



INFORMATIONAL LETTER NO. 2573-MC-FFS

DATE: April 26, 2024

TO: All Iowa Nursing Facilities (NF)

APPLIES TO: Managed Care (MC), Fee-for-Service (FFS)

FROM: Iowa Department of Health and Human Services (HHS), Iowa Medicaid

RE: Rebuild Iowa Infrastructure Fund (RIIF)

EFFECTIVE: Upon Receipt

The purpose of this informational letter (IL) is to explain how to qualify for Rebuild Iowa Infrastructure Fund (RIIF) funding. RIIF is the primary funding source for public infrastructure-related expenditures.

To qualify for RIIF funding, a facility must meet one of the following major renovations:

- Undertaken a complete replacement of a facility,
- Improved infection control by replacing or enhancing a heating, ventilation and air conditioning (HVAC) system,
- Began a new construction project,
- Undertaken a major renovation for the purposes to improve the Life Safety Code requirements or
- The development of Home and Community Based Services (HCBS) waiver services.

There are two options for reimbursements that are available to nursing facilities. One reimbursement option is through the capital cost per diem instant relief add-on per patient days or **85%** of the facility's estimated licensed capacity. The other reimbursement option is through the enhancement of non-direct care component. A provider seeking assistance under the RIIF program may request both instant relief and the non-direct care component of the funding. Iowa Administrative Code 441 Chapter 81.16(h) and Chapter 249k explain additional requirements to be met.



Requests for RIIF funds are due **30 days** from the date of this notice. Due to managed care, the RIIF program will be paid using state only funds¹. Each facility requesting funds must request an exception to policy (ETP) to the rule found in 441 IAC § 81.6(16)h, Capital cost per diem instant relief add-on and enhanced non-direct care rate component limit, to be paid on a percentage basis of all approved requests.

In addition to the ETP, a facility must submit a written request to the Iowa Medicaid, Provider Cost Audit and Rate Setting Unit with the following:

- A detailed description of the component for which they are intending to apply,
- A detailed description of the project and
- A copy of the statistical page from the facility's most recent cost report submitted.

Request should be submitted to:

Iowa Medicaid
Provider Cost Audit and Rate Setting Unit
P.O. Box 36450
Des Moines, IA 50309

An electronic copy of request can be submitted to costaudit@dhs.state.ia.us within **30 days** from the date of this notice. If you have additional questions, please contact Iowa Medicaid Provider Cost Audit at **1-866-863-8610**.

¹ The payment is state only dollars because the state pays by the claim. The payment is a lump sum based on the percentage of all amounts for all providers who request it and qualify.