

A Case Study:

Opportunities Remain to Improve Care for Iowans with Intellectual and Developmental Disabilities at REM Iowa and in the State

Staff Report



Senator Charles E. Grassley

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I. Introduction

More than 365,600 Iowans report having an intellectual or developmental disability (I/DD).¹ Individuals with I/DD have a wide range of limitations, and many have lifelong needs that require assistance from others. Often, this assistance is provided by a friend, family member, or by a direct support professional (DSP) in a group home setting. DSPs provide a wide range of supportive services to individuals with I/DD, including assistance with cooking, cleaning, taking medication, providing transportation, and managing money. Many DSPs are also responsible for communicating with medical professionals about their clients' health care needs, and must be prepared to assist in the event of a medical emergency. Therefore, the role of a DSP is exceedingly complex and requires initial and ongoing trainings to gain the knowledge and skills required to care for individuals with I/DD.

REM Iowa is one of a handful of companies in the state of Iowa that provides services to individuals with I/DD. A partner of The MENTOR Network, REM Iowa has approximately 200 locations, employs over 1,600 people, and serves over 400 Iowans (as of 2018).² REM Iowa offers three types of services for individuals with I/DD, brain injuries, and/or mental illness: (1) intermediate care facilities for individuals with intellectual disabilities, (2) home and community based services and supported community living services, and (3) non-residential day services.³ While each service is offered by a separate sister company, REM Iowa operates as one organization and is expected to ensure the health and safety of its I/DD clientele.⁴ This includes the responsibility to prevent the reoccurrence, or limit the severity, of critical incidents involving DSPs through the implementation of effective corrective action plans (e.g., enhanced trainings focused on quality and/or changes in service delivery).

A recent string of articles concerning serious lapses in basic health and safety practices at REM Iowa's group homes led Committee staff to investigate their operations. On March 11, 2019, the *Associated Press* (AP) exposed a program supervisor for sexually abusing an Iowan with I/DD at a REM Iowa group home in Davenport, Iowa.⁵ At the time of the incident, the program supervisor's responsibilities included overseeing the home in which the victim lived and ensuring that its residents received quality care according to their individual needs. The AP reported that the program supervisor groomed the victim for several months before engaging in

¹ Data collected on individuals living with I/DD is based on the person's use of public programs (e.g., Medicaid and Social Security), their place of residence, and their employment status. However, the exact rate of people with I/DD is unknown because the definition of I/DD varies across state and local governments. *See Iowans with Disabilities: 2019*, IOWADATACENTER.ORG (Nov. 2019), <https://www.iowadatacenter.org/Publications/disabilities2019.pdf>.

² REMIOWA-00005096 (on file with Committee). *See also* Letter from Reginald Brown, Counsel, WilmerHale, on Behalf of REM Iowa, to Senator Grassley and Senator Wyden (Dec. 6, 2019).

³ Letter from Reginald Brown, Counsel, WilmerHale, on Behalf of REM Iowa, to Senator Grassley and Senator Wyden (Apr. 24, 2019). REM Iowa Community Services, Inc. also provides a "host home" line of service. However, it does not provide direct care through this service line. Instead, REM Iowa subcontracts with providers who offer live-in support for people with I/DD. *Id.* at 1, n. 2.

⁴ *Id.* at 1, n. 2.

⁵ *Program supervisor accused of sexual abusing client*, AP (Mar. 11, 2019), <https://www.kcrg.com/content/news/Program-supervisor-accused-of-sexually-abusing-client-506974491.html>.

inappropriate sexual activity in June 2018.⁶ The program supervisor was later arrested, and pleaded guilty to sexual exploitation by a counselor or therapist.⁷

Upon further review, Committee staff discovered several additional reports of critical incidents involving REM Iowa between 2013 and 2019:

- “Waterloo man arrested in alleged conservatorship theft.” (March 2018).⁸
- “Police: Woman left 8 adults alone at care facility.” (August 2015).⁹
- “Group Home Closed: Residents Sexually Abused, Medications Missed.” (November 2014).¹⁰

However, data collection and oversight at both the state and Federal level made it difficult, if not impossible, to determine whether these reports were isolated incidents or indicative of a systemic problem at REM Iowa. It is well documented that state agencies often fail to ensure group homes report and monitor critical incidents involving Medicaid beneficiaries.¹¹ Indeed, in response to our request, the Department of Health and Human Services, Office of Inspector General (HHS OIG) found that Iowa’s internal controls are inadequate to ensure that providers report all critical incidents of abuse and neglect involving Medicaid members with disabilities.¹² Our objective for this investigation was to identify trends and patterns of critical incidents involving REM Iowa DSPs and to review the State’s ability to conduct oversight of these types of providers.

⁶ *Id.*

⁷ *Care program supervisor takes deal in sex exploitation case*, DES MOINES REGISTER (Nov. 4, 2019), <https://www.desmoinesregister.com/story/news/crime-and-courts/2019/11/04/care-program-supervisor-takes-deal-sex-exploitation-case/4159190002/>.

⁸ Jeff Reinitz, *Waterloo man arrested in alleged conservatorship theft*, THE COURIER (Mar. 10, 2018), https://wfcourier.com/news/local/crime-and-courts/waterloo-man-arrested-in-alleged-conservatorship-theft/article_2b6ae831-5688-52db-a216-bb26c1655824.html.

⁹ *Police: Woman left 8 adults alone at care facility*, IOWA CITY PRESS-CITIZEN (Aug. 17, 2015), <https://www.press-citizen.com/story/news/crime-and-courts/2015/08/17/police-say-woman-abandoned-clients-coralville-care-facility/31854499/>.

¹⁰ Sonya Heitshusen, *Group Home Closed: Residents Sexually Abused, Medications Missed*, WHOTV.COM (Nov. 17, 2014), <https://whotv.com/2014/11/17/group-home-closed-residents-sexually-abused-medications-missed/>. See also Letter from Reginald Brown, *supra* note 3. In response to the Committee’s April 2nd letter, REM Iowa stated:

The 2014 allegations . . . concerned an HCBS waiver home for teenaged boys. REM Iowa Community Services, Inc. voluntarily closed that home in 2014 and subsequently began the process of closing all group homes serving children in the state of Iowa. As of May 2018, REM no longer operates group homes for children in the state of Iowa.

Id. at 1, n. 3.

¹¹ In January 2018, HHS OIG found that Connecticut, Massachusetts, and Maine did not comply with Federal and state requirements for reporting and monitoring critical incidents. See DEPT. OF HEALTH AND HUMAN SERVS., OFF. OF INSPECTOR GEN., ENSURING BENEFICIARY HEALTH AND SAFETY IN GROUP HOMES THROUGH STATE IMPLEMENTATION OF COMPREHENSIVE COMPLIANCE OVERSIGHT (Jan. 2018), <https://oig.hhs.gov/reports-and-publications/featured-topics/group-homes/group-homes-joint-report.pdf>.

