



DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL

WASHINGTON, DC 20201



April 20, 2020

Sue Ann Spece
2587 Quasqueton Diagnol Blvd
Independence, IA 50666

Dear Sue Ann Spece:

RE: OI File Number H-16-4-0751-9

On April 29, 2016, you were notified by the Office of Inspector General (OIG) that you were being excluded from participation in the Medicare, Medicaid, and all Federal health care programs for a minimum period of 5 years. That action was taken under Section 1128(a)(1) of the Social Security Act (Act) and was based on your conviction in the Iowa District Court for Buchanan County, of a criminal offense related to the delivery of an item or service under the Medicare or a State health care program. Your exclusion became effective May 20, 2016 and remains in effect.

By letter dated January 31, 2020, Michael Randol, Medicaid Director, Iowa Department of Human Services requested a waiver of your exclusion. A supplemental waiver request was submitted by Mr. Randol by letter dated March 11, 2020. The request for a waiver is based on the Iowa Medicaid agency's determination that you are the sole source of essential specialized services (Consumer Directed Attendant Care (CDAC) program services) in the community available to provide services to your three adult children (each of whom suffers from spinal muscular dystrophy and is wheelchair bound) and that your exclusion would impose a hardship on these Iowa Medicaid beneficiaries. Since this request meets the criteria set forth in 42 CFR 1001.1801 and Section 1128(c)(3)(B) of the Act, we are granting the State agency's request for the waiver of exclusion with respect to your enrollment as a provider in the Iowa Medicaid CDAC program for the limited purpose of furnishing physical therapy and other services to your three adult children that may be paid for by the Iowa Medicaid program. The Iowa Medicaid program has indicated that, as a condition of the waiver, for a period of 6 months after the waiver is granted, any services furnished by you that will be paid for by the Iowa Medicaid program will be subject to a payment audit.

This waiver only applies to Iowa Medicaid program CDAC services furnished by you to your three adult children residing in your home for as long as the Iowa Medicaid program determines that such need exists. As a condition of this waiver, you will comply with any limitations placed on your participation by the Iowa Medicaid agency. Your exclusion remains in effect for all items and services you furnish, order, or prescribe within all other state health care programs in

Iowa and all state health care programs in other states, and any other Federal health care programs. As detailed in your exclusion notice, reinstatement to participation in all Federal health care programs is not automatic. You must apply to the OIG for reinstatement at the end of your 5-year term of exclusion in order to be considered for reinstatement and become eligible to participate in all Federal health care programs.

Approval of this waiver request means that, **effective with the date of this notice**, you may submit claims for payment of covered CDAC program items and services furnished by you to your three adult children to the Iowa Medicaid program. This waiver is not retroactive and does not authorize you to claim Iowa Medicaid program payment for items and services you have previously rendered. If the basis for this waiver ceases to exist, the waiver will be rescinded.

Sincerely,

/William T. Echols/

William T. Echols
Reviewing Official
Exclusions Branch

cc: Michael Randol
Medicaid Director
Iowa Medicaid Enterprise
Department of Human Services
1305 E Walnut Street
Des Moines, IA 50319-0114