



IOWA ADMINISTRATIVE BULLETIN

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PUBLISHED UNDER AUTHORITY OF IOWA CODE SECTIONS 2B.5 AND 17A.6

PREFACE

The Iowa Administrative Bulletin is published biweekly in pamphlet form pursuant to Iowa Code chapters 2B and 17A and contains Notices of Intended Action on rules, Filed and Filed Emergency rules by state agencies.

It also contains Proclamations and Executive Orders of the Governor which are general and permanent in nature; Economic Impact Statements to proposed rules and filed emergency rules; Objections filed by Administrative Rules Review Committee, Governor or the Attorney General; and Delay by the Committee of the effective date of filed rules; Regulatory Flexibility Analyses and Agenda for monthly Administrative Rules Review Committee meetings. Other "materials deemed fitting and proper by the Administrative Rules Review Committee" include summaries of Attorney General Opinions and Supreme Court Decisions.

The Bulletin may also contain Public Funds Interest Rates [12C.6]; Workers' Compensation Rate Filings [515A.6(7)]; Usury [535.2(3)"a"]; Agricultural Credit Corporation Maximum Loan Rates [535.12]; and Regional Banking—Notice of Application and Hearing [524.1905(2)].

PLEASE NOTE: *Italics* indicate new material added to existing rules; ~~strike-through letters~~ indicate deleted material.

The ARC number which appears before each agency heading is assigned by the Administrative Rules Coordinator for identification purposes and should always be used when referring to this item in correspondence and other communications.

The Iowa Administrative Code Supplement is also published every other week in loose-leaf form, pursuant to Iowa Code section 17A.6. It contains replacement pages for the Iowa Administrative Code. These replacement pages incorporate amendments to existing rules, new rules or emergency or temporary rules which have been filed with the Administrative Rules Coordinator and published in the Iowa Administrative Bulletin.

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Des Moines, IA 50319
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CITATION of Administrative Rules

The Iowa Administrative Code shall be cited as (agency identification number) IAC (chapter, rule, subrule, lettered paragraph, or numbered subparagraph).

- 441 IAC 79 (Chapter)
- 441 IAC 79.1(249A) (Rule)
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The Iowa Administrative Bulletin shall be cited as IAB (volume), (number), (publication date), (page number), (ARC number).

Schedule for Rule Making 1993

FILING DEADLINE	NOTICE PUB. DATE	HEARING OR COMMENTS 20 DAYS	FIRST POSSIBLE ADOPTION DATE 35 DAYS	ADOPTED PUB. DATE	FIRST POSSIBLE EFFECTIVE DATE	POSSIBLE EXPIRATION OF NOTICE 180 DAYS
Dec. 4 '92	Dec. 23 '92	Jan. 12	Jan. 27	Feb. 17	Mar. 24	June 21
Dec. 18 '92	Jan. 6	Jan. 26	Feb. 10	Mar. 3	Apr. 7	July 5
Jan. 1	Jan. 20	Feb. 9	Feb. 24	Mar. 17	Apr. 21	July 19
Jan. 15	Feb. 3	Feb. 23	Mar. 10	Mar. 31	May 5	Aug. 2
Jan. 29	Feb. 17	Mar. 9	Mar. 24	Apr. 14	May 19	Aug. 16
Feb. 12	Mar. 3	Mar. 23	Apr. 7	Apr. 28	June 2	Aug. 30
Feb. 26	Mar. 17	Apr. 6	Apr. 21	May 12	June 16	Sept. 13
Mar. 12	Mar. 31	Apr. 20	May 5	May 26	June 30	Sept. 27
Mar. 26	Apr. 14	May 4	May 19	June 9	July 14	Oct. 11
Apr. 9	Apr. 28	May 18	June 2	June 23	July 28	Oct. 25
Apr. 23	May 12	June 1	June 16	July 7	Aug. 11	Nov. 8
May 7	May 26	June 15	June 30	July 21	Aug. 25	Nov. 22
May 21	June 9	June 29	July 14	Aug. 4	Sept. 8	Dec. 6
June 4	June 23	July 13	July 28	Aug. 18	Sept. 22	Dec. 20
June 18	July 7	July 27	Aug. 11	Sept. 1	Oct. 6	Jan. 3 '94
July 2	July 21	Aug. 10	Aug. 25	Sept. 15	Oct. 20	Jan. 17 '94
July 16	Aug. 4	Aug. 24	Sept. 8	Sept. 29	Nov. 3	Jan. 31 '94
July 30	Aug. 18	Sept. 7	Sept. 22	Oct. 13	Nov. 17	Feb. 14 '94
Aug. 13	Sept. 1	Sept. 21	Oct. 6	Oct. 27	Dec. 1	Feb. 28 '94
Aug. 27	Sept. 15	Oct. 5	Oct. 20	Nov. 10	Dec. 15	Mar. 14 '94
Sept. 10	Sept. 29	Oct. 19	Nov. 3	Nov. 24	Dec. 29	Mar. 28 '94
Sept. 24	Oct. 13	Nov. 2	Nov. 17	Dec. 8	Jan. 12 '94	Apr. 11 '94
Oct. 8	Oct. 27	Nov. 16	Dec. 1	Dec. 22	Jan. 26 '94	Apr. 25 '94
Oct. 22	Nov. 10	Nov. 30	Dec. 15	Jan. 5 '94	Feb. 9 '94	May 9 '94
Nov. 5	Nov. 24	Dec. 14	Dec. 29	Jan. 19 '94	Feb. 23 '94	May 23 '94
Nov. 19	Dec. 8	Dec. 28	Jan. 12 '94	Feb. 2 '94	Mar. 9 '94	June 6 '94
Dec. 3	Dec. 22	Jan. 11 '94	Jan. 26 '94	Feb. 16 '94	Mar. 23 '94	June 20 '94
Dec. 17	Jan. 5 '94	Jan. 25 '94	Feb. 9 '94	Mar. 2 '94	Apr. 6 '94	July 4 '94
Dec. 31	Jan. 19 '94	Feb. 8 '94	Feb. 23 '94	Mar. 16 '94	Apr. 20 '94	July 18 '94

20 days from the publication date is the **minimum** date for a public hearing or cutting off public comment.

35 days from the publication date is the **earliest** possible date for the agency to consider a noticed rule for adoption. It is the regular effective date for an adopted rule.

180 days See 17A.4(1)"b." If the agency does not adopt rules within this time frame, the Notice should be terminated.

PRINTING SCHEDULE FOR IAB

<u>ISSUE NUMBER</u>	<u>SUBMISSION DEADLINE</u>	<u>ISSUE DATE</u>
24	Friday, May 7, 1993	May 26, 1993
25	Friday, May 21, 1993	June 9, 1993
26	Friday, June 4, 1993	June 23, 1993

PLEASE NOTE:

Rules will not be accepted after **12 o'clock noon** on the Friday filing deadline days unless prior approval has been received from the Administrative Rules Coordinator's office.

If the filing deadline falls on a legal holiday, submissions made on the following Monday will be accepted.

A T T E N T I O N

TO: Administrative Rules Coordinators and Text Processors of State Agencies
 FROM: Phyllis Barry, Iowa Administrative Code Editor
 SUBJECT: Publication of Rules in Iowa Administrative Bulletin

The Iowa Administrative Code Division is using a PC system to assist in the printing of the Iowa Administrative Bulletin. In order to most effectively transfer rules from the various agencies sending their rules on a diskette, please note the following:

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Ami Pro Macro	Microsoft Word	Symphony Document
dBase	MultiMate	Windows Write
DCA/FFT	Navy DIF	Word for Windows 1.x, 2.0
DCA/RFT	Office Writer	WordPerfect 4.1, 4.2, 5.0, 5.1
DIF	Paradox	WordStar
Display Write 4	PeachText	WordStar 2000 ver 1.0, 3.0
Enable	Professional Write	
Exec MemoMaker	Rich Text Format	
Excel 3.0, 4.0	Samna Word	
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 Capitol, Ground Floor, Room 11

The Administrative Rules Review Committee will hold its regular, statutory meeting Tuesday, May 11, 1993, 10 a.m. and Wednesday, May 12, 1993, 9 a.m. in Senate Committee Room 22, State Capitol. The following rules will be reviewed:

Bulletin

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Professional Licensing and Regulation Division[193]

COMMERCE DEPARTMENT[181]"umbrella"

Sales of goods and services, ch 11, Filed Emergency ARC 3942A
 4/28/93 |**REAL ESTATE COMMISSION[193E]**

Professional Licensing and Regulation Division[193]

COMMERCE DEPARTMENT[181]"umbrella"

Business conduct — prohibited practices, 1.31, Notice ARC 3464A Terminated, Notice ARC 3853ACarried over from April meeting
 3/31/93 |**REVENUE AND FINANCE DEPARTMENT[701]**

Determination of taxable income — reduction in state itemized deductions for certain high-income taxpayers,

reduced state deduction for home mortgage interest for taxpayers with mortgage interest credit, 41.11, 41.12,

Filed ARC 3918A
 4/14/93 |
Determination of net income — consolidated Iowa corporation tax returns, 53.15(1)"a," Filed ARC 3937A
 4/28/93 |**SECRETARY OF STATE[721]**Signature requirements for ward seats in certain cities, 21.15 Notice ARC 3935A
 4/28/93 |**SOIL CONSERVATION DIVISION[27]**

AGRICULTURE AND LAND STEWARDSHIP DEPARTMENT[21]"umbrella"

Financial incentive program for soil erosion control — state soil survey data base, 10.20, 10.51(1), 10.51(1)"a" to "e,"

Filed ARC 3916A
 4/14/93 |**STATE PUBLIC DEFENDER[493]**

INSPECTIONS AND APPEALS DEPARTMENT[481]"umbrella"

Indigent defense advisory commission, requirements for private attorneys who contract to provide legal

defense representation, 1.4(1), 10.1, 10.3, 10.4, 10.6(3), 10.7, 10.8, 10.10, 10.11,

Notice ARC 3895A
 4/14/93 |

SUBSTANCE ABUSE COMMISSION[643]

PUBLIC HEALTH DEPARTMENT[641]"umbrella"

Licensure standards for substance abuse treatment programs, 3.1, 3.3, 3.5(1)"i," 3.5(3), 3.7(1), 3.7(1)"a,"
 3.22(5)"a"(15), 3.22(5)"k"(3), 3.22(5)"m," 3.22(6), 3.22(10)"a," 3.22(11), 3.22(12)"b" to "d" and "g,"
 3.22(13)"a," 3.22(14) to 3.22(16), 3.22(17)"g" to "o," 3.22(19)"c," 3.22(24)"a"(6), 3.22(24)"b"(1),
 3.22(25), 3.24(11), 3.24(14)"c"(8), 3.24(14)"d," Notice ARC 3919A 4/14/93

TRANSPORTATION DEPARTMENT[761]

Special mobile equipment, interstate registration and operation of vehicles, interstate motor vehicle fuel permits,
 special permits for operation and movement of vehicles and loads of excess size and weight, truck operators and
 contract carriers, motor carriers and charter carriers, liquid transport carriers, 410.3(2), 500.1, 500.2, 500.3(1),
 500.3(3)"a" and "c," 500.3(4)"a" and "c," 500.3(5)"a"(2), "b"(2), 500.3(6), 500.6 to 500.12, 500.14, 500.17, 500.20,
 505.2, 505.3(2), 505.3(4) to 505.3(7), 505.4(12)"b," 505.6(2)"b," 511.2, 511.2(1) to 511.2(5), 511.4(1)"a,"
 511.4(2)"a" and "b," 511.5(1), 511.5(6)"b"(3), 511.7 to 511.10, 511.11(2), 511.14(2)"g" and "i," 511.14(3)"e,"
 523.1(4)"a," 523.3, 523.3(1), 523.5(2), 523.7, 523.8(3), 523.8(4), 523.8(13)"c" and "d," 525.1(7), 525.3(4),
 525.4, 525.4(1), 525.5, 525.5(1), 525.5(4), 525.7, 525.12, 525.14(3), 525.14(4), 525.14(12)"c" and "d,"
 525.15(2), 525.15(3), 528.1(1), 528.2(1), 528.3, 528.3(1), 528.4(1), 528.4(6), 528.7, 528.11(3), 528.11(4),
 528.11(11)"c" and "d," 528.13(2), 528.13(3), Filed ARC 3927A 4/28/93
 Safety and hazardous materials, 520.1(1)"a" and "b," Notice ARC 3926A 4/28/93

TREASURER OF STATE[781]

Deposit and security of public funds in savings and loans, ch 3, Notice ARC 3776A Terminated ARC 3905A 4/14/93
 Deposit and security of public funds in savings and loans, ch 3, Notice ARC 3906A, also
Filed Emergency ARC 3907A 4/14/93

UTILITIES DIVISION[199]

COMMERCE DEPARTMENT[181]"umbrella"

Tariffs filed and revision of Chapter 35 — energy efficiency programs, 7.4(4), 35.1"6" to "10," 35.2, 35.4(1) to 35.4(4),
 35.8(3) to 35.8(8), 35.8(12), 35.9(6), 35.9(7), 35.10(4), 35.12, 35.12(1)"b," 35.12(2)"a," 35.12(3)"b"(2) to (4),
 35.12(3)"c," Filed ARC 3944A 4/28/93
 Deferral of SFAS 106 expenses and transition costs, 7.11(5), 7.11(6), Notice ARC 3902A 4/14/93
 North American numbering plan change—toll dialing patterns, 22.21 Notice ARC 3943A 4/28/93

NOTE: See p. 2125 herein for a listing of Administrative Rules Review Committee members.

To All Agencies:

The Administrative Rules Review Committee voted to request that Agencies comply with Iowa Code section 17A.4(1)"b" by allowing the opportunity for oral presentation (hearing) to be held at least twenty days after publication of Notice in the Iowa Administrative Bulletin.

AGENCY	HEARING LOCATION	DATE AND TIME OF HEARING
ENVIRONMENTAL PROTECTION COMMISSION[567]		
Volatile organic compound definition, 20.2 IAB 4/28/93 ARC 3938A	Conference Room Fourth Floor East Wallace State Office Bldg. Des Moines, Iowa	May 20, 1993 1:30 p.m.
Well contractor certification, amendments to ch 82 IAB 4/14/93 ARC 3910A (See also ARC 3911A)	Conference Room Fourth Floor East Wallace State Office Bldg. Des Moines, Iowa	May 4, 1993 10 a.m.
Scope of title — definitions — forms — rules of practice; permits, amendments to chs 100, 102 IAB 4/14/93 ARC 3909A	Conference Room — 2nd Floor Wallace State Office Bldg. Des Moines, Iowa	May 5, 1993 1 p.m.
Use of recycled oils for road oiling, rescind 119.3(2) and ch 143 IAB 4/14/93 ARC 3913A	Conference Room Fifth Floor East Wallace State Office Bldg. Des Moines, Iowa	May 4, 1993 11 a.m.
Prohibition of land application of petroleum-contaminated soils on flood plains, 121.3(3) IAB 4/14/93 ARC 3912A	Conference Room Fifth Floor East Wallace State Office Bldg. Des Moines, Iowa	May 4, 1993 10 a.m.
GENERAL SERVICES DEPARTMENT[401]		
State vehicle dispatcher vehicle assignments, 1.8 IAB 4/14/93 ARC 3903A	Director's Conference Room Level A Hoover State Office Bldg. Des Moines, Iowa	May 5, 1993 1:30 p.m.
HUMAN SERVICES DEPARTMENT[441]		
Standards for providers of services to persons with mental illness, mental retardation, and developmental disabilities, ch 24 IAB 4/28/93 ARC 3933A	Conference Room — 6th Floor 221 4th Ave. S.E. Cedar Rapids, Iowa	May 21, 1993 10 a.m.
	Lower Level 417 E. Kanesville Blvd. Council Bluffs, Iowa	May 19, 1993 10 a.m.
	Conference Room 3 Fifth Floor Bicentennial Bldg. 428 Western Davenport, Iowa	May 24, 1993 10 a.m.
	Conference Room 100 City View Plaza 1200 University Des Moines, Iowa	May 25, 1993 10 a.m.
	Mohawk Square 22 N. Georgia Ave. Mason City, Iowa	May 19, 1993 9:30 a.m.

HUMAN SERVICES DEPARTMENT[441](cont'd)

Conference Room
120 E. Main
Ottumwa, Iowa

May 19, 1993
10 a.m.

Suite 624
507 7th St.
Sioux City, Iowa

May 19, 1993
1 p.m.

Conference Room 420
Pinecrest Office Bldg.
1407 Independence Ave.
Waterloo, Iowa

May 20, 1993
10 a.m.

PROMISE JOBS program,
amendments to ch 93
IAB 4/14/93 ARC 3896A

Conference Room — 6th Floor
221 4th Ave. S.E.
Cedar Rapids, Iowa

May 5, 1993
10 a.m.

Lower Level
417 E. Kanesville Blvd.
Council Bluffs, Iowa

May 5, 1993
10 a.m.

Conference Room 3
Fifth Floor
Bicentennial Bldg.
428 Western
Davenport, Iowa

May 7, 1993
10 a.m.

Conference Room 100
City View Plaza
1200 University
Des Moines, Iowa

May 6, 1993
1:30 p.m.

Mohawk Square
22 N. Georgia Ave.
Mason City, Iowa

May 5, 1993
10 a.m.

Conference Room
120 E. Main
Ottumwa, Iowa

May 6, 1993
10 a.m.

Suite 614
507 7th St.
Sioux City, Iowa

May 6, 1993
1 p.m.

Conference Room 220
Pinecrest Office Bldg.
1407 Independence Ave.
Waterloo, Iowa

May 5, 1993
10 a.m.

LABOR SERVICES DIVISION[347]

Storage and handling of liquefied petroleum
gases and explosives and blasting agents
for general industry, 10.20
IAB 4/28/93 ARC 3934A

Division of Labor Services
1000 E. Grand Ave.
Des Moines, Iowa

May 20, 1993
9 a.m.
(If requested)

LIVESTOCK HEALTH ADVISORY COUNCIL[521]

Recommendations — appropriation for
research into livestock diseases, ch 1
IAB 4/14/93 ARC 3908A

Conference Room
Iowa Pork Producers Assn.
West Des Moines, Iowa

June 15, 1993
10 a.m.

NATURAL RESOURCE COMMISSION[571]

Use of firearms on game management areas, 51.3(1)"f"
IAB 4/28/93 ARC 3939A

Conference Room
Fourth Floor East
Wallace State Office Bldg.
Des Moines, Iowa

May 19, 1993
11 a.m.

Erection and placement of ice fishing shelters on or over state-owned land or water, 55.1
IAB 4/28/93 ARC 3940A

Conference Room
Fourth Floor West
Wallace State Office Bldg.
Des Moines, Iowa

May 19, 1993
9 a.m.

PUBLIC HEALTH DEPARTMENT[641]

Notification and surveillance of reportable diseases, 1.2(1)"a" and "b"
IAB 4/28/93 ARC 3936A

Conference Room — 4th Floor
Side 1
Lucas State Office Bldg.
Des Moines, Iowa

May 18, 1993
1:30 p.m.

RACING AND GAMING COMMISSION[491]

Commissioner, fine payment, racing dates, greyhound and thoroughbred racing, riverboat operations, 1.2(2), 4.4, 5.15, 6.3, 7.1, 7.2(10), 7.4(1), 7.8(4), 10.1 to 10.4, 25.16(2)"a"
IAB 4/14/93 ARC 3888A
(See also ARC 3887A)

Commission Office — 2nd Floor
Lucas State Office Bldg.
Des Moines, Iowa

May 4, 1993
9 a.m.

REVENUE AND FINANCE DEPARTMENT[701]

Determination of net income, 40.44
IAB 3/31/93 ARC 3879A
(See also ARC 3751A, IAB 2/17/93)

Conference Room — 4th Floor
Hoover State Office Bldg.
Des Moines, Iowa

May 4, 1993
1:30 p.m.

SECRETARY OF STATE[721]

Signature requirements for ward seats, 21.15
IAB 4/28/93 ARC 3935A

Office of the Secretary of State
Second Floor
Hoover State Office Bldg.
Des Moines, Iowa

May 19, 1993
1:30 p.m.

STATE PUBLIC DEFENDER[493]

Administration, contracts for indigent defense services, 1.4, amendments to ch 10
IAB 4/14/93 ARC 3895A

Director's Conference Room
Sixth Floor
Lucas State Office Bldg.
Des Moines, Iowa

May 4, 1993
10 a.m.

SUBSTANCE ABUSE COMMISSION[643]

Licensure standards for substance abuse treatment programs, amendments to ch 3
IAB 4/14/93 ARC 3919A

Hearing Room 2
First Floor
Lucas State Office Bldg.
Des Moines, Iowa

May 7, 1993
10 a.m.

TRANSPORTATION DEPARTMENT[761]

Safety and hazardous materials, 520.1(1)"a" and "b"
IAB 4/28/93 ARC 3926A

Conference Room
Motor Vehicle Division
Park Fair Mall
100 Euclid Ave.
Des Moines, Iowa

May 20, 1993
10 a.m.

TREASURER OF STATE[781]

Deposit and security of public funds in savings and loans, ch 3
IAB 4/14/93 ARC 3906A
(See also ARC 3907A)

Office of Treasurer of State
First Floor
State Capitol
Des Moines, Iowa

May 5, 1993
10 a.m.

UTILITIES DIVISION[199]

Deferral of SFAS 106 expenses
and transition costs,
7.11(5), 7.11(6)
IAB 4/14/93 **ARC 3902A**

Hearing Room — 1st Floor
Lucas State Office Bldg.
Des Moines, Iowa

May 25, 1993
10 a.m.

Americans With Disabilities Act,
10.3(2), 11.4(2), 24.7(3)
IAB 3/17/93 **ARC 3832A**

Hearing Room — 1st Floor
Lucas State Office Bldg.
Des Moines, Iowa

April 29, 1993
10 a.m.

North American numbering plan
change, 22.21
IAB 4/28/93 **ARC 3943A**

Hearing Room — 1st Floor
Lucas State Office Bldg.
Des Moines, Iowa

June 1, 1993
10 a.m.

ADMINISTRATIVE RULES REVIEW COMMITTEE MEMBERS

Regulatory statutory meetings are held the second Tuesday of each month at the seat of government as provided in Iowa Code section 17A.8. A special meeting may be called by the Chair at any place in the state and at any time.

EDITOR'S NOTE: Terms ending April 30, 1995.

Senator Berl E. Priebe, Co-chair
2106 100th Avenue
Algona, Iowa 50511

Representative Janet Metcalf, Co-chair
1808 79th Street
Des Moines, Iowa 50322

Senator H. Kay Hedge
R.R. 1, Box 39
Fremont, Iowa 52561

Representative Horace Daggett
400 N. Bureau
Creston, Iowa 50801

Senator John P. Kibbie
R.R. 1, Box 139A
Emmetsburg, Iowa 50536

Representative Minnette Doderer
2008 Dunlap Court
Iowa City, Iowa 52245

Senator William Palmer
1340 E. 33rd Street
Des Moines, Iowa 50317

Representative Roger Halvorson
609 S. Main
Monona, Iowa 52159

Senator Sheldon Rittmer
3539 230th Street
DeWitt, Iowa 52742

Representative David Schrader
R.R. 2
Monroe, Iowa 50170

Joseph A. Royce
Legal Counsel
Capitol, Room 116A
Des Moines, Iowa 50319
Telephone (515)281-3084

Paula Dierenfeld
Administrative Rules Coordinator
Governor's Ex Officio Representative
Capitol, Room 15
Des Moines, Iowa 50319
Telephone (515)281-6331

AGENCY IDENTIFICATION NUMBERS

Due to reorganization of state government by 1986 Iowa Acts, chapter 1245, it was necessary to revise the agency identification numbering system, i.e., the bracketed number following the agency name.

"Umbrella" agencies and elected officials are set out below at the left-hand margin in CAPITAL letters.

Divisions (boards, commissions, etc.) are indented and set out in lowercase type under their statutory "umbrellas".

Other autonomous agencies which were not included in the original reorganization legislation as "umbrella" agencies are included alphabetically in small capitals at the left-hand margin, e.g., BEEF INDUSTRY COUNCIL, IOWA [101].

Implementation of reorganization is continuing and the following list will be updated as changes occur:

AGRICULTURE AND LAND STEWARDSHIP DEPARTMENT[21]

- Agricultural Development Authority[25]
- Soil Conservation Division[27]

ATTORNEY GENERAL[61]

AUDITOR OF STATE[81]

BEEF INDUSTRY COUNCIL, IOWA[101]

BLIND, DEPARTMENT FOR THE[111]

CAMPAIGN FINANCE DISCLOSURE COMMISSION[121]

CITIZENS' AIDE[141]

CIVIL RIGHTS COMMISSION[161]

COMMERCE DEPARTMENT[181]

- Alcoholic Beverages Division[185]
- Banking Division[187]
- Credit Union Division[189]
- Insurance Division[191]
- Professional Licensing and Regulation Division[193]
 - Accountancy Examining Board[193A]
 - Architectural Examining Board[193B]
 - Engineering and Land Surveying Examining Board[193C]
 - Landscape Architectural Examining Board[193D]
 - Real Estate Commission[193E]
 - Real Estate Appraiser Examining Board[193F]
- Savings and Loan Division[197]
- Utilities Division[199]

CORRECTIONS DEPARTMENT[201]

- Parole Board[205]

CULTURAL AFFAIRS DEPARTMENT[221]

- Arts Division[222]
- Historical Division[223]
- Library Division[224]
- Public Broadcasting Division[225]

ECONOMIC DEVELOPMENT, IOWA DEPARTMENT OF[261]

- City Development Board[263]
- Iowa Finance Authority[265]
- High Technology Council[267]

EDUCATION DEPARTMENT[281]

- Educational Examiners Board[282]
- College Student Aid Commission[283]
- Higher Education Loan Authority[284]
- Iowa Advance Funding Authority[285]
- School Budget Review Committee[289]

EGG COUNCIL[301]

ELDER AFFAIRS DEPARTMENT[321]

EMPLOYMENT SERVICES DEPARTMENT[341]

- Industrial Services Division[343]
- Job Service Division[345]
- Labor Services Division[347]

EXECUTIVE COUNCIL[361]
 FAIR BOARD[371]
 GENERAL SERVICES DEPARTMENT[401]
 HEALTH DATA COMMISSION[411]
 HUMAN RIGHTS DEPARTMENT[421]
 Children, Youth, and Families Division[425]
 Community Action Agencies Division[427]
 Criminal and Juvenile Justice Planning Division[428]
 Deaf Services, Division of [429]
 Persons With Disabilities Division[431]
 Spanish-Speaking People Division[433]
 Status of Blacks Division[434]
 Status of Women Division[435]
 HUMAN SERVICES DEPARTMENT[441]
 INSPECTIONS AND APPEALS DEPARTMENT[481]
 Employment Appeal Board[486]
 Foster Care Review Board[489]
 Racing and Gaming Commission[491]
 State Public Defender[493]
 INTERNATIONAL NETWORK ON TRADE(INTERNET)[497]
 LAW ENFORCEMENT ACADEMY[501]
 LIVESTOCK HEALTH ADVISORY COUNCIL[521]
 MANAGEMENT DEPARTMENT[541]
 Appeal Board, State[543]
 City Finance Committee[545]
 County Finance Committee[547]
 NARCOTICS ENFORCEMENT ADVISORY COUNCIL[551]
 NATURAL RESOURCES DEPARTMENT[561]
 Energy and Geological Resources[565]
 Environmental Protection Commission[567]
 Natural Resource Commission[571]
 Preserves, State Advisory Board[575]
 PERSONNEL DEPARTMENT[581]
 PETROLEUM UNDERGROUND STORAGE TANK FUND
 BOARD, IOWA COMPREHENSIVE[591]
 PREVENTION OF DISABILITIES POLICY COUNCIL[597]
 PUBLIC DEFENSE DEPARTMENT[601]
 Emergency Management Division[605]
 Disaster Services Division[607]
 Military Division[611]
 PUBLIC EMPLOYMENT RELATIONS BOARD[621]
 PUBLIC HEALTH DEPARTMENT[641]
 Substance Abuse Commission[643]
 Professional Licensure Division[645]
 Dental Examiners[650]
 Medical Examiners[653]
 Nursing Board[655]
 Pharmacy Examiners[657]
 PUBLIC SAFETY DEPARTMENT[661]
 RECORDS COMMISSION[671]
 REGENTS BOARD[681]
 Archaeologist[685]
 REVENUE AND FINANCE DEPARTMENT[701]
 Lottery Division[705]
 SECRETARY OF STATE[721]
 SHEEP AND WOOL PROMOTION BOARD, IOWA[741]
 TRANSPORTATION DEPARTMENT[761]
 Railway Finance Authority, Iowa[765]
 TREASURER OF STATE[781]
 UNIFORM STATE LAWS COMMISSION[791]
 VETERANS AFFAIRS COMMISSION[801]
 VETERINARY MEDICINE BOARD[811]
 VOTER REGISTRATION COMMISSION[821]
 WALLACE TECHNOLOGY TRANSFER FOUNDATION[851]

REORGANIZATION—NOT IMPLEMENTED

Agencies listed below are identified in the Iowa Administrative Code with white tabs. These agencies have not yet implemented government reorganization.

Citizens' Aide[210]

Iowa Advance Funding Authority[515]

Product Development Corporation[636]

Records Commission[710]

NOTICE --- AVAILABILITY OF PUBLIC FUNDS

<u>Agency</u>	<u>Program</u>	<u>Service Delivery Area</u>	<u>Eligible Applicants</u>	<u>Services</u>	<u>Application Due Date</u>	<u>Contract Period</u>
Public Health	Substance Abuse	Statewide	Nonprofit volunteer community organizations	Community substance abuse prevention services	6/11/93	7/1/93 to 6/30/94

Instructions: Application forms may be obtained by contacting:

Allen Vander Linden, Contracts Administrator
Iowa Department of Public Health
Division of Substance Abuse and Health Promotion
Lucas State Office Building, Des Moines, Iowa 50319-0075
(515) 281-4636

PUBLIC FUNDS AVAILABILITY

NOTICE—AGRICULTURAL CREDIT CORPORATION MAXIMUM LOAN RATE

In accordance with the provisions of Iowa Code section 535.12, the Superintendent of Banking has determined that the maximum rate of interest that may be charged on loans by Agricultural Credit Corporations as defined in Iowa Code section 535.12, subsection 4, shall be:

July 1, 1990 – July 31, 1990	9.75%
August 1, 1990 – August 31, 1990	9.80%
September 1, 1990 – September 30, 1990	9.55%
October 1, 1990 – October 31, 1990	9.55%
November 1, 1990 – November 30, 1990	9.50%
December 1, 1990 – December 31, 1990	9.05%
January 1, 1991 – January 31, 1991	9.15%
February 1, 1991 – February 28, 1991	8.70%
March 1, 1991 – March 31, 1991	8.20%
April 1, 1991 – April 30, 1991	8.25%
May 1, 1991 – May 31, 1991	8.00%
June 1, 1991 – June 30, 1991	7.75%
July 1, 1991 – July 31, 1991	7.75%
August 1, 1991 – August 31, 1991	7.60%
September 1, 1991 – September 30, 1991	7.70%
October 1, 1991 – October 31, 1991	7.55%
November 1, 1991 – November 30, 1991	7.25%
December 1, 1991 – December 31, 1991	6.95%
January 1, 1992 – January 31, 1992	6.65%
February 1, 1992 – February 29, 1992	6.05%
March 1, 1992 – March 31, 1992	6.00%
April 1, 1992 – April 30, 1992	6.10%
May 1, 1992 – May 31, 1992	6.20%
June 1, 1992 – June 30, 1992	5.85%
July 1, 1992 – July 31, 1992	5.70%
August 1, 1992 – August 31, 1992	5.35%
September 1, 1992 – September 30, 1992	5.10%
October 1, 1992 – October 31, 1992	4.90%
November 1, 1992 – November 30, 1992	4.75%
December 1, 1992 – December 31, 1992	5.00%
January 1, 1993 – January 31, 1993	5.15%
February 1, 1993 – February 28, 1993	5.00%
March 1, 1993 – March 31, 1993	4.85%
April 1, 1993 – April 30, 1993	4.85%

ARC 3924A

CAMPAIGN FINANCE DISCLOSURE COMMISSION[121]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or an association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code §17A.4(1)"b."