¹² DEPT. OF HEALTH AND HUMAN SERVS., OFF. OF INSPECTOR GEN., IOWA DID NOT COMPLY WITH FEDERAL AND STATE REQUIREMENTS FOR MAJOR INCIDENTS INVOLVING MEDICAID MEMBERS WITH DEVELOPMENTAL DISABILITIES (Mar. 2020), <https://oig.hhs.gov/oas/reports/region7/71806081.asp>.

On April 2, 2019, Senator Grassley and Senator Wyden launched a bipartisan investigation into REM Iowa and MENTOR Oregon’s¹³ operations (the April 2nd letter).¹⁴ The April 2nd letter requested REM Iowa to produce documents and other records concerning the company’s general policies and procedures, copies of internal and state-level investigations, internal employee documents, training memoranda, and background checks.¹⁵ We also requested REM Iowa to produce every mandatory report concerning abuse and neglect made between 2013 and 2019, as well as any enforcement actions associated with an investigation by the State or its oversight contractors.

Based on internal documents and memoranda collected during this investigation, we discovered that REM Iowa has a history of failing to provide quality services to Iowans with I/DD. In 2015, the Iowa Department of Health and Human Services (Iowa DHS) placed REM Iowa on probation following several health and safety complaints, including abuse and neglect, inadequate staff training, critical incident reports being entered incorrectly, if at all, and medication administration errors. Although REM Iowa took steps to remedy these issues, resulting in its probation being lifted in 2016, our investigation revealed that opportunities remain to improve care for Iowans with I/DD (e.g., enhanced trainings for DSPs on incident reporting and client’s individual program plans). We also found that the state of Iowa failed to ensure that group homes reported all critical incidents, failed to ensure that all data on critical incidents were collected and reviewed, and failed to identify trends in service implementation.

We have made a number of recommendations to REM Iowa as well as the State to address these shortcomings to bring about the highest level of care for Iowans with I/DD.

II. REM Iowa’s Group and Community Based Homes

REM Iowa operates three sister companies in the state of Iowa that serve individuals with I/DD, brain injuries, and/or mental illness: (1) REM Iowa, Inc., (2) REM Iowa Community Services, Inc., and (3) REM Developmental Services, Inc.¹⁶ For the purposes of this investigation, we focused on REM Iowa, Inc. and REM Iowa Community Services, Inc. because those facilities presented a higher amount of critical incidents than the company’s non-residential day services.

a. REM Iowa, Inc.

REM Iowa, Inc. has provided Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDs) since 1979.¹⁷ ICF/IDs are an optional Medicaid benefit that provide nursing and supportive care to individuals with I/DD receiving active treatment.¹⁸

¹³ Ranking Member Wyden issued his findings regarding MENTOR Oregon in a separate report.

¹⁴ Press Release, Grassley, Wyden Probe Reports of Abuse at Group Homes in Iowa & Oregon (Apr. 3, 2019), <https://www.grassley.senate.gov/news/news-releases/grassley-wyden-probe-reports-abuse-group-homes-iowa-oregon>.

¹⁵ Letter from Senator Grassley and Senator Wyden to Lisa Pakkebieer, Executive Director, REM Iowa (Apr. 2, 2019).

¹⁶ Letter from Reginald Brown, *supra* note 3, at 1.

¹⁷ *Id.*

¹⁸ Active treatment refers to aggressive, consistent programming to address specific training, treatment, and health services. See *Intermediate Care Facilities for Individuals with Intellectual Disability*, CTRS. FOR MEDICARE AND MEDICAID SERVS., <https://www.medicaid.gov/medicaid/long-term-services-supports/institutional-long-term-care/intermediate-care-facilities-individuals-intellectual-disability/index.html> (last viewed Nov. 23, 2020).

Treatment varies depending on the client's needs, but generally seeks to promote independence with services that include daily hygiene and nutrition, laundry, housekeeping, and transportation. REM Iowa's ICF/IDs are staffed 24-hours a day, and must meet a minimum staffing ratio of 1 employee to 4 clients or 1 employee to 3.2 clients (dependent on the needs of the individuals served).¹⁹ However, because an individual's needs change over time, staffing levels at ICF/IDs fluctuate.

REM Iowa, Inc. is licensed and regulated by Iowa's Department of Inspections and Appeals (DIA). DIA conducts unannounced surveys of ICF/IDs on an annual basis and reviews any and all complaints or reports of critical incidents.²⁰ If DIA identifies a problem, it notifies the company and requests a corrective action plan to address the underlying issues. DIA evaluates the company's plan to determine if it provided sufficient evidence describing the actions taken, or the actions it plans to take, to address the required corrective action. DIA's acceptance or rejection of the company's corrective action plan affects whether an individual location, or the company as a whole, is recertified as an ICF/ID provider.

b. REM Iowa Community Services, Inc.

REM Iowa Community Services, Inc. has provided Home and Community Based Services (also referred to as "HCBS" waiver group homes) and Supported Community Living services since 1994.²¹ Congress established the HCBS waiver program as an alternative to ICF/IDs to give states the ability to provide home and community based services for Medicaid beneficiaries, making it possible for individuals with I/DD to live in their home or community rather than in an institutionalized setting.²² States have broad discretion to design their HCBS waiver program to address the needs of their citizens, and can offer a variety of services that include case management, home health, personal care, and habilitation.²³ HCBS waiver group homes are often staffed up to 24-hours a day, but there is no minimum staffing requirement and staffing ratios vary based on the individual's needs.²⁴

REM Iowa Community Services, Inc.'s HCBS waiver group homes are certified by Iowa DHS's Bureau of Long-Term Care.²⁵ HCBS Quality Oversight staff at Iowa DHS conduct on-site reviews, scheduled in advance, to determine if the provider is in compliance with state regulations and standards, which forms the basis of the provider's certification level.²⁶ If HCBS quality reviewers identify a problem, the facility is required to submit a corrective action plan to address the underlying issues. HCBS Quality Oversight staff monitor the provider's implementation of their corrective action plan through the submission of written reports or on-site reviews.

¹⁹ Letter from Reginald Brown, Counsel, WilmerHale, on Behalf of REM Iowa, to Senator Grassley and Senator Wyden 2 (Aug. 29, 2019).

²⁰ Letter from Reginald Brown, *supra* note 3, at 2.

²¹ *Id.* at 1.

²² *Home and Community Based Services*, CTRS. FOR MEDICARE AND MEDICAID SERVS., <https://www.medicaid.gov/medicaid/home-community-based-services/home-community-based-services-authorities/home-community-based-services-1915c/index.html> (last viewed Nov. 23, 2020).

