

**INFORMATIONAL LETTER NO. 2321-MC-FFS-CVD**

**DATE:** March 8, 2022

**TO:** Iowa Medicaid Nursing Facilities (NF), Skilled Nursing Facilities, and Nursing Facilities for Persons with Mental Illness (NF/MI)

**APPLIES TO:** Managed Care (MC), Fee-for-Service (FFS), Coronavirus Disease (CVD)

**FROM:** Iowa Department of Human Services (DHS), Iowa Medicaid

**RE:** 2022 Revised Guidance for Civil Money Penalty (CMP) Grants for In-Person Visitation Aids during the COVID-19 Public Health Emergency (PHE)

**EFFECTIVE:** Upon Receipt

The purpose of this informational letter is to announce the availability of additional CMP grant funds for in-person visitation aids during the federal COVID-19 PHE.

DHS and Iowa Medicaid understand that nursing home residents derive value from the physical, emotional, and spiritual support they receive through visitation from family and friends. The Centers for Medicare and Medicaid Services (CMS) memorandum [QSO-20-39-NH](#)<sup>1</sup>, issued September 17, 2020, and revised November 12, 2021, included guidance for visitation in nursing homes during the COVID-19 PHE.

On February 2, 2022, CMS issued revised FAQ guidance for Nursing Home Visitation – COVID-19. NFs may request the use of CMP reinvestment funds to purchase portable fans and portable room air cleaners with high-efficiency particulate air (HEPA, H-13 or H-14) filters to increase or improve air quality. CMS continues to approve the use of CMP funds to purchase tents or other shelter for outdoor visitation and/or clear dividers to create physical barriers to reduce the risk of transmission of COVID-19 during in-person visits.

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<sup>1</sup> [Nursing Home Visitation-COVID-19 \(cms.gov\)](#)

## Grant Eligibility and Approved Visitation Aids

Applications must meet ALL the following criteria:

- Applications must be on the COVID-19 In-Person Visitation Aid Application template located [here](#)<sup>2</sup>.
- Applicants must include only requests for funds to purchase in-person visitation aids and shipping costs. Sales tax must be itemized on the application to be reimbursed.
- Applicants must ensure:
  - Requests directly address the need to facilitate in-person visits for residents.
  - The facility seeks and ultimately receives approval from the State Fire Marshall Division, ensuring the appropriate Life Safety Code requirements found at 42 CFR 483.90 are met, unless waived under the PHE declaration. This applies to visitation aids such as tents, other shelter for outdoor visitation, and/or clear dividers. Tent size must allow for social distancing.
  - Core principles of infection prevention and control practices are followed.
  - Surfaces are cleaned and disinfected between resident uses.
  - The facility works with state officials to determine the appropriate level of visitation.
- Facilities may only use up to \$3,000 of CMP state-approved funds for in-person visitation aids (e.g., tents or other shelter for outdoor visitation and/or clear dividers) including installation, installation materials, and shipping cost.
- Facilities may use up to an additional \$3,000 for in-person visitation aids (e.g., indoor portable fans, indoor portable air cleaners with high-efficiency particulate air (HEPA, H-13 or -14) filters and shipping costs).
- Facility **MUST** be a *certified Medicaid* long-term care facility. Assisted living, hospitals, and adult day health are not eligible.

Allowable Uses of CMP funds for in-person visitation aids:

- Tents including installation (purchase and/or rental)
- Clear dividers (e.g., plexiglass or similar product) including installation
- Indoor portable fans
- Indoor portable air cleaners with HEPA filters
- If using funds for installation, identify what was included in the cost of installation including materials, labor, and the installer's bid.