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under §17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 56.10, the Iowa Campaign Finance Disclosure Commission hereby gives Notice of Intended Action to amend Chapter 1, "Complaint Procedure," and Chapter 4, "Reporting Requirements," Iowa Administrative Code.

Rule 1.16(56) sets procedures for the receipt of informal complaints, resolution of informal complaints and re-opening of files when new information is available.

Rule 4.2(56) provides for acceptance of facsimile reports only to serve the public's interest in having information available until an original report can be filed. A fax report does not avoid a fine assessment. The amended rule provides that disclosure report entries must be listed in either chronological or alphabetical order.

Rule 4.6(56) limits payment from campaign funds for a fundraising ticket for a meal event the candidate attends to the actual cost of the ticket or \$25, whichever is less.

Rule 4.18(56) removes the requirement of disclosure of the purpose of a trust from which a political contribution is received and instead provides that the trustee shall affirm that a political contribution is permitted to be made from the funds of the trust.

In its meeting of March 9, 1993, the Campaign Finance Disclosure Commission approved these amendments for Notice of Intended Action.

Any interested person may make written comments on these proposed amendments by contacting Kay Williams, Executive Director, Iowa Campaign Finance Disclosure Commission, 507 10th Street, Colony Building, Seventh Floor, Des Moines, Iowa 50309. Oral comments will be received at (515)281-4411. The deadline for comments is May 18, 1993.

These amendments are intended to implement Iowa Code sections 56.6, 56.11, and 56.41.

The following amendments are proposed.

ITEM 1. Amend 121—Chapter 1 by adding the following new rule:

121—1.16(56) Investigative process for informal complaints and investigations on the commission's own motion. The commission may investigate information regarding potential violations which come to the attention of the commission. The commission may, at any stage of an investigation, request additional information, or may determine to finalize the investigation by taking one of the following actions:

1. Issue a statement that no probable cause of a violation exists.

2. Issue a letter of warning or reprimand, or submit directions for voluntary compliance, or both. Instructions may include a deadline for compliance, with a failure of compliance to result in the filing of a formal complaint.

3. Attempt to negotiate an informal settlement in lieu of the filing of a formal complaint. Instructions may include a deadline for compliance, with a failure of compliance to result in the filing of a formal complaint.

4. File a formal complaint subject to approval by a majority of the commissioners.

ITEM 2. Amend 121—4.2(56), introductory paragraph, as follows:

121—4.2(56) Disclosure reporting forms. The disclosure reporting forms provided by the state commission or county commissioner of elections shall be the official forms on which the disclosure reports shall be submitted. Machine copies of original campaign finance disclosure reports are acceptable *when original forms are not available to a committee in time to file a report on time. Filing by electronic facsimile is not acceptable except as a temporary measure to serve the public interest and must receive prior telephone approval of the director. Facsimile*

CAMPAIGN FINANCE DISCLOSURE COMMISSION[121](cont'd)

reports must be replaced as soon as possible with original forms, and fax reports do not avoid assessment of fines for delinquent filings. All report entries shall be listed on Schedules A, B, C, D, E and F in either chronological or alphabetical order. Computer-generated disclosure reports ~~will be~~ are acceptable, subject to prior state commission approval.

ITEM 3. Amend subrule 4.6(7) as follows:

4.6(7) Contributions to political party committees and payment for fundraiser tickets for meals for events a candidate attends provided the ~~cost of~~ payment for the meal ~~is at fair market value~~ is limited to the actual cost of the ticket or \$25, whichever is less.

ITEM 4. Amend rule 121—4.18(56) as follows:

121—4.18(56) Contribution in the name of another person. A contribution or expenditure by a trustee solely in the name of the trust constitutes a contribution or expenditure in the name of another person. All disclosure reports pursuant to Iowa Code chapter 56 which include contributions accepted from or disbursements made to a trust must identify the trust, the trustee, *and* the trustor ~~and the purpose of the trust~~ in all places where "name" is required to be provided under Iowa Code section 56.6(3). *If a candidate's committee or political committee accepts a contribution from a trust, it shall also obtain and file with the report on which the trust contribution is disclosed a signed statement from the trustee which affirms that a political contribution is permitted to be made from the funds of the trust.*

ARC 3938A

ENVIRONMENTAL PROTECTION COMMISSION[567]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or an association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code §17A.4(1)"b."

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under §17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 455B.133(2), the Environmental Protection Commission gives Notice of Intended Action to amend Chapter 20, "Scope of Title—Definitions—Forms—Rules of Practice," Iowa Administrative Code.

This amendment to 567—20.2(455B) adopts by reference the United States Environmental Protection Commission's recently revised definition of Volatile Organic Compounds (VOCs).

This amendment is proposed in response to a petition for rule making filed with the Iowa Department of Natural Resources by the Alliance for Responsible CFC Policy, which is a coalition of companies that produce chlorofluorocarbons (CFCs), hydrochlorofluorocarbons (HCFCs), and hydrofluorocarbons (HFCs) and manufacture products using these chemicals. The petition for rule making requests the adoption of a rule exempting from the definition of VOCs certain compounds which are alternatives to CFCs and halon. It further requests submission of the

new rule as a State Implementation Plan (SIP) revision. The petitioner argues that this change would be consistent with the United States Environmental Protection Agency's (USEPA's) current policy of not considering negligibly reactive VOCs in SIPs. The petitioner argues that the proposed amendment would remove economic impediments to the use of these alternatives by facilitating the research, development, and marketing of these alternative compounds. Prompt substitution, argues petitioner, would reduce the potential harm to health and the environment that could result from depletion of the stratospheric ozone layer.

The petitioner also has requested the addition of language allowing Iowa's administrative rules to incorporate by reference future amendments to USEPA's definition of VOCs.

The Commission proposes to adopt the USEPA's definition of VOCs found at 40 CFR 51.100(s) by reference. The text of the USEPA rule may be found at 57 Fed. Reg. 3941 (February 3, 1992). The USEPA states in its comments accompanying the text of the rule that the new definition will govern USEPA's consideration of negligibly reactive VOCs in ozone SIPs, and that USEPA will neither approve nor enforce, as part of a federally approved ozone SIP, measures controlling compounds that USEPA has found to be negligibly reactive. USEPA also has stated that states should not include these compounds in their VOC emission inventories and may not take credit for controlling these compounds in their ozone control strategy. Further, USEPA has stated that negligibly reactive compounds may not be used for emissions netting, offsetting, or trading with reactive VOCs.

The Iowa Department of Natural Resources regulates VOCs as part of its Prevention of Significant Deterioration (PSD) of Air Quality Program and as part of its SIP relating to ozone. The Iowa Administrative Code presently does not contain a definition of VOCs. Therefore, the Commission proposes to adopt the federal definition.

Regarding the petitioner's request that the Commission amend its rules to add language allowing Iowa's administrative rules to incorporate by reference future amendments to USEPA's definition of VOCs, the Commission will not amend its rules in this manner because the Commission may not delegate to the USEPA its authority to create state administrative rules.

Any interested person may make written suggestions or comments on the proposed amendment on or before May 18, 1993. Written materials should be directed to Anne Preziosi, Iowa Department of Natural Resources, Wallace State Office Building, 900 East Grand Avenue, Des Moines, Iowa 50319-0034.

There will be a public hearing at 1:30 p.m. on May 20, 1993, in the Fourth Floor East Conference Room, Wallace State Office Building, 900 East Grand Avenue, Des Moines, Iowa, at which time persons may present their views either orally or in writing.

This amendment may impact small businesses.

This amendment is intended to implement Iowa Code section 455B.133(2).

The following amendment is proposed.

Amend rule **567—20.2(455B)** by adding the following definition in alphabetical order:

"Volatile organic compound" means any compound included in the definition of volatile organic compound found at 40 CFR section 51.100(s) as amended through February 3, 1992.

ARC 3933A**HUMAN SERVICES
DEPARTMENT[441]****Notice of Intended Action**

Twenty-five interested persons, a governmental subdivision, an agency or an association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code §17A.4(1)"b."

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under §17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 225C.6, the Department of Human Services proposes to rescind Chapter 24, "Standards for Individual Case Management Services," Chapter 25, "Standards for the Service Coordination System," Chapter 33, "Community Mental Health Center Standards," Chapter 35, "Mental Health Service Provider Standards," and Chapter 36, "Community Supervised Apartment Living Arrangements," appearing in the Iowa Administrative Code, and to adopt a new Chapter 24, "Standards for Providers of Services to Persons With Mental Illness, Mental Retardation, and Developmental Disabilities," Iowa Administrative Code.

These rules combine the standards for individual case management services, community mental health centers, mental health service provider standards, and community supervised apartment living arrangements into one chapter of the rules with one division of the chapter for core standards which apply to all providers of mental health and mental retardation programs which are not licensed by the Department of Inspections and Appeals and which are required to meet specific standards for the program or service promulgated by the Mental Health and Mental Retardation Commission.

Chapter 25, "Standards for the Service Coordination System," is deleted since it is no longer relevant. County and multicounty coordinating boards and advisory committees no longer exist. The decision on who will provide targeted case management remains with the individual counties. The targeted case management providers will have contract agreements with the Division of Medical Services of the Department.

Individual changes from current policy are listed by Divisions below. The term "client" is changed to "consumer" in all Divisions.

Division I—Core Standards for all Providers of Mental Health, Mental Retardation, and Developmental Disabilities Services.

1. Requirements of the governing body are expanded to add limits on the membership of provider staff and require at least three members to be on the governing body.

2. Advisory boards are allowed to be used in place of a governing body if the provider is not incorporated as a nonprofit corporation.

3. A requirement is added for a chief administrative officer for all providers, including community supervised apartment living arrangements, and the chief administrative officer's duties are listed.

4. Requirements are added to the personnel administration section to include a staff development plan and documentation that the staff has an understanding of both their jobs and the agency's policies and procedures.

5. The requirements of orientation training are broadened to needs that are based on the individuals being served, provider service needs, and training on confidentiality.

6. A requirement is added for an operating plan that minimizes barriers to the delivery of services.

7. Guidelines for a provider's annual program evaluation are expanded to include a process for systematic assessment of the achievement of current goals and objectives and to require the use of the program evaluation report in establishing future program goals and objectives.

8. The requirements for an Individual Treatment Plan are expanded and clarified. A deadline is added to complete the plan of 30 days after completion of the consumer assessment.

9. The requirement for having written policies and procedures for prescriptions is changed to just those prescriptions that are known.

10. Requesters of variances are required to provide any information known to the requester regarding the Commission's treatment of similar cases.

11. "Approval" of a provider is changed to "accreditation" of a provider. The length of the accreditation is changed to three years with the possibility of a provisional or one-year accreditation. The decision for accreditation rests with the MH/MR Commission.

12. Social history requirements for all services are clarified.

13. A process for handling complaints by a provider received by the Division of Mental Health, Mental Retardation, and Developmental Disabilities is added.

Division II—Standards for Individual Case Management Services.

1. All references to the statement that nothing in these rules creates any rights or entitlement to particular services and the intent of provision of services as funding becomes available are deleted.

2. The definition of provider is clarified to read targeted case management provider and means the Department, a county, or consortium of counties.

3. The Individual Program Plan (IPP) is changed to the Individual Comprehensive Plan (ICP) and makes the case manager responsible for the development of that plan. The case manager is given 60 calendar days from the acceptance of service to complete the ICP, using an intake and assessment to gather sufficient information for the ICP.

4. Clarification is provided for what constitutes denial of service to a consumer. Denial of services exists when a consumer is on a waiting list at least 90 days, or at least 20 Medicaid-eligible consumers are on the list, or when delay of service puts a consumer at risk.

Division III—Standards for Community Mental Health Centers.

1. Specific process requirements in the governance section regarding the election of officers, board committees, minutes, and meeting are deleted.

2. The policies on management information systems are simplified.

3. Clarification is provided that boards of directors or advisory boards may not divulge consumer identifying information to county boards of supervisors.

4. Regulations are added for taxable and nonprofit subsidiary corporations that are established by a community mental health center.

5. The requirements for the supervision of nonmental health professionals are clarified.

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6. A more detailed description is provided of how provider services are to be structured, documented, and staffed.

7. Day treatment and partial hospitalization are defined as two separate and distinct services.

8. Requirements for a program plan are eliminated in favor of an operating plan.

Division IV—Standards for Mental Health Services Providers.

1. The requirements for the chief administrative officer are amended to include a master's degree in administration as long as a mental health professional oversees the program.

2. Clarification is provided that boards of directors or advisory boards may not divulge consumer identifying information to county boards of supervisors.

3. The requirements for the supervision of nonmental health professionals are clarified.

4. Contract requirements are clarified for counties that are not affiliated with a community mental health center.

5. A more detailed description is provided of how provider services are to be structured, documented, and staffed. Outpatient services are required to be available to consumers at least five eight-hour days per week.

6. Day treatment and partial hospitalization are defined as two separate and distinct services.

7. Requirements for a program plan are eliminated in favor of an operating plan.

Division V—Community Supervised Apartment Living Arrangements.

1. The requirement that persons served must be 18 years of age or older is rescinded.

2. The requirement for a current dental examination is changed from 12 months prior to admission to within 60 days of admission.

Consideration will be given to all written data, views, and arguments thereto received by the Bureau of Policy Analysis, Department of Human Services, Hoover State Office Building, Des Moines, Iowa 50319-0114, on or before May 19, 1993.

Oral presentations may be made by appearing at the following meetings. Written comments will also be accepted at these times.

Cedar Rapids – May 21, 1993 Cedar Rapids Regional Office Conference Room – 6th Floor 221 4th Avenue, S.E. Cedar Rapids, Iowa 52401	10 a.m.
Council Bluffs – May 19, 1993 Council Bluffs Regional Office, Lower Level 417 E. Kaneshville Boulevard Council Bluffs, Iowa 51501	10 a.m.
Davenport – May 24, 1993 Davenport Area Office Bicentennial Building - Fifth Floor Conference Room 3 428 Western Davenport, Iowa 52801	10 a.m.
Des Moines – May 25, 1993 Des Moines Regional Office City View Plaza, Conference Room 100 1200 University Des Moines, Iowa 50314	10 a.m.

Mason City – May 19, 1993 Mason City Area Office Mohawk Square 22 North Georgia Avenue Mason City, Iowa 52401	9:30 a.m.
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Ottumwa – May 19, 1993 Ottumwa Area Office Conference Room 120 East Main Ottumwa, Iowa 52501	10 a.m.
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Sioux City – May 19, 1993 Sioux City Regional Office Suite 624 507 7th Street Sioux City, Iowa 51101	1 p.m.
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Waterloo – May 20, 1993 Waterloo Area Office Room 420, Pinecrest Office Bldg. 1407 Independence Avenue Waterloo, Iowa 50703	10 a.m.
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These rules are intended to implement Iowa Code chapters 225C and 230A.

The following rules are proposed.

Rescind 441—Chapters 24, 25, 33, 35, and 36 and adopt the following new Chapter 24:

CHAPTER 24

STANDARDS FOR PROVIDERS OF SERVICES
TO PERSONS WITH MENTAL ILLNESS,
MENTAL RETARDATION, AND
DEVELOPMENTAL DISABILITIES

DIVISION I

CORE STANDARDS FOR ALL
PROVIDERS OF MH/MR/DD SERVICES

PREAMBLE

The mental health and mental retardation commission has established this set of standards to be met by all mental health and mental retardation programs and services which are not licensed by the department of inspections and appeals and which are required to meet specific standards for the program or service promulgated by the commission.

441—24.1(225C) Definitions of terms.

"Accreditation" means the decision made by the commission that the provider has met the applicable standards.

"Administrator" means the administrator of the division of mental health, mental retardation, and developmental disabilities in the Iowa department of human services.

"Advisory committee" refers to a county or multicounty mental health, mental retardation and developmental disability advisory committee.

"Age-appropriate" refers to activities, settings, personal appearance and possessions commensurate with person's chronological age.

"Chief administrative officer" means the individual who has responsibility for the overall administration of the organization. Job titles may include administrator, chief executive officer, director, or executive director.

"Clinical social worker" means a person who is licensed to practice social work or who is eligible for

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licensure in the state of Iowa as defined in Iowa Code chapter 154C.

"Commission" means the mental health and mental retardation commission as established and defined in Iowa Code chapter 225C.

"Consultant" means a person hired on a contractual basis to perform professional services.

"Consumer" means a person or a group using the services of the provider.

"Contractor" means an organization which has a written agreement with another provider for the delivery of one or more of the organization's services including, but not limited to, inpatient, partial hospitalization, or emergency services.

"Deemed status" means acceptance by the commission of accreditation or licensure of a program or service by another accrediting body in lieu of accreditation based on review and evaluation by the division (as outlined in accreditation procedures).

"Department" means the Iowa department of human services.

"Division" means the division of mental health, mental retardation, and developmental disabilities of the department of human services.

"Doctor of medicine or osteopathic medicine" means a person who is licensed in the state of Iowa to practice medicine as a medical physician under Iowa Code chapter 148 or as an osteopathic doctor under Iowa Code chapter 150A.

"Employee" means a person paid by the provider to perform duties and responsibilities defined in the job description.

"Individual comprehensive plan" is a written, consumer-driven, goal-oriented umbrella plan of services developed by the consumer with the assistance of a case manager. It is used as the basis for the development of the individual treatment plan(s).

"Individualization" means promoting self-expression and differentiation from others.

"Individual treatment plan" means a written goal-oriented plan of services developed for a consumer by the consumer and the provider agency.

"Informed consent" means a signed agreement by a person, or by a legal guardian, a legal representative, or a parent, in consultation with the person, to participate in an activity. Consent can be withdrawn. Informed consent is based upon:

1. A full explanation of the purpose and procedures to be followed, including an identification of those that are experimental, and using language techniques common to the individual.

2. A description of the attendant discomforts.

3. A description of benefits to be expected.

4. A disclosure of appropriate alternative procedures.

5. A disclosure of risks involved in the treatment or procedures, if any.

6. An acknowledgment from the person or by a legal guardian or parents that an explanation has been made of the disclosure of information, and that all questions asked about the procedures have been answered in a satisfactory way.

"Interdisciplinary process" means an approach to assessment, individual program planning, and service implementation in which planning participants function as a team. Each participant focuses on identifying the strengths and the service needs of the person and the person's family utilizing the skills, competencies, insights,

and perspectives provided by the participant's training and experience. The purpose of the process is for participants to review and discuss all information and recommendations and to reach decisions as a team. Participants develop a single, integrated individual comprehensive plan to meet the person's needs and, when appropriate, the person's family's needs.

"Level of functioning" means a person's current physiological and psychological status, i.e., current academic, community living, self-care, and vocational skills.

"Marital and family therapist" means a person who is licensed under Iowa Code chapter 154D in the application of counseling techniques in the assessment and resolution of emotional conditions. This includes the alteration and establishment of attitudes and patterns of interaction relative to marriage, family life, and interpersonal relationships.

"Mental health counselor" means a person who is licensed under Iowa Code chapter 154D in counseling services involving assessment, referral, consultation, and the application of counseling, human development principles, learning theory, group dynamics, and the etiology of maladjustment and dysfunctional behavior to the individuals, families, and groups.

"Needs assessment" means the use of a variety of indicators and measurement and research techniques to enumerate and estimate the extent of service needs and to rank them in order of importance according to some rational process.

"Normalization" means a process of helping persons, in accordance with their needs and preferences, to achieve a lifestyle that is consistent with the norms and patterns of general society and in ways which incorporate the principles of age-appropriate services and settings and least restrictive interventions.

"Occupational therapist" means a person who is licensed under Iowa Code chapter 148B in the therapeutic application of specific tasks used for the purpose of evaluation and treatment of problems interfering with functional performance in persons impaired by physical illness or injury, emotional disorder, congenital or developmental disability, or the aging process in order to achieve optimum function, for maintenance of health and prevention of disability.

"Persons with a chronic mental illness" means persons aged 18 and over with a persistent mental or emotional disorder that seriously impairs their functioning relative to such primary aspects of daily living as personal relations, living arrangements, or employment.

Persons with chronic mental illness typically meet at least one of the following criteria:

1. Have undergone psychiatric treatment more intensive than outpatient care, more than once in a lifetime (e.g., emergency services, alternative home care, partial hospitalization or inpatient hospitalization).

2. Have experienced at least one episode of continuous, structured supportive residential care other than hospitalization.

In addition, these persons typically meet at least two of the following criteria, on a continuing or intermittent basis for at least two years:

1. Are unemployed, or employed in a sheltered setting, or have markedly limited skills and a poor work history.

2. Require financial assistance for out-of-hospital maintenance and may be unable to procure this assistance without help.

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3. Show severe inability to establish or maintain a personal social support system.

4. Require help in basic living skills.

5. Exhibit inappropriate social behavior which results in demand for intervention by the mental health or judicial system.

In atypical instances, a person who varies from the above criteria could still be considered to be a person with chronic mental illness.

"Persons with developmental disabilities" means persons with a severe, chronic disability which:

1. Is attributable to mental or physical impairment or a combination of mental and physical impairments.

2. Is manifested before the person attains the age of 22.

3. Is likely to continue indefinitely.

4. Results in substantial functional limitation in three or more of the following areas of life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.

5. Reflects the person's need for a combination and sequence of services which are of lifelong or extended duration and are individually planned and coordinated; unless this term is applied to infants and young children from birth to the age of five inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.

"Persons with mental retardation" means persons with significantly subaverage intellectual functioning, existing concurrently with related limitations in two or more applicable adaptive skill areas. Mental retardation refers to substantial limitations in present functioning and manifests before the age of 18.

1. Intellectual functioning is defined as the results obtained by assessment with one or more of the individually administered general intelligence tests developed for the purpose of assessing intellectual functioning.

2. Significantly subaverage intellectual functioning is defined as approximately 70 intelligence quotient (IQ) or below.

3. Applicable adaptive skill areas are defined as communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure and work.

"Physical therapist" means a person who is licensed under Iowa Code chapter 148A in the evaluation and treatment of human capabilities and impairments. Physical therapy uses procedures to prevent, correct, minimize, or alleviate a physical impairment. Physical therapy includes the interpretation of performances, tests, and measurements, the establishment and modification of physical therapy programs, treatment planning, consultative services, instructions to the patients, and the administration and supervision attendant to physical therapy facilities.

"Policies" means the principles and statements of intent which determine the planning and procedures of a provider.

"Procedures" means the steps to be taken to implement the policies.

"Program" means a set of related resources and services directed to the accomplishment of a fixed set of goals and objectives for the population of a specified geographic area or for special target populations.

"Program administration" means the process of planning, organizing, and directing overall operations,

resources, and activities of a provider to facilitate the attainment of goals and objectives.

"Program evaluation" means the process of determining the degree to which a program of the provider is meeting its mission, goals, and objectives. Examples include quality assurance programs, information systems monitoring, and community satisfaction studies.

"Provider" means a person or group of persons who provide services.

"Psychiatric nurse" means a person who meets the requirements of a certified psychiatric mental health nurse and is eligible for certification by the American Nursing Association and licensed by the state of Iowa to practice nursing as defined in Iowa Code chapter 152.

"Psychiatrist" means a doctor of medicine or osteopathic medicine and surgery who is certified by the American Board of Psychiatry and Neurology or who is eligible for certification and who is fully licensed to practice medicine in the state of Iowa. (See definitions for "doctor of medicine or osteopathic medicine.")

"Psychologist" means a person who is licensed to practice psychology in the state of Iowa, or who is certified by the Iowa department of education as a school psychologist, or is eligible for certification, or meets the requirements of eligibility for a license to practice psychology in the state of Iowa as defined in Iowa Code chapter 154B.

"Registered nurse" means a person who is licensed to practice nursing in the state of Iowa as defined in Iowa Code chapter 152.

441—24.2(225C) Service definitions.

24.2(1) Advocacy and education services. Advocacy and education services are services provided either to individuals or groups to advocate for their rights including providing them with legal representation; to provide these persons, their family members or service providers with information about rights or service needs of these persons and, if appropriate, referral to needed services; to provide consultation to public officials, service providers and other persons concerning the rights and service needs of these persons; and to provide information to the public about the rights and service needs of these persons. These services include:

a. Individual advocacy services, which are activities in which the goal is to assist the person or family to exercise the rights to which the person or family is entitled and remove barriers to meeting the person's or family's needs.

b. Legal services, which are activities designed to assist the person in exercising constitutional and legislatively enacted rights and which are provided by or under the supervision of a person currently licensed to practice law in the state of Iowa.

c. Information and referral services, which are activities designed to provide facts about resources which are available and to assist the person to access those resources.

d. Consultation services, which are activities designed to provide professional assistance and information to individuals, groups, and organizations in order to increase the providers' effectiveness in carrying out their responsibilities for providing services. Consultation services include the following:

(1) Case consultation, which means advisory activities directed to a service provider, advocate or family member to assist in providing services to a specific person. Consultation activities may include assisting the provider,

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advocate or family member to develop skills necessary to teach self-advocacy and to provide specialized services.

(2) Program consultation, which means advisory activities directed to a service provider to assist the provider in planning, developing, or implementing services or programs, or addressing concerns in the provider's own organization.

(3) Community consultation, which means advisory activities directed to community organizations, planning organizations, and citizens' groups to assist them in the planning and development of services.

e. Public education services, which are activities provided to increase awareness and understanding of the causes and nature of conditions, situations or problems which interfere with the functioning in society of persons with a mental illness, mental retardation or a developmental disability.

24.2(2) Community rehabilitation services. Community rehabilitation services are activities designed to assist the individual to maintain, gain or regain the practical skills needed to live and socialize in the community. Whenever possible, these services should be taught in natural settings where persons without disabilities live, work, learn and socialize. Community rehabilitation services include:

a. Community living skill education services, which are:

(1) Social skill services, which include teaching about self-awareness and social responsiveness, and teaching group participation and interpersonal skills.

(2) Communication skill services, which include teaching expressive and receptive skills of verbal and nonverbal language, including reading and writing skills.

(3) Independent living skill services, which include teaching persons those skills necessary to sustain themselves in the physical environment and which are essential to the management of their personal business and property, including self-advocacy skills.

(4) Self-care skill education services, which include teaching persons those skills necessary for them to care for their physical well-being. These activities focus on personal hygiene, general health maintenance, mobility skills, and other activities of daily living.

(5) Leisure time and recreational skills services, which include teaching persons how to utilize leisure time in a satisfying manner, as well as the specific leisure skills needed to participate in recreational activities.

(6) Parenting skill services, which include teaching persons the skills necessary to meet the needs of their children or to provide assistance which helps them to maintain existing skills.

b. Academic services are:

(1) Basic education services, which are those activities that assist a person to acquire general information and skills which establish the basis for subsequent acquisition and application of knowledge. These services are provided under the auspices of an accredited or approved education institution or under the direction of a certified teacher.

(2) Supported education services, which include activities that provide technical or advanced education with supports or supportive services for persons independently engaged in technical or advanced education programs for persons who, because of their disabilities, need ongoing support services to participate in and complete the training or course of study.

24.2(3) Service coordination services. Service coordination services are activities provided to ensure that persons and families receive comprehensive evaluations and diagnosis, to coordinate the delivery of services, and to provide monitoring to ensure the continued appropriate provision of services and the appropriateness of the living arrangement and include:

a. Case management services, which are service coordination services provided according to the rules for case management providers set forth in 441—Chapter 24.

b. Services management services, which are service coordination services other than case management services.

c. Individual and family evaluation services, which are activities designed to identify the person's or family's current level of functioning and those strengths or barriers related to maintaining or achieving a higher level of functioning. These activities provide sufficient information to identify appropriate services, service settings, and living arrangements necessary to assist the person or family to maintain the current level or achieve a higher level of functioning. Evaluation services are commonly identified as, but not limited to, the following:

(1) Screening, which means the act or process of systematic examination of the possible existence of conditions, situations, or problems which are barriers to a person's ability to function.

(2) Diagnosis, which means the act or process of systematic investigation and analysis to distinguish or identify the cause or nature of a person's condition, situation or problem. Diagnosis is the naming, labeling, or classification of a condition, situation or problem using a recognized classification system.

(3) Assessment, which means the act or process of systematic investigation and analysis to determine the effects of a condition, situation or problem on a person's level of functioning and the appropriate services and service settings to assist the person to maintain or achieve a higher level of functioning.

24.2(4) Personal and environmental support services. Personal and environmental support services are supports provided to or on behalf of a person in order to allow the person to live in the most integrated situation possible. These supports include:

a. Transportation services, which are activities and expenditures designed to assist the person to travel from one place to another to obtain services or carry out life's activities.

b. Personal care and property maintenance services, which include respite care, homemaker services, and chore services in which the goal is to support the person in the person's living situation.

c. Personal support services, which include assistance in the form of financial support, food, clothing, and shelter in which the goal is to support the person in the person's living situation.

24.2(5) Treatment services. Treatment services are activities designed to assist the person to maintain or improve physical, emotional and behavioral functioning and to prevent conditions that would present barriers to a person's functioning. Treatment services include:

a. Physiological treatment services, which are activities, including medication regimes, designed to prevent, halt, control, relieve, or reverse symptoms or conditions which interfere with the normal physiological functioning of the human body.

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b. Psychotherapeutic treatment services, which are those activities provided to assist a person in the identification or modification of beliefs, emotions, attitudes, or behaviors in order to maintain or improve the person's functioning in response to the physical, emotional, and social environment.

24.2(6) Vocational services. Vocational services are activities designed to assist persons to understand the meaning, value and demands of work; to learn or reestablish skills, attitudes, personal characteristics, and work behaviors; to develop functional capacities; to provide paid employment with supports for individuals who, because of their disability, need ongoing support services to maintain that employment; or to assist persons to identify, obtain, and maintain employment commensurate with their needs and abilities.

441—24.3(225C) Governance.

24.3(1) Form of organization. The provider may be a provider in the public or private sector and the provider shall meet all applicable state and federal organizational laws.