²³ *Id.*

²⁴ Letter from Reginald Brown, *supra* note 19, at 3.

²⁵ Letter from Reginald Brown, *supra* note 3, at 1.

²⁶ *Id.* Currently, REM Iowa Community Services, Inc. holds a three-year certification. According to REM Iowa, this is the highest certification level available for HCBS waiver group homes in the state of Iowa. *Id.*

III. Investigative Findings

Medicaid is a joint Federal-state partnership that provides health care to low-income individuals and individuals with disabilities. The Committee has jurisdiction over the funding of Medicaid, and thus the responsibility to ensure that the beneficiaries of these funds receive quality care. In 2018, REM Iowa received approximately \$39,032,404 in Medicaid funding for its ICF/IDs and HCBS waiver group homes.²⁷ Therefore, REM Iowa is in the Committee's direct jurisdiction.

During the course of this investigation, we reviewed more than 5,000 pages of materials, including internal incident reports, targeted review results, communications and correspondence from Federal and state agencies, and documents and memoranda related to staff training and background checks. We discovered that several REM Iowa facilities—a majority of which were ICF/IDs—had overwhelmingly more critical incident reports, letters of deficiencies, and unannounced visits than the rest of REM Iowa's group homes. Many of these critical incidents were reoccurring, and appear to be directly and collaterally related to problems with initial and continuing training requirements for (1) incident reporting, (2) individual program plans, and (3) medication administration. A significant portion of these incidents also occurred after the State lifted REM Iowa's probation, calling into question whether REM Iowa adequately addressed the problems identified by Iowa DHS in 2015.

a. REM Iowa Has A History of Failing to Maintain Quality Services

On August 10, 2015, Iowa DHS placed REM Iowa Community Services, Inc. and REM Iowa Developmental Services, Inc. on probation for failing to maintain quality services for Iowans with I/DD living at HCBS waiver group homes.²⁸ According to Iowa DHS's letter of probation, the HCBS Quality Oversight program received more than a dozen complaints concerning REM Iowa's operations between February 2013 and April 2014.²⁹ These complaints involved insufficient training, insufficient staffing, quality of services, health and safety concerns, insufficient documentation and communication, and failure to adhere to policies and procedures including failing to protect clients' rights and dignity.³⁰ For example, Iowa DHS highlighted that it had received several complaints of individuals receiving physical injuries when placed in restraints and individuals leaving the facility without supervision.³¹

²⁷ REMIOWA-00005096 (on file with the Committee). *See also* Letter from Reginald Brown, Counsel, WilmerHale, on Behalf of REM Iowa, to Senator Grassley and Senator Wyden (Dec. 6, 2019).

²⁸ REMIOWA-00001575. According to Iowa DHS, REM Iowa Community Services, Inc. and REM Iowa Developmental Services, Inc. operate as one agency. Therefore, it is expected that all REM Iowa facilities operate under one set of operational policies and procedures. *Id.*

²⁹ *Id.* at REMIOWA-00001576.

³⁰ *Id.*

³¹ *Id.*

Beginning in February of 2013 and continuing to April 30, 2014, the HCBS Quality Oversight program received no less than 15 complaints about the various REM agencies. These complaints involved insufficient training, insufficient staffing, quality of service, health and safety concerns, insufficient documentation and communication, failure to identify and/or follow policies and procedures. For example, there were complaints regarding members leaving the facility unattended, members' dietary and health needs not being met, members receiving injuries when being placed in restraints, as well as many other complaints. The HCBS Quality Oversight followed up on each of these complaints and in many instances conducted a targeted review. In some instances, corrective action plans (CAPs) were initiated to correct the issues identified by the complaint and subsequent HCBS investigation and review of the complaint.

HCBS Quality Oversight staff followed up on each of these complaints and, in some cases, conducted targeted on-site reviews at several of REM Iowa's locations.³² Following these targeted reviews, Iowa DHS sent REM Iowa a letter requiring it to submit a company-wide corrective action plan indicating what actions it would take to come into compliance with Iowa's Administrative Code. However, it appears that REM Iowa failed to comply with this request, forcing HCBS Quality Oversight staff to escalate its oversight response to ensure beneficiary health and safety.

For instance, on April 30, 2014, HCBS Quality Oversight staff sent a letter to REM Iowa requiring it to submit a plan to address issues like abuse reporting, communication, incident reporting, and medication administration.³³ REM Iowa responded sometime between April 2014 and December 2014, but HCBS Quality Oversight staff determined that the company failed to demonstrate adequate remediation of the identified issues.³⁴ After months of back and forth, and several attempts by HCBS Quality Oversight staff to help REM Iowa address these issues, Iowa DHS placed REM Iowa on probation on August 10, 2015 and barred it from accepting new Medicaid members as clients or opening new residential locations.³⁵ An excerpt of Iowa DHS's letter of probation, shown below, outlines REM Iowa's repeated failure to submit complete corrective action plans.

³² *Id.*

³³ *Id.* at REMIOWA-00001576-77.

³⁴ *Id.*

³⁵ *Id.* at REMIOWA-00001579.

As described above, HCBS has identified core certification standards of personnel training, service planning, service documentation, incident reporting, and quality improvement planning as deficient in each certification review. REM has consistently failed to implement corrective action plans submitted to the department and show compliance with the standards and requirements of the HCBS program. REM has submitted incomplete corrective action plans in response to targeted complaint and certification reviews. See 441 IAC § 77.37(13)(e) and 441 IAC § 77.39(11)(c) and (e). REM has also failed to implement the corrective action plans it submitted to the Department on March 8, 2013, March 27, 2013, May 20, 2013, May 21, 2013, July 24, 2013, October 21, 2013, October 22, 2013, January 21, 2014, March 28, 2014, May 28, 2014, June 2, 2014, September 4, 2014, February 19, 2015, March 16, 2015, and June 5, 2015. See IAC 441-77.37(12)(g) and 441-77.39(10)(g). Finally, HCBS findings have identified inappropriate staffing patterns and supervision of members, as well as continued actions by REM that have repeatedly placed health and safety of REM members at risk.

After considering the totality of circumstances, the Department finds the sanction of probation with the conditions listed below as the appropriate sanction. Significantly, the Department has worked since 2013 to assist REM to come into compliance with the regulations. However, REM has repeatedly failed to implement corrective action plans and show compliance. The reviews of the Department, as well as numerous complaints, reveal serious issues placing the health and safety of both members and the public at risk. No lesser sanction than probation with the conditions listed below is sufficient to remedy the issues at hand.

