



# Iowa Department of Human Services

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For Human Services use only:

**General Letter No. 8-AP-408**

Employees' Manual, Title 8  
Medicaid Appendix

February 6, 2015

**RESIDENTIAL CARE FACILITIES MANUAL TRANSMITTAL NO. 15-1**

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **RESIDENTIAL CARE FACILITIES**, Chapter III, *Provider-Specific Policies*, page 3, revised.

**Summary**

The **RESIDENTIAL CARE FACILITIES (RCF) MANUAL** is revised to address changes in provider contracting for RCF providers. The contract term has changed from 12 months to 5 years.

**Date Effective**

September 1, 2014

**Material Superseded**

This material replaces the following page from the **RCF MANUAL**:

<u>Page</u>	<u>Date</u>
Chapter III 3	June 1, 2014

**Additional Information**

The updated provider manual containing the revised pages can be found at:  
<http://dhs.iowa.gov/sites/default/files/RCF.pdf>

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).



### **3. *Application and Contract for Residential Care Facilities, Form 470-0443***

Each RCF shall complete an *Application and Contract Agreement for Residential Care Facilities*, form 470-0443, when it wishes any of its residents to receive SSA payments. Click [here](#) to view the form online. The form also may be requested by contacting IME Provider Services at (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). Use the form to:

- ◆ Spell out the conditions under which a facility may participate in the SSA program,
- ◆ Describe the responsibilities of the Department and the facility, and
- ◆ Serve as an application to participate in the cost-related system of payment for residential care within the state program.

The Department must approve this contract before any payment of assistance funds. The term of the contract is five years, subject to renewal.

Read the terms of the agreement very carefully before the application to participate is signed. By signing the application, the facility is accepting the terms of the agreement. The administrator of the facility shall sign for the facility and the Chief of the Bureau of Long Term Care shall sign for the Department.

### **4. *Choice of Payment System***

Under the SSA program, the operator of an RCF has the option of participating in a cost-related system of payment or of accepting a flat per diem rate established by DHS. This choice is indicated by checking the applicable box on form 470-0443.