24.3(2) Requirements. The provider shall meet the following requirements:

a. The provider shall have a governing body that provides oversight, guidance, and policy direction for the operation of the program.

b. The governing body shall have written policies which specify the composition of the governing body, how the governing body is selected, and the delineation of roles and responsibilities.

c. The governing body shall include representatives who have disabilities or family members of people with disabilities.

d. The governing body shall have at least three members.

e. Provider staff shall not constitute the majority of members of the governing body.

f. The governing body and all committees of the governing body shall keep minutes of all meetings.

g. The duties of the governing body shall include, at a minimum:

- (1) Establishment, review, and approval of policies.
- (2) Adoption of the provider operating plan.
- (3) Appointment, evaluation, and removal, if necessary, of the chief administrative officer.
- (4) Establishment of effective fiscal policies.
- (5) Review and approval of all contracts and agreements to which the provider is a party or delegate authority for approval.
- (6) Review and approval of the provider's annual budget, including the approval of all revisions in the budget.
- (7) Review of program evaluation.
- h. The governing body shall meet at least quarterly.
- i. Policies shall be in place to address conflict of interest issues.

24.3(3) Advisory board. If the provider accredited under these standards is not incorporated as a nonprofit corporation, the provider shall establish an advisory board.

a. The advisory board shall have at least three members, at least 51 percent of whom are not providers. The advisory board shall include representatives who have disabilities or family members of people with disabilities.

b. The advisory board shall have a written statement of its roles, responsibilities, and policies for its own guid-

ance and shall be given an orientation to its duties. These responsibilities shall be:

- (1) Review and recommendation of policies.
- (2) Development and review of the operating plan for the program being accredited.
- (3) Review of and make recommendations regarding the provider's annual budget, including the review of all revisions in the budget.
- (4) Review of and make recommendation regarding the program evaluation.
- c. The advisory board shall meet at least quarterly and keep minutes of all meetings.

441—24.4(225C) Chief administrative officer.

24.4(1) Designation. There shall be an individual designated as chief administrative officer.

24.4(2) Responsibility. The chief administrative officer shall have primary responsibility for the overall program operation, in compliance with applicable laws and regulations, including, but not limited to:

- a. Personnel policies and procedures.
- b. Development and monitoring of the budget.
- c. Management and conservation of the physical and fiscal assets of the organization.
- d. Liaison between governing body and staff, if applicable.
- e. Assisting the governing body, if applicable, in decision-making by preparing reports showing the service and financial activities of the organization, the nature and extent of service needs in the service area, and other information requested by the board.
- f. Planning for, monitoring, and evaluating the operations of the provider and its staff.

441—24.5(225C) Personnel administration. The provider shall implement and make available to all staff written personnel procedures which, at a minimum, address the following:

24.5(1) Job descriptions. Job descriptions shall specify job requirements and duties including education, experience, licensure and supervisory relationships.

24.5(2) Personnel files. Personnel files for each staff member and consultant shall be current, accurate, complete, and confidential, to the extent provided for by the law. They shall include at a minimum:

- a. Staff identifying information, including experience, education and training.
- b. A copy of the current job description.
- c. A copy of each required certification, license, or degree according to the job requirements.
- d. A written annual performance evaluation.
- e. A staff development plan, dated and signed by the staff member and the supervisor.
- f. Documentation of who is to cover liability insurance for professional staff.
- g. Documentation that the staff person has read and understands the provider's job description, personnel policies and procedures.

24.5(3) Orientation and training. Orientation and in-service training shall be implemented and documented. It shall include, but is not limited to:

- a. An orientation program for all newly hired staff. The program may be individualized. It shall include an introduction to the organizational philosophies; structure; procedures, including personnel and safety procedures; programs; services; and persons served.

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b. An orientation program for all new volunteers and student interns which addresses safety procedures, roles, responsibilities, limitations, and provider procedures which are applicable to their responsibilities.

c. A plan for an in-service training program for staff based on identified provider service needs and individual educational needs.

d. A training program on confidentiality requirements for all staff, volunteers, and interns with access to consumer records or information.

e. Training on reporting of child and dependent adult abuse and neglect, as applicable.

24.5(4) Recruitment and selection. Recruitment and employment procedures shall be carried out in accordance with applicable state and federal laws.

24.5(5) Conflict of interest. Policies shall be in place to address conflict of interest issues.

24.5(6) Unpaid staff. Criteria for selecting and supervising trainees and volunteers shall be established. Responsibilities, privileges and limitations, including access to consumer records, shall be specified.

24.5(7) Discipline. Employee discipline and grievance procedures shall be established.

441—24.6(225C) Fiscal administration. The provider agency shall implement procedures for fiscal administration. Providers being accredited for the first time shall prepare an initial operating budget for the ensuing year. A program budget shall be provided showing projected operating costs and revenues for services being accredited. The provider agency shall demonstrate adequate fiscal resources necessary to operate the program.

Thereafter, the provider shall obtain annually provision for an annual fiscal audit of the provider or an annual detailed financial statement prepared by the provider or an independent fiscal agent that provides a review of receipts and disbursements, and a statement of fund balances. The audit or statement shall provide a review of receipts and disbursements and a statement of fund balance. Copies of the audit report or financial statement shall be submitted to the funding sources as required and to the governing board.

441—24.7(225C) Annual operating plan.

24.7(1) Establishment. There shall be a written annual operating plan for each service to be accredited. At a minimum, the plan shall review previous performance and establish future needs and services. It shall include:

- a. A statement of the provider's mission and purpose.
- b. Goals and objectives of each service to be accredited.
- c. A description of each service to be provided.
- d. A plan for the coordination of relevant services.

24.7(2) Evaluation. The operating plan shall reflect the findings of the program evaluation and the results of the quality assurance and improvement activities.

24.7(3) Barriers. The operating plan shall identify how the provider intends to minimize barriers to the delivery of services to consumers. It shall address, but not be limited to, the following areas:

- a. Lack of accessibility of services.
- b. Lack of specialized verbal and nonverbal communication.
- c. Financial need.
- d. Public and consumer awareness of services.
- e. Lack of sensitivity to and acceptance of cultural diversity.

24.7(4) Planning councils. For purposes of future planning and system development, this documentation shall annually be provided to the respective MI/MR/DD/BI planning councils.

441—24.8(225C) Program evaluation. The provider shall conduct an annual program evaluation in relation to the goals and objectives established in the operating plan. The results of the evaluation shall be in writing and be shared with the governing board. Copies shall be made available to funding sources and relevant public who request a copy. This evaluation shall include:

24.8(1) Goals. Evaluation of achievement of goals and objectives established in the provider operating plan.

24.8(2) Effectiveness. A process for systematic evaluation of program effectiveness to include:

- a. Identification of and rationale for program areas to be evaluated.
- b. Establishment of methodology for the evaluation process.
- c. Identification of program data to be utilized in the evaluation.
- d. Assessment as to consumer satisfaction with program services.
- e. Summarization of the conclusions of the evaluation.

24.8(3) Future plans. Utilization of the program evaluation report in establishing future program goals and objectives for the provider's annual operating plan.

441—24.9(225C) Program quality assurance and improvement. The provider shall develop and implement a written, systematic, ongoing process for the monitoring, evaluation, and improvement of services provided, including the adequacy of documentation in consumer records.

24.9(1) Content. The procedures shall provide for the following:

- a. Identification of the area of service delivery to be studied.
- b. Identification of review criteria to be used in assessing data.
- c. Establishment of an acceptable threshold of performance to be used in the measurement of collected data.
- d. Establishment of the methodology of the study, e.g., staff roles, time lines, and action steps in the collection and measurement of data.
- e. Analysis of findings.
- f. Development of a corrective action plan, if applicable.
- g. Establishment of a follow-up plan of monitoring or reevaluation, if applicable.

24.9(2) Annual report. There shall be an annual written report which summarizes completed studies. It shall include major trends, patterns of performance, and actions taken.

24.9(3) Annual evaluation. There shall be an annual written evaluation of the program quality assurance and improvement process in order to ensure that areas which have the greatest impact on clients are addressed.

441—24.10(225C) Safety and security. Buildings used by the provider shall meet all applicable safety, health, fire, and sanitation requirements of the applicable federal, state, or local authority. All buildings shall have a current documented inspection by at least one external inspector.

441—24.11(225C) Insurance coverage. The provider shall maintain a current insurance program. Required coverage shall include at a minimum:

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24.11(1) Any statutory requirements.

24.11(2) Professional liability insurance when provided by the agency.

24.11(3) Worker's compensation insurance for all employees.

24.11(4) General liability insurance.

441—24.12(225C) Contractual agreement. The provider shall have a written contract with any provider which delivers one or more of the services to be accredited. If services are to be delivered by a contractor, an agreement shall be negotiated which outlines responsibilities and requires that services are provided in accordance with the standards of this chapter.

441—24.13(225C) Rights of people being served.

24.13(1) Written procedures. The provider shall implement written procedures to protect consumer rights consistent with applicable laws. At a minimum, these procedures shall address that persons with mental illness, mental retardation, and other developmental disabilities have the same fundamental rights as all persons. The provider shall meet the requirements for consumer rights as found in the specific standards.

24.13(2) Limits. Consumer rights can be limited only with the informed consent of the consumer, the consumer's guardian, or legal authorities within the following guidelines:

- a. The limit is based on an identified individual need.
- b. Skill education is in place to meet the identified need, as identified by the interdisciplinary process.
- c. Periodic evaluation of the limit is conducted to determine continued need.

24.13(3) Informed consent. Providers shall develop and implement written procedures for informed consent. Implicit in the concept of informed consent is the right of the consumer to refuse services. Informed consent shall be made available to consumers, guardians, and other persons authorized by law. This process shall be documented by the following:

a. The provider shall obtain written informed consent from the consumer or legal guardian or other person authorized by law for participation in the following:

- (1) Experimental treatment procedure.
- (2) Any procedure which carries an intrinsic risk, such as convulsive therapy, psychosurgery or aversive conditioning.
- (3) Participation in provider-sponsored research involving human subjects.
- (4) The consumer's participation in any provider-sponsored external training or demonstration projects involving the use of audiovisual equipment or two-way mirrors.

b. Each situation shall require a separate informed consent.

c. Informed consent shall include documentation that the consumer or other person authorized by law has given informed consent in language techniques common to the individual.

441—24.14(225C) Confidentiality. Written procedures shall, at a minimum, address the following areas:

24.14(1) Release of information. Personal identifying information is released or disclosed only in accordance with existing federal and state laws and regulations.

24.14(2) Consent for release. When consent of the consumer or the consumer's legally authorized representative is required, a separate form shall be used for each

release of information which specifies to whom the information shall be released, what is to be released, the purpose for the release, how the information is to be used, and the period of time for which the release is in effect. If services exceed one year, annual documentation of continued validity of releases shall be contained in the record. The form shall be signed and dated by the consumer or the consumer's legally authorized representative. The consumer or legal representative shall receive a copy of the signed release and has the right to revoke the authorization for release of information in writing at any time.

24.14(3) Exceptions. Exceptions to obtaining a signed release of information are permitted only for disclosures permitted or required by law; bona fide medical and psychological emergencies; and provider accreditation, certification, or licensure purposes. When information is released without a signed consent, there shall be documentation of what information was released, to whom the information was released, and circumstances prompting the release.

In the case of provider accreditation, the provider may require, before the release of information, that the outside party sign a statement that the information is essential to the performance of the outside party's work, and that the outside party recognizes the confidentiality of the information and will not disclose any information which personally identifies the consumer. When such a release is granted, a note shall be entered in the consumer's record.

24.14(4) Refusal. Refusal by the consumer to authorize release of information is not an automatic reason for denial of services. Failure to provide access to information necessary for the development of the individual treatment plan, individual comprehensive plan, or delivery of services may be a basis for denial of services.

24.14(5) Access. All consumers or their legal representatives have access to the consumer's record in accordance with state and federal regulations.

24.14(6) Training. Staff authorized by the provider as having access to records shall be trained in and aware of the need to maintain confidentiality and abide by confidentiality requirements.

24.14(7) Storage of records. Storage of consumer records shall be in areas not accessible to the general public, and in such a manner as to ensure confidentiality of records and protection from damage or unauthorized use.

24.14(8) Retention. The provider shall have policies which address the retention and destruction of consumer records which shall be in accordance with applicable laws.

441—24.15(225C) Consumer records.

24.15(1) Content. Consumer records shall minimally contain the following, unless otherwise specified in specific service standards or unavailability is documented:

a. Consumer identifying information, which should include current address, telephone number, date of birth, sex, and ethnic origin.

b. Name, address, and telephone number of guardian, consumer-approved contact person, or legally designated other.

c. Name, address, and telephone number of the person that the consumer wishes to have contacted in case of emergency, renewed annually.

d. Legal status.

e. Initial assessment.

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- f. Individual treatment plan.
- g. Individual comprehensive plan, if applicable.
- h. Copies of any reviews, reports, and progress notes.
- i. Copies of any authorizations for release of information.
- j. Relevant correspondence to, from, or about the consumer.
- k. Copies of any contracts between the consumer and the provider.
- l. Court documents, to include, but not be limited to, orders, reports, and subpoenas.
- m. Relevant insurance information.
- n. Progress or case notes.

24.15(2) Assessment. The record shall contain the results of the initial assessment. This assessment shall be completed within 30 days from the date of provision of active service, and it shall include the following, unless otherwise specified in specific service standards, or unavailability is documented:

- a. Referral source.
- b. Any information provided by the referral source in regard to the consumer, including reason for referral, situation, and level of functioning at time of referral. Summary information is acceptable, if available.
- c. Any relevant evaluation activities including procedures and tests completed, and information provided from collateral sources. Summary information is acceptable, if available.
- d. Identification of significant social, cultural, and historical factors that impact on consumer's current level of functioning.
- e. Statement of the determination that the provider's program is appropriate for the consumer, based on information developed in this subrule, program and admission criteria, evaluation and assessment, and consumer's abilities, needs, and desires.
- f. Identification of consumer's strengths and needs.
- g. A social history which shall address the following areas:
 - (1) Legal status of the consumer.
 - (2) A description of previous living arrangements.
 - (3) A description of previous services received and a summary of current service involvements.
 - (4) A summary of significant medical conditions, including illnesses, hospitalizations, past and current drug therapies, and special diets.
 - (5) Substance use or abuse history.
 - (6) Work history.
 - (7) Educational history.
 - (8) Relationship with family, significant others, and other support systems.
 - (9) Hobbies and leisure time activities.

24.15(3) Treatment plan. The record shall also contain an identifiable, individual treatment plan as well as an individual comprehensive plan when applicable. The treatment plan shall be collaboratively developed at a minimum by the consumer or the consumer's guardian, if applicable, and the provider staff. With the approval of the consumer, other participants may include other service providers, family members, or significant other persons. When the consumer is a child, participants shall include family members, guardians, or legal representatives, as appropriate.

An individual treatment plan shall be developed within 30 days after completion of assessment. It shall be reviewed and updated in accordance with the specific time frames established in the plan. Updates shall be

identifiable. The review and update shall be carried out in collaboration with the consumer with involvement documented in the consumer record at least annually or when any significant change occurs. A copy of the plan shall be offered to the consumer and, if applicable, the legal guardian. It shall include at a minimum:

- a. Identification of consumer's strengths, needs, and desires.
- b. Goals which are general statements of consumer outcomes related to identified strengths and needs.
- c. Objectives, which are specific outcomes related to the goal. Objectives shall be measurable and time-limited.
- d. Action steps to achieve the objectives, the persons or providers responsible, and the date of initiation and anticipated duration.

24.15(4) Comprehensive plan. The individual comprehensive plan shall be contained in the record, when applicable.

24.15(5) Services. The consumer records shall contain narratives of intervention strategies used by provider staff in assisting the consumer to achieve the objectives in the service plan and the consumer's responses to those interventions, i.e., progress notes or case notes.

a. Staff shall enter the narrative into the consumer's record at the time of service provision whenever possible, but no later than seven working days from service provision.

b. The person providing treatment shall date and sign the entry.

c. When the service includes ongoing activities which occur more than once a week, staff may make a summarized narrative in the consumer's record weekly.

24.15(6) Medication. A description of any known medications, prescription and nonprescription, taken by the consumer while receiving provider services shall be documented in the consumer's record. This description shall include:

- a. The name, dosage, and frequency of the medication.
- b. A history of the consumer's drug allergies and sensitivities.
- c. The name of the prescribing physician.

24.15(7) Discharge summary. A discharge summary which identifies the reason for discharge, date of discharge, the services received by the consumer, the consumer's response to those services, and recommendations or referrals upon discharge shall be documented in the consumer's record.

24.15(8) Persons not accepted for service. If a person has not been accepted for services, the provider shall maintain the following information: name, nature of request for service, a summary of any evaluation activities, reason why not accepted for service, and summary of referrals, if applicable.

441—24.16(225C) The right to appeal. Consumers and their guardians have the right to appeal the provider's application of policies, procedures, or any staff action which affects the consumer. The provider shall establish written appeal procedures and make them available to consumers.

441—24.17(225C) Storage and provision of medication.

24.17(1) Procedures. If the provider stores, handles, prescribes, dispenses, or administers prescription or over-the-counter medications, the provider shall develop procedures for the storage, handling, prescribing, dispensing,

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or administration of medication. For controlled substances, procedures shall be in accordance with rule 481—63.18(135).

24.17(2) Physician review. If the provider has a physician on staff or under contract, the physician shall review and document at least annually the prescribed medication regime in accordance with current medical practice.

441—24.18(225C) Abuse reporting requirements. The provider shall have written policies and procedures for the provision of a staff training program and for the identification and reporting of child and dependent adult abuse as applicable to the department pursuant to 441—Chapters 175 and 176 or to the department of inspections and appeals pursuant to 441—81.16(249A) and 481—Chapter 10.

441—24.19(225C) Minimizing barriers to services. Services shall be delivered in a manner which minimizes barriers to the receipt of services.

441—24.20(225C) Intake, admission, service coordination, discharge, and referral.

24.20(1) Procedures. The provider shall have written procedures for intake, admission, service coordination, discharge, and referral.

24.20(2) Discrimination. The provider shall not discriminate in regard to race, color, creed, national origin, sex, religion, age, physical disability, or mental disability in providing services.

441—24.21(225C) Reporting requirement. The provider shall report annually to the division on the number of persons served, the type of services provided, the setting these services were provided in, and the age, sex, and diagnosis of the persons served, using a standard reporting format developed by the division. The provider shall make this information available to the planning council.

441—24.22 Variances.

24.22(1) Request for variance. Variances to the commission's rules may be granted upon the commission's own initiative or upon request.

Requests for variances shall be submitted in writing to the MH/MR Commission, Division of Mental Health, Mental Retardation, and Developmental Disabilities, Hoover State Office Building, Des Moines, Iowa 50319-0114. A request for a variance shall include the following information where applicable:

- a. The standard or standards from which the variance is requested.
- b. The specific variance requested.
- c. The specific manner in which the provider is not in compliance and why compliance with the standards cannot be achieved.
- d. The length of time for which the variance is requested for a maximum of one year and the steps the provider will take to come into compliance.
- e. Any information known to the requester regarding the commission's treatment of similar cases.
- f. An explanation of how the variance will be in the consumers' best interests.

24.22(2) Evidence. The burden shall be upon the applicant to show by preponderance of evidence that the variance should be granted. A variance shall not be granted if it appears to the commission that the welfare of clients will be endangered, that the variance is not in the

best interests of the clients, or that the provider could comply with the standards without undue burden.

24.22(3) Applicability. The variance applies only to the provider making the request.

24.22(4) Decision. The commission shall consider each application for variance and shall issue a written decision within 30 days of the commission meeting in which the application was granted or denied.

441—24.23(225C) Accreditation process.

24.23(1) Accreditation. The commission shall consider all cases involving issuance, denial, or revocation of a certificate of accreditation. Upon approval of an application for accreditation by the commission, Form 470-3006, Notice of Action-Approval, shall be issued by the division. A single notice shall be issued to each qualified mental health, mental retardation or developmental disability provider program. This accreditation shall delineate one or more categories of service the program is authorized to provide. Although a provider program may have more than one facility or service site, only one accreditation notice shall be issued to the program. When an aspect of a program is unable to meet the accreditation standards, a provisional accreditation notice may be issued to that program for a specified period citing all areas of noncompliance that have not been reconciled to the commission.

24.23(2) Categories of accreditation. The categories of service for which accreditation shall be issued are:

- a. Community mental health center or mental health provider:
 - (1) Outpatient.
 - (2) Residential.
 - (3) Inpatient.
 - (4) Community support program.
 - (5) Emergency services.
 - (6) Partial hospitalization.
 - (7) Education.
 - (8) Day treatment.
 - (9) Consultation.
 - (10) Evaluation.
- b. Community supervised apartment living arrangements.
- c. Case management.

24.23(3) Type of accreditation.

a. The commission may issue three types of accreditation.

- (1) Accreditation for one year.
- (2) Accreditation for three years.
- (3) Provisional accreditation for 270 calendar days.

Providers applying for their first accreditation may be issued a provisional notice for 270 calendar days. A provisional notice may also be issued to cover the period during which the commission may wish to monitor implementation of the corrective action plan described in 24.23(7)"c." A notice issued for 270 calendar days shall not be renewed or extended and will require the provider to be resurveyed to determine the status of their accreditation.

b. Accreditation shall expire one or three calendar years from the date of issue, and a renewal of the accreditation shall be issued only on application, as required herein. The renewal of a one-year certificate shall be contingent upon demonstration of continued compliance with accreditation standards. The renewal of a three-year certificate shall be contingent upon demonstration of

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substantial continued compliance with accreditation standards.

24.23(4) Nonassignability. When a provider program is discontinued, its current accreditation is void immediately.

a. A discontinued provider program is one which has terminated the services for which it has been accredited.

b. Accreditation is not transferable. (A certificate of accreditation issued by the commission for the operation of a program applies both to the applicant program and the physical premises upon which the program is to be operated.) Any person or other legal entity acquiring an accredited facility for the purpose of operating a program shall make an application as provided herein for a new certificate of accreditation. Similarly, any agency having acquired accreditation and desiring to fundamentally alter the treatment philosophy or transfer to different premises must notify the division 30 calendar days before said action in order for the division to review the change and to determine appropriate action.

c. A provider shall notify the department of impending closure of the accredited or certified program at least 30 calendar days before closure. The provider shall be responsible for the removal and placement of patients or consumer's clients and for the preservation of all records.

24.23(5) Application and renewal procedures. Applying for accreditation constitutes the first phase of the accreditation process and the process will continue until final determination of the applicant's accreditation status is made by the commission. The division will mail Form 470-3005, Application for Accreditation, to all applicants for accreditation or renewal.

a. An applicant for accreditation shall submit at least the following information on forms provided by and available at the division.

(1) The name and address of the applicant program.

(2) The name and address of the chief administrative officer of the applicant program.

(3) An outline of the staff table of organization, names, education and experiences.

(4) The names and addresses of members of the board of directors, or advisory boards of the applicant programs and existing articles of incorporation and bylaws.

(5) The names and addresses of all physicians, other professionally trained personnel, medical facilities, and other individuals or organizations with whom the provider program has a direct referral agreement or is otherwise affiliated.

(6) A description of the nature of services and methodology provided by the applicant program.

(7) The source of funds used to finance the applicant programs and the annual budget.

(8) A copy of all contracts, subcontracts and affiliation agreements, as applicable.

b. An application for renewal shall be made on Form 470-3005, Application for Accreditation, at least 90 calendar days before expiration of the current accreditation.

24.23(6) Application review. A provider seeking accreditation shall submit a completed application, Form 470-3005, to the division within 20 working days from the date the forms are received. The division shall review the application for completion and request any additional material as needed. Following this review, a letter shall be sent to the provider outlining the division's finding. Providers applying for initial accreditation may be granted provisional approval to operate until final determination of their accreditation status is made by the commission.

24.23(7) Review of providers. The division shall review the provider programs and the procedures utilized by each provider. This review may include on-site case record audits, administrative procedures, clinical practices, and interviews with staff, clients, and board of directors consistent with the confidentiality safeguards of state and federal laws. This review constitutes the second phase of the accreditation process.

a. The survey site visit shall be scheduled no later than 90 calendar days after the division's receipt of the provider's application to operate a program. The division shall not be required to provide advance notice to the provider of the on-site visit for accreditation.

(1) The on-site survey team will consist of designated members of the division staff. If appropriate, the team may include a chief administrative officer of a qualified provider or clinical supervisor as selected by the accreditation team leader.

(2) The team will review the program that has applied for accreditation in order to verify information contained in the application and ensure compliance with all laws, rules and regulations.

(3) The accreditation team leader shall send a written report of the findings to the provider within 30 working days after the completion of the accreditation review.

b. All provider programs applying for the first time for accreditation may be provided technical assistance by the division.

(1) Following accreditation, the provider may request technical assistance from the division to bring into conformity areas reported to be in partial compliance or non-compliance to these rules. This technical assistance shall be provided within 90 calendar days of the provider request. The commission may also require that technical assistance be provided to the provider if deficiencies are noted during a site visit.

(2) Renewal applicants may be provided technical assistance as needed.

c. Provider programs receiving deficiencies shall submit a corrective action plan to the division no later than 45 working days after the receipt of the accreditation report. The corrective action plan shall include:

(1) Specific problem areas.

(2) Corrective measures to be taken by the provider program.

(3) Dates by which each correction will be complete.

d. The division shall prepare all documents with a final recommendation regarding accreditation to be presented at a commission meeting within 120 calendar days from the site visit. The division shall send public notice of the date, time, place and the name of applicants to be reviewed and processed.

(1) The division shall send notice to the provider program at least 30 calendar days before the commission meeting notifying the chief administrative officer and board chairperson of the time, place, and date that the commission will review and act upon the application for the provider program along with the results of the site visit or review.

(2) The division shall mail summary reports of the on-site program review or desk review and a final recommendation for accreditation to all commission members on each application to be processed at the next commission meeting. The standards committee shall make a recommendation as to whether the provider should be accredited and the duration of accreditation. This recommendation is then presented to the commission for its

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action. If the commission approves accreditation, Form 470-3006, Notice of Action-Approval, shall be issued which states the duration of the accreditation. If the commission denies or revokes accreditation, Form 470-3008, Notice of Action-Denial, shall be issued which states the reason for the denial.

(3) Applications for renewal of accreditation will be sent to the provider six months before the expiration date on Form 470-3006. Upon receipt of the completed application by the division, accreditation is automatically extended until a decision is reached by the commission.

(4) The division may grant an extension to the period of approval for the following reasons:

1. There has been a delay in the approval decision which is beyond the control of the provider, division, or commission.

2. The provider has requested an extension to permit the provider to prepare and obtain approval of a corrective action plan. The length of the extension shall be established by the division on a case-by-case basis.

24.23(8) Deemed status. The division may grant deemed status on a case-by-case basis to providers who have been accredited by a nationally recognized accrediting agency or accredited or approved by a state agency in instances where the agency's standards are comparable to the standards in this chapter.

a. The provider seeking accreditation through deemed status shall submit the following to the division:

(1) A current copy of the findings of the review and evaluation by the accrediting or state agency, and any corrective action plans or follow-up reports or actions.

(2) Application for approval as described in subrule 24.23(5).

b. If the accrediting or state agency did not review and evaluate the provider for the provision of all components of the provider's requested accredited program, the division shall assess the provider's compliance with the relevant standards not specifically evaluated by the other agency.

c. The provider requesting accreditation through deemed status shall notify the division of the dates of pending accreditation site surveys by the recognized accrediting agency for which they are seeking deemed status. The division may elect to monitor these site surveys.

24.23(9) Complaints. The division will receive and record complaints by consumers, employees, any interested persons, and the public relating to or alleging violations of applicable requirements of the Iowa Code or rules adopted pursuant to the Code. The division may at any time review an accredited program if there has been a complaint by a consumer, employee, or member of the public and if, in the opinion of the administrator or standards committee of the commission, a review is warranted or advisable or necessary to protect consumer rights or confirm whether a standards violation has occurred. The information received should specifically state the basis of the complaint and the full name and address of the complainant. On receiving the complaint the division shall determine an appropriate response, which may include, when approved by the administrator (or designee), an on-site investigation. The decision and action will be made in timely fashion to preserve the availability of witnesses and avoid beginning an investigation under conditions which may have been significantly altered since the period with which the complaint is concerned. If a decision is made to conduct an on-site investigation, the chief administrative officer and board chairperson of the

program involved shall, before or at the commencement of the on-site investigation, be notified that the division has received a complaint. The complaint may be delivered personally or by mail to the Division of MH/MR/DD, Department of Human Services, Hoover State Office Building, Des Moines, Iowa 50319-0114, or by calling (515)281-5874. Complaints made by telephone may be required to include a follow-up from the complainant in writing detailing the complaint and complainant's full name and address.

a. On receipt of a complaint the division shall make a preliminary review of the complaint. If the division concludes that the complaint is reasonable, has merit, and is based on a violation of rules adopted pursuant to the Iowa Code, it may make an on-site review of the program (with the approval of either the division administrator or designee or the standards committee of the commission) which is subject to the complaint. The on-site review does not require advance notice to the program.

b. Before completion of the investigation by the division, the program shall be given an opportunity to informally present a position regarding allegations in the complaint. The position may be submitted in writing or presented in personal conference with division staff.

c. A written report shall be submitted by certified mail to the chief administrative officer of the facility, the chairperson of the board of directors, and to the standards committee of the commission within 20 working days after the review is completed. The date of delivery shown by the certified mail stub shall be considered the date of notification regardless of other circumstances. The report shall indicate whether the complaint was substantiated, the basis for substantiation or nonsubstantiation, the specific statutes or rules violated, and a recommendation for corrective action within time lines established. If a recommendation is made by the standards committee or endorsed by the standards committee to revoke, downgrade, or suspend the program's accreditation, the standards committee of the commission shall bring the recommendation before the full commission for approval. The complainant shall be informed of the results of any action taken by the commission in the matter.

d. Within 20 working days after receiving the report substantiating violation(s), the division shall receive a written response by the program stating how the violations will be corrected. Failure to respond to the report by the program may of itself constitute the basis for revocation or suspension of accreditation and a notice will be issued on Form 470-3008, Notice of Action-Denial.

e. The standards committee shall hear all cases of programs that notify the division, within 20 working days following receipt of the report, of their desire to appeal the results of the investigation. The appeal shall be made in writing to the Division of MH/MR/DD, Hoover State Office Building, Des Moines, Iowa 50319-0114.

f. Written reports by the division, information provided to or obtained by the division through complaints or investigations concerning any program shall be available to the public in accordance with Iowa Code section 22.7.

24.23(10) Appeals. Decisions made by the commission, the division, or their designees' which adversely affect providers may be appealed pursuant to 441—Chapter 7.

These rules are intended to implement Iowa Code chapter 225C.

441—24.24 to 24.40 Reserved.

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DIVISION II

STANDARDS FOR
INDIVIDUAL CASE MANAGEMENT SERVICES

PREAMBLE

The mental health and mental retardation commission is required to establish standards for the provision of individual case management services. These rules set forth those standards. The standards must be met by any provider of case management services to persons with mental retardation, a developmental disability, or chronic mental illness. As set forth in these standards, case management services consist of the following components:

1. Intake, which includes ensuring that there is sufficient information to identify all areas of need for services and appropriate living arrangements.

2. Assurance that an individual comprehensive plan (ICP) is developed which addresses the consumer's total needs for services and living arrangements.