Based on internal correspondence collected for this investigation, Iowa DHS repeatedly rejected REM Iowa's plans as inadequate to improve both initial and continuing staff training requirements. An on-site certification review of REM Iowa revealed that the company did not have adequate oversight mechanisms in place to ensure that staff completed required trainings for mandatory abuse reporting, or that staff were reporting major incidents and notifying supervisors.³⁶ For example, on February 26, 2015, Iowa DHS determined that "REM continues to have issues with the timely completion of incident reports and the timeliness for notifying other required parties . . . REM [also] is struggling with adequately describing incidents and identifying appropriate follow up . . . [REM] needs to identify how patterns and causes of incidents are tracked so that trends may be identified and addressed."³⁷ As a result, DHS rejected REM Iowa's corrective action plan.³⁸

³⁶ REMIOWA-00002315.

³⁷ *Id.* at REMIOWA-00002345.

³⁸ *Id.*

V. Requirement P: Incident reporting required all IAC Chapter 77, 24.4(5)

CAP Requirement:

The call for statewide corrective action outlined in the April 2014 and subsequent letters will hereby be discontinued in lieu of requirements for corrective action outlined in this review report. The agency is required to submit a corrective action plan that addresses issues with incident reports. The plan should include actions to be taken to ensure staff are reporting the incidents and notifying supervisors, members, guardians, and case managers within the required timeframes. The plan should demonstrate actions the agency will take to review incident reports for completeness, quality of content, and consistency with corresponding forms and process such as the MAR, service documentation, internal incident reports, and service plans.

CAP Findings:

REM Iowa plans to provide additional training on incident reporting. It is also reported that the tracking and trending of incident reports will continue as part of the quality improvement process. REM continues to have issues with the timely completion of incident reports and the timelines for notifying other required parties. Additionally, REM is still struggling with adequately describing incidents and identifying appropriate follow up. Lastly, REM still needs to identify how patterns and causes of incidents are tracked so that trends may be identified and addressed.

CAP Status:

Corrective Action Plan Not Accepted

In response to the Committee’s April 2nd letter, REM Iowa stated that it “[it] responded swiftly to DHS’s concerns, implementing significant statewide enhancements to overall operations and addressing specific issues raised by DHS.”³⁹ Indeed, REM Iowa did come into compliance with its corrective action plan, but only *after* Iowa DHS placed the company on probation. For example, following its October 16, 2015 compliance review, Iowa DHS accepted REM Iowa’s corrective action plan in full only after the company enhanced and standardized training materials and programming across the State, adding “modules” and “interactive trainings”.⁴⁰ REM Iowa also formalized and lengthened trainings for new hires; implemented “check-ins” to engage employees in conversations about how well they feel they are equipped to provide the services, if they need more training, and whether or not the job is what they thought it would be; and, standardized its incident reporting protocol and trained Program Directors on incident reporting remediation.⁴¹

REM Iowa’s efforts to come into compliance with its corrective action plan resulted in Iowa DHS lifting the company’s probation shortly following its October 16, 2015 compliance review. On November 5, 2015, Iowa DHS and REM Iowa entered into a settlement agreement and Iowa DHS agreed to scale back REM Iowa’s probation significantly, limiting the hold to Scott County.⁴² The probation on REM Iowa’s facility in Scott County was lifted in February 2016, and DHS lifted the probation entirely on August 30, 2016.⁴³ However, even though Iowa DHS lifted REM Iowa’s probation in 2016, our investigation revealed that opportunities continue

³⁹ Letter from Reginald Brown, Counsel, WilmerHale, on Behalf of REM Iowa, to Senator Grassley and Senator Wyden (June 12, 2019).

⁴⁰ REMIOWA-00002315, at REMIOWA-00002372. *See also* Letter from Reginald Brown, Counsel, WilmerHale, on Behalf of REM Iowa, to Senator Grassley and Senator Wyden (May 15, 2020).

⁴¹ *Id.*

⁴² REMIOWA-00001591, at REMIOWA-00001596. *See also* Letter from Reginald Brown, Counsel, WilmerHale, on Behalf of REM Iowa, to Senator Grassley and Senator Wyden (June 12, 2019).

⁴³ REMIOWA-00001610. *See also* Letter from Reginald Brown, Counsel, WilmerHale, on Behalf of REM Iowa, to Senator Grassley and Senator Wyden (June 12, 2019).

to exist for REM Iowa to enhance existing trainings to address recurring problems with (1) incident reporting, (2) individual program plans, and (3) medication administration.

b. Although Iowa DHS lifted REM Iowa’s Probation in 2016, the Company Continues to Suffer From Critical Incidents Related to Incident Reporting, Individual Program Plans, and Medication Administration

Based on our review of internal incident reports collected for this investigation, REM Iowa’s remedial efforts have failed to prevent the reoccurrence, or limit the severity, of critical incidents involving its DSPs. We identified several critical incident reports concerning events that occurred after DHS lifted REM Iowa’s probation in 2016. These include incidents where REM Iowa staff failed to report or properly document critical incidents of abuse or neglect, or failed to implement a client’s individualized program plan resulting in injury to the client. We believe that many of these issues are intrinsically linked to problems with initial and continuing training requirements—a problem that can be easily addressed with additional oversight and quality control mechanisms (e.g., electronic record keeping to track and monitor mandatory trainings and/or enhance existing trainings to address recurring problems with service delivery).

i. *Incident Reporting*

In order to be eligible to participate in Medicaid, REM Iowa must ensure that certain critical incidents are reported to the State.⁴⁴ And, although the policies and procedures for reporting critical incidents at ICF/IDs and HCBS waiver group homes differ, this expectation remains the same. Staff at ICF/IDs must immediately notify their supervisor when these types of incidents occur, and those supervisors must alert DIA within 24 hours.⁴⁵ HCBS waiver group homes on the other hand only need to report *major* incidents to Iowa DHS’s Bureau of Long-Term Care or to their assigned managed care organization (MCO) within 24 hours.⁴⁶

Based on our review of internal incident reports, REM Iowa’s staff continuously fail to report critical incidents to the State. For example, on/or before March 16, 2017, a DSP was suspected of physically and verbally abusing clients at an ICF/ID in Cedar Rapids, Iowa.⁴⁷ According to DIA’s investigation, the registered nurse at the facility reported that several clients were “flinching” around a particular DSP.⁴⁸ Upon further investigation, the registered nurse discovered that a DSP was hitting clients and being verbally abusive. DIA’s investigative report indicates that REM Iowa staff were aware that the DSP had a history of physically and verbally abusing clients, and yet they did not report their suspicions immediately to their supervisor.