Prohibited expenses include but are not limited to:

- Outdoor furniture (chairs, tables, etc.)
- Ventilation systems
- Lighting systems
- Personal protective equipment (PPE)
- Portable fire extinguishers of approved types
- Disinfectant and cleaning supplies (disinfectant wipes, hand sanitizer, etc.)
- No-smoking signage
- Administrative fees

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<sup>2</sup> [COVID-19 Information for Providers | Iowa Department of Human Services](#)

- Indirect cost; for example: federally determined indirect (facilities and administrative – F&A) costs such as staff fringe benefits or facility maintenance
- Travel expenses
- Infrared temperature scanners
- COVID-19 testing and testing equipment
- Capital improvements

### **Submission and Acceptance of In-Person Visitation Aid Grant Applications**

- Iowa Medicaid is accepting in-person visitation aid grant applications only for the items as described above.
- Only **one** CMP grant application will be approved per facility up to a maximum of \$3000 (e.g., tents, other shelter for outdoor visitation, and/or clear dividers).
- Facilities that have received previous approval for a visitation grant (e.g., tents and/or clear dividers) may submit an additional application for in-person visitation aids (e.g., indoor portable fans and portable air cleaners).
- Facilities should ensure all anticipated expenditures are included in the application, including any applicable sales tax. Additional expenditures that are not identified in the original application and approval letter will not be reimbursed.
- Facilities must separate any sales tax and/or shipping expenditures by type of visitation aid in Section 5 of the application.
- Facilities will be reimbursed based on the approved amount or the actual expenditures, whichever is less. If actual expenditures are less than the original approved amount, Iowa Medicaid will award the amount of the actual expenditures.

### **Required Documentation**

To be considered for an in-person visitation aid grant, Iowa Medicaid must receive the required completed documentation:

- Application on the approved template
- W9
- DHS attestation

These forms, as well as a copy of the application, can be found on the DHS website – see link above. Please save the completed application with the following naming convention: **nursing facility name\_date of application**. Submit the application, W9 and DHS attestation to [IMECMP@dhs.state.ia.us](mailto:IMECMP@dhs.state.ia.us).

Expenditures incurred on or after the release of Memorandum QSO 20-39-NH (September 17, 2020) are eligible for reimbursement.

**Iowa Medicaid will accept grant applications through the end of the federal PHE.**

## Grant Awards

Iowa Medicaid will begin accepting and reviewing CMP in-person visitation aid awards immediately and applications that meet the defined CMS parameters as outlined above will be approved. Applicants requesting grant funds will receive an approval or denial letter via email. Iowa Medicaid may also request additional information or changes to the application if needed. Once an applicant receives an approval letter, they may purchase the visitation aids consistent with the items on the approved application and approval letter.

Approved grant funds shall be used for the sole purpose of providing NF residents with in-person visitation aids to support safe in-person visitation. Any funds spent in a manner not consistent with the certification on the completed application, or as outlined in the eligibility criteria, will be subject to recovery.

Grant proposals for other quality improvement initiatives will be solicited at another time and will be posted to the [Iowa Bid Opportunities website](#)<sup>3</sup>.

## Payment of Grants

Iowa Medicaid will only reimburse facilities that have completed an application packet, including the W9 and DHS attestation; and that received an approval letter. For Iowa Medicaid to process payment of grant awards timely, you must include all the required documentation for payment:

- Copy of Iowa Medicaid approval letter
- Summary invoice (This should be a summary of all the receipts and be in a format similar to the application and approval letter; click [here](#)<sup>4</sup> for a template.)  
The summary invoice must contain at a minimum:
  - NF name
  - Address
  - CMS Certification Number (CCN)
  - Tax ID
  - Itemized detail of visitation aids, by type, purchased or installed
- Copies of all receipts for visitation aid purchases, materials, and labor for installation.
- Copy of approval email from the State Fire Marshall Division based on type of visitation aid.

Iowa Medicaid will reimburse facilities based on the approved amount or the actual expenditures, as verified on the summary invoice and itemized detailed receipts, whichever is less. If a facility's expenditures exceed the approved amount, Iowa Medicaid will pay at the approved amount.

Please send all required documentation in one email to [IMECMP@dhs.state.ia.us](mailto:IMECMP@dhs.state.ia.us).

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<sup>3</sup> [PROCIDAS Bidding Opportunities | Iowa Department of Administrative Services](#)

<sup>4</sup> [https://dhs.iowa.gov/sites/default/files/CMP\\_Summary\\_Invoice\\_Template\\_3.4.22.xlsx](https://dhs.iowa.gov/sites/default/files/CMP_Summary_Invoice_Template_3.4.22.xlsx)