3. Assistance to the consumer in obtaining the services and living arrangements identified in the ICP.

4. Coordination and facilitation of decision making among providers to ensure consistency in the implementation of the ICP.

5. Monitoring of the services and living arrangements to ensure their continued appropriateness for the consumer.

6. Crisis assistance to facilitate referral to the appropriate providers to resolve the crisis.

The intent and purpose of individual case management services are to facilitate the consumer's access to the service system and to enable consumers and their families to make decisions on their own behalf by providing (1) information necessary for decision making; (2) assistance with decision making and participation in the decision-making process affecting the consumer; (3) assistance in problem solving; and (4) assistance in exercising the consumer's rights. The service is to be delivered in such a way as to enhance the capabilities of consumers and their families to exercise their rights and responsibilities as citizens in the community. The goal is to enhance the ability of the consumer to exercise choice, make decisions, take risks which are a typical part of life, and fully participate as members of the community. It is essential that the case manager develop a relationship with the consumer so that the abilities, needs and desires of the consumer can be clearly identified and communicated and the case manager can help to ensure that the system and specific services are responsive to the needs of the individual consumers.

441—24.41(225C) Definitions.

"Case management service agency" means the organization having case manager positions on staff, providing actual case management services.

"Conflict of interest" occurs when two or more purposes of the agency run contrary to each other.

"Individual case management services" means activities provided, using an interdisciplinary process, to persons with mental retardation, a developmental disability, or chronic mental illness to ensure that the consumer has received a comprehensive evaluation and diagnosis, to give assistance to the consumer in obtaining appropriate services and living arrangements, to coordinate the delivery of services, and to provide monitoring to ensure the continued appropriate provision of services and the appropriateness of the living arrangement.

"Interdisciplinary team" means the group of persons who develops a single, integrated individual comprehensive plan to meet the person's needs for services. An interdisciplinary team shall include the consumer or the consumer's legal guardian in coordination with the case manager, based on the approval by the consumer or the consumer's legally authorized representative.

"Least restrictive interventions" refers to interventions in the lives of people with mental retardation, developmental disabilities, or chronic mental illness which are carried out with a minimum of limitation, intrusion, disruption, and departure from commonly accepted patterns of living.

They are interventions which allow persons to participate to the fullest extent possible for each person in everyday life and to have control over the decisions that affect them. They are interventions that provide needed supports in such a way that they do not unduly interfere with personal liberty and a person's access to normal events of life.

"Persons with chronic mental illness" means persons as defined at rule 441—24.1(225C). For purposes of targeted case management, persons with mental disorders resulting from Alzheimer's disease or substance abuse shall not be considered chronically mentally ill.

"Persons with developmental disabilities" means persons as defined at rule 441—24.1(225C). Medicaid reimbursement for targeted case management is not available for consumers under 18 years of age with a primary diagnosis of developmental disability unless a resident of a child welfare decategorization county. If other funding sources are available, there is nothing to prohibit the delivery of those services.

"Persons with mental retardation" means persons as defined at rule 441—24.1(225C). Medicaid reimbursement for targeted case management is not available for consumers under 18 years of age with a primary diagnosis of mental retardation unless a resident of a child welfare decategorization county or a recipient of a HCBS/MR or HCBS/MR/OBRA waiver service. If other funding sources are available, there is nothing to prohibit the delivery of those services.

"Subcontracting case management service agency" means an organization subcontracting with the department, county, or consortium of counties as the case management service provider having case manager positions on staff and providing actual case management services.

"Targeted case management provider" means the department, a county, or a consortium of counties.

441—24.42(225C) Consumer rights. In addition to the rights listed in rule 441—24.13(225C), consumers receiving case management services shall have the following rights:

24.42(1) Privacy. The right to privacy, including the right to private conversation, and to confidentiality.

24.42(2) Appropriate treatment. The right to be treated with respect and to be addressed in a manner which is appropriate to the client's chronological age.

24.42(3) Contracts. The right to enter into contracts.

24.42(4) Due process. The right to due process.

441—24.43(225C) Intake and evaluation. The case manager shall carry out intake activities necessary to determine the consumer's eligibility and need for case management services. The case manager, in consultation with

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the consumer or the consumer's legal representative, shall obtain and summarize information necessary to develop the ICP (see subrule 24.15(2)). Existing information may be used when available and appropriate. The case manager shall assist the consumer in obtaining any additional information or evaluations which may be necessary, including the information necessary to determine legal settlement. A determination of the need for additional evaluations and the scheduling of appointments for those evaluations shall be within 30 calendar days of acceptance for service. The actual appointment may occur after the initial 30 days of acceptance for service and be completed by persons appropriately qualified in the area of functioning which is being evaluated. The information gathered shall be sufficient to:

24.43(1) Service needs. Determine the need for services in each of the following areas:

- a. Academic.
- b. Community living.
- c. Self-care.
- d. Treatment.
- e. Vocational.

24.43(2) Barriers. Identify the consumer's current level of functioning and those barriers to maintaining the current level or achieving a higher level of functioning as specified in subrule 24.43(1).

441—24.44(225C) Individual comprehensive plan. There shall be an individual comprehensive plan which addresses all relevant services and supports being provided. The case manager shall be responsible for the development of the individual comprehensive plan. The individual comprehensive plan (ICP) shall meet the following requirements:

24.44(1) Development. The ICP is developed using an interdisciplinary process.

a. An interdisciplinary team is identified for each consumer with the composition determined by the consumer or the consumer's legal guardian in coordination with the case manager, based on the approval by the consumer or the consumer's legally authorized representative. The following persons may be invited to participate on the interdisciplinary team:

(1) The case manager, the consumer, the parents of a minor, the consumer's legally authorized representative, and the consumer's family, unless the family's participation is limited by court order or is contrary to the wishes of the adult consumer who has not been legally determined to be unable to make decisions on the consumer's own behalf.

(2) All current service providers.

(3) Other persons whose appropriateness may be identified through the initial intake or current review.

(4) Persons identified by the consumer or family, provided the family's attendance or wishes of the family are not in conflict with the desires of the consumer.

b. The interdisciplinary team may request that additional information be obtained if necessary for the development of the ICP.

c. An ICP shall be developed within 60 calendar days of acceptance for service based on the information currently available. The ICP shall be submitted by the case manager in permanent written form and dated and signed by the interdisciplinary team with any objections of the team members to the ICP also documented.

24.44(2) Availability. The ICP is available to the consumer and all providers of services in accordance with

statutes and regulations on confidentiality. If the consumer or the consumer's legally authorized representative refuses to authorize a release of information, this shall be documented. The reasons for the refusal and statement of potential impact on implementing the ICP shall be documented. A representative, other than an elected official, of the payer shall have access, in accordance with the statutes and regulations on confidentiality, to the ICP for purposes of monitoring and evaluating the delivery of the service in accordance with the terms of any contract between the payer and the provider.

24.44(3) Content. The ICP shall identify the following:

a. Individualized goals, which are general statements of expected accomplishments to be achieved in meeting the needs identified in the initial intake or current review.

b. Objectives, which may be prioritized and which are specific, measurable, and time-limited statements of outcome or accomplishments which are necessary for progress toward each goal.

c. The specific service activities to be provided to achieve the objectives based on appropriateness, availability, and accessibility of the services and financial resources. If no source of budgeted or appropriated funds is identified by the case manager, the lack of funds shall be identified.

d. The persons or agencies responsible for providing the services.

e. The date of initiation and anticipated duration of services.

f. The living arrangements and service settings selected to meet the consumer's needs, the rationale for this determination, and the rationale for any variation from use of least restrictive interventions.

g. The persons legally authorized to act on behalf of the consumer, when applicable.

h. For purposes of future planning and system development services, service settings and living arrangements which may be appropriate but are not currently available.

i. Recommendations for guardianship or conservatorship, if applicable.

j. Identification of how crisis intervention will be made available.

24.44(4) Revisions. The interdisciplinary team shall be convened to revise the ICP whenever there is a significant change in the items addressed.

24.44(5) Language. The ICP shall be free of professional jargon and be in language that is understandable and usable for the consumer and lay persons involved in the development and implementation of the ICP.

441—24.45(225C) Arranging services. The case manager's efforts to assist the consumer to obtain the services and living arrangements identified in the ICP and coordinate and facilitate decision making among providers to ensure consistency in the implementation of the ICP shall be documented in the consumer's record.

441—24.46(225C) Monitoring services. The case manager shall monitor the services, service settings, and living arrangements identified in the ICP to ensure that they continue to be necessary and appropriate. The frequency of contact by the case manager with the consumer and providers of services shall be determined by the interdisciplinary team based on the needs of the consumer, shall be identified in the ICP, and shall be reviewed when the ICP is reviewed. The case manager shall have

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face-to-face contact with the consumer no less often than quarterly. This monitoring and contact with the consumer shall be documented in the consumer's record.

441—24.47(225C) Quarterly report. The case manager shall develop and carry out a process for determining, no less than quarterly, the consumer's progress toward achieving the goals and objectives identified in the ICP. Determination may be based on reports submitted by the consumer, guardian, or providers identified in the ICP and the ongoing case entries completed by the case manager. The case manager shall report in writing, with copies of each quarterly report provided to each member of the ICP team authorized to receive copies.

441—24.48(225C) Annual review. The case manager, in coordination with the interdisciplinary team, shall annually review the consumer's level of functioning and need for services in the following areas: academic, community living, self-care, treatment, and vocational.

The review shall be based on, at a minimum, the findings of the quarterly progress reports and information from the consumer and the consumer's significant others. Additional evaluations shall be requested as needed. The results of the review shall be used to assist the interdisciplinary team in the revision of the annual ICP. The findings of the review shall be in writing.

441—24.49(225C) Crisis intervention. Crisis intervention shall be made available to stabilize a consumer's crisis, be it personal, psychological, or medical in nature. The intervention may serve as a preventative function and ensure that necessary services are immediately available on a 24-hour basis when a crisis develops. The case manager's role is to be limited and facilitative in nature and shall consist of consumer referral to and contact with the appropriate service providers.

441—24.50(225C) Personnel administration. In addition to the standards at rule 441—24.5(225C), the following requirements shall be addressed:

24.50(1) Supervisory staff. The case management service agency shall have one person designated as supervisor. Any person providing direct supervision to a case manager shall meet the minimum qualifications of a case manager with an additional two years of experience working with the populations. Persons employed as case management supervisors on or before August 1, 1993, who do not meet these requirements will be considered to meet these requirements as long as they are continuously employed by a case management provider. The supervisor shall ensure that the following functions of supervision of case management staff are carried out:

- a. Hiring.
- b. Assignment and monitoring of workload, including assurances of compliance with applicable standards.
- c. Direction and guidance to persons assigned as case managers. Direct individual supervision of case managers shall be provided biweekly at a minimum. There shall be a documented summary of this direct supervision signed and dated by the case manager and supervisor.

24.50(2) Case management staff. Persons providing case management services, including temporary coverage, shall meet one of the following minimum requirements:

- a. Have a bachelor's degree from an accredited college or university with a major or at least 30 semester hours or its equivalent in the behavioral sciences, education, health care, human service administration, or the

social sciences, and one year of experience in the delivery of human services. The education and experience shall be specific to the needs and abilities of each of the population groups being served by the case manager.

b. Have an Iowa license to practice as a registered nurse with three years of experience in the delivery of nursing or human services to each of the population groups to be served by the case manager.

24.50(3) Assignment. Each consumer receiving individual case management services shall have a case manager assigned who is responsible for making sure that the case management responsibilities set forth in these standards are carried out.

24.50(4) Staffing levels. The case management service agency shall maintain within a county an average agency staff-to-consumer ratio appropriate to the consumer's needs but not to exceed 45 consumers for each full-time equivalent staff person. The number of consumers per full-time equivalent shall be determined by the case management agency, based on individual needs. It shall represent the number of persons who can be effectively served. The ratio shall be based on current filled positions. Filled positions shall be those positions which are currently filled or not vacant for more than 84 calendar days.

24.50(5) Waiting lists. When Medicaid funds are used to pay for case management, waiting lists are allowable as long as they do not become denial of service as defined by this subrule. Consumers who are to be placed on the waiting list must be informed that they have the option of seeking case management services from another case management service agency within their county. They should also be informed of how to access providers of services other than case management as appropriate.

Denial of services exists when any of the following occurs:

a. At least 20 Medicaid-eligible consumers with qualifying diagnoses are on the waiting list within a county who could be served.

b. Consumers have been on the waiting list for at least 90 days.

c. A consumer is at risk of experiencing a delay in the initiation of services which may be a serious detriment to the consumer's well-being.

441—24.51(225C) General services. The targeted case management provider or case management service agency shall develop policies and procedures for the provision of individual case management services. Policies and procedures shall include admission and discharge criteria.

24.51(1) Admission criteria. Admission criteria shall include:

- a. Defined need for case management services.
- b. The consumer diagnosis of mental retardation, a developmental disability, or chronic mental illness.

24.51(2) Discharge criteria. Discharge criteria shall include, but not be limited to:

a. No service needs are identified by the interdisciplinary team.

b. The consumer no longer meets the eligibility criteria.

c. The consumer no longer wants the service.

d. The consumer refuses to participate in any aspect of the ICP development or implementation.

24.51(3) Conflict of interest. The case management service agency shall have written policies and procedures for how conflict of interest will be addressed if the

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provider has responsibility for services in addition to individual case management services or has responsibility for financing services. These shall provide for the following:

- a. Identification of where conflicts do or could exist.
- b. Description of steps to eliminate or minimize those conflicts.
- c. When conflicts arise, they shall be resolved in accordance with the best interests of the consumer. The steps taken to resolve the conflict shall be documented.

These rules are intended to implement Iowa Code chapter 225C.

441—24.52 to 24.60 Reserved.

DIVISION III

STANDARDS FOR
COMMUNITY MENTAL HEALTH CENTERS

PREAMBLE

The mental health and mental retardation commission has established this set of standards for all community mental health centers that are established pursuant to Iowa Code chapter 230A.

441—24.61(225C,230A) Definitions.

"Center" means a community mental health center which is established pursuant to Iowa Code section 230A.1.

"Community support program aide" means a person whose primary duties are to provide assistance and referral in meeting basic human needs, assistance in obtaining housing and living arrangements, rehabilitation, support and assistance, and coordination and development of natural support systems to community support program consumers under the direct supervision of a community support program specialist or community support program coordinator.

"Community support program component" means one of the ten general areas of services under which community support programs are organized. These areas are outreach; assistance and referral in meeting basic human needs; housing and living arrangements; mental health treatment; crisis intervention; rehabilitation; family and community support, assistance and education; coordination and development of natural support systems; protection and advocacy; and service coordination.

"Community support program consumer or program consumer" means a person with a chronic mental illness who needs, desires and receives at least one service from a community support program based on a psychiatric and functional assessment.

"Community support program coordinator" means the person who is designated as responsible for administering the community support program and supervising community support program employees. This person may also provide services to community support program consumers.

"Community support program specialist" means a person whose primary duties are to provide direct services to community support program consumers.

"Functional assessment" means an assessment used by a community support program to determine the functional abilities of community support program applicants and consumers. This assessment should measure the applicant's or consumer's skills and abilities in the areas of self-care skills; social skills; communication skills; finan-

cial management skills; personal management skills, including the management of one's illness; leisure time and recreational skills; vocational skills; and academic skills.

"Human-service-related field" means a post-high school course of study which is designed to prepare students to work with persons who qualify due to need and desire for a human service. Fields of study which qualify as "human-service-related fields" include, but are not limited to: psychiatry, psychology, social work, mental health counseling, marriage and family therapy, nursing, education, occupational therapy, and recreational therapy.

"Mental health professional" means a person who:

1. Holds at least a master's degree in a mental health field, including, but not limited to, psychology, counseling and guidance, psychiatric nursing and social work; or is a doctor of medicine (M.D.) or doctor of osteopathic medicine and surgery (D.O.).
2. Holds a current Iowa license when required by the Iowa licensure law.
3. Has at least two years of postdegree experience supervised by a mental health professional in assessing mental health illness, problems and needs of persons and in providing appropriate mental health services for those persons.

The term "mental health professional" as used in these standards is used solely as a definition of a particular academic and experience level, and is not in any way a professional license for a person meeting that term's definition.

"Mental health service area" means the defined geographic area for which there is designated responsibility for the delivery of community mental health services to persons residing within the area.

"Mental health service provider" means an agency whose primary activity is the provision of mental health services to individuals or the administration of facilities in which these services are provided.

"Mental health services" are those activities, programs, or services which include, but are not limited to, evaluation, psychotherapy, and psychosocial and physiological rehabilitation provided to persons with mental health problems, mental illness, or disorders and the stabilization, amelioration, or resolution of the problems, illness, or disorder.

"Psychosocial rehabilitation services" shall be the same as "community rehabilitation services" as defined at subrule 24.2(2).

"Residential setting" means 24-hour care in a structured group living environment other than a family home setting for persons with mental illness, disorders, or problems. Residential structure may range from a minimal level of care or supervision to an intensive level of care or supervision.

441—24.62(225C,230A) Governance.**24.62(1) Boards.**

a. Community mental health centers established under Iowa Code section 230A.3, subsection 1, shall have a board of trustees which complies with Iowa Code sections 230A.4 to 230A.11.

b. Community mental health centers established under Iowa Code section 230A.3, subsection 2, shall be organized under the Iowa Nonprofit Corporation Act (chapter 504A). Each center shall have a board of directors that complies with the Iowa Code and that is the ultimate authority for determining overall center policies.

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24.62(2) Board representation. The board shall be representative of the center's mental health service area and shall represent interested professions, consumers of center services, and the socioeconomic, cultural, and age groups reflected in the county or counties being served.

a. There shall be at least one representative from each county served by the center. All members should be residents of the mental health service area.

b. At least 51 percent of the board members shall be persons who are not providers of mental health services.

24.62(3) Bylaws. The board shall develop and adopt written bylaws for its own guidance which shall be in compliance with Iowa Code chapters 230A and 504A and shall also include:

a. **Definitions of conflict of interest.** Center employees and consultants shall not serve on the board. No board member shall receive any compensation for services in office, with the exception of reimbursement for actual necessary expenses incurred in the performance of board duties. If the board wishes to purchase a service from or buy or utilize property of one of its members, the person receiving the remuneration shall not vote on the issue. The board shall be authorized to define a nonfinancial conflict of interest situation involving its members and to take action regarding the voting rights of the members in question.

b. **Taxable subsidiary corporations.** When a taxable subsidiary corporation has been established by the center board, or by center board and staff jointly, or by staff only and housed within or functioning in conjunction with the center, there shall be policies and procedures which document and define the interrelationships between the center's parent nonprofit corporation and the taxable subsidiary corporation in the following areas:

(1) Conflict of interest issues for board, administration, and staff members of the parent center's nonprofit corporation.

(2) Specifically defined operational parameters in regard to separation of fiscal procedures, staffing practices, and service delivery systems.

(3) Identification and description of any clinical and administrative services provided for the parent center nonprofit corporation by the taxable subsidiary corporation, or by the parent center nonprofit corporation for the taxable subsidiary corporation, and any written or verbal agreements or contracts addressing these arrangements.

(4) In any situation where a taxable subsidiary corporation exists, the consumer shall be ensured of nondiscriminatory access to the services provided by the parent nonprofit corporation or the taxable subsidiary corporation.

c. **Nonprofit subsidiary corporations.** When a nonprofit subsidiary corporation has been established by the center board or by the center board and staff jointly and housed within or functioning in conjunction with the center, there shall be policies and procedures which document and define the interrelationships between the center's parent nonprofit corporation and the nonprofit subsidiary corporation that address the areas defined in 24.62(2)"b."

441—24.63(225C,230A) Administration.

24.63(1) Chief administrative officer. The board of directors or trustees shall appoint a chief administrative officer who shall have primary responsibility for the overall program operations in accordance with policies established by the board.

a. The chief administrative officer shall meet the following qualifications:

(1) Holds at least a master's degree in a mental health field, such as psychology, counseling and guidance, psychiatric nursing or social work; or is a medical doctor or doctor of osteopathic medicine and surgery; or holds a master's degree in administration, which may be business and management, health care, education, or public administration.

(2) Holds a current Iowa license when required by Iowa licensure law.

(3) Has at least three years of postdegree clinical or administrative experience in the delivery of human services.

b. When the chief administrative officer does not have a master's degree in a mental health field, there shall be a full-time employee who is a mental health professional and who shall oversee the delivery of consumer services.

24.63(2) Policy manual. The center shall have a policy and procedures manual with policy guidelines and administrative procedures for all aspects of program operation.

24.63(3) Fiscal management. The center shall develop and implement procedures for fiscal management in accordance with core standards. The center's procedures shall additionally include the following requirements:

a. Preparation of an annual budget with final approval by the center's board of directors.

b. Development of standards for a sliding fee scale to be based on consumer's ability to pay. The fee schedule shall be reviewed annually.

c. Provision for an annual fiscal audit by the state auditor's office, or by an independent certified public accountant. Copies of the audit shall be furnished by the accountant to the administrator of the division and to the boards of supervisors supporting the community mental health center.

d. Development of policy and procedures for fee collection.

24.63(4) Data management.

a. The center shall have procedures for a management information system that shall have mechanisms for providing data in the following areas:

(1) Clinical and rehabilitation services and outcomes.

(2) Financial conditions.

(3) Program services.

(4) Consumer satisfaction.

(5) Human resources.

b. Use of consumer identifying data shall meet confidentiality requirements.

24.63(5) County agreement. There shall be a written agreement between the center board of directors and the county boards of supervisors of the center's service area for the delivery of mental health services to residents and nonresidents. The contract shall specify at a minimum:

a. The length of time the contract shall be in effect.

b. The types of direct and indirect services to be delivered by the center.

c. An assurance that legal and human rights of consumers will be protected.

d. A statement that the center's fees are based on the consumer's ability to pay and the standards used to determine the fee.

e. A statement describing the availability of emergency and elective services to residents of counties that have not contracted with the center and a description of those service fees.

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f. A statement that in no event shall the board of directors, administrator, or staff of a community mental health center release to the county board of supervisors or their representative any identifying information of a consumer who is receiving or has received services or treatment at the community mental health center except as provided by law. Nor shall a community mental health center be required to file a claim which would in any manner identify a consumer; nor shall such information be made a condition of financial support of the center.

24.63(6) Referral agreement. There shall be a written agreement, updated annually, between the center and its related mental health institute which outlines the responsibilities of the respective parties regarding evaluation, referral and aftercare. This agreement shall be reviewed annually by both parties.

24.63(7) Service agreement. There shall be written service agreements with any affiliate agencies.

a. The nature and extent of direct and indirect services provided shall be specified.

b. The professional qualifications and credentials of employees and consultants providing the services shall be documented.

c. There shall be an assurance that legal and consumer rights will be protected.

d. Responsibilities of both parties for ensuring continuity of care shall be delineated.

e. There shall be provisions for monitoring, modifying, and terminating the agreement by either party in the relationship.

f. If services are being purchased, the following additional components shall be incorporated into the agreement:

(1) Statements about the cost of the service, the arrangements for payment, and the time schedule for payment.

(2) An estimate of cost to be given at the end of each fiscal year for continued service.

(3) Procedures for furnishing an accounting of fee revenue, including that received from consumers or persons or companies paying on behalf of the consumer.

g. The agreement shall be evaluated and renewed annually.

441—24.64(225C,230A) General service standards. A center shall meet the following standards to receive accreditation for any service:

24.64(1) Minimizing barriers. Services shall be delivered in a manner which minimizes barriers to the receipt of services.

a. There shall be a written statement made available to the public of the services available to the residents of the service area.

b. The center shall ensure that the means of gaining access to services are well publicized and highly visible.

c. The facilities in which services are provided shall accommodate the physical needs of consumers.

d. Center facilities shall allow for privacy of conversation.

e. Service employees shall be culturally aware of, sensitive to, and trained in the special needs of racial or cultural population subgroups. If the subgroup has limited English-speaking ability, the center shall make efforts to recruit a service employee or consultant who is fluent in the appropriate language. These efforts shall be documented.

f. Consumers shall have the opportunity for a preliminary assessment with a service employee or consultant within ten working days after request for service.

g. The center shall have written procedures consistent with each county's MH/MR/DD/BI plans.

24.64(2) Supervision. Any employee or consultant providing evaluation, treatment, or psychosocial support and rehabilitation activities who does not meet the qualifications of a mental health professional shall be supervised by a mental health professional who gives professional direction and guidance to the employee or consultant. The supervision shall be at least biweekly and documented. Documentation shall consist of the date, the supervisee identity, and the agenda of the supervisory session and shall be signed by the supervisor.

24.64(3) Qualifications. Employees or consultants who are responsible for the medical care provided as a part of the center's services shall have a current license to practice medicine in the state of Iowa. There shall be at least one employee or consultant who is certified or eligible for certification by the American Board of Psychiatry and Neurology.

24.64(4) Confidentiality. The mental health center shall adopt and implement procedures ensuring that no member of the center's board of directors receives from the center information which identifies, or is intended to identify, any person who is or had been a consumer of the center. The board of directors shall not provide any identifying information to boards of supervisors or their representatives. These procedures shall not prevent a consumer from serving on the board or as an employee of the center.

24.64(5) Rights of people being served. The center shall implement written procedures to protect consumer rights consistent with applicable laws (see core standards). The grievance procedure for the resolution of disagreements between center and consumer related to issues concerning the provision of services shall be documented and made available to consumers. Consumers shall have the following rights:

a. A right to participate in the identification of service needs, planning, and choices on how to meet those needs.

b. Freedom to communicate by letter, telephone, in person, or other means and to visit and receive visitors, if applicable to services provided.

c. Freedom of choice to include movement and self-determination in activities of daily living, if applicable to services provided.

d. The right to refuse services.

e. The right to manage one's own finances and possessions, if applicable to the services provided.

f. The right to privacy, including the right to private conversation, and to confidentiality.

g. The right to be treated with respect and to be addressed in a manner which is appropriate to the client's chronological age.

h. The right to appeal any staff or center action.

i. The right to enter into contracts if applicable to service provided.

j. The right to due process.

441—24.65(225C,230A) Specific service or program standards. For a community mental health center or mental health service provider to receive accreditation for the following services, the respective specific service standards shall be met.

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24.65(1) Outpatient programs. Outpatient programs shall be evaluation and psychotherapeutic and physiological treatment activities provided on an ambulatory basis for persons with mental health problems or mental disorders or illnesses. Services shall consist of a series of time-limited, structured, face-to-face sessions with the purpose of attaining defined goals as identified in the consumer's individual treatment plan. Evaluation activities shall include screening, diagnosis, and assessment, as appropriate to consumer needs.

a. Services shall be available to individuals and families at least five days per week, eight hours per day, during the day, evening, or weekend to allow for minimal disruption of the consumer's working or schooling schedule.

b. Services shall be provided by a person who meets the definition of a mental health professional, or who has at least a master's degree in a mental health field and is directly supervised by a mental health professional.

c. The services of a medical doctor or doctor of osteopathic medicine and surgery who is either certified or eligible for certification by the American Board of Psychiatry and Neurology shall be available as needed to the program and consumers on a consultant or employee basis.

d. A consumer record shall be established upon the center's determination that the consumer will be accepted for services into at least one of the center's service programs.

24.65(2) Partial hospitalization. Partial hospitalization programs are defined as time-limited, ambulatory care, active treatment programs that offer therapeutically intensive, coordinated, and structured clinical services within a stable therapeutic environment. Partial hospitalization is a general term embracing day, evening, night, and weekend treatment programs which employ an integrated, comprehensive, and complimentary schedule of recognized individual and group treatment approaches, including psychoeducational therapy groups. Programs are designed to serve consumers exhibiting psychiatric symptoms of sufficient severity to cause significant impairment in day-to-day social, vocational, or educational functioning, and who require more than outpatient services, but less than 24-hour care.

Partial hospitalization programs are typically seen as providing crisis stabilization services to avert psychiatric hospitalization, or intensive clinical services to assist transition into community following an episode of acute inpatient care. Partial hospitalization programs may be free-standing or part of a broader social service or medical system. However, partial hospitalization shall be designed as a separate, identifiable, organized unit representing a significant link within the continuum of comprehensive mental health services.

a. The following services shall be available:

(1) Psychotherapeutic treatment services.

(2) Community rehabilitation services (psychosocial rehabilitation activities).

(3) Evaluation services.

b. The program shall be available for at least four consecutive hours per program day, four days or evenings per week. The majority of these scheduled hours shall consist of active therapeutic activities that specifically address the presenting problems of the population served.

c. Services shall be provided by an interdisciplinary team of relevant professional or paraprofessional staff. All partial hospitalization programs shall have a

designated director, coordinator, or supervisor who shall be a qualified mental health professional. The responsibilities for this position shall include, but not be limited to, direct supervision of paraprofessional staff and ongoing assessment of program effectiveness. All care shall be supervised by a medical doctor or doctor of osteopathic medicine and surgery who is either certified or eligible for certification by the American Board of Psychiatry and Neurology.

d. Services shall be provided in accordance with an individual treatment plan developed by appropriate program staff, in collaboration with the consumer, and under the supervision of a qualified psychiatrist. Individual treatment plans shall be consistent with core standard requirements.

e. The partial hospitalization program shall have a written program description. The description shall include criteria for acceptance into and discharge from the program, a schedule of service activities that are provided to the participants, and a statement of program availability (days and hours).

f. Individual, identifiable consumer records shall be maintained for all participants in the program and shall be consistent with core standards. Progress notes shall be consistent with core standard requirements and shall also document attendance and nature of participation. Progress notes may be summarizations of each program day attended by the consumer.

g. Staff-to-patient ratio shall reflect such factors as acuity of illness, needs of target population, type of programming offered, and average daily program attendance. The ratio shall be sufficient to deliver program services appropriately and to provide therapeutic consistency within the program.

24.65(3) Day treatment. Day treatment programs are defined as being time-limited, ambulatory care programs that provide extended milieu services within a structured group setting that are directed toward increasing a consumer's level of independent functioning. These services typically emphasize psychosocial rehabilitation activities, but also provide treatment services appropriate to consumer needs and in accord with the individual treatment plan direction. These activities may include, but are not limited to: psychoeducational therapy groups, such as medication management, communication skills, stress management, symptom recognition, and problem solving; and adjunctive therapeutic activities such as, but not limited to, personal hygiene, budgeting, daily living skills, recreation, and activities designed to incorporate family involvement.

Day treatment programs are designed to serve those consumers who, without the ongoing support of the program, would in all likelihood require the protection and containment of an inpatient facility and those consumers who exhibit impaired ability to function autonomously on a day-to-day basis due to the presence of disabling emotional or cognitive dysfunction. Day treatment programs may be free-standing or part of a broader center or provider system. However, day treatment shall be designed as a separate, identifiable, organized unit representing an important link within the continuum of comprehensive mental health services.

a. The following services shall be available:

(1) Psychotherapeutic treatment services.

(2) Community rehabilitation services (psychosocial rehabilitation activities).

(3) Evaluation services.