⁴⁴ ICF/IDs must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with state law. All incidents must be thoroughly investigated and, if properly verified, a corrective action shall be taken. *See* IOWA ADMIN. CODE § 441—82.2. HCBS waiver group homes on the other hand differentiate between major and minor incidents when determining reporting requirements. For example, *major incidents* (e.g., death, abuse, or physical injury that requires hospitalization) must be reported to the member’s MCO and/or Iowa DHS’s Bureau of Long Term Care. *Minor incidents* on the other hand (e.g., injury that results in first aid or bruising) only needs to be recorded and maintained in a centralized file with a notation in the member’s file. *Minor incidents* do not need to be reported to the State. *See* IOWA ADMIN. CODE § 441—77.25.

⁴⁵ IOWA CODE § 235E.2(2)-(3)(a).

⁴⁶ IOWA ADMIN. CODE § 441—77.25.

⁴⁷ REMIOWA-00003008.

⁴⁸ *Id.*

Instead, staff contacted The MENTOR Network’s 1-800 hotline which is used to report Medicaid fraud, waste, and abuse. Iowa DIA fined the facility \$500 for failing to follow state regulations for reporting incidents of abuse or neglect.

The incident report further indicates that REM Iowa suspended the employee immediately after the incident in order to conduct an internal investigation. However, we discovered that this employee was able to secure employment at another REM Iowa facility in Hiawatha, Iowa, where he was later investigated for suspicions of physical abuse one year later.⁴⁹ REM Iowa did not produce information or documentation concerning the outcome of their internal investigation to Committee staff. Therefore, it is unclear if this employee remains employed by REM Iowa.

We also identified several incident reports where the State and/or the Centers for Medicare and Medicaid Services (CMS) issued a notice of deficiency against REM Iowa for failing to ensure staff properly recorded information about critical incidents. Failing to document critical incidents can be particularly harmful to the health and safety of individuals with I/DD because it inhibits REM Iowa’s ability to prevent reoccurrences or identify trends, problems, and issues in service delivery. For example, at an ICF/ID in Shelby, Iowa, CMS determined that the facility failed to document several instances of client-to-client aggression on May 2, 2017, putting 5 out of 8 clients at immediate risk of injury.⁵⁰ In one instance, a client was admitted to the emergency room with abrasions to the face and lacerations to the eye. In response to interviews and records collected by CMS, the DSP on duty tracked client-to-client aggression “informally”. However, the investigation revealed no corresponding incident reports, no documentation of follow up, and no investigation or internal review of the incidents to explain how, or why, the client was admitted to the emergency room. In addition to this case, we identified two other deficiency notices issued against REM Iowa for failing to document client-to-client aggression for events that occurred at an ICF/ID in Council Bluff, Iowa between November 2016 and May 2017 and the other at an ICF/ID in Hiawatha, Iowa on October 2016.⁵¹

Similarly, at an HCBS waiver group home in Mason City, Iowa, a client was admitted to the emergency room with a swollen and bruised pelvis on March 18, 2018.⁵² Iowa DHS investigated this incident for potential abuse and neglect, and requested records from REM Iowa, including records pertaining to service documentation for each member residing at the home. However, this facility could not produce documents to indicate what had happened that led to the client being taken to the emergency room or the outcome of REM Iowa’s internal investigation. This prevented Iowa DHS from identifying the root cause of the injury which could have diminished the probability of future occurrences.

Reliable incident reporting is incredibly important to the safety and well-being of individuals residing in ICF/IDs and HCBS waiver group homes. It allows the facts and circumstances of an incident to be reviewed quickly and effectively, and, if warranted, investigated. It also allows trends and patterns to be identified so that effective corrective action plans can be implemented to prevent reoccurrences, or limit the severity, of critical instances.

⁴⁹ REMIOWA-00003862.

⁵⁰ REMIOWA-00000330.

⁵¹ REMIOWA-00000258; REMIOWA-00000285.

⁵² REMIOWA-00004458.

ii. Individual Program Plans and Medication Administration

In order to be eligible to participate in Medicaid, ICF/IDs must develop an individual program plan (IPP) for each client so that they receive active treatment consistent with their needs and goals.⁵³ An IPP identifies the goals, services, and support an individual with I/DD needs to be independent and participate in the community. An individual's urges or triggers, such as the propensity to hoard food, are examples of issues discussed in an IPP. The IPP must also specify the DSP responsible for a client's IPP, the methods to be used, schedule to be followed, and the types of data needed to assess the client's progress towards their desired outcome.⁵⁴ The DSP responsible for the active treatment plan must be a qualified intellectual disability professional who has at least one year experience working with I/DD individuals and is a doctor, registered nurse, or holds a bachelor's degree.⁵⁵ An IPP is an incredibly important tool for group homes, and helps employees identify an individual's capabilities, strengths, weaknesses, and barriers.

Based on our review of internal incident reports collected for this investigation, REM Iowa staff appear to have difficulties adhering to a client's IPP. We identified at least eight deficiency notices issued against REM Iowa between 2013 and 2019, several of which occurred after DHS lifted REM Iowa's probation in 2016. We also identified several instances where staff's failure to follow a client's IPP resulted in serious injury to the client. For example, on May 12, 2017, Iowa DIA issued a \$7,000 citation against REM Iowa because staff at an ICF/ID in Shelby, Iowa failed to supervise a client during mealtime.⁵⁶ In this case, the client required visual supervision because he/she had a history of taking large bites, not chewing thoroughly, and stealing food. Staff failed to supervise the client one night and, as a result, the client asphyxiated on a piece of meat and had to be admitted to the hospital. Following this incident, Iowa DIA discovered that this facility did not have a protocol in place, or train its staff, to address this client's behavioral needs. Similarly, on August, 24, 2017, CMS issued a deficiency notice against another ICF/ID in Coralville, Iowa, because staff continuously failed to implement and integrate client's IPP to address self-injurious behavior, communication, and inappropriate masturbation, affecting 4 clients.⁵⁷

Internal incident reports also show that REM Iowa continuously fails to ensure that its staff adhere to policies and procedures for administering medications to its I/DD clientele. Often, it appears that staff fail to follow client's IPP or completely disregard physicians' orders (as Committee staff also found in countless examples in MENTOR Oregon). For example, on August 17, 2016, CMS issued a notice of deficiency against an ICF/ID in Coralville, Iowa after it discovered staff administered an incorrect dosage of Constulose—a type of oral laxative—to a client.⁵⁸ This facility had been found noncompliant in drug administration on two separate occasions, administering medications contrary to a physician's orders.⁵⁹ Failing to adhere to a client's drug regime can be disastrous for an individual with I/DD, and can result in significant injury, or even death.

⁵³ 42 C.F.R. § 483.440(a).

⁵⁴ *Id.* at § 483.440(c)(5)(i)-(vi).

⁵⁵ *Id.* at § 483.430(a)(1)-(2)(iii).

⁵⁶ REMIOWA-00000453.

⁵⁷ REMIOWA-00000306.

⁵⁸ REMIOWA-00002576.

