding the applicability or availability of supplementation.*
  
10. *A private room for which supplementation is required shall be retained for the resident consistent with bed-hold policies.*

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, locally in Des Moines at 515-256-4609 or by email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).