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b. The program shall be available for at least three consecutive hours per program day, three days or evenings per week. The majority of scheduled program hours shall consist of active therapeutic psychosocial rehabilitation activities that specifically address the presenting problems of the population served.

c. Services shall be provided by an interdisciplinary team of relevant professionals and paraprofessional staff. All day treatment programs shall have a designated director, coordinator, or supervisor who shall be a qualified mental health professional. This person shall be responsible for direct supervision of paraprofessional staff, supervision of the individual treatment plans for participants, and ongoing assessment of program effectiveness.

d. Services shall be provided in accordance with an individual treatment plan developed by appropriate day treatment staff, in collaboration with the consumer. Services shall be provided under the supervision of the program director, coordinator, or supervisor. The individual treatment plan shall be consistent with core standard requirements.

e. The day treatment program shall have a written program description. The description shall include a criteria for acceptance into and discharge from the program, a schedule of service activities provided to the participants, and specifying days and hours of program availability.

f. Individual, identifiable consumer records shall be maintained for all participants in the program and shall be consistent with requirements in core standards. Progress notes shall be consistent with core standard requirements and shall document nature of participation. Attendance shall be documented in the record. Progress notes may be summarizations of each program day attended by the consumer.

g. Staff-to-patient ratio shall reflect such factors as average daily attendance, type of programming offered, and needs of participant population. The ratio shall be sufficient to deliver program services appropriately and to provide milieu continuity.

24.65(4) Emergency programs. Emergency programs shall make evaluation and psychotherapeutic services available on a 24-hour, 7-day-per-week basis to persons with mental health problems or mental illnesses or disorders requiring immediate attention. These services are directed to the assessment and rapid stabilization of acute symptoms of mental illness or emotional distress.

a. When the center office is closed, access to its emergency services shall be available through the telephone, with face-to-face intervention services available when needed.

b. Services shall be provided by a mental health professional, or by a paraprofessional who has received appropriate training from a mental health professional and who has immediate access, at least by telephone, to a mental health professional, if indicated.

c. Documentation of all emergency services provided by the center shall include the type of contact (telephone or face-to-face), the time and date of contact, the name of the consumer, the nature of the consumer's needs, the name of the employee or consultant providing the services, and a description of the action taken.

24.65(5) Education services. Education services shall include information and referral services about available resources and information and training concerning mental health, mental illness, the availability of services, the promotion of mental health, and the prevention of mental

illness. At a minimum, mental health education and skill training shall be available.

a. Educational materials shall be developed by or under the supervision of a mental health professional.

b. Education services shall be provided by an employee or consultant who has sufficient education and experience in the particular subject matter to be presented.

c. There shall be procedures for documentation of all education services which shall include:

(1) The name of the group or individual receiving services.

(2) The names of the employees or consultants providing the service.

(3) A summary of information provided.

(4) The date of services provided.

d. If education services are to be provided to a particular consumer or recipient on an ongoing basis, the documentation shall also include a description of the need for service, a plan of service, a copy of the letter of agreement, when applicable, and provisions for an annual review.

24.65(6) Consultation services. Consultation services shall provide professional assistance and information to individual service providers, groups, and organizations to increase the providers' effectiveness in carrying out their responsibilities for providing services.

a. Case, program and community consultation shall be available.

b. Consultation services shall be provided by an employee or consultant who has sufficient education and experience in the particular subject matter covered in the consultation.

c. Case consultations shall be provided by a mental health professional.

d. There shall be procedures for the documentation of all consultation services which shall include:

(1) The names of the consumers or recipients of services.

(2) The names of the employees or consultants providing the service.

(3) A summary of information provided.

(4) The date of services provided.

e. If consultation services are to be provided to a particular consumer or recipient on an ongoing basis, the documentation shall also include a description of the need for service; a plan of service; a copy of the letter of agreement, when applicable; and provisions for an annual review.

f. If consultations are provided to resource agencies, family members or significant others of consumers who are currently receiving services, documentation shall be entered into the consumer's record as collateral contacts.

24.65(7) Evaluation services. Evaluation services shall be individual and family evaluation activities made available to courts, schools, other agencies, and to individuals upon request, which access, plan for, and link individuals with appropriate services. (See paragraph 24.2(3)"c," individual and family evaluation services.) Included are preliminary diagnostic evaluations for those seeking voluntary admission to the state mental health institutes.

a. Preliminary diagnostic evaluation of persons seeking voluntary admission to a mental health institute in accordance with a resolution passed by a county board of supervisors pursuant to Iowa Code section 225C.14 shall be performed by a mental health professional within a reasonable time frame, not to exceed 48 hours. When the

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results of the evaluation indicate that admission to the mental health institute is appropriate, the evaluator shall so inform the institute. When the evaluator determines that another treatment program is more appropriate, and the consumer agrees, the evaluator shall make arrangements with the alternative program to accept the referral. The center shall report the findings of the evaluation to the selected treatment resource in a timely manner.

b. Evaluations performed for the court pursuant to Iowa Code sections 229.10 and 812.3 shall be performed by a licensed physician who may utilize the results of evaluations performed by mental health professionals during the same time period. Evaluations performed for the court pursuant to Iowa Code section 232.49 shall be performed by a mental health professional. Court evaluations pursuant to this section shall be completed within the time frames agreed to by the center and the court. Results shall be reported to the proper authority within 24 hours of completion.

c. All other evaluations shall be performed by mental health professionals within the time frames agreed to by the center and the requesting party or parties.

d. When evaluation is the only service provided to the consumer, a treatment plan is not required. If the consumer is accepted for services into another agency program, a treatment plan shall then be required.

24.65(8) Residential programs. Residential programs shall be support and psychosocial rehabilitation activities provided for persons with mental health problems, disorders, or illnesses who live in residential settings. Services shall be provided at a minimum of five hours per week by a mental health professional or under the direct supervision of a mental health professional. Services shall be provided within a residential setting licensed, accredited, or approved by the department or by the Iowa department of inspections and appeals, or accredited by a comparable national accrediting organization.

24.65(9) Inpatient programs. Inpatient programs shall be evaluation, treatment, and support and psychosocial rehabilitation activities for persons with mental health disorders, problems, or illnesses. Services shall be provided 24 hours per day in a protective environment (usually in a hospital or other psychiatric treatment setting) that provides support and supervision, and whose goal is the stabilization, control, and amelioration of acute dysfunctional symptoms or behaviors that result in the person's return to a less restrictive environment. The services shall be provided by an interdisciplinary team composed of mental health professionals and paraprofessionals. All care shall be supervised by a qualified psychiatrist. Inpatient services shall be provided within a setting licensed by a comparable state department or accredited by a comparable national accredited organization.

24.65(10) Community support programs. A community support program shall provide or arrange for the provision of those services necessary to enable consumers with a chronic mental illness to live, work, and recreate in the community environment. The philosophy underlying the provision of these services is that consumers with a chronic mental illness can live in the community with the proper treatment and support, that planned rehabilitation activities can enable these persons to regain or attain higher levels of functioning, and that consumers with a chronic mental illness have the right to participate in the planning and provision of needed and desired services.

a. Program components. A community support program shall provide services organized according to the

following ten program components. If specific services are needed and desired by community support program consumers but are not available, the community support program shall document on an individual consumer basis efforts to secure the needed and desired services and actions taken to provide alternative services.

(1) Outreach. Program consumers often have difficulty accessing appropriate support and treatment services. It is necessary for a program to develop systematic outreach to engage persons and provide those services needed and desired by them. This outreach program shall take into account cultural factors of various ethnic and racial groups which are important in identifying these persons and engaging them in the services of a community support program.

The outreach program shall, at a minimum, involve establishing linkages for referral purposes with other mental health center programs, other local service providers, doctors, boarding homes, emergency rooms, clinics, hospitals, state institutions, sheriff and police departments, and family and consumer groups, and local offices of state agencies. It may also be desirable to develop a mobile outreach program in which community support program staff go to community locations where consumers in need of and desiring services and supports might be engaged, such as emergency shelters, free medical clinics, meal sites, etc. Outreach may also involve arranging for transportation to allow consumers to access community support program services.

(2) Assistance and referral in meeting basic human needs. Program consumers should be encouraged to meet their own basic needs whenever possible. However, community support programs shall assist consumers in meeting basic human needs to the extent that each program consumer needs and desires this service. These basic human needs include, but are not limited to, food, clothing, shelter, personal safety, income, general medical care, and dental care.

Much of this assistance can be provided by referring consumers to local providers of basic services such as food stamps, energy assistance, homemaker services, legal services, medical and dental services, and mental health advocacy services. If desired by the consumer, it is often advisable to facilitate the initial appointments until the consumer obtains the basic need. To facilitate this process, the program shall develop linkages with as many local agencies that provide these basic services as possible.

(3) Housing and living arrangements. When necessary, a community support program shall arrange for consumers to secure decent affordable housing in the community or upgrade existing housing to meet decent and affordable standards. The housing type shall be based on the individual consumer's desires, abilities, and needs. Individual consumer preferences, values, and goals with regard to housing should be primary considerations, along with their functional level, in assisting the consumer to secure and maintain a stable living environment.

If possible, the consumer should be encouraged and assisted in obtaining normal community housing with the needed supports provided by the community support program. If individual consumer preferences or functional level do not allow this, consideration should be given to supervised living programs that provide the maximum integration possible with living in the community.

If homeless persons become consumers or if program consumers become homeless, action shall be taken as

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soon as possible to obtain emergency housing for the consumer. After emergency housing is obtained, plans for obtaining stable long-term housing shall be developed and implemented.

(4) Mental health treatment. A critical component of a community support program is mental health treatment. Treatment which takes into account the cultural and racial factors important to each consumer shall be made available to community support program consumers on a continuous and long-term basis, as needed and desired by individual consumers. Many persons with a chronic mental illness frequently experience relapses and exacerbations of acute symptoms. Mental health treatment may be provided by the community support program or by other mental health center staff or by the provider staff, upon referral by the program.

Treatment for persons with a serious mental illness may include diagnostic evaluations; ongoing assessment and monitoring of the consumer's psychiatric condition; provision of appropriate medication, including prescribing medications, ensuring that medications are available, and monitoring the consumer's response to ensure therapeutic effectiveness and minimal adverse side effects, and providing education to the consumer and family members about the medications, their benefits and potential for side effects; management of symptoms; and teaching recognition of the signs of relapse. Treatment may also include supportive counseling on either a group or individual basis to help the consumer deal with a variety of daily life problems.

(5) Crisis intervention. Crisis assistance is a critical component of a community support program. It includes emergency phone and walk-in counseling services, mobile counseling services, and crisis care both in and out of the consumer's home. The program shall include in each consumer's individual service plan an emergency plan which identifies who to call, where to go, and what to do at the time of a crisis.

Crisis intervention and assistance during office hours shall be provided or arranged by program staff based on the needs and desires of each consumer. After-hours assistance may vary, depending on the program, but shall minimally include access to a 24-hour emergency answering and referral service. After-hours assistance preferably includes an on-call system which allows program consumers to receive assistance by phone or in person from program staff or other mental health center staff or other provider staff. Mobile emergency counseling and crisis care may also be provided by the crisis intervention component of a community support program.

(6) Rehabilitation. Many persons with a chronic mental illness experience continuing social and vocational disabilities necessitating the provision of services designed to improve or maintain their ability to function in the community. Both social and vocational rehabilitation services are integral parts of a community support program. These services shall be provided with the goals of building the skills and accessing the supports each consumer needs to function as actively, independently, and happily in society as possible, and as desired by the individual consumer.

Social rehabilitation helps the consumer gain or regain the practical skills needed to live and socialize in the community. Social rehabilitation includes activities that help consumers assess their strengths and weaknesses and that teach needed skills, such as personal hygiene, diet, shopping and cooking, budgeting, housekeeping, use of

transportation, and the use of other community resources. Learning more about one's mental illness, how to manage medications, recognizing signs of relapse, using professional services, and how to cope with one's disability are also important parts of this component. These skills shall be taught and reinforced in natural settings where consumers live, learn, work and socialize, whenever possible.

Social skill and leisure time education are also vital parts of this component. Social activities shall be age-appropriate, culturally appropriate, daytime and evening activities which offer the chance for companionship, socialization, and enjoyment. The use of social and recreational opportunities in the community shall be emphasized.

Vocational rehabilitation helps consumers gain or regain their vocational identity and feelings of self-worth in our society. Vocational rehabilitation helps consumers become productive, contributing members of society, knowing their efforts are wanted, needed, and appreciated. The community support program shall provide or arrange for the provision of a range of vocational services and employment opportunities to assist the program consumer to prepare for, obtain, and maintain employment based on the needs and desires of the consumer. These may include vocational assessment and counseling and prevocational work experiences including programs that provide work activity services, vocational training, and training in job seeking and job keeping skills. In addition, mechanisms to offer assistance to both consumers and employers to enhance job retention, such as supported employment or transitional employment may be provided.

Vocational services shall be provided in accordance with the vocational service guidelines at subrule 441-24.4(6). The vocational component of a community support program may be enhanced by developing a close working relationship with the local Iowa division of vocational rehabilitation office.

(7) Family and community support, assistance and education. Community support programs shall recognize the need for family involvement in services, at a level desired by each program consumer, as well as the need for support and education for families. Many consumers live for extended periods in the homes of parents, grandparents, siblings or children.

Whenever possible and desired by the consumer, families shall be appropriately involved in the treatment planning process and in the provision of services. Assistance to families may include education regarding the nature of the mental illness, consultation in handling and resolving daily problems and intermittent crises, and coordination of respite care. Referrals to local family groups are encouraged when appropriate. Family issues specific to various ethnic and racial groups shall be taken into account in this work.

Community support and education are also essential. To promote community integration and acceptance of program consumers, back-up support, consultation, and education shall be provided to key individuals and agencies within the community. These include, but are not limited to, landlords, employers, friends, law enforcement agencies, and other community agencies that interact with program consumers. To reduce the stigma the general public often has toward persons with a chronic mental illness and to promote community acceptance of program consumers, programs shall develop and provide education to the general public. This education shall concern mental

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illness and supported community living for persons with mental illness. It may be delivered through media campaigns, public service announcements, and presentations to local civic organizations.

(8) Coordination and development of natural support systems. Natural support systems provide social supports that the formal service system is often unable to provide or that individual program consumers decline to use. Examples of natural support systems include mental health consumer or other self-help groups, family groups, neighborhood networks, churches, community organizations, commerce and industry, etc.

Whenever possible, the program shall encourage consumers to develop and participate in these groups to the extent appropriate for individual consumers. The unique natural support systems of various cultural and racial groups shall be used whenever appropriate. Community support programs may also facilitate the development of consumer groups such as drop-in centers and self-help groups. Programs may also encourage existing community groups to increase opportunities for program consumers to participate in community life.

(9) Protection and advocacy. A community support program shall develop procedures to help ensure the protection of program consumer rights in regard to all services they are receiving. Additionally, programs shall develop procedures for informing consumers and, if applicable, their family members of their legal rights and resources available to assist them in upholding those rights. The program shall actively promote advocacy activities on behalf of program consumers. Advocacy activities shall be coordinated, to the extent possible, with the Iowa protection and advocacy program, local judicial mental health advocates, and other recognized advocacy programs.

(10) Service coordination. Service coordination is an essential component of the community support program. It shall be provided for all consumers of a community support program who desire it. Service coordination is intended to ensure that program consumers receive the services they need and desire, and that these services are coordinated and appropriate to their changing needs and desires over time. Service coordination involves providing a single person or team of persons who work with the program consumer to obtain and maintain needed and desired services. Through service coordination, program consumers shall be assisted in obtaining and using needed services, including transportation, rehabilitation, mental health treatment, housing, protection and advocacy, support and assistance, including assistance in meeting basic human needs and support to or for the consumer's natural support systems.

b. Eligibility. Community support programs shall have written criteria for program eligibility. At a minimum, these criteria shall include the following requirements:

(1) Program consumers shall be persons with chronic mental illness.

(2) Based on a psychiatric and functional assessment, program consumers shall be able to benefit from and desire at least one component of the community support program.

c. Staff qualifications. Each community support program shall have policies and procedures for ensuring that program staff have the appropriate qualifications to perform their job. These policies and procedures shall at a minimum:

(1) Provide that every program shall employ at least one person who is the designated community support program coordinator. This person shall have at least a bachelor's degree in a human-service-related field and have at least two years' experience in providing services to persons with a chronic mental illness. Persons employed as a community support program coordinator on October 1, 1993, who do not meet these requirements will be considered to meet these requirements as long as they are continuously employed by a community support program.

(2) Provide that every program shall employ one or more community support program specialists whose primary duty is to provide direct services to program consumers. The program specialist shall have at least a bachelor's degree in a human-service-related field, or have an associate degree in a human-service-related field, or be a registered nurse (R.N.) and have at least one year of experience in providing services to persons with chronic mental illness, or have a high school diploma or the equivalent and have at least three years of experience providing services to persons with a chronic mental illness, or be a person who, due to personal experience in receiving services and treatment due to a serious chronic or acute mental illness, is uniquely qualified to provide services in community support programs, despite a lack of formal human-service-related training.

(3) If a program chooses to employ persons who qualify as a community support program specialist due to their personal experience in receiving services and treatment due to a mental illness, the program shall develop and implement a training program. This training program shall provide, at a minimum, 100 contact hours of initial training in the nature of serious mental illness, the provision of services in a community support program, and other relevant topics. After this initial training, each person who qualifies as a community support program specialist due to personal experience in receiving services and treatment due to a mental illness shall be provided with a minimum of 20 contact hours of ongoing training per year.

(4) These policies and procedures may provide for the employment of community support program aides. Community support program aides may provide assistance and referral in meeting basic human needs; assistance in obtaining housing and living arrangements, rehabilitation, support and assistance; and coordination and development of natural support systems under the direct supervision of a community support program specialist or community support program coordinator. If a program chooses to employ community support program aides, the program shall develop and implement a community support program aide training program. This training program shall provide, at a minimum, ten contact hours of initial training in the nature of serious mental illness, the provision of services in a community support program, and other relevant topics. After this initial training, each community support program aide shall be provided with a minimum of ten contact hours of ongoing training per year.

d. Provision of services. The community support program shall have policies and procedures for the provision of services based on the ten community support program components described in this division. These policies and procedures shall include admission and discharge criteria based on an initial and periodic assessment.

(1) Admission to and discharge from the services of the program shall be based on a psychiatric and functional assessment developed and used by the program, and on the desires of the community support program consumer.

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The psychiatric portion of this assessment shall be completed by or under the supervision of a psychiatrist. The functional portion of this assessment shall be completed by or under the supervision of a mental health professional.

(2) The information developed by this assessment shall be used to develop an individual treatment plan for each program consumer. This plan shall be developed jointly with each consumer. Not only the consumer's need for services but the consumer's desire for services shall be used in identifying the services to be provided. This service plan shall identify the general goals of service for the consumer, specific objectives to be worked toward, specific activities which will result in the achievement of objectives, the persons responsible for providing or accomplishing each activity, specific time frames for the provision or accomplishment of each activity, and, when applicable, the achievement of each objective.

Specific activities and objectives included in each individual service plan shall be reviewed with each consumer at least quarterly and more often if indicated and desired by the consumer. The overall goals of the individual treatment plan shall be reviewed at least annually with each consumer and more often if indicated and desired by the consumer.

(3) The functional portion of each program consumer's assessment shall be reviewed and updated at least annually. The psychiatric portion of each program consumer's assessment shall be reviewed and updated at least every three years.

(4) Each community support program shall have policies and procedures for establishing a maximum case load of the community support program coordinator and each community support program specialist. These policies and procedures shall take into account the need to allow time for program coordination and travel, as well as the provision of program services. They shall result in sufficient staff time to provide program coordination and program services appropriately. It is recommended that these policies and procedures provide that:

Community support program specialists have case loads of not more than 40 community support program consumers.

Community support program coordinators spend 25 percent of their time coordinating the community support program for each 30 or any portion of 30 program consumers, and that the coordinator's case load be adjusted accordingly.

Community support programs that serve 120 or more consumers employ a full-time community support program coordinator who does not provide direct services to program consumers.

These rules are intended to implement Iowa Code chapters 225C and 230A.

441—24.66 to 24.80 Reserved.

DIVISION IV

STANDARDS FOR
MENTAL HEALTH SERVICES PROVIDERS

PREAMBLE

The mental health and mental retardation commission has established this set of standards to be met by providers of mental health services. Providers who are included are those who are contracting with a county board of

supervisors to provide mental health services in lieu of that county's affiliation with a community mental health center (Iowa Code section 225C.8, second paragraph) and those who may contract with a county board of supervisors for special services to the general public or special segments of the general public and are not accredited by any other accrediting body. These standards do not apply to individual practitioners, or partnerships of practitioners who are covered under professional licensure laws.

441—24.81(225C) Definitions.

"Center" means a community mental health center which is established pursuant to Iowa Code section 230A.1.

"Community support program aide" means a person whose primary duties are to provide assistance and referral in meeting basic human needs, assistance in obtaining housing and living arrangements, rehabilitation, support and assistance, and coordination and development of natural support systems to community support program consumers under the direct supervision of a community support program specialist or community support program coordinator.

"Community support program component" means one of the ten general areas of services under which community support programs are organized. These areas are outreach; assistance and referral in meeting basic human needs; housing and living arrangements; mental health treatment; crisis intervention; rehabilitation; family and community support, assistance and education; coordination and development of natural support systems; protection and advocacy; and service coordination.

"Community support program consumer or program consumer" means a person with a chronic mental illness who needs, desires and receives at least one service from a community support program based on a psychiatric and functional assessment.

"Community support program coordinator" means the person who is designated as responsible for administering the community support program and supervising community support program employees. This person may also provide services to community support program consumers.

"Community support program specialist" means a person whose primary duties are to provide direct services to community support program consumers.

"Functional assessment" means an assessment used by a community support program to determine the functional abilities of community support program applicants and consumers. This assessment should measure the applicant's or consumer's skills and abilities in the areas of self-care skills; social skills; communication skills; financial management skills; personal management skills, including the management of one's illness; leisure time and recreational skills; vocational skills; and academic skills.

"Human-service-related field" means a post-high school course of study which is designed to prepare students to work with persons who qualify due to need and desire for a human service. Fields of study which qualify as "human-service-related fields" include, but are not limited to: psychiatry, psychology, social work, mental health counseling, marriage and family therapy, nursing, education, occupational therapy, and recreational therapy.

"Mental health professional" means a person who:

1. Holds at least a master's degree in a mental health field, including, but not limited to, psychology, counseling and guidance, psychiatric nursing and social work; or

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is a doctor of medicine (M.D.) or doctor of osteopathic medicine and surgery (D.O.).

2. Holds a current Iowa license when required by the Iowa licensure law.

3. Has at least two years of postdegree experience supervised by a mental health professional in assessing mental health illness, problems and needs of persons and in providing appropriate mental health services for those persons.

The term "mental health professional" as used in these standards is used solely as a definition of a particular academic and experience level, and is not in any way a professional license for a person meeting that term's definition.

"Mental health service area" means the defined geographic area for which there is designated responsibility for the delivery of community mental health services to persons residing within the area.

"Provider" means a person whose primary activity is the provision of health or mental health services to persons or the administration of facilities or institutions in which these services are provided.

"Psychosocial rehabilitation services" shall be the same as "community rehabilitation services" as defined at subrule 24.2(2).

"Residential setting" means 24-hour care in a structured group living environment other than a family home setting, for persons with mental illness, disorders, or problems. Residential structure may range from a minimal level of care or supervision to an intensive level of care or supervision.

441—24.82(225C) Governance.

24.82(1) Core standards. Providers of mental health services shall meet the requirements of the core standards set forth at rule 441—24.3(225C).

24.82(2) Additional requirements. Mental health providers who are contracting with a county board of supervisors to provide services in lieu of that county's affiliation with a community mental health center (see Iowa Code section 225C.8) shall additionally address the following requirements:

a. If the provider is not incorporated as a nonprofit corporation, the provider shall establish an advisory board.

(1) Provider employees and consultants shall not serve on the advisory board.

(2) The advisory board shall be representative of the provider's service delivery area to ensure that the provider's services address mental health needs of the service area.

b. If the provider is incorporated as a nonprofit corporation, the board of directors shall have policies that specify the composition of the board and how the board is representative of the provider's service area.

(1) At least 51 percent of the members of the governing board shall be persons who are not providers.

(2) Provider employees or consultants shall not serve on the board.

441—24.83(225C) Administration. All mental health services providers shall meet the requirements of the core standards and shall also meet the requirements set forth in subrules 24.83(1) and 24.83(2) below. Providers which contract with a county board of supervisors to provide services in lieu of that county's affiliation with a community mental health center or providers who receive

allocation moneys from a county board of supervisors for contracted services shall also meet the requirements in subrules 24.83(1) through 24.83(5) below.

24.83(1) Chief administrative officer. There shall be a designated chief administrative officer who shall have primary responsibility for the overall program operations in accordance with policies established by the board.

a. The chief administrative officer shall meet the following qualifications:

(1) Holds at least a master's degree in a mental health field, such as psychology, counseling and guidance, psychiatric nursing or social work; or is a medical doctor or doctor of osteopathic medicine and surgery; or holds a master's degree in administration, which may be business and management, health care, education, or public administration.

(2) Holds a current Iowa license when required by Iowa licensure law.

(3) Has at least three years of postdegree clinical or administrative experience in the delivery of human services.

b. When the chief administrative officer does not have a master's degree in a mental health field, there shall be a full-time employee who is a mental health professional and who shall oversee the delivery of consumer services.

24.83(2) Policy manual. All providers shall have a policy and procedures manual with policy guidelines and administrative procedures for all aspects of program operation.

24.83(3) Data management.

a. Providers shall have procedures for a management information system that shall have mechanisms for providing data in the following areas:

- (1) Clinical and rehabilitation services and outcomes.
- (2) Financial conditions.
- (3) Program services.
- (4) Consumer satisfaction.
- (5) Human resources.

b. Use of consumer identifying data shall meet confidentiality requirements.

24.83(4) Service agreement. Providers shall have written service agreements with any affiliate agencies.

a. The nature and extent of direct and indirect services provided shall be specified.

b. The professional qualifications and credentials of employees and consultants providing the services shall be documented.

c. There shall be an assurance that legal and consumer rights will be protected.

d. Responsibilities of both parties for ensuring continuity of care shall be delineated.

e. There shall be provisions for monitoring, modifying, and terminating the agreement by either party in the relationship.

f. If services are being purchased, the following additional components shall be incorporated into the agreement:

(1) Statements about the cost of the service, the arrangements for payment, and the time schedule for payment.

(2) An estimate of cost to be given at the end of each fiscal year for continued service.

(3) Procedures for furnishing an accounting of fee revenue, including that received from consumers or persons or companies paying on behalf of the consumer.

g. The agreement shall be evaluated and renewed annually.

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24.83(5) County agreement. There shall be a written agreement between the provider and the county boards of supervisors of the provider's service area for the delivery of mental health services to residents and nonresidents. The contract shall specify at a minimum:

- a. The length of time the contract shall be in effect.
- b. The types of direct and indirect services to be delivered by the provider.
- c. An assurance that legal and human rights of consumers will be protected.
- d. A statement that the provider's fees are based on the consumer's ability to pay and the standards used to determine the fee.
- e. A statement describing the availability of emergency and elective services to residents of counties that have not contracted with the provider and a description of those service fees.
- f. A statement that in no event shall the board of directors, administrator, or staff of the provider agency release to the county board of supervisors any identifying information of a consumer who is receiving or has received services or treatment at the provider agency. Nor shall the provider be required to file a claim which would in any manner identify a consumer.

24.83(6) Mental health institute agreement. Providers who are contracting with a county board of supervisors to provide services in lieu of that county's affiliation with a community mental health center shall have a written agreement between the provider and its related mental health institute. The agreement shall outline the responsibilities of the respective parties regarding evaluation, referral, and aftercare. The agreement shall be reviewed and updated annually by both parties.

24.83(7) Fees. Providers who are contracting with a county board of supervisors to provide services in lieu of that county's affiliation with a community mental health center shall have a sliding fee schedule based on consumer's ability to pay which shall be reviewed annually. There shall also be policy and procedures for fee collection.

441—24.84(225C) General service standards. A mental health service provider shall meet the following standards to receive accreditation for any service:

24.84(1) Minimizing barriers. Services shall be delivered in a manner which minimizes barriers to the receipt of services.

- a. There shall be a written statement made available to the public of the services available to the residents of the service area.
- b. The provider shall ensure that the means of gaining access to services are well publicized and highly visible.
- c. The facilities in which services are provided shall accommodate the physical needs of consumers.
- d. Provider facilities shall allow for privacy of conversation.
- e. Provider employees and consultants shall be culturally aware of, sensitive to, and trained in the special needs of racial or cultural population subgroups. If the subgroup has limited English-speaking ability, the provider shall make efforts to recruit a service employee or consultant who is fluent in the appropriate language. These efforts shall be documented.
- f. Consumers shall have the opportunity for a preliminary assessment with a service employee or consultant within ten working days after request for service.

24.84(2) Supervision. Any employee or consultant providing evaluation, treatment, or psychosocial support and rehabilitation activities who does not meet the qualifications of a mental health professional shall be supervised by a mental health professional who gives professional direction and guidance to the employee or consultant. The supervision shall be at least biweekly and documented. Documentation shall consist of the date, the supervisee name, and the agenda of the supervisory session and shall be signed by the supervisor.

24.84(3) Qualifications. Employees or consultants who are responsible for the medical care provided as a part of the provider's services shall have a current license to practice medicine in the state of Iowa. There shall be at least one employee or consultant who is certified or eligible for certification by the American Board of Psychiatry and Neurology.

24.84(4) Confidentiality. The provider shall adopt and implement procedures ensuring that no member of the provider's governing or advisory board receives from the provider information which identifies, or is intended to identify, any person who is or had been a consumer of the center. Nor shall the board of directors provide any identifying information to boards of supervisors or their representatives.

24.84(5) Rights of people being served. The provider shall implement written procedures to protect consumer rights consistent with applicable laws (see core standards). The grievance procedure for the resolution of disagreements between provider and consumer related to issues concerning the provision of services shall be documented and made available to consumers. Consumers shall have the following rights:

- a. A right to participate in the identification of service needs, planning, and choices on how to meet those needs.
- b. Freedom to communicate by letter, telephone, in person, or other means and to visit and receive visitors, if applicable to services provided.
- c. Freedom of choice to include movement and self-determination in activities of daily living, if applicable to services provided.
- d. The right to refuse services.
- e. The right to manage one's own finances and possessions, if applicable to the services provided.
- f. The right to privacy, including the right to private conversation, and to confidentiality.
- g. The right to be treated with respect and to be addressed in a manner which is appropriate to the client's chronological age.
- h. The right to appeal any staff or provider action.
- i. The right to enter into contracts.
- j. The right to due process.

441—24.85(225C) Specific service or program standards. For a community mental health center or mental health service provider to receive accreditation for the following services, the respective specific service standards shall be met.