⁵⁹ REMIOWA-00002426.

An IPP is an important tool to identify a client’s personal choices and preferences as well as their health care, mental health, or behavior needs. However, the mere existence of these plans alone is insufficient. Staff must follow the plan, document the individual’s progress, and modify the plan as necessary.

c. Opportunities Remain to Improve REM Iowa’s Training Regime

Federal law is largely silent about the type or amount of trainings necessary for a DSP to care for individuals with I/DD. In Iowa, an ICF/ID must provide DSPs professional development and training on “skills and competencies directed toward clients’ developmental, behavioral, and health needs” to manage the inappropriate behavior of clients and implement IPPs.⁶⁰ Additionally, if a facility provides nursing services, physicians also train staff on illness detection, first aid, and other basic skills like oral care, bathing, toileting, and laboratory tests.⁶¹ HCBS waiver group homes on the other hand must have an orientation for employees on the company’s overall “purpose, policies, and procedures” and provide initial and ongoing training on medication administration, abuse reporting, confidentiality, and consumer rights.⁶²

In our April 2nd letter, Committee staff requested documents and memoranda that “[REM Iowa] staff has completed all required trainings” required by Federal and state law.⁶³ The purpose of our request was to review REM Iowa’s current training regime and to ensure that new hires receive initial and continuing trainings to care for individuals with I/DD. During discussions with outside counsel and representatives of REM Iowa, Committee staff were told that it would be *too burdensome* for REM Iowa to locate training materials for all of its employees because records are housed locally, and are often in paper form. Therefore, we agreed to allow REM Iowa to produce training materials related to just two employees—Bruce Enger and Michael Krauth—who are the subjects of the reports cited in the Committee’s April 2nd letter.⁶⁴

Based on our review of REM Iowa’s internal training memoranda, DSPs are required to complete “on-the-job” training packets during the first few days of employment and must attest that they have reviewed REM Iowa policies and procedures.⁶⁵ The testing packet includes a series of “handouts,” “modules,” and “activities.” Some of these appear to test a DSP’s ability to care for individuals with I/DD. For instance, we identified at least three modules that test an employee’s understanding of brain injuries. Other modules appear wholly unrelated, however. For example, REM Iowa requires its new hires to complete a “trail making activity” to spell the word lemon and a “verb generation” worksheet.⁶⁶ This module appears to test a person’s basic

⁶⁰ IOWA ADMIN. CODE § 441-82.2(3)(e)(1)-(4).

⁶¹ *Id.* at § 441-82.2(6)(c)(5)(3).

⁶² *Id.* at § 441-77.37(1)(e)(1)-(5).

⁶³ Letter from Senator Grassley and Senator Wyden, *supra* note 15.

⁶⁴ Letter from Reginald Brown, Counsel, WilmerHale, on Behalf of REM Iowa, to Senator Grassley and Senator Wyden (Apr. 30, 2019); *See also* Letter from Reginald Brown, Counsel, WilmerHale, on Behalf of REM Iowa, to Senator Grassley and Senator Wyden (Sept. 25, 2019). In response to the Committee’s April 2nd letter, REM Iowa stated that it requires employees at its ICF/IDs and HCBS waiver group homes to satisfy training requirements as required by Iowa Administrative Code 441-82.2 and Iowa Administrative Code 441-77.37. *Id.*

⁶⁵ REMIOWA-00000593-671; REMIOWA-00000672-754.

⁶⁶ *Id.*

intelligence and/or comprehension. However, it is unclear how these activities relate to caring for individuals with I/DD.

REM Iowa also requires new hires to complete hands-on training and encourages staff to “watch [their] fellow co-workers completing a variety of tasks.”⁶⁷ Staff at an ICF/ID also must complete a minimum of 32 to 40 hours of supervised work experience whereas staff at HCBS waiver group homes are required to complete 24 to 32 hours of supervised work experience. During an employee’s on-site supervised work experience, in addition to receiving hands-on training, DSPs are also required to complete a set of mock documentation for each shift which *may* include electronic records or incident reports. However, incident report training is not mandatory for DSPs which could explain why REM Iowa continuously gets cited for staff failing to complete incidents reports or document incident remediation.

Note:

REM Iowa (ICF/ID) Services requires a minimum of 32 - 40 hours of supervised work experience, but additional hours may be offered depending on experience and level of comfort. In addition to completing supervised hours on the overnight shift, overnight staff will complete at least 8 hours of supervised work experience during a morning or evening shift.

REM Iowa Developmental Services requires a minimum of 3 days/18 hours of supervised work experience. Additional hours may be offered depending on experience and level of comfort.

REM Iowa Community Services requires a minimum of 24-32 (awake/active) hours of supervised work experience for external hires. Additional hours may be offered depending on experience and level of comfort.

Even so, based on our review of internal training memoranda, REM Iowa does not have adequate internal oversight mechanisms in place to ensure new hires complete mandatory trainings, and for tracking the completion of that training. In response to follow-up questions submitted by Senator Grassley’s staff, REM Iowa stated that it relies on Program Directors to ensure that its DSPs receive all mandatory trainings, and for tracking the completion of those trainings.⁶⁸ However, Program Directors do not input this data into a centralized electronic database, and instead use a “variety of methods to track the completion of trainings, including REM Iowa’s learning management system and customized checklists”.⁶⁹ We believe REM Iowa’s current system creates inconsistencies, where some employees receive more training than others. For example, based on training memoranda collected for this investigation, we discovered that Bruce Enger completed just 17 hours of hands-on training compared to Michael Krauth who completed 33.5 hours.⁷⁰ Both worked at an HCBS waiver group home that required a minimum of 24 hours of supervised work experience.

⁶⁷ *Id.*

⁶⁸ Letter from Reginald Brown, Counsel, WilmerHale, on Behalf of REM Iowa, to Senator Grassley and Senator Wyden (May 15, 2020).

⁶⁹ *Id.*

⁷⁰ REMIOWA-00000593-671; REMIOWA-00000672-754.