24.85(1) Outpatient programs. Outpatient programs shall be evaluation and psychotherapeutic and physiological treatment activities provided on an ambulatory basis for persons with mental health problems or mental disorders or illnesses. Services shall consist of a series of time-limited, structured, face-to-face sessions with the purpose of attaining defined goals as identified in the consumer's individual treatment plan. Evaluation activities

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shall include screening, diagnosis, and assessment, as appropriate to consumer needs.

a. Services shall be available to individuals and families at least five days per week, eight hours per day, during the day, evening, or weekend to allow for minimal disruption of the consumer's working or schooling schedule.

b. Services shall be provided by a person who meets the definition of a mental health professional, or who has at least a master's degree in a mental health field and is directly supervised by a mental health professional.

c. The services of a medical doctor or doctor of osteopathic medicine and surgery who is either certified or eligible for certification by the American Board of Psychiatry and Neurology shall be available as needed to the program and consumers on a consultant or employee basis.

d. A consumer record shall be established upon the provider's determination that the consumer will be accepted for services into at least one of the provider's service programs.

24.85(2) Partial hospitalization. Partial hospitalization programs are defined as time-limited, ambulatory care, active treatment programs that offer therapeutically intensive, coordinated, and structured clinical services within a stable therapeutic environment. Partial hospitalization is a general term embracing day, evening, night, and weekend treatment programs which employ an integrated, comprehensive, and complimentary schedule of recognized individual and group treatment approaches, including psychoeducational therapy groups. Programs are designed to serve consumers exhibiting psychiatric symptoms of sufficient severity to cause significant impairment in day-to-day social, vocational, or educational functioning, and who require more than outpatient services, but less than 24-hour care.

Partial hospitalization programs are typically seen as providing crisis stabilization services to avert psychiatric hospitalization, or intensive clinical services to assist transition into community following an episode of acute inpatient care. Partial hospitalization programs may be free-standing or part of a broader social service or medical system. However, partial hospitalization shall be designed as a separate, identifiable, organized unit representing a significant link within the continuum of comprehensive mental health services.

a. The following services shall be available:

(1) Psychotherapeutic treatment services.

(2) Community rehabilitation services (psychosocial rehabilitation activities).

(3) Evaluation services.

b. The program shall be available for at least four consecutive hours per program day, four days or evenings per week. The majority of these scheduled hours shall consist of active therapeutic activities that specifically address the presenting problems of the population served.

c. Services shall be provided by an interdisciplinary team of relevant professional or paraprofessional staff. All partial hospitalization programs shall have a designated director, coordinator, or supervisor who shall be a qualified mental health professional. The responsibilities for this position shall include, but not be limited to, direct supervision of paraprofessional staff and ongoing assessment of program effectiveness. All care shall be supervised by a medical doctor or doctor of osteopathic medicine and surgery who is either certified or eligible

for certification by the American Board of Psychiatry and Neurology.

d. Services shall be provided in accordance with an individual treatment plan developed by appropriate program staff, in collaboration with the consumer, and under the supervision of a qualified psychiatrist. Individual treatment plans shall be consistent with core standard requirements.

e. The partial hospitalization program shall have a written program description. The description shall include criteria for acceptance into and discharge from the program, a schedule of service activities that are provided to the participants, and a statement of program availability (days and hours).

f. Individual, identifiable consumer records shall be maintained for all participants in the program and shall be consistent with core standards. Progress notes shall be consistent with core standard requirements and shall also document attendance and nature of participation. Progress notes may be summarizations of each program day attended by the consumer.

g. Staff-to-consumer ratio shall reflect such factors as acuity of illness, needs of target population, type of programming offered, and average daily program attendance. The ratio shall be sufficient to deliver program services appropriately and to provide therapeutic consistency within the program.

24.85(3) Day treatment. Day treatment programs are defined as being time-limited, ambulatory care programs that provide extended milieu services within a structured group setting that are directed toward increasing a consumer's level of independent functioning. These services typically emphasize psychosocial rehabilitation activities, but also provide treatment services appropriate to consumer needs and in accord with the individual treatment plan direction. These activities may include, but are not limited to: psychoeducational therapy groups, such as medication management, communication skills, stress management, symptom recognition, and problem solving; and adjunctive therapeutic activities such as, but not limited to, personal hygiene, budgeting, daily living skills, recreation, and activities designed to incorporate family involvement.

Day treatment programs are designed to serve those consumers who, without the ongoing support of the program, would in all likelihood require the protection and containment of an inpatient facility and those consumers who exhibit impaired ability to function autonomously on a day-to-day basis due to the presence of disabling emotional or cognitive dysfunction. Day treatment programs may be free-standing or part of a broader center or provider system. However, day treatment shall be designed as a separate, identifiable, organized unit representing an important link within the continuum of comprehensive mental health services.

a. The following services shall be available:

(1) Psychotherapeutic treatment services.

(2) Community rehabilitation services (psychosocial rehabilitation activities).

(3) Evaluation services.

b. The program shall be available for at least three consecutive hours per program day, three days or evenings per week. The majority of scheduled program hours shall consist of active therapeutic psychosocial rehabilitation activities that specifically address the presenting problems of the population served.

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c. Services shall be provided by an interdisciplinary team of relevant professionals and paraprofessional staff. All day treatment programs shall have a designated director, coordinator, or supervisor who shall be a qualified mental health professional. This person shall be responsible for direct supervision of paraprofessional staff, supervision of the individual treatment plans for participants, and ongoing assessment of program effectiveness.

d. Services shall be provided in accordance with an individual treatment plan developed by appropriate day treatment staff, in collaboration with the consumer. Services shall be provided under the supervision of the program director, coordinator, or supervisor. The individual treatment plan shall be consistent with core standard requirements.

e. The day treatment program shall have a written program description. The description shall include criteria for acceptance into and discharge from the program, a schedule of service activities provided to the participants, and specifying days and hours of program availability.

f. Individual, identifiable consumer records shall be maintained for all participants in the program and shall be consistent with requirements in core standards. Progress notes shall be consistent with core standard requirements, and shall document nature of participation. Attendance shall be documented in the record. Progress notes may be summarizations of each program day attended by the consumer.

g. Staff-to-consumer ratio shall reflect such factors as average daily attendance, type of programming offered, and needs of participant population. The ratio shall be sufficient to deliver program services appropriately and to provide milieu continuity.

24.85(4) Emergency programs. Emergency programs shall make evaluation and psychotherapeutic services available on a 24-hour, 7-day-per-week basis to persons with mental health problems or mental illnesses or disorders requiring immediate attention. These services are directed to the assessment and rapid stabilization of acute symptoms of mental illness or emotional distress.

a. When the provider office is closed, access to its emergency services shall be available through the telephone, with face-to-face intervention services available when needed.

b. Services shall be provided by a mental health professional, or by a paraprofessional who has received appropriate training from a mental health professional and who has immediate access, at least by telephone, to a mental health professional, if indicated.

c. Documentation of all emergency services provided by the mental health services provider shall include the type of contact (telephone or face-to-face), the time and date of contact, the name of the consumer, the nature of the consumer's needs, the name of the employee or consultant providing the services, and a description of the action taken.

24.85(5) Education services. Education services shall include information and referral services about available resources and information and training concerning mental health, mental illness, the availability of services, the promotion of mental health, and the prevention of mental illness. At a minimum, mental health education and skill training shall be available.

a. Educational materials shall be developed by or under the supervision of a mental health professional.

b. Education services shall be provided by an employee or consultant who has sufficient education and

experience in the particular subject matter to be presented.

c. There shall be procedures for documentation of all education services which shall include:

(1) The names of the consumers or recipients of services.

(2) The names of the employees or consultants providing the service.

(3) A summary of information provided.

(4) The date of services provided.

d. If education services are to be provided to a particular consumer or recipient on an ongoing basis, the documentation shall also include a description of the need for service, a plan of service, a copy of the letter of agreement, when applicable, and provisions for an annual review.

24.85(6) Consultation services. Consultation services shall provide professional assistance and information to individual service providers, groups, and organizations to increase the providers' effectiveness in carrying out their responsibilities for providing services.

a. Case, program and community consultation shall be available.

b. Consultation services shall be provided by an employee or consultant who has sufficient education and experience in the particular subject matter covered in the consultation.

c. Case consultations shall be provided by a mental health professional.

d. There shall be procedures for the documentation of all consultation services which shall include:

(1) The names of the consumers or recipients of services.

(2) The names of the employees or consultants providing the service.

(3) A summary of information provided.

(4) The date of services provided.

e. If consultation services are to be provided to a particular consumer or recipient on an ongoing basis, the documentation shall also include a description of the need for service; a plan of service; a copy of the letter of agreement, when applicable; and provisions for an annual review.

f. If consultations are provided to resource agencies, family members or significant others of consumers who are currently receiving services, documentation shall be entered into the consumer's record as collateral contacts.

24.85(7) Evaluation services. Evaluation services shall be individual and family evaluation activities made available to courts, schools, other agencies, and to individuals upon request, which access, plan for, and link individuals with appropriate services. (See paragraph 24.2(3)"c," individual and family evaluation services.) Included are preliminary diagnostic evaluations for those seeking voluntary admission to the state mental health institutes.

a. Preliminary diagnostic evaluation of persons seeking voluntary admission to a mental health institute in accordance with a resolution passed by a county board of supervisors pursuant to Iowa Code section 225C.14 shall be performed by a mental health professional within a reasonable time frame, not to exceed 48 hours. When the results of the evaluation indicate that admission to the mental health institute is appropriate, the evaluator shall so inform the institute. When the evaluator determines that another treatment program is more appropriate, and the consumer agrees, the evaluator shall make

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arrangements with the alternative program to accept the referral. The provider shall report the findings of the evaluation to the selected treatment resource in a timely manner.

b. Evaluations performed for the court pursuant to Iowa Code sections 229.10 and 812.3 shall be performed by a licensed physician who may utilize the results of evaluations performed by mental health professionals during the same time period. Evaluations performed for the court pursuant to Iowa Code section 232.49 shall be performed by a mental health professional. Court evaluations pursuant to this section shall be completed within the time frames agreed to by the provider and the court. Results shall be reported to the proper authority within 24 hours of completion.

c. All other evaluations shall be performed by mental health professionals within the time frames agreed to by the center and the requesting party or parties.

d. When evaluation is the only service provided to the consumer, a treatment plan is not required. If the consumer is accepted for services into another agency program, a treatment plan shall then be required.

24.85(8) Residential programs. Residential programs shall be support and psychosocial rehabilitation activities provided for persons with mental health problems, disorders, or illnesses who live in residential settings. Services shall be provided at a minimum of five hours per week by a mental health professional or under the direct supervision of a mental health professional. Services shall be provided within a residential setting licensed, accredited, or approved by the department or by the Iowa department of inspections and appeals, or accredited by a comparable national accrediting organization.

24.85(9) Inpatient programs. Inpatient programs shall be evaluation, treatment, and support and psychosocial rehabilitation activities for persons with mental health disorders, problems, or illnesses. Services shall be provided 24 hours per day in a protective environment (usually in a hospital or other psychiatric treatment setting) that provides support and supervision, and whose goal is the stabilization, control, and amelioration of acute dysfunctional symptoms or behaviors that result in the person's return to a less restrictive environment. The services shall be provided by an interdisciplinary team composed of mental health professionals and paraprofessionals. All care shall be supervised by a qualified psychiatrist. Inpatient services shall be provided within a setting licensed by a comparable state department or accredited by a comparable national accredited organization.

24.85(10) Community support programs. A community support program shall provide or arrange for the provision of those services necessary to enable consumers with a chronic mental illness to live, work, and recreate in the community environment. The philosophy underlying the provision of these services is that consumers with a chronic mental illness can live in the community with the proper treatment and support, that planned rehabilitation activities can enable these persons to regain or attain higher levels of functioning, and that consumers with a chronic mental illness have the right to participate in the planning and provision of needed and desired services.

a. Program components. A community support program shall provide services organized according to the following ten program components in each county in which the program operates. If specific services are needed and desired by community support program consumers but are not available, the community support

program shall document on an individual consumer basis efforts to secure the needed and desired services and actions taken to provide alternative services.

(1) Outreach. Program consumers often have difficulty accessing appropriate support and treatment services. It is necessary for a program to develop systematic outreach to engage persons and provide those services needed and desired by them. This outreach program shall take into account cultural factors of various ethnic and racial groups which are important in identifying these persons and engaging them in the services of a community support program.

The outreach program shall, at a minimum, involve establishing linkages for referral purposes with other mental health center programs, other local service providers, doctors, boarding homes, emergency rooms, clinics, hospitals, state institutions, sheriff and police departments, and family and consumer groups, and local offices of state agencies. It may also be desirable to develop a mobile outreach program in which community support program staff go to community locations where consumers who need services and supports might be engaged, such as emergency shelters, free medical clinics, meal sites, etc. Outreach may also involve arranging for transportation to allow consumers to access community support program services.

(2) Assistance and referral in meeting basic human needs. Program consumers should be encouraged to meet their own basic needs whenever possible. However, community support programs shall assist consumers in meeting basic human needs to the extent that each program consumer needs and desires this service. These basic human needs include, but are not limited to, food, clothing, shelter, personal safety, income, general medical care, and dental care.

Much of this assistance can be provided by referring consumers to local providers of basic services such as food stamps, energy assistance, homemaker services, legal services, medical and dental services, and mental health advocacy services. If desired by the consumer, it is often advisable to facilitate the initial appointments until the consumer obtains the basic need. To facilitate this process, the program shall develop linkages with as many local agencies that provide these basic services as possible.

(3) Housing and living arrangements. When necessary, a community support program shall arrange for consumers to secure decent affordable housing in the community or upgrade existing housing to meet decent and affordable standards. The housing type shall be based on the individual consumer's desires, abilities, and needs. Individual consumer preferences, values, and goals with regard to housing should be primary considerations, along with their functional level, in assisting the consumer to secure and maintain a stable living environment.

If possible, the consumer should be encouraged and assisted in obtaining normal community housing with the needed supports provided by the community support program. If individual consumer preferences or functional level do not allow this, consideration should be given to supervised living programs that provide the maximum integration possible with living in the community.

If homeless persons become consumers or if program consumers become homeless, action shall be taken as soon as possible to obtain emergency housing for the consumer. After emergency housing is obtained, plans for

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obtaining stable long-term housing shall be developed and implemented.

(4) Mental health treatment. A critical component of a community support program is mental health treatment. Treatment which takes into account the cultural and racial factors important to each consumer shall be made available to community support program consumers on a continuous and long-term basis, as needed and desired by individual consumers. Many persons with a chronic mental illness frequently experience relapses and exacerbations of acute symptoms. Mental health treatment may be provided by the community support program or by other mental health center staff or other provider staff, upon referral by the program.

Treatment for persons with a serious mental illness may include diagnostic evaluations; ongoing assessment and monitoring of the consumer's psychiatric condition; provision of appropriate medication, including prescribing medications, ensuring that medications are available, and monitoring the consumer's response to ensure therapeutic effectiveness and minimal adverse side effects, and providing education to the consumer and family members about the medications, their benefits and potential for side effects; management of symptoms; and teaching recognition of the signs of relapse. Treatment may also include supportive counseling on either a group or individual basis to help the consumer deal with a variety of daily life problems.

(5) Crisis intervention. Crisis assistance is a critical component of a community support program. It includes emergency phone and walk-in counseling services, mobile counseling services, and crisis care both in and out of the consumer's home. The program shall include in each consumer's individual service plan an emergency plan which identifies who to call, where to go, and what to do at the time of a crisis.

Crisis intervention and assistance during office hours shall be provided or arranged by program staff based on the needs and desires of each consumer. After-hours assistance may vary, depending on the program, but shall minimally include access to a 24-hour emergency answering and referral service. After-hours assistance preferably includes an on-call system which allows program consumers to receive assistance by phone or in person from program staff or by other mental health center staff or other provider staff. Mobile emergency counseling and crisis care may also be provided by the crisis intervention component of a community support program.

(6) Rehabilitation. Many persons with a chronic mental illness experience continuing social and vocational debilities necessitating the provision of services designed to improve or maintain their ability to function in the community. Both social and vocational rehabilitation services are integral parts of a community support program. These services shall be provided with the goals of building the skills and accessing the supports each consumer needs to function as actively, independently, and happily in society as possible, and as desired by the individual consumer.

Social rehabilitation helps the consumer gain or regain the practical skills needed to live and socialize in the community. Social rehabilitation includes activities that help consumers assess their strengths and weaknesses, and that teach needed skills, such as personal hygiene, diet, shopping and cooking, budgeting, housekeeping, use of transportation, and the use of other community resources. Learning more about one's mental illness, how to manage

medications, recognizing signs of relapse, using professional services, and how to cope with one's disability are also important parts of this component. These skills shall be taught and reinforced in natural settings where consumers live, learn, work and socialize, whenever possible.

Social skill and leisure time education are also vital parts of this component. Social activities shall be age-appropriate, culturally appropriate, daytime and evening activities which offer the chance for companionship, socialization, and enjoyment. The use of social and recreational opportunities in the community shall be emphasized.

Vocational rehabilitation helps consumers gain or regain their vocational identity and feelings of self-worth in our society. Vocational rehabilitation helps consumers become productive, contributing members of society, knowing their efforts are wanted, needed, and appreciated. The community support program shall provide or arrange for the provision of a range of vocational services and employment opportunities to assist the program consumer to prepare for, obtain, and maintain employment based on the needs and desires of the consumer. These services may include vocational assessment and counseling, training in job seeking and job keeping skills, and supported employment or transitional employment.

Community support programs that provide supported or transitional employment shall provide individualized and indefinite follow-along support contacts at regular intervals with the person served to ensure successful job retention. As appropriate, contact at regular intervals shall also be made with the employer. The community support program shall provide these services in a manner that ensures close cooperation among the provider and other community resources including, but not limited to: unions, advocates, county officials, department staff and the division of vocational rehabilitation services staff.

Vocational services shall be provided in accordance with the vocational service guidelines at subrule 441—22.4(6). The vocational component of a community support program may be enhanced by developing a close working relationship with the local Iowa division of vocational rehabilitation office.

(7) Family and community support, assistance and education. Community support programs shall recognize the need for family involvement in services, at a level desired by each program consumer, as well as the need for support and education for families. Many consumers live for extended periods in the homes of parents, grandparents, siblings or children.

Whenever possible and desired by the consumer, families shall be appropriately involved in the treatment planning process and in the provision of services. Assistance to families may include education regarding the nature of the mental illness, consultation in handling and resolving daily problems and intermittent crises, and coordination of respite care. Referrals to local family groups are encouraged when appropriate. Family issues specific to various ethnic and racial groups shall be taken into account in this work.

Community support and education are also essential. To promote community integration and acceptance of program consumers, backup support, consultation, and education shall be provided to key individuals and agencies within the community. These include, but are not limited to, landlords, employers, friends, law enforcement agencies, and other community agencies that interact

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with program consumers. To reduce the stigma the general public often has toward persons with a chronic mental illness, and to promote community acceptance of program consumers, programs shall develop and provide education to the general public. This education shall concern mental illness and supported community living for persons with mental illness. It may be delivered through media campaigns, public service announcements, and presentations to local civic organizations.

(8) Coordination and development of natural support systems. Natural support systems provide social supports that the formal service system is often unable to provide or that individual program consumers decline to use. Examples of natural support systems include mental health consumer or other self-help groups, family groups, neighborhood networks, churches, community organizations, commerce and industry, etc.

Whenever possible, the program shall encourage consumers to develop and participate in these groups to the extent appropriate for individual consumers. The unique natural support systems of various cultural and racial groups shall be used whenever appropriate. Community support programs may also facilitate the development of consumer groups such as drop-in centers and self-help groups. Programs may also encourage existing community groups to increase opportunities for program consumers to participate in community life.

(9) Protection and advocacy. A community support program shall develop procedures to help ensure the protection of program consumer rights in regard to all services they are receiving. Additionally, programs shall develop procedures for informing consumers and, if applicable, their family members of their legal rights and resources available to assist them in upholding those rights. The program shall actively promote advocacy activities on behalf of program consumers. Advocacy activities shall be coordinated, to the extent possible, with the Iowa protection and advocacy program, local judicial mental health advocates, and other recognized advocacy programs.

(10) Service coordination. Service coordination is an essential component of the community support program. It shall be provided for all consumers of a community support program who desire it. Service coordination is intended to ensure that program consumers receive the services they need and desire, and that these services are coordinated and appropriate to their changing needs and desires over time. Service coordination involves providing a single person or team of persons who work with the program consumer to obtain and maintain needed and desired services. Through service coordination, program consumers shall be assisted in obtaining and using needed services, including transportation, rehabilitation, mental health treatment, housing, protection and advocacy, support and assistance, including assistance in meeting basic human needs and support to or for the consumer's natural support systems.

b. Eligibility. Community support programs shall have written criteria for program eligibility. At a minimum, these criteria shall include the following requirements:

(1) Program consumers shall be persons with chronic mental illness.

(2) Based on a psychiatric and functional assessment, program consumers shall be able to benefit from and desire at least one component of the community support program.

c. Staff qualifications. Each community support program shall have policies and procedures for ensuring that program staff have the appropriate qualifications to perform their job. These policies and procedures shall at a minimum:

(1) Provide that every program shall employ at least one person who is the designated community support program coordinator. This person shall have at least a bachelor's degree in a human-service-related field and have at least two years' experience in providing services to persons with a chronic mental illness. Persons employed as a community support program coordinator on October 1, 1993, who do not meet these requirements will be considered to meet these requirements as long as they are continuously employed by a community support program.

(2) Provide that every program shall employ one or more community support program specialists whose primary duty is to provide direct services to program consumers. The program specialist shall have at least a bachelor's degree in a human-service-related field, or have an associate degree in a human-service-related field, or be a registered nurse (R.N.) and have at least one year of experience in providing services to persons with chronic mental illness, or have a high school diploma or the equivalent and have at least three years of experience providing services to persons with a chronic mental illness, or be a person who, due to personal experience in receiving services and treatment due to a serious chronic or acute mental illness, is uniquely qualified to provide services in community support programs, despite a lack of formal human-service-related training.

(3) If a program chooses to employ persons who qualify as a community support program specialist due to their personal experience in receiving services and treatment due to a mental illness, the program shall develop and implement a training program. This training program shall provide, at a minimum, 100 contact hours of initial training in the nature of serious mental illness, the provision of services in a community support program, and other relevant topics. After this initial training, each person who qualifies as a community support program specialist due to personal experience in receiving services and treatment due to a mental illness shall be provided with a minimum of 20 contact hours of ongoing training per year.

(4) These policies and procedures may provide for the employment of community support program aides. Community support program aides may provide assistance and referral in meeting basic human needs; assistance in obtaining housing and living arrangements, rehabilitation, support and assistance; and coordination and development of natural support systems under the direct supervision of a community support program specialist or community support program coordinator. If a program chooses to employ community support program aides, the program shall develop and implement a community support program aide training program. This training program shall provide, at a minimum, ten contact hours of initial training in the nature of serious mental illness, the provision of services in a community support program, and other relevant topics. After this initial training, each community support program aide shall be provided with a minimum of ten contact hours of ongoing training per year.

d. Provision of services. The community support program shall have policies and procedures for the provision of services based on the ten community support program components described in this division. These policies and

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procedures shall include admission and discharge criteria based on an initial and periodic assessment.

(1) Admission to and discharge from the services of the program shall be based on a psychiatric and functional assessment developed and used by the program, and on the desires of the community support program consumer. The psychiatric portion of this assessment shall be completed by or under the supervision of a psychiatrist. The functional portion of this assessment shall be completed by or under the supervision of a mental health professional.

(2) The information developed by this assessment shall be used to develop an individual treatment plan for each program consumer. This plan shall be developed jointly with each consumer. Not only the consumer's need for services but the consumer's desire for services shall be used in identifying the services to be provided. This service plan shall identify the general goals of service for the consumer, specific objectives to be worked toward, specific activities which will result in the achievement of objectives, the persons responsible for providing or accomplishing each activity, specific time frames for the provision or accomplishment of each activity, and, when applicable, the achievement of each objective.

Specific activities and objectives included in each individual service plan shall be reviewed with each consumer at least quarterly, and more often if indicated and desired by the consumer. The overall goals of the individual treatment plan shall be reviewed at least annually with each consumer and more often if indicated and desired by the consumer.

(3) The functional portion of each program consumer's assessment shall be reviewed and updated at least annually. The psychiatric portion of each program consumer's assessment shall be reviewed and updated at least every three years.

(4) Each community support program shall have policies and procedures for establishing a maximum case load of the community support program coordinator and each community support program specialist. These policies and procedures shall take into account the need to allow time for program coordination and travel, as well as the provision of program services. They shall result in sufficient staff time to provide program coordination and program services appropriately. It is recommended that these policies and procedures provide that:

Community support program specialists have case loads of not more than 40 community support program consumers.

Community support program coordinators spend 25 percent of their time coordinating the community support program for each 30 or any portion of 30 program consumers, and that the coordinator's case load be adjusted accordingly.

Community support programs that serve 120 or more consumers employ a full-time community support program coordinator who does not provide direct services to program consumers.

These rules are intended to implement Iowa Code chapter 225C.

441—24.86 to 24.100 Reserved.

DIVISION V

COMMUNITY SUPERVISED
APARTMENT LIVING ARRANGEMENTS

PREAMBLE

These rules set minimum standards for community supervised apartment living arrangements. This is a program consisting of services for persons with mental illness, mental retardation, or developmental disabilities who need some assistance to enable them to live in the community but who do not require the level of care and supervision provided in licensed residential care facilities. These rules allow for the flexible delivery of services and support necessary to meet the varied needs of these persons in a setting least restrictive to the persons being served. The intent of these rules is to allow the persons in the program to develop to their fullest potential by encouraging the availability of a normalized environment and needed service.

These rules also outline procedures for the accreditation of providers of this program. Providers are subject to accreditation under these rules as a prerequisite to receiving any public funding. Accreditation under these rules does not ensure the receipt of funding. Providers must also meet the requirements of the funding program to which they will be applying.

441—24.101(225C) Definition.

"Community supervised apartment living arrangement" is the provision of support to one or more persons who have mental illness, mental retardation, or a developmental disability and who are capable of living semi-independently in a community setting. This may include the provision of assistance to secure housing.

Facilities providing group living arrangements in such a manner that the department of inspections and appeals has determined that licensure under Iowa Code chapter 135C for health care facilities is not required shall be considered incorporated within this definition and shall comply with rules of this chapter.

441—24.102(225C) Service needs assessment. The amount of support provided to each consumer residing in a community supervised apartment living arrangement shall be determined by the consumer and provider based on the abilities and choice of the consumer.

24.102(1) Basic needs. The provider shall encourage every consumer to obtain proper nutrition, adequate shelter, clothing, physical and emotional protection, and medical care.

24.102(2) Emergency assistance. The provider shall ensure that 24-hour assistance is available to each consumer in the event of an emergency.

24.102(3) Service coordination and evaluation. Service coordination and evaluation services shall be provided to each consumer. The provider shall ensure the following services are available to each consumer according to individual needs:

- a. Academic services.
- b. Community living skills education.
- c. Legal services.
- d. Self-care education.
- e. Support services.
- f. Transportation.
- g. Treatment.
- h. Vocational services.

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24.102(4) Needed services not available. If needed services are not available and accessible to the consumers, the provider shall document the actions which were taken to locate and access or deliver those services. The documentation shall include the identification of the consumer's need which will not be met due to the lack of available services.

441—24.103(225C) Chief administrative officer. The provider shall have a chief administrative officer who meets the qualifications of education, experience, and skills as specified in written policy of the provider or governing body when applicable, and in accordance with any existing laws which may apply.

441—24.104(225C) Rights of people being served.

24.104(1) Written procedures. The provider shall implement written procedures to protect consumer rights consistent with applicable laws. (See core standards.) Consumers shall have:

- a. A right to participate in the identification of service needs, planning and choices on how to meet those needs.
- b. A process for the resolution of disagreements between provider and consumer related to issues concerning the provision of services.
- c. Freedom to communicate by letter, telephone, in person, or other means and to visit and receive visitors.
- d. Freedom of choice, to include movement and self-determination in activities of daily living.
- e. The right to refuse services.
- f. The right to manage personal finances and possessions.
- g. The right to privacy, including the right to private conversation, and to confidentiality.
- h. The right to be treated with respect and to be addressed in a manner which is appropriate to the consumer's chronological age.
- i. The right to appeal any staff or provider action.
- j. The right to enter into contracts.
- k. The right to due process.
- l. Freedom to exercise their rights as a citizen, including voting.
- m. The right to practice their own religion.

24.104(2) Limits. All rights are limited only to the extent determined by a court of law or to the extent the consumer, when exercising these rights, unduly infringes upon the rights of others.

441—24.105(225C) Program and services.

24.105(1) Staff. Each provider of a community supervised apartment living arrangement program shall have a sufficient number of qualified staff available to carry out all aspects of the program. The number and qualifications of staff shall be consistent with the consumers' needs and reflected in the provider's operating plan and personnel policies and procedures.

24.105(2) Policies and procedures. Each provider of a community supervised apartment living arrangement program shall have written policies and procedures for preadmission and admission which shall be available to referral sources and the general public. Policies and procedures shall address each of the following:

- a. The requirement that only persons who need the level and type of support and services which can be provided in a community living program shall be admitted.
- b. The prerequisite consumer skills for admission.
- c. Other admission criteria (i.e., age, type, and degree of disability).

d. Nondiscriminatory admissions without regard to race, color, creed, national origin, sex, religion, or sexual preference.

e. A description of services.

f. The request that each consumer shall have a current medical examination, completed by a physician within 12 months before admission and a dental examination completed by or under the supervision of a dentist within 60 days of admission to the program.

g. The requirement that each consumer shall have a current evaluation of skills and needs pursuant to subrule 24.105(4) and an individual treatment plan developed pursuant to subrule 24.105(6).

h. Waiting lists and selection priorities.

i. Receipt of the individual treatment plan from the referring agency when applicable.

24.105(3) Storage and provision of medication. The provider shall develop written policies and procedures governing the methods of handling known prescriptions before admitting any consumer who is unable to self-administer medication. The policies and procedures shall minimally include the following:

- a. The process for identifying consumers who are unable to self-administer medication.
- b. Provisions for the provider to meet all federal, state, and local laws or regulations relating to the procurement, storage, dispensing, administration, and disposal of medications.
- c. Provisions for prescribed medications to be administered only in accordance with the instructions of the prescribing practitioner.
- d. Provision for the documentation of the administration of medication, to minimally include the type and amount of medication, the time and date, the route the medication was administered, and the signature of the person administering the medication.
- e. The process for administering PRN medication.
- f. The process for reporting errors in the administration of medication including early or late medication times.

g. The process for identifying and the immediate reporting of suspected adverse reactions to medications.

h. Provisions for the training of all staff who deal with or administer medications in the areas identified above.

24.105(4) Evaluation. Evaluation services shall be provided to each consumer. An annual evaluation of each consumer shall be completed not later than 12 months from the date of the last available evaluation. The evaluation shall be completed by an interdisciplinary team. The evaluation shall be of sufficient detail to identify the consumer's current level of functioning and need for services.

a. If an evaluation is available from the referral source, the provider shall secure the evaluation results before the admission of the consumer. The evaluation shall meet the requirements of this subrule.

b. If an evaluation is not available from the referral source, or if the available evaluation does not contain all the required information, the provider shall ensure the consumer is evaluated to the extent necessary to determine if the consumer meets the criteria for admission. For those admitted, the remainder of the evaluation shall be completed before the development of an individual treatment plan pursuant to subrule 24.102(6).

c. Documentation of efforts to obtain additional evaluation services as determined by the interdisciplinary team shall be included in the consumer record.