ON SITE SUPERVISED WORK EXPERIENCE					
Date: <u>9/1/17</u>	Shift: <u>1st</u>	Total # of Hours: <u>4</u>	Trainer Initials: <u>AK</u>	Submit Mock Sample	
Date: <u>9/5/17</u>	Shift: <u>2nd</u>	Total # of Hours: <u>6</u>	Trainer Initials: <u>AK</u>	Submit Mock Sample	
Date: <u>9/6/17</u>	Shift: <u>1st</u>	Total # of Hours: <u>7</u>	Trainer Initials: <u>AK</u>	Submit Mock Sample	
Date: ___/___/___	Shift: _____	Total # of Hours: _____	Trainer Initials: _____	Submit Mock Sample	
Date: ___/___/___	Shift: _____	Total # of Hours: _____	Trainer Initials: _____	Submit Mock Sample	
Date: ___/___/___	Shift: _____	Total # of Hours: _____	Trainer Initials: _____	Submit Mock Sample	
Date: ___/___/___	Shift: _____	Total # of Hours: _____	Trainer Initials: _____	Submit Mock Sample	

Mock (Documentation) Sample

During your on-site supervised work experience, you will be working side-by-side with an experienced caretaker. This experience will involve both observation and demonstration of the skills /supports reviewed. You will also be required to complete a set of mock documentation for each shift worked. These documents will be used for training purposes only and will not become part of the individual's service record. This documentation may include electronic records and Incident Reports for RICS/RDS; and handwritten Program Data Collection Sheets and Incident Reports for ICF/ID services (as applicable). These documents will be submitted and reviewed with you by your program supervisor following each shift worked. Copies of handwritten samples will be filed with this packet at the conclusion of your supervised work experience.

RICS/RDS: Refer to 'Guide for Completing Mock Documentation for New Employees' for more information on this process.

By relying on the discretion of its Program Directors to track-and-monitor mandatory trainings, we believe that it is impossible for REM Iowa to know if its workforce is adequately trained, or if additional trainings are needed to correct recurring issues with service delivery. REM Iowa must consider establishing a centralized electronic database, and require its Program Directors to input data into this system to track and monitor the completion of initial and on-going trainings. REM Iowa can then analyze the data to allocate resources to group homes that present reoccurring critical incidents.

d. HHS OIG Finds the State has Inadequate Controls to Ensure Major Incidences are Reported

In March 2020, HHS OIG found that the state of Iowa did not comply with Federal and state requirements for reporting and monitoring critical incidents involving Medicaid members with I/DD residing at group homes.⁷¹ HHS OIG reviewed 817 medical claims for Medicaid members with disabilities in Iowa, including members receiving care from REM Iowa, with diagnoses indicating that major incidents had occurred. HHS OIG also found that Iowa's internal controls are not adequate to ensure that HCBS waiver group homes (1) reported all major incidents and member deaths, (2) documented resolutions of major incidences, or (3) reviewed

⁷¹ DEPT. OF HEALTH AND HUMAN SERVS., OFF. OF INSPECTOR GEN., IOWA DID NOT COMPLY WITH FEDERAL AND STATE REQUIREMENTS FOR MAJOR INCIDENTS INVOLVING MEDICAID MEMBERS WITH DEVELOPMENTAL DISABILITIES (Mar. 2020), <https://oig.hhs.gov/oas/reports/region7/71806081.pdf>.

critical incidents to determine trends, problems, and issues in service delivery. HHS OIG's analysis did not include ICF/IDs.

HHS OIG found that Iowa did not always ensure that HCBS waiver group homes reported all major incidents to the State.⁷² HHS OIG reviewed more than 2,500 emergency room claims and found that over a quarter included major incidents that were not reported. HHS OIG also found that the State did not ensure HCBS waiver group homes documented resolution of major incidents to prevent or diminish future occurrences.⁷³ In general, group homes are required to submit reports on its efforts to prevent major incidents to the State. If information is not available at the time of the initial report, the provider is responsible for following-up with the information. During its review, HHS OIG identified 95 incident reports that did not include specific resolutions or remedial efforts. Lastly, HHS OIG also found that the State did not analyze critical incident reports to identify trends and patterns in service delivery.⁷⁴ By identifying trends and patterns, the State could help HCBS waiver group homes prevent reoccurring problems and major incidents.

HHS OIG made several recommendations to the State, including that it work with providers to identify and appropriately document critical incidents. HHS OIG also recommended that Iowa implement a process for tracking trends and patterns of critical incidents to assess the health and safety of its members and determine whether additional training is needed to prevent reoccurrences of critical incidents. Iowa concurred with all of HHS OIG's recommendations and provided a detailed description of its corrective action plan. As part of its corrective action plan, the State implemented a process to analyze critical incident and emergency room claims to ensure critical incidents are reported. We are committed to working with the State to ensure that HHS OIG's recommendations are effectively implemented and plan to follow-up with Iowa periodically to review its remedial efforts.

e. REM Iowa's Response to COVID-19, Lack of Data Presents Challenges

Just as the Committee was beginning to wrap up its investigation into REM Iowa and MENTOR Oregon, the COVID-19 pandemic reached the United States and rapidly spread throughout the country, especially impacting I/DD facilities, nursing homes, and long-term care facilities. Data on COVID-19 cases in I/DD facilities is limited. However, news reports have highlighted that individuals with I/DD and living in group homes are particularly vulnerable to contracting the virus. According to a survey conducted by the AP, "at least 5,800 residents in such facilities nationwide have already contracted COVID-19, and more than 680 have died."⁷⁵ The true count could be much higher, as roughly a dozen states did not disclose their data to the AP.

On April 1, 2020, Committee staff sent The Mentor Network several questions via email relating to its COVID-19 response, and the incidences of disease at its facilities. We asked about new guidance; whether any clients or staff had tested positive for COVID-19 in Iowa, Oregon, or nationally; whether staff, clients, and visitors were being screened on a regular basis; what protocols were put in place for those receiving employment services; and, whether REM Iowa

⁷² *Id.*

⁷³ *Id.*

⁷⁴ *Id.*

⁷⁵ Holbrook, Mohr, et al., *Thousands sick from COVID-19 in homes for the disabled*, AP (June 11, 2020), <https://apnews.com/bdc1a68bcf73a79e0b6e96f7085ddd34>.

and MENTOR Oregon had experienced difficulties due to the pandemic (i.e., adequate support from the State, supplies, etc.). The company responded to some of these questions, but not all.⁷⁶

According to The MENTOR Network, in response to COVID-19, the company implemented enhanced protocols in Iowa, including:

1. Reformatting programs to observe social distancing guidelines where possible, including virtual capabilities;
2. Screening staff for symptoms upon entry (and taking temperatures where required by the State);
3. Launching a “COVID-19 Update Center”;
4. REM IOWA restricted visitors in long-term care facilities, except for medical necessity and end-of-life situations;
5. Closed day programs as necessary to comply with state social distancing requirements;
6. Increased daytime staffing in 24-hour homes;
7. Creating alternative programming (consistent with social distancing) that is designed to engage individuals throughout the day; and,
8. As of April 3, 2020 (in response to Committee staff’s initial inquiry), no confirmed cases of COVID-19 were identified by state authorities among clients or staff in either Iowa or Oregon.

However, The MENTOR Network did not provide information on the number of clients and staff who tested positive for COVID-19 outside of REM Iowa or MENTOR Oregon. Senator Wyden’s staff requested additional information from HHS about whether it tracked COVID-19 incidences or deaths of individuals with I/DD by facility, provider, and/or state. HHS responded that differences in terminology, reporting requirements, and methodologies at the state-level complicate aggregation and analysis of data, and that they did not have a cumulative number of adults with I/DD under the care of a state-contracted provider who have tested positive for COVID-19. Given the scope of the COVID-19 pandemic, the importance of this data is self-evident. Therefore, we recommend that HHS, in consultation with CMS, work with states to ensure that COVID-19 reporting at these types of facilities is consistent and accurate across state lines.

IV. Conclusion

REM Iowa can, and must, do better to improve its operations. Based on internal incident reports collected for this investigation, REM Iowa suffers from a reoccurrence of critical incidents, including failure to report abuse and neglect, failure to follow an individual’s IPP, and failure to adhere to a client’s medication regime. REM Iowa also does not have adequate internal oversight mechanisms in place to ensure the quality of its DSP workforce or the health and safety of its I/DD clientele. In response to the Committee’s April 2nd letter, REM Iowa stated that it “employs a multi-pronged approach to tracking data and analyzing trends related to incidents” which includes operational leaders in the State reviewing critical incident reports to develop

⁷⁶ Letter from Reginald Brown, Counsel, WilmerHale, on Behalf of REM Iowa, to Senator Grassley and Senator Wyden (Apr. 3, 2020).

appropriate remediation activities.⁷⁷ While REM Iowa believes that its current system is satisfactory, we disagree. We believe REM Iowa does not have the capabilities to identify trends, problems, and issues in service delivery because records are housed locally, and are often in paper form. Outside counsel made it clear that REM Iowa's current system makes it incredibly burdensome for the company to identify and locate records, especially records related to trainings. This is why REM Iowa should establish an electronic recording system, which will help the company aggregate and analyze trend data and of course better oversee each individual group home.

We recognize that REM Iowa serves members with challenging medical, cognitive, and behavioral needs. However, we believe our constituents deserve high-quality care provided by a well-trained workforce. We plan to contact REM Iowa periodically to review its plan to implement our recommendations. While these recommendations aren't binding on REM Iowa, nor are they inclusive, we believe our recommendations will aid REM Iowa to provide better care to its I/DD clientele.

V. Recommendations

Recommendations for REM Iowa

- Improve training practices for new and existing employees, including implementing competency-based training examinations for DSPs on incident reporting, IPPs, and medication administration.
- Improve access to data and data analytics, such as creating a portal for all information to be entered electronically, rather than by hand by Program Directors or DSPs.
- Establish a process to track and monitor critical incidents using an electronic database to prevent the reoccurrence or diminish the probability of future occurrences. Use this information to allocate resources to facilities that present a higher reoccurrence of critical incidents.

Recommendations for States and the Federal government

- Require facilities that care for individuals with I/DD (e.g., ICF/IDs and HCBS waiver group homes) to report to the states and Federal government the amount of people under their care who have contracted COVID-19.
- Improve oversight, outreach, customer service, and support services for facilities who are facing systemic problems and provide resources for addressing these problems.

⁷⁷ Letter from Reginald Brown, Counsel, WilmerHale, on Behalf of REM Iowa, to Senator Grassley and Senator Wyden (Mar. 13, 2020).

Appendix

- Item 1: [Letter from REM Iowa to Senator Grassley and Senator Wyden \(Apr. 24, 2019\).](#)
- Item 2: [Letter from REM Iowa to Senator Grassley and Senator Wyden \(Apr. 30, 2019\).](#)
- Item 3: [Letter from REM Iowa to Senator Grassley and Senator Wyden \(June 12, 2019\).](#)
- Item 4: [Letter from REM Iowa to Senator Grassley and Senator Wyden \(Aug. 29, 2019\).](#)
- Item 5: [Letter from REM Iowa to Senator Grassley and Senator Wyden \(Sept. 25, 2019\).](#)
- Item 6: [Letter from REM Iowa to Senator Grassley and Senator Wyden \(Dec. 06, 2019\).](#)
- Item 7: [Letter from REM Iowa to Senator Grassley and Senator Wyden \(Mar. 13, 2020\).](#)
- Item 8: [Letter from REM Iowa to Senator Grassley and Senator Wyden \(Apr. 03, 2020\).](#)
- Item 9: [Letter from REM Iowa to Senator Grassley and Senator Wyden \(May 15, 2020\).](#)
- Item 10: [REMIOWA-00000258. CMS Statement of Deficiency and Plan of Correction for REM Iowa group home located in Hiawatha, IA, dated 2017.](#)
- Item 11: [REMIOWA-00000285. CMS Statement of Deficiency and Plan of Correction for REM Iowa group home located in Council Bluff, IA, dated 2017.](#)
- Item 12: [REMIOWA-00000306. CMS Statement of Deficiency and Plan of Correction for REM Iowa group home located in Coralville, IA, dated 2017.](#)
- Item 13: [REMIOWA-00000330. CMS Statement of Deficiency and Plan of Correction for REM Iowa group home located in Shelby, IA, dated 2017.](#)
- Item 14: [REMIOWA-00000453. Iowa DIA Citation for REM Iowa group home located in Shelby, IA, dated 2017.](#)
- Item 15: [REMIOWA-00000593. Training Materials for Bruce Enger.](#)
- Item 16: [REMIOWA-00000672. Training Materials for Michael Krauth.](#)
- Item 17: [REMIOWA-00001575. Iowa DHS Letter re: Medicaid Sanctions of Probation, dated August 4, 2015.](#)

- Item 18: [REMIOWA-00001591. Iowa DHS Letter re: Medicaid Sanctions of Probation, dated November 5, 2015.](#)
- Item 19: [REMIOWA-00001610. Iowa DHS Letter re: Medicaid Sanctions of Probation, dated August 30, 2016.](#)
- Item 20: [REMIOWA-00002315. Iowa DHS Letter re: Certification Review, dated January 20, 2015.](#)
- Item 21: [REMIOWA-00002426. CMS Statement of Deficiency and Plan of Correction for REM Iowa group home located in Coralville, IA, dated 2015.](#)
- Item 22: [REMIOWA-00002576. CMS Statement of Deficiency and Plan of Correction for REM Iowa group home located in Coralville, IA, dated 2016.](#)
- Item 23: [REMIOWA-00003008. Iowa DHS Online Incident Report for REM Iowa group home in Cedar Rapids, IA, dated 2017.](#)
- Item 24: [REMIOWA-00003862. Iowa DHS Online Incident Report for REM Iowa group home in Hiawatha, IA, dated 2018.](#)
- Item 25: [REMIOWA-00004458. Iowa DHS Critical Incident Report for REM Iowa Group Home in Hiawatha, IA, dated 2018.](#)