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d. The evaluation services requirement may be accomplished through the individual treatment plan development process.

24.105(5) Service coordination. The service coordinator shall be responsible for ensuring that information contained in the record is complete, current, and accurate. In addition, the service coordinator shall be responsible for the coordination of services provided by the provider to the consumer.

The provider shall specify in written policies the qualification required of the service coordinator. Minimal qualifications shall be one of the following:

a. A bachelor's degree from an accredited college or university in the social or behavioral sciences and one year of postdegree experience in the delivery, planning, coordination, or administration of human services.

b. A high school diploma (or its equivalent) and five years of postdegree experience in the delivery, planning, and coordination or administration of human services.

c. A high school diploma in combination with post-high school experience in the delivery, planning, or coordination or administration of human services and post-high school education in the social or behavioral sciences which totals five years. One of the five years must be experience.

24.105(6) Individual treatment plan. There shall be a review and update of the individual treatment plan by the interdisciplinary team at least semiannually.

a. The review shall contain a written report of the consumer's outcomes, the need for continued services, any recommendations concerning alternative services or living arrangements, and any recommended changes in guardianship or conservatorship status, if applicable.

b. The service coordinator shall request quarterly verbal or written progress reports from other service providers, as identified in subrule 24.102(3), and this request and information shall be entered in the consumer's record.

24.105(7) Transfer and discharge. A provider shall have written policies and procedures regarding transfer of a consumer to another program or discharge from the community supervised apartment living arrangement program.

a. The policies and procedures shall provide for a review of any transfer or discharge.

b. The policies and procedures shall incorporate a mechanism providing for the continuity of program and services to the consumer upon transfer or discharge.

441—24.106(225C) Living arrangements.

24.106(1) Residence provided by program. For programs providing the residence as part of the community supervised apartment living arrangement program, the residence shall meet all applicable health, fire, safety, sanitation, and zoning codes.

a. Each residence shall be clean, well maintained, safe, free from obvious hazards, provide proper heating, cooling by means of air conditioning or operable electric fan and ventilation, and be of sufficient size and design to accommodate the needs of the consumer in conformance with the consumer's individual program plan.

b. Each residence shall ensure all the functions characteristic of a normal home including, but not limited to, meal preparation, sleeping, bathing, mail, and access to a telephone.

c. The layout of the rooms shall permit ready access to common areas while guarding the privacy of bedroom and bathroom areas.

d. For residences put into service after June 1, 1986:

(1) The residence shall be located in an area in the community that allows for consumer access to community services and resources or public transportation.

(2) The residence shall not be in a design or location that stigmatizes or devalues the occupants within the community in any way.

e. For residences placed in service before June 1, 1986, paragraph "d" shall apply only to the extent that the location or design of the residence does not pose a threat or risk to the health, safety, or welfare of the occupants or unduly interfere with the occupants' programmatic needs.

f. The provider shall have written policies and procedures to establish a safety plan for each living arrangement provided which identifies potential hazards and reduces or eliminates the hazards, and defines the tasks and responsibilities of staff and consumers in the event of an emergency situation. The plan shall be provided to and be reviewed with the consumer at least annually.

24.106(2) Residence not provided by the program. For community supervised apartment living arrangement programs which do not provide the residence, the program shall provide assistance to the consumer to obtain a residence which is comparable with the requirements of subrule 24.106(1).

Where the living arrangement is not provided, the provider shall have written policies and procedures for the development by staff and the consumer of a plan to be followed in the event of an emergency. The plan shall also identify potential hazards and actions to reduce or eliminate the hazards. The plan shall be provided to and reviewed with the consumer at least annually.

These rules are intended to implement Iowa Code section 225C.19.

ARC 3930A

**HUMAN SERVICES
DEPARTMENT[441]**

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or an association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code §17A.4(1)"b."

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under §17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 239.18, the Department of Human Services proposes to amend Chapter 41, "Granting Assistance," appearing in the Iowa Administrative Code.

This amendment provides that a stepparent's resources will no longer be considered when determining Aid to Dependent Children (ADC) eligibility for the parent. Federal quality control reviewers have determined that current

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policy of considering the stepparent's resources when determining the eligibility of the parent is in error. Failure to make this change will result in federal noncompliance.

Consideration will be given to all written data, views, and arguments thereto received by the Bureau of Policy Analysis, Department of Human Services, Hoover State Office Building, Des Moines, Iowa 50319-0114, on or before May 19, 1993.

This amendment is intended to implement Iowa Code section 239.5.

The following amendment is proposed.

Amend subrule 41.6(2), paragraph "c," as follows:

c. Resources of the stepparent living in the home with ~~the eligible group~~ shall *not* be considered *only* when determining eligibility of the ~~spouse eligible group~~, with one exception: The resources of a stepparent included in the eligible group shall be considered in the same manner as a parent. ~~The resources of the parent who is ineligible because of the stepparent's resources shall be considered as if the parent were included in the eligible group.~~

(2) Income eligible status. The gross income according to family size is no more than the following amounts:

Household Size	Yearly Income	Monthly Income	Weekly Income			
1	\$12,599	\$12,895	\$1,050	\$1,075	\$242	\$248
2	17,002	17,446	1,417	1,454	327	336
3	21,405	21,997	1,784	1,834	412	424
4	25,808	26,548	2,151	2,213	496	511
5	30,211	31,099	2,518	2,592	581	599
6	34,614	35,650	2,885	2,971	666	686
7	39,017	40,201	3,251	3,351	750	774
8	43,420	44,752	3,618	3,730	835	861
For each additional household member add:	\$4,403	\$4,551	\$367	\$380	\$85	\$88

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Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or an association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code §17A.4(1)"b."

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under §17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 234.6, the Department of Human Services proposes to amend Chapter 73, "Commodity Distribution Programs," appearing in the Iowa Administrative Code.

This amendment increases the income eligibility guidelines for the Federal Surplus Food Program.

Income eligibility guidelines for the Federal Surplus Food Program in Iowa are based on the income guidelines for the reduced price meals in the National School Lunch Program. These guidelines are set at 185 percent of the federal poverty guidelines and are revised effective July 1 of each year. Revised federal poverty guidelines have been received.

Consideration will be given to all written data, views, and arguments thereto received by the Bureau of Policy Analysis, Department of Human Services, Hoover State Office Building, Des Moines, Iowa 50319-0114, on or before May 19, 1993.

This amendment is intended to implement Iowa Code section 234.12.

The following amendment is proposed.

Amend subrule 73.4(3), paragraph "d," subparagraph (2), as follows:

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Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or an association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code §17A.4(1)"b."

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under §17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 249A.4, the Department of Human Services proposes to amend Chapter 75, "Conditions of Eligibility," appearing in the Iowa Administrative Code.

This amendment increases the statewide average cost to a private pay person for nursing care in Iowa.

A person in a nursing facility who transfers resources to become eligible for Medicaid becomes ineligible for Medicaid for a period of 30 months or a lesser amount of time determined by dividing the value of the transferred resources by the statewide average cost to a private pay person in order to arrive at the number of months of ineligibility for nursing facility services. The Department is required to update the average statewide cost annually. The Department alternates updating the cost by conducting an actual survey of facilities one year and applying an inflation factor the next year.

For fiscal year 1994, the average statewide cost has been determined by conducting a survey in February of 1993 of 149 of 449 facilities. The February survey arrived at a weighted average for all nursing homes of \$81.44 per day, or \$2,477.13 per month (\$81.44 times 365 divided by 12).

Consideration will be given to all written data, views, and arguments thereto received by the Bureau of Policy Analysis, Department of Human Services, Hoover State Office Building, Des Moines, Iowa 50319-0114, on or before May 19, 1993.

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This amendment is intended to implement Iowa Code section 249A.4.

The following amendment is proposed.

Amend subrule 75.15(2), unnumbered paragraph, as follows:

For the period from July 1, ~~1992~~ 1993, through June 30, ~~1993~~ 1994, this average statewide cost shall be ~~\$2,208.06~~ \$2,477.13.

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DEPARTMENT[441]****Notice of Intended Action**

Twenty-five interested persons, a governmental subdivision, an agency or an association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code §17A.4(1)"b."

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under §17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 249A.4, the Department of Human Services proposes to amend Chapter 77, "Conditions of Participation for Providers of Medical and Remedial Care," Chapter 78, "Amount, Duration and Scope of Medical and Remedial Services," Chapter 79, "Other Policies Relating to Providers of Medical and Remedial Care," and Chapter 83, "Medicaid Waiver Services," appearing in the Iowa Administrative Code.

These amendments implement the following changes to the HCBS/MR and HCBS/MR/OBRA waiver services policy:

1. The term "recipient" is changed to "consumer."
2. References to the MH/MR/DD advisory committees and coordinating boards are changed to MI/MR/DD/BI planning councils.
3. The provision allowing providers to subcontract with other agencies is removed because subcontracting agencies would not be considered certifying agencies. Reference to a subcontracting agency is removed.
4. Reference to a "one-way mirror" is corrected to "two-way mirror" in 77.37(11)"c"(2).
5. The requirement for documentation in a consumer's record regarding the route of administration of prescribed medication, prescription date, and area of practice of the prescribing physician is removed from 77.37(13)"f" and the requirements for storage and provision of medication in 77.37(16) are revised to match the MH/MR/DD core standards being promulgated by the Mental Health and Mental Retardation Commission.
6. Use of the word "ensure" in 77.37(13)"h" and 78.41(7)"d" is revised to less restrictive language.
7. The use of the term "provider agreement" is changed to "funding" in 77.37(22).
8. The service deeming period for providers accredited by the commission on accreditation of rehabilitation facilities or the accreditation council on services for people with developmental disabilities is changed from two to

three years in 77.37(22)"f"(2) to match the MH/MR/DD core standards being promulgated by the Mental Health and Mental Retardation Commission.

9. Rule references are corrected in 77.37(24)"b," 77.37(25)"e," and 77.37(29)"b."

10. Subrule 77.37(26), paragraph "d," is revised to remove language which no longer applies. The Department was originally to allocate the ten four-person living units to each of the Department's five service regions. If the unused allocations had not been used as of October 31, 1992, the Department was to redistribute the unused units on a statewide basis.

11. Nursing providers and home health agencies are required to have a service agreement with the Department to participate in the program.

12. Community supported living arrangements are required to be available as needed during any 24-hour period.

13. Nonrehabilitative respite services and home and vehicle modification services are exempted from developing individual treatment plans.

14. The supported employment services definitions and requirements are revised to meet new federal regulations. Daily contact shall be provided in the work site with other employees or the general public who do not have disabilities. A minimum of two contacts per month with the consumer are required for individual and dispersed placement services. The requirement that enclave supported employment be limited to a maximum of three persons is removed.

15. The address of the fiscal agent is corrected.

16. A 3.1 percent increase in the maximum payment limit is added for the services of supported community living, respite, and supported employment. This inflation-related increase is within the program's approved budget with the federal government. Providing this increase will continue the program's growing momentum with the providers, assist with state hospital school deinstitutionalization and have impact on slowing the growth of ICF/MR bed development. An increase is not requested for the services of nursing, home health aide, or personal emergency response. These are established services under Medicaid and other waiver programs. An increase is also not requested for the home and vehicle modification service since it was developed as a maximum dollar amount within the first three years of the program. The payment levels for supported employment were clarified.

17. Providers are required to have approved individual comprehensive plans for the consumer to receive payment for services. Providers are required to submit cost reports for each service using the financial and statistical report for purchase of services. Costs incurred for other services shall not be reported as costs for reimbursement under the waiver.

18. Persons eligible for the Medically Needy coverage group are no longer eligible for the waivers. The Medically Needy program does not pay for ICF/MR level of care services.

19. The level of care assessment is changed to use a tool which more accurately reflects the information needed by the Department.

20. Persons are required to have their names placed on the HCBS/MR and HCBS/MR/OBRA waiver referral list rather than to have applied for model waiver services.

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21. Eligibility restrictions on minimum services for adults are reduced. Adults must now receive at a minimum either supported community living or supported employment, rather than only supported community living, to be eligible for the program.

22. Clarification is provided that persons receiving group foster care are not eligible for the program.

23. Clarification is provided on who shall be involved in development of the individual comprehensive plan and the information which is to be included in the plan is expanded.

Consideration will be given to all written data, views, and arguments thereto received by the Bureau of Policy Analysis, Department of Human Services, Hoover State Office Building, Des Moines, Iowa 50319-0114, on or before May 19, 1993.

These amendments are intended to implement Iowa Code section 249A.4.

The following amendments are proposed.

ITEM 1. Amend rule 441—77.37(249A) as follows:

Amend subrule 77.37(3), paragraph "c," subparagraphs (3), (4), and (5), as follows:

(3) An orientation program for all newly hired and contractual persons with direct service responsibilities which includes structure; procedures, including personnel and safety procedures; programs, services and persons served, an introduction to ~~recipient~~ *consumer* rights, and specific ~~recipient~~ *consumer* support needs and desires.

(4) A plan for an in-service training program for staff and contractual persons based on needs of identified provider service, individualized ~~recipient~~ *consumer* support and staff and contractual persons' education.

(5) A training program on confidentiality requirements for all staff, contractual persons, volunteers and interns with access to ~~recipient~~ *consumer* records or information.

Further amend subrule 77.37(3), paragraph "d," subparagraphs (3) and (5), as follows:

(3) Providers shall develop policies ~~with which establish~~ minimum standards for the *home* environments of ~~applicants who shall have recipients living in the applicant's home staff or contractual persons who are providing waiver services to persons within their homes.~~

(5) Criteria for selecting, training and supervising trainees and volunteers shall be established. Responsibilities, privileges and limitations, including access to ~~recipient~~ *consumer* records, shall be specified.

Amend subrule 77.37(5), paragraph "d," as follows:

d. For purposes of future planning and system development, this documentation shall annually be provided to the local ~~county MH/MR/DD advisory committee and the local county MH/MR/DD coordinating board~~ *MI/MR/DD/BI planning council*.

Amend subrule 77.37(6), paragraph "b," subparagraph (4), as follows:

(4) Assessment as to ~~recipient~~ *consumer* satisfaction with program services.

Amend subrule 77.37(7), introductory paragraph and paragraph "b," as follows:

77.37(7) Program quality assurance and planning. The provider shall develop a written, systematic, ongoing process for the monitoring, evaluation, and improvement of services provided, including the adequacy of documentation in ~~recipient~~ *consumer* records.

b. Annual evaluation of the objectives, scope, organization and effectiveness of the program quality assurance process with revisions to be made as necessary to

ensure that the process addresses areas which have the greatest impact on ~~recipients~~ *consumers* and provides opportunities to improve services.

Amend subrule 77.37(8), introductory paragraph, as follows:

77.37(8) Safety and security. Buildings used by the provider with the exception of buildings in which the ~~recipients~~ *consumers* live with their families or ~~guardians~~ *legal representatives* shall meet all safety, health, fire and sanitation requirements of the appropriate federal, state and local authority. Providers shall assist families and ~~guardians~~ *legal representatives* to meet the standards listed below.

Further amend subrule 77.37(8), paragraph "a," subparagraph (2), as follows:

(2) To protect the health, comfort and safety of service ~~recipients~~ *consumers*.

Further amend subrule 77.37(8), paragraph "d," as follows:

d. All areas of a residence needing to be accessed by ~~recipients~~ *consumers* using adaptive, corrective, mobility, orthotic or prosthetic devices shall be accessible.

Amend subrule 77.37(9), paragraph "b," as follows:

b. Procedures shall be established to ensure that buildings used by ~~recipients~~ *consumers* who are not living with their families or ~~guardians~~ *legal representatives* which are not owned by the provider are covered by physical damage and general liability insurance. Procedures shall also be established which allow and encourage ~~recipients~~ *consumers* to obtain physical damage insurance for their possessions.

Amend subrule 77.37(10) as follows:

77.37(10) Contractual agreement. The provider shall have a written contract with any ~~subcontracting agency or person which who~~ delivers one or more aspects of the certified services. ~~If services are to be delivered by a subcontractor, an agreement shall be negotiated which outlines responsibilities and requires that services are provided in accordance with the standards of this chapter.~~

Amend subrule 77.37(11), introductory paragraph, as follows:

77.37(11) Rights of people being served. The provider shall implement written procedures to protect ~~recipient~~ *consumer* rights consistent with applicable laws.

Further amend subrule 77.37(11), paragraph "a," subparagraphs (2), (3), and (9), as follows:

(2) The right of ~~recipients~~ *consumers* to participate in the identification of service needs, planning and choices on how to meet those needs.

(3) The process for the resolution of disagreements between the provider and the ~~recipient~~ *consumer* related to issues concerning the provision of services.

(9) The right to be treated with respect and to be addressed in a manner which is appropriate to the ~~recipient's~~ *consumer's* chronological age.

Further amend subrule 77.37(11), paragraph "b," introductory paragraph and subparagraphs (2) and (4), as follows:

b. ~~Recipient~~ *Consumer* rights can be limited only with the permission of the ~~recipient, consumer or the recipient's consumer's guardian or legal authorities~~ *representatives*, and within the following guidelines:

(2) Skill training is in place to meet prioritized needs as identified in the ~~recipient's~~ *consumer's* individual comprehensive plan (ICP).

(4) All limits on ~~recipient's~~ *consumer's* rights shall be documented in the individual comprehensive plan.

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Further amend subrule 77.37(11), paragraph "c," as follows:

c. There shall be documentation that the ~~recipient consumer~~ or other person authorized by law has given informed consent and that language was used common to the individual. Implicit in the concept of informed consent is the right of the ~~recipient consumer~~ to refuse services.

(1) The provider shall obtain written, informed consent from the ~~recipient consumer~~ or legal ~~guardian representative~~ for participation in any experimental treatment procedure or any procedure which carries an intrinsic risk.

(2) The provider shall obtain written, informed consent from the ~~recipient consumer~~ or legal ~~guardian representative~~ for participation in any agency-sponsored training or demonstration projects involving the use of audio-visual equipment or ~~one-way two-way~~ mirrors.

(3) These procedures shall be made available to ~~recipients consumers, guardians legal representatives~~ or other interested parties.

Amend subrule 77.37(12), paragraphs "b," "c," "d," and "f," as follows:

b. When consent of the ~~recipient consumer~~ or the ~~recipient's legally authorized consumer's legal representative~~ is required, a release of information form shall be used which specifies to whom the information shall be released, what is to be released, the purpose for the release, and how the information is to be used, and the period of time for which the release is in effect which shall not exceed one year. The form shall be signed and dated by the ~~recipient consumer~~ or the ~~legal representative~~. The ~~recipient consumer~~ or ~~legal representative~~ shall receive a copy of the signed release and shall have the right to revoke the consent for release of information, in writing, at any time.

c. Exceptions to obtaining a signed release of information shall be permitted only for disclosures permitted or required by law; bona fide medical and psychological emergencies; and provider approval, certification or licensure purposes. When information is released without a signed consent, there shall be documentation of what information was released, to whom the information was released, and circumstances prompting the release. In the case of provider accreditation or certification, the provider may require, before releasing information, that the outside party sign a statement that the information is essential to the performance of the outside party's work and that the outside party recognizes the confidentiality of the information and will not disclose any information which personally identifies the ~~recipient consumer~~. When such a release is granted, a note shall be entered in the ~~recipient's consumer's~~ record.

d. Failure of the ~~client consumer~~ to authorize release of information shall not be an automatic reason for the provider to deny services.

f. All ~~recipients consumers~~ or their legal representatives shall have access to the ~~recipient's consumer's~~ record in accordance with state and federal regulations.

Amend subrule 77.37(13), catchwords and introductory paragraph, as follows:

77.37(13) ~~Recipient Consumer~~ records. The provider shall maintain ~~recipient consumer~~ service records.

Further amend subrule 77.37(13), paragraph "a," introductory paragraph and subparagraphs (1), (4), (11), and (12), as follows:

a. ~~Recipient Consumer~~ records shall contain:

(1) ~~Recipient Consumer~~ identifying information, which shall include the ~~recipient's consumer's~~ current address, telephone number, date of birth, sex, ethnic origin and marital status.

(4) The name, address and telephone number of the person that the ~~recipient consumer~~ wishes to have contacted in case of emergency.

(11) Relevant correspondence to, from, or about the ~~recipient consumer~~.

(12) Copies of any contracts between the ~~recipient consumer~~ and the provider.

Further amend subrule 77.37(13), paragraph "b," subparagraphs (2), (4), (5), (6), and (7), as follows:

(2) Any information provided by the referral source in regard to the ~~recipient consumer~~, including reason for referral, situation and level of functioning at the time of referral. Summary information is acceptable if available.

(4) Identification of significant social, cultural and historical factors that affect the ~~recipient's consumer's~~ current level of functioning.

(5) A determination that the program is appropriate for the ~~recipient consumer~~, based on information developed in this section, program and admission criteria, evaluation and assessment and the ~~recipient's consumer's~~ abilities and needs.

(6) Identification of the ~~recipient's consumer's~~ strengths and needs.

(7) A social history which addresses the legal settlement of the ~~recipient consumer~~; a description of previous living arrangements; a description of previous services received and a summary of current service involvements; a summary of significant medical conditions, including illnesses, hospitalizations, past and current drug therapies and special diets; substance abuse history; work history; relationship with family, significant others and other support systems; and hobbies and leisure time activities.

Further amend subrule 77.37(13), paragraph "c," introductory paragraph and subparagraphs (1) and (2), as follows:

c. An identifiable, current treatment plan shall be collaboratively developed, at a minimum, by the ~~recipient consumer~~, ~~recipient's consumer's guardian legal representative~~, if applicable, and the provider staff. With the approval of the ~~recipient consumer~~, other participants may include other service agencies, family members or significant other persons. A copy of the plan shall be given to the ~~recipient consumer~~ and, if applicable, the legal ~~guardian representative~~. This treatment plan shall be developed in accordance with the individual comprehensive plan (ICP) goals, within 30 days of the individual comprehensive plan meeting. It shall include, at a minimum:

(1) Identification of the ~~recipient's consumer's~~ strengths and needs.

(2) Goals which state ~~recipient consumer~~ outcomes related to identified strengths and needs.

Further amend subrule 77.37(13), paragraph "d," introductory paragraph and subparagraphs (1), (3), and (4), as follows:

d. There shall be procedures for recording the activities of the provider toward assisting the ~~recipient consumer~~ in achieving the objectives in the individual treatment plan and the ~~recipient's consumer's~~ response.

(1) Staff shall make an entry into the ~~recipient's consumer's~~ record at the time of service provision whenever

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possible but no later than seven working days from service provision.

(3) When the service includes ongoing activities which occur more than once a week, staff may make a summarized entry in the ~~recipient's~~ consumer's record weekly.

(4) The entry shall include the intervention strategies used by staff and the ~~recipient's~~ consumer's response to those interventions.

Further amend subrule 77.37(13), paragraphs "e," "f," "g," "h," and "i," as follows:

e. Individual treatment plans shall be reviewed and updated in accordance with the specific time frames established in the plan. Updates shall be identifiable and meet the requirements of 77.37(13)"c." The review and update shall be carried out in collaboration with the ~~recipient~~ consumer with involvement documented in the ~~recipient's~~ consumer's record. Updates and reviews shall be stated in relationship to the ~~recipient's~~ consumer's individual comprehensive plan.

f. A description of any known medications, prescription and nonprescription, taken by the ~~recipient~~ consumer while receiving provider services shall be documented in the ~~recipient's~~ consumer's record which shall include:

(1) The name, dosage, and frequency, ~~and route of administration of the medications.~~

(2) History of drug allergies and sensitivities.

(3) ~~The date(s) medication is prescribed, discontinued or changed.~~

(4) The name ~~and area of practice~~ of the prescribing physician.

g. The ~~recipient's~~ consumer's record shall include a discharge summary which identifies the reason for discharge, date of discharge, the services received by the ~~recipient~~ consumer, the ~~recipient's~~ consumer's response to those services and recommendations or referrals upon discharge.

h. ~~Recipient's~~ Consumer's records shall be stored in areas not accessible to the general public and in a manner which ~~ensures~~ provides confidentiality of records and protection from damage or unauthorized use.

i. The provider shall have policies which address the retention and destruction of ~~recipient~~ consumer records in accordance with applicable laws.

Amend subrule 77.37(14), catchwords, introductory paragraph and paragraph "a," as follows:

77.37(14) Contracts with ~~recipients~~ consumers. The provider shall have written procedures which provide for the establishment of an agreement between the ~~recipient~~ consumer and the provider.

a. The agreement shall define the responsibilities of the provider and the ~~recipient~~ consumer, the rights of the ~~recipient~~ consumer, the services to be provided to the ~~recipient~~ consumer by the provider, all room and board and copay fees to be charged to the ~~recipient~~ consumer and the sources of payment.

Amend subrule 77.37(15) as follows:

77.37(15) The right to appeal. ~~Recipients~~ Consumers and their ~~guardians~~ legal representatives have the right to appeal the provider's application of policies or procedures, or any staff or contractual person's action which affects the ~~recipient~~ consumer. The provider shall distribute the policies for ~~recipient~~ consumer appeals and procedures to ~~recipients~~ consumers.

Amend subrule 77.37(16) as follows:

77.37(16) Medication Storage and provision of medication. ~~Providers that store, handle, prescribe, dispense~~

~~or administer~~ If the provider stores, handles, prescribes, dispenses or administers prescription or over-the-counter ~~medication medications~~, the provider shall develop ~~poli-~~cies procedures for the storage, handling, prescribing, dispensing or administration of medication. For controlled substances, procedures shall be in accordance with department of inspections and appeals rule 481—63.18(135).

a. ~~Procedures shall be in accordance with the board of pharmacy examiners' rules in 657— Chapters 8 and 10.~~

b. ~~Physicians prescribing medications in the performance of their duties shall review and document the prescribed medication regime in accordance with current medicine and medical requirements but at least annually.~~

If the provider has a physician on staff or under contract, the physician shall review and document the provider's prescribed medication regime at least annually in accordance with current medical practice.

Amend subrule 77.37(17) as follows:

77.37(17) Research. If the provider conducts research involving human subjects, the provider shall have written policies and procedures for research which ensure the rights of ~~recipients~~ consumers and staff.

Amend subrule 77.37(21), paragraph "b," subparagraph (16), as follows:

(16) The prospective provider's written agreement to help implement, where applicable, the ~~county's(ies)-~~ MI/MR/DD/BI planning council's local plan.

Further amend 77.37(21), paragraph "d," subparagraphs (1), (2), and (4), as follows:

(1) Any objections raised by a county, ~~MI/MR/DD~~ ~~committee~~ MI/MR/DD/BI planning council or other interested party related to the department's certification of a prospective provider shall be reviewed by the department. The objections shall be submitted to the Division of Mental Health, Mental Retardation, and Developmental Disabilities, 5th Floor, Hoover State Office Building, Des Moines, Iowa 50319-0114, in writing. The written objection shall be received by the department within ten working days after the prospective provider's application is received by the department to guarantee consideration.

(2) If a county or planning council submits a statement of objection, it shall be accompanied by a written plan which describes how the county or council intends to meet the service needs identified in the ~~county~~ planning council plan in the event that a decision not to issue approved status or an agreement is made.

(4) After consideration of stated objections and alternatives, the department shall respond in writing to the applicable ~~county(ies)~~ county or council, objecting parties and to the affected service provider within ten working days of receipt of the objection.

Amend subrule 77.37(22), introductory paragraph and unnumbered paragraphs, as follows:

77.37(22) Evaluation criteria. Final approval of service providers shall rest with the department.

The certification of a service provider by the department carries no assurance that the approved service provider will receive an HCBS/MR or HCBS/MR/OBRA waiver ~~provider agreement~~ funding.

The department shall make a determination regarding certification within 60 days of receipt of the application and shall notify the applicant of the determination in written form with a copy to the appropriate ~~county's(ies)-~~ MI/MR/DD ~~committee(s)~~ county and the appropriate MI/MR/DD/BI planning council.

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The decision of the department on certification of service providers shall be based on all relevant information, including:

Further amend subrule 77.37(22), paragraph "f," subparagraph (2), as follows:

(2) The prospective provider's verification of accreditation by the commission on accreditation of rehabilitation facilities (CARF) or the accreditation council on services for people with developmental disabilities (ACDD) as a provider in good standing for a program similar to the HCBS/MR or HCBS/MR/OBRA service for which approval is sought. This condition of participation shall remain valid for the first ~~two~~ three years of the provider's enrollment within the same HCBS/MR or HCBS/MR/OBRA service.

Further amend subrule 77.37(22), paragraph "g," as follows:

g. The prospective provider's coordination of the service design, development, and application with the applicable local county ~~MH/MR/DD committee~~ MI/MR/DD/BI planning council and other interested parties.

Amend subrule 77.37(23), paragraph "a," as follows:

a. An approved service provider shall immediately notify the department, and applicable county, ~~MH/MR/DD committee(s)~~ and the applicable MI/MR/DD/BI planning council of a decision to withdraw from an HCBS/MR or HCBS/MR/OBRA waiver service.

Amend subrule 77.37(24), paragraph "b," subparagraphs (1), (2), and (3), as follows:

(1) Findings of a site visit indicate that the service provider has failed to implement the corrective action plan submitted pursuant to 77.37(26 25)"c."

(2) The service provider has failed to provide information requested pursuant to 77.37(26 25)"d."

(3) The provider refuses to allow the department to conduct a site visit pursuant to 77.37(26 25)"f."

Amend subrule 77.37(25), paragraph "e," as follows:

e. The department may request the provider to supply subsequent reports on implementation of a corrective action plan submitted pursuant to 77.37(26 25)"c" and 77.37(26 25)"d."

Amend subrule 77.37(26), paragraph "d," subparagraphs (1) and (2), as follows:

(1) The department shall allocate ~~two the~~ four-person HCBS/MR and HCBS/MR/OBRA living units ~~to each of the department's five service regions on a statewide basis~~. Allocation distribution shall be according to the provider's ability to meet the criteria in rule 441—77.37(249A), use of existing residential facility structures, justification of need for the service to be provided in a four-person living unit instead of a three- or less person living unit, and the date of application as received by the department.

(2) Providers of service may seek approval to provide supported community living services to four HCBS/MR and HCBS/MR/OBRA ~~recipients consumers~~ per living unit according to subrule 77.37(21) if all ~~recipients consumers~~ residing in the living unit receive on-site staff supervision during the entire time period ~~recipients consumers~~ are present in the living unit and if all four ~~recipients consumers~~' individual comprehensive plans identify and reflect the need for this amount of supervision.

Further amend subrule 77.37(26), paragraph "d," by rescinding subparagraph (3).

Amend subrule 77.37(28), paragraph "a," introductory paragraph and subparagraph (1), as follows:

a. Providers responsible for the payroll of ~~recipients consumers~~ shall have policies that include, but are not limited to:

(1) ~~Recipient Consumer~~ vacation, sick leave and holiday compensation.

Amend subrule 77.37(29), paragraph "b," as follows:

b. The business shall provide physical or structural modifications to homes or vehicles according to service descriptions listed in subrule 441—78.40(4) 441—78.41(4).

Amend subrule 77.37(31), paragraph "a," subparagraphs (1) and (2), as follows:

(1) Agencies which are certified to participate in the Medicare program as home health agencies *and which have an HCBS service agreement with the department*.

(2) Individuals which meet the standards and requirements set forth in nursing board rules 655—Chapter 3, work under the direct orders of the HCBS/MR or HCBS/MR/OBRA ~~recipient's consumer's~~ physician, and have a service agreement with the department.

Amend subrule 77.37(32), introductory paragraph, as follows:

77.37(32) Home health aide providers. Home health aide providers shall be agencies which meet the standards and requirements set forth in department of public health rules 641—80.4(135) and 641—80.5(135) or which are certified to participate in the Medicare program *and which have an HCBS service agreement with the department*.

ITEM 2. Amend rule 441—78.41(249A) as follows:

Amend the introductory paragraph and unnumbered paragraphs as follows:

441—78.41(249A) HCBS/MR and HCBS/MR/OBRA waiver services. Payment will be approved for the following services to ~~recipients consumers~~ eligible for the HCBS/MR and HCBS/MR/OBRA waiver services as established in 441—Chapter 83 and as identified in the ~~recipient's consumer's~~ individual comprehensive plan (ICP). All services include the applicable and necessary instruction, supervision, assistance and support as required by the ~~recipient consumer~~ in achieving the ~~recipient's consumer's~~ life goals. The services, amount and supports provided under the HCBS/MR and HCBS/MR/OBRA waiver shall be delivered in the least restrictive environment and in conformity with the ~~recipient's consumer's~~ individual comprehensive plan.

Reimbursement shall not be available under the waiver for any services that the ~~recipient consumer~~ can obtain through the Medicaid state plan.

All services shall be billed in whole units.

Amend subrule 78.41(1), introductory paragraph, as follows:

78.41(1) Supported community living services. Supported community living services are provided by the service provider agency within the ~~recipient's consumer's~~ home and community, according to the individualized ~~recipient consumer~~ need as identified in the individual comprehensive plan (ICP).

Further amend subrule 78.41(1), paragraphs "b" and "c," as follows:

b. The supported community living services are intended to provide for the daily living needs of the ~~recipient consumer~~ and *shall be available as needed during any 24-hour period*. Activities do not include ~~activities~~ those associated with vocational services, medical services,

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Medicaid case management or other case management. Services are individualized supportive services provided in a variety of community-based, integrated residential neighborhoods.

c. Services may be provided to a child or an adult. A maximum of three consumers receiving community-supported alternative living arrangements or HCBS/MR or HCBS/MR/OBRA services may reside in a living unit. Service providers meeting requirements set forth in 77.37(26)"d" may provide supported community living services to four HCBS/MR and HCBS/MR/OBRA recipients consumers residing in a living unit.

(1) Recipients Consumers may live within the home of their family or legal guardian representative or within other types of typical community living units.

(2) Recipients Consumers of services living with families or guardians legal representatives are not subject to the maximum of three consumers in a living unit.

Further amend subrule 78.41(1), paragraph "e," subparagraphs (3), (6), (11), and (13), as follows:

(3) Sleeping areas shall, at a minimum, contain a comfortable bed appropriate to the age and needs of the recipient consumer, adequate dresser space, and a closet.

(6) Recipients Consumers shall have use of all living areas of the home (with due regard for privacy, personal possessions and safety).

(11) Each recipient consumer shall have personal towels, washcloths and personal care articles.

(13) The residence of a recipient consumer who is nonambulatory and who uses a wheelchair shall have a primary entry and a secondary egress. At a minimum, the primary entry shall be wheelchair-accessible. The residence shall have ground-level doors wide enough to accommodate the wheelchair of the recipient consumer. The residence shall have a bathroom and a regular dining table which accommodates the wheelchair of the recipient consumer.

Further amend subrule 78.41(1), paragraph "f," introductory paragraph and subparagraphs (1), (2), and (3), as follows:

f. Recipients Consumers shall live in living units common to other citizens with reasonable supports offered to simultaneously protect their health and safety while promoting community inclusion. The service provider shall employ means for protecting health and safety which are not unduly restrictive.

(1) Services shall include an individualized plan addressing safety. The plan shall be based on formal assessments of the recipient's consumer's safety needs and specify how emergencies and disasters will be handled. Emergencies and disasters which shall be addressed in each plan include, but are not limited to: fire, severe weather and other natural disasters, missing person, serious accidents and illness, assaults, and intruders.

(2) Safety plans shall be written and shall, at a minimum, address: assigning specific personnel to specific tasks and responsibilities for the plan; the use of an alarm and signal system, where appropriate; when and how fire containment will be attempted; how the recipient consumer will evacuate by specifying, at a minimum, routes to be used and level of assistance needed; telephone access (by the recipient consumer or with assistance) to the nearest poison control center, police, fire and medical service; temporary relocation of the recipient consumer, if needed; and notification of persons who need to be kept informed about significant events, i.e., guardian legal representative, family member, friends.

(3) Safety plans shall be reviewed at least quarterly with personnel and recipients consumers.

Further amend subrule 78.41(1), paragraph "g," introductory paragraph and subparagraphs (2), (3), (4), and (5), as follows:

g. Recipients Consumers shall receive guidance to ensure that address their health and medical needs are addressed. The amount and type of guidance provided shall be directly related to a formal assessment and ongoing review of the consumer's need for supervision by the recipient.

(2) Policies shall allow for an individually designed plan to reflect the capability of the recipient consumer. Policies shall address the following areas: early detection and prevention of infectious disease; emergency medical intervention; treatment and documentation of acute illness; and treatment and documentation of chronic medical problems.

(3) Each recipient consumer shall have a primary physician.

(4) Each recipient consumer shall receive, at a minimum, an annual medical evaluation by a physician which addresses current health status, change in health status, recommendation (if any) for further medical intervention, statement of restrictions on activities due to functional limitations and a review of medications, services and therapies prescribed.

(5) Each recipient consumer shall be encouraged and assisted in getting a dental examination at least annually.

Further amend subrule 78.41(1), paragraph "h," subparagraphs (1), (2), (3), and (5), as follows:

(1) Decisions concerning the amount and type of support and guidance required for the recipient consumer to maintain a nutritionally adequate diet shall be related to a systematic formal assessment of the nutritional status, dietary needs and knowledge of meal planning preparation of the recipient consumer.

(2) Services shall include an individualized written plan for monitoring the nutritional adequacy of diets of recipients consumers. These plans shall be reviewed at a minimum of annually and provide for monitoring of diets of recipients consumers at least quarterly.

(3) Recipients Consumers shall be actively involved in meal planning, preparation and service to the greatest extent possible. Opportunities for choice in foods shall be maximized.

(5) All therapeutic diets are to be prescribed by a physician. If the recipient consumer requires a therapeutic diet, it shall be prescribed by a licensed physician and reviewed at least quarterly. Medicaid reimburses the physician for physician services.

Further amend subrule 78.41(1), paragraph "i," introductory paragraph and subparagraphs (1) and (3), as follows:

i. ~~Services shall follow service providers' Providers shall establish policies and procedures which address procedures concerning the use and handling managing of the recipient's consumer's finances funds.~~ These policies and procedures shall provide for:

(1) Recipients to handle Consumers managing their own funds unless the individual comprehensive plan documents and justifies limitations to on self-management of funds.

(3) Adequate safeguarding of the funds of the recipient consumer if the service provider is must be involved in the management of funds.

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Further amend subrule 78.41(1), paragraphs "j" and "n," as follows:

j. Services shall encourage and support recipients consumers to have possessions which reflect their interests and choices and which are appropriate to the recipient's consumer's chronological age.

n. The service shall be ordered by the recipient's consumer's physician and identified in the recipient's consumer's individual comprehensive plan.

Amend subrule 78.41(2), introductory paragraph and paragraphs "b," "c," "e," and "i," as follows:

78.41(2) Respite services. Respite services are those services provided to recipients consumers who are unable to care for themselves living with their family or guardian legal representative. Respite is short-term relief provided in the absence of the family or guardian legal representative normally providing the care. ~~Respite is a supportive service but not necessarily habilitative in nature. Respite services are not required to meet the requirements set forth at 441—subrule 77.37(13), paragraphs "c," "d," and "e." Service activities shall be documented in the consumer record.~~

b. Respite services may be provided in homes, camps, or organized community programs where the recipient consumer would be excluded due to ~~additional supports required by the recipient's unique needs the need for supportive services.~~

c. Respite may be provided in a residential setting ~~shall include where~~ no more than five persons receiving services, including the person receiving respite, recipient receive services.

e. For respite services provided in the recipient's consumer's home, only the cost of care is reimbursed. Room and board is excluded from reimbursement.

i. The service shall be ordered by the recipient's consumer's physician and identified in the recipient's consumer's individual comprehensive plan.

Amend subrule 78.41(3), paragraph "a," subparagraph (4), as follows:

(4) Current data files at the central monitoring station containing response protocols and personal, medical and emergency information for each recipient consumer.

Further amend subrule 78.41(3), paragraph "b," as follows:

b. The service shall be ordered by the recipient's consumer's physician and identified in the recipient's consumer's individual comprehensive plan.

Amend subrule 78.41(4), introductory paragraph and paragraph "a," as follows:

78.41(4) Vehicle and home modifications. Covered vehicle and home modifications are those physical modifications to the recipient's consumer's home environment and vehicle which are necessary to ensure provide for the health, welfare and safety of the recipient consumer, and which enable the recipient consumer to function with greater independence in the home or vehicle.

a. Services shall be ordered by the recipient's consumer's physician, and included in the recipient's consumer's individual comprehensive plan and shall exceed the Medicaid state plan services. *Home and vehicle modification services are not required to meet the requirements set forth at 441—subrule 77.37(13), paragraphs "c," "d," and "e." Service activities shall be documented in the consumer's record.*

Amend subrule 78.41(5), introductory paragraph, as follows:

78.41(5) Nursing services. Nursing services are individualized in-home medical services provided by licensed nurses. Services shall exceed the Medicaid state plan services, be ordered by the recipient's consumer's physician, and be included in the recipient's consumer's individual comprehensive plan.

Amend subrule 78.41(6), introductory paragraph and paragraph "a," as follows:

78.41(6) Home health aide services. Home health aide services are personal or direct care services provided to the recipient consumer which are not payable under Medicaid as set forth in rule 441—78.9(249A). Services shall include unskilled medical services and shall exceed those services provided under HCBS/MR or HCBS/MR/OBRA supported community living. Instruction, supervision, support or assistance in personal hygiene, bathing, and daily living shall be provided under supported community living.

a. Services shall be ordered by the recipient's consumer's physician and included in the individual comprehensive plan.

Amend subrule 78.41(7), paragraph "a," introductory paragraph and subparagraphs (2) and (3), as follows:

a. The components of the service are instructional activities to obtain a job, initial instructional activities on the job, and enclave settings as defined in paragraph "i," and follow-along. The service consists of:

(2) Employment-related adaptations required to assist the recipient consumer within the employment setting.

(3) Transportation, when provided between the recipient's consumer's place of residence and the supported employment site or between sites (in situations where the recipient consumer receives the services in more than one place). Ordinary forms of community transportation (car pools, coworkers, self- or public transportation) should be attempted before the service provider provides transportation.

Further amend subrule 78.41(7), paragraphs "c"; "d"; "e"; "f"; "g," "h," "i," and "j," introductory paragraphs; "k," and "m," as follows:

c. The majority of coworkers within the employment site which has more than two employees shall be persons without disabilities. *Daily contact shall be provided in the immediate work site with other employees or the general public who do not have disabilities.*

d. The individual and dispersed placement services shall provide individualized and indefinite follow-along support contacts at regular intervals with the recipient consumer to ensure promote successful job retention. *A minimum of two contacts per month is required. As appropriate, contact at regular intervals should shall be made with the employer and significant others. Contacts shall be documented.*

e. Documentation shall be maintained in the file of each supported employment recipient consumer that this service is not available under a program funded under the Rehabilitation Act of 1973 or P.L. 94-142.

f. Services shall be ordered by the recipient's consumer's physician and identified in the individual comprehensive plan.

g. Instructional activities to obtain a job. Reimbursement is available for instructional activities provided to the recipient consumer and supported employment development activities associated with obtaining supported employment for the recipient consumer.

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h. Initial instructional activities on job. Reimbursement is available for instructional activities associated with initial job training needs for recipients consumers within individual, dispersed or a three person maximum enclave supported employment setting settings.

i. Enclave settings. Reimbursement is available for activities associated with sustaining recipients consumers within an enclave supported employment setting of two to eight persons with disabilities.

j. Follow-along. Reimbursement is available for maintenance and follow-along activities which include individualized ongoing support activities required to sustain the recipient consumer in the supported employment setting.

k. Changes in the recipient's consumer's supported employment service model or support needs shall be reflected in the individual comprehensive plan. Changes in the supported employment service model will result in changes in reimbursement on a quarterly basis.

m. To assist employment longevity, recipients consumers attaining minimum wage shall maintain HCBS/MR or HCBS/MR/OBRA supported employment eligibility for a maximum of three calendar months following minimum wage attainment.

ITEM 3. Amend rule 441—79.1(249A) as follows:

Amend subrule 79.1(1), paragraph "c," third unnumbered paragraph, as follows:

Copies of fee schedules in effect for the providers covered by fee schedules can be obtained by contacting the department's fiscal agent at the following address: UNISYS, P.O. Box 10394, Des Moines, Iowa 50306-0394, 515-263-3984 PARAMAX, 1601 48th Street, Suite 110, West Des Moines, Iowa 50265, (515)226-2200.

Amend subrule 79.1(2), provider category of HCBS/MR and HCBS/MR/OBRA service providers, numbers 1, 2, 3, and 7, as follows:

Provider category	Basis of reimbursement	Upper limit
HCBS/MR and HCBS/MR/ OBRA service providers, including:		
1. Supported community living	Fee schedule determined by ICP and budget. See 79.1(15)	\$70 \$72.17 per day. Exceptions may be granted when cost-effective and in accordance with the ICP
2. Respite	Fee schedule determined by ICP and budget. See 79.1(15)	\$9 \$9.27 per hour. Limit 576 units per year, 336 per month
3. Supported employment		
a. Instructional activities to obtain a job	Fee schedule See 79.1(15)	\$33 \$34.02 per day. Maximum of 80 units, 5 per week, limit 16 weeks

b. Initial instructional activities on job Fee schedule determined by ICP and budget. See 79.1(15) \$15 \$15.46 per hour. Maximum of 40 units per week, limit 16 weeks, 640 units

c. Enclave Fee schedule determined by ICP and budget. See 79.1(15) \$5.50 \$5.67 per hour. Maximum of 40 units per week

d. Follow-along Fee schedule See 79.1(15) \$250 \$257.75 per month. Maximum of 12 units per fiscal year or \$8.20 \$8.45 per day for a partial month

7. Home and vehicle modifications Fee schedule See 79.1(15) Maximum amount \$5,000 per consumer through February 28, 1995

Amend subrule 79.1(15), paragraph "a," as follows:

a. To receive reimbursement for services a certified provider shall enter into an agreement with the department on Form 470-2918, HCBS Waiver Agreement, and have an approved individual comprehensive plan for the consumer. The department shall specify in the agreement the services to be provided, the maximum units of service, and the maximum number of recipients to be served by the provider.

Further amend subrule 79.1(15), paragraph "b," as follows:

b. Supported Payment for supported community living; respite; supported employment initial instructional activities on the job, and enclave settings, and follow-along payments. Payments are will be made for each of these services on the basis of a prospectively determined fee schedule determined by the Individualized Service Budget, Form 470-2919, completed by each provider for each recipient consumer and the individual comprehensive plan (ICP). The rate may be reviewed quarterly once a quarter for possible adjustments. All adjustments made shall be justified by the consumer's individual comprehensive plan.

Payment to obtain a job for instructional activities and follow-along under supported employment will be made at a predetermined rate.

Service funding needs for supported community living services exceeding the maximum established in subrule 79.1(2) require special review and may be denied as not cost-effective.

The provider shall submit the Individualized Service Budget and individual comprehensive plan to the Division of Medical Services, Fifth Floor, Hoover State Office Building, Des Moines, Iowa 50319-0114. The initial budget projecting the recipient's consumer's service costs shall be approved by the division prior to the provider receiving reimbursement for services. Requests for changes to service reimbursement shall be made by the provider's submission of a revised Individual Service Budget and individual comprehensive plan.

Providers shall complete the Individualized Service Budget according to the following criteria:

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(1) to (4) No change.

Further amend subrule 79.1(15), paragraph "d," as follows:

d. Costs reported under the waiver shall not be reported as costs for reimbursement under any other funding source. *Costs incurred from other services shall not be reported as costs for reimbursement under the waiver.*

Further amend subrule 79.1(15) by adding the following new paragraph "e":

e. Providers shall submit a cost report for each waiver service provided using Form SS-1703-0, Financial and Statistical Report for Purchase of Service. The cost reporting period is from July 1 to June 30. The completed Financial and Statistical Report shall be submitted to the department, division of medical services, by September 30 of each year.

ITEM 4. Amend rule 441—83.60(249A) as follows:

Amend the definitions of "Client participation," "Individual comprehensive plan (ICP)," and "Mental retardation" as follows:

"Client participation" means the posteligibility amount of the ~~recipient's~~ *consumer's* income that persons eligible through a special income level must contribute to the cost of the home and community-based waiver service.

"Individual comprehensive plan (ICP)" (also known as individual program plan) means a written ~~client-~~ *consumer-centered goal-oriented outcome-based* plan of services developed using an interdisciplinary process which addresses all relevant services and supports being provided. It involves more than one agency.

"Mental retardation" means a significantly subaverage general intellectual ability (*approximate* intelligence quotient (IQ) of 70 or below), and *two* deficits in adaptive behavior (the degree to which a person meets the standards of personal independence and social responsibility expected for the person's age and cultural group) which originated between conception and the person's eighteenth birthday.

ITEM 5. Amend subrule 83.61(1), paragraph "b," as follows:

b. Be eligible for Medicaid under SSI, SSI-related, ADC, or ADC-related coverage groups; ~~medically needy,~~ eligible under the special income level (300 percent) coverage group; or become eligible through application of the institutional deeming rules or would be eligible for Medicaid if in a medical institution.

Further amend subrule 83.61(1), paragraph "c," introductory paragraph and subparagraph (1), as follows:

c. Be certified as being in need for long-term care that, but for the waiver, would otherwise be provided in an ICF/MR. The Iowa foundation for medical care shall be responsible for annual approval of the certification of the level of care based on the ~~Long-Term Care Information System (LTCIS) Assessment tool data collected by the case manager and interdisciplinary team on a tool designated by the department.~~

(1) Persons shall have ~~applied for the waiver services set forth in division I of this chapter~~ *their names placed on the HCBS/MR and HCBS/MR/OBRA waiver referral list with the division of medical services,* or

Further amend subrule 83.61(1), paragraph "e," as follows:

e. Have service needs that can be met by this waiver program. At a minimum, an adult must receive ~~the a unit~~

of supported community living or a unit of supported employment service per month under the program. Children shall, at a minimum, receive a unit of respite service or supported community living service per month under this program.

Further amend subrule 83.61(1), paragraph "g," by adding the following new subparagraph (4):

(4) Not reside in a medical institution.

Further amend subrule 83.61(1) by adding the following new paragraph "h":

h. Have an individual comprehensive plan and individualized service budget approved by the department.

Amend subrule 83.61(2), paragraphs "a" and "b," as follows:

a. Persons currently receiving Medicaid case management, services of a qualified mental retardation professional or other case management services shall have the ~~Long-Term Care Information System (LTCIS) Assessment completion coordinated data collected~~ by the applicable coordinating staff and other interdisciplinary team members to identify the person's needs and desires as well as the availability and appropriateness of the services.

b. Persons not receiving services as set forth in paragraph "a" who are applying for the HCBS/MR or HCBS/MR/OBRA waiver service shall have a department service worker facilitate the ~~Long-Term Care Information System (LTCIS) Assessment level of care information collection~~ with the person's interdisciplinary team to identify the person's needs and desires as well as the availability and appropriateness of services. The Iowa foundation for medical care shall be responsible for determining the level of care based on the completed ~~Long-Term Care Information System (LTCIS) Assessment tool designated by the department~~ and supporting documentation as needed.

ITEM 6. Amend rule 441—83.62(249A) as follows:

Amend subrule 83.62(3), paragraphs "c," "e," and "f," as follows:

c. An applicant shall be given the choice between HCBS waiver services and ICF/MR care. The case manager or worker shall have the consumer or ~~guardian~~ *legal representative* complete and sign Part ~~E~~ *E* of Form SS-1645, Home and Community Based Service Report, indicating the consumer's choice of care.

e. Services provided when the person is *a consumer of group foster care services or is an inpatient* in a medical institution shall not be reimbursed.

f. HCBS/MR or HCBS/MR/OBRA waiver services are not available in conjunction with other Medicaid waiver services *or group foster care services.*

Amend subrule 83.62(4), paragraph "d," as follows:

d. Eligibility continues until the ~~recipient consumer~~ fails to meet eligibility criteria listed in rule 441—83.61(249A). ~~Recipients Consumers~~ who are inpatients in a medical institution for 30 consecutive days shall receive a review by the interdisciplinary team to determine additional inpatient needs for possible termination from the HCBS program. ~~Recipients Consumers~~ shall be reviewed for eligibility under other Medicaid coverage groups. The ~~recipient consumer~~ or legal ~~guardian~~ *representative* shall participate in the review and receive formal notification of that decision through Form SS-1104-0, Notice of Decision.

If the ~~recipient consumer~~ returns home before the effective date of the notice of decision and the ~~recipient's~~

HUMAN SERVICES DEPARTMENT[441](cont'd)

consumer's needs can still be met by the HCBS waiver services, the denial may be rescinded and eligibility may continue.

ITEM 7. Amend rule 441—83.63(249A), introductory paragraph, and subrule 83.63(1), introductory paragraph, as follows:

441—83.63(249A) Client participation. Persons who are eligible under the 300 percent group or ~~medically needy~~ must contribute a predetermined client participation amount to the costs of the services.

83.63(1) Computation of client participation. Client participation shall be computed by deducting the following from the ~~client's~~ consumer's total income:

ITEM 8. Amend rule 441—83.65(249A) as follows:

441—83.65(249A) Certification. The ~~recipient consumer~~ shall be assessed annually for HCBS/MR or HCBS/MR/OBRA certification to determine need of for long-term care services.

ITEM 9. Amend rule 441—83.67(249A) as follows:

441—83.67(249A) Individual comprehensive plan. An individual comprehensive plan shall be prepared and utilized for each HCBS/MR and HCBS/MR/OBRA waiver ~~recipient consumer~~. The ICP shall be developed by the interdisciplinary team and include the consumer and, if appropriate, the legal representative, consumer's family, case manager, service providers, and others directly involved. The ICP shall be stored by the case manager for a minimum of three years. The ICP staffing shall be conducted before the current ICP expires. The plan shall be in accordance with 441—subrule 24.6(5) and shall additionally include the following information to assist in evaluating the program:

83.67(1) A listing of all services received by a ~~recipient consumer~~ at the time of waiver program enrollment.

83.67(2) For supported community living ~~recipients consumers~~ the plan shall include identification of:

a. The ~~recipients' consumers'~~ living environment at the time of waiver enrollment.

b. The number of hours per day of on-site staff supervision needed by the ~~recipient consumer~~.

c. The number of other waiver ~~recipients consumers~~ who will live with the ~~recipient consumer~~ in the living unit.

83.67(3) Physician's signature of agreement to waiver services.

83.67(4) An identification and justification of any restriction of a consumer's rights including, but not limited to:

a. Maintenance of personal funds.

b. Self-administration of medications.

83.67(5) The name of the service provider responsible for providing the service.

83.67(6) The service funding source.

83.67(7) The amount of the service to be received by the consumer.

ITEM 10. Amend subrule **83.68(3)**, paragraphs "c," "f," "g," and "h," as follows:

c. The HCBS/MR or HCBS/MR/OBRA service is not identified in the ~~recipient's~~ consumer's annual ICP.

f. Completion or receipt of required documents by the department for the HCBS program ~~recipient consumer~~ has not occurred.

g. The ~~recipient consumer~~ receives services from other Medicaid waiver programs.

h. The ~~recipient, legal guardian consumer or authorized legal representative~~ through the interdisciplinary process requests termination from the services.

ITEM 11. Amend rule 441—83.69(249A) as follows:

441—83.69(249A) Appeal rights. Notice of adverse action and right to appeal shall be given in accordance with 441—Chapter 7 and rule 441—130.5(234). The applicant or ~~recipient consumer~~ is entitled to have a review of the level of care determination by the Iowa foundation for medical care by sending a letter requesting a review to the foundation. If dissatisfied with that decision, the applicant or ~~recipient consumer~~ may file an appeal with the department.

ITEM 12. Amend rule 441—83.70(249A) as follows:

441—83.70(249A) County reimbursement. The county board of supervisors of the ~~recipient's consumer's~~ county of legal settlement shall reimburse the department for all the nonfederal share of the HCBS/MR and HCBS/MR/OBRA waiver service expenses. The county shall enter into a Title XIX Home and Community Based Payment Agreement, Form MA-2171, with the department for reimbursement of service provided to HCBS waiver ~~recipients consumers~~.

ARC 3931A

HUMAN SERVICES DEPARTMENT[441]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or an association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code §17A.4(1)"b."

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under §17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 249A.4, the Department of Human Services proposes to amend Chapter 79, "Other Policies Relating to Providers of Medical and Remedial Care," appearing in the Iowa Administrative Code.

These amendments set a time limit of 60 days for Medicaid providers to repay or make arrangements for the repayment of identified overpayments or other erroneous payments before a sanction will be applied. Failure to make a timely repayment will result in the provider being assessed interest of 10 percent per year on the credit balance retroactive to the first full month that the provider has the credit balance.

A federal audit of Iowa hospitals found that over \$500,000 was owed to Medicaid from providers with a credit balance. These amendments should help ensure providers will not hold Medicaid funds. The new sanction is proposed because using current sanctions of discontinuing a provider from the Medicaid program would be unreasonably harsh and would limit client access rather than solve the problem. The 10 percent interest rate was

HUMAN SERVICES DEPARTMENT[441](cont'd)

arrived at by using the same interest rate as is imposed on all money due on judgments and decrees of courts as per Iowa Code section 535.3.

Consideration will be given to all written data, views, and arguments thereto received by the Bureau of Policy Analysis, Department of Human Services, Hoover State Office Building, Des Moines, Iowa 50319-0114, on or before May 19, 1993.

These amendments are intended to implement Iowa Code section 249A.4.

The following amendments are proposed.

ITEM 1. Amend subrule 79.2(2), paragraph "u," as follows:

u. Failure to repay or ~~make arrangements reach written agreement~~ for the repayment of identified overpayments or ~~otherwise~~ other erroneous payments within 60 days of receipt of the overpayment.

ITEM 2. Amend subrule 79.2(3) by adding the following new paragraph "j":

j. Providers with a total Medicaid credit balance of more than \$500 for more than 60 consecutive days without repaying or reaching written agreement to repay the balance shall be charged interest at 10 percent per year on each overpayment. The interest shall begin to accrue retroactively to the first full month that the provider had a credit balance over \$500.

Nursing facilities shall make repayment or reach agreement with the division of medical services. All other providers shall make repayment or reach agreement with the Medicaid fiscal agent. Overpayments and interest charged may be withheld from future payments to the provider.

ARC 3934A

LABOR SERVICES DIVISION[347]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or an association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code §17A.4(1)"b."

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under §17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code sections 88.5 and 17A.3(1), the Labor Commissioner hereby gives Notice of Intended Action to amend Chapter 10, "General Industry Safety and Health Rules," Iowa Administrative Code.

The amendment relates to storage and handling of liquefied petroleum gases and explosives and blasting agents.

If requested by May 18, 1993, a public hearing will be held on May 20, 1993, at 9 a.m. in the office of the Division of Labor Services, 1000 East Grand Avenue, Des Moines, Iowa. Any interested person will be given the opportunity to make oral or written submissions concerning the proposed amendment. Written data or arguments to be considered in adoption may be submitted by interested persons no later than May 20, 1993, to the Deputy Labor Commissioner, Division of Labor Services, 1000 East Grand Avenue, Des Moines, Iowa 50319-0209.

The Division has determined that this Notice of Intended Action may have an impact on small business. This amendment will not necessitate additional annual expenditures exceeding \$100,000 by any political subdivision or agency or any contractor providing services to political subdivisions or agencies.

The Division will issue a regulatory flexibility analysis as provided by Iowa Code section 17A.31 if a written request is filed by delivery or by mailing postmarked no later than May 19, 1993, to the Deputy Labor Commissioner, Division of Labor Services, 1000 East Grand Avenue, Des Moines, Iowa 50319. The request may be made by the Administrative Rules Review Committee, the Governor, a political subdivision, at least 25 persons who qualify as a small business under the Act, or an organization of small businesses representing at least 25 persons which is registered with the Division of Labor Services under the Act.

This amendment is intended to implement Iowa Code section 88.5.

The following amendment is proposed.

Amend rule 347—10.20(88) by inserting at the end thereof:

58 Fed. Reg. 15089 (March 19, 1993)

58 Fed. Reg. 16496 (March 29, 1993)

ARC 3939A

NATURAL RESOURCE
COMMISSION[571]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or an association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code §17A.4(1)"b."

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under §17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 455A.5, the Natural Resource Commission hereby gives Notice of Intended Action to amend Chapter 51, "Game Management Areas," Iowa Administrative Code.

This amendment regulates the use of firearms on game management areas managed by the Department.

Any interested person may make written suggestions or comments on this proposed amendment prior to May 19, 1993. Such written materials should be directed to the Law Enforcement Bureau Chief, Department of Natural Resources, Wallace State Office Building, Des Moines, Iowa 50319-0034; FAX (515)281-6794. Persons who wish to convey their views orally should contact the Law Enforcement Bureau at (515)281-6156 or at the wildlife offices on the fourth floor of the Wallace State Office Building.

Also, there will be a public hearing on May 19, 1993, at 11 a.m. in the Fourth Floor East Conference Room of the Wallace State Office Building at which time persons will be asked to give their names and addresses for the record and to confine their remarks to the subject of the proposed amendment.

NATURAL RESOURCE COMMISSION[571](cont'd)

This amendment is intended to implement Iowa Code sections 456A.24(2)"a" and 481A.6.

The following amendment is proposed.

Amend subrule 51.3(1) by adding the following new paragraph "f":

f. Badger Creek area. Target shooting with firearms on the Badger Creek Wildlife Area in Madison County is restricted to the use of certain types of firearms at certain times in a designated area only. The designated shooting range will be posted with official signs. Target practice, for the purpose of this rule, is defined as the discharge of a firearm for any reason other than the taking of, or the attempting to take, game or furbearing animals.

(1) Target shooting shall occur only on the designated and posted shooting range.

(2) Target shooting shall occur only between sunrise and sunset.

(3) No alcoholic beverages are allowed on the shooting range.

(4) Target shooting shall not be done with any fully automatic pistol, rifle or shotgun.

The following amendment is proposed.

Amend rule 571—55.1(111) as follows:

571—55.1(111) Ice fishing shelters.

55.1(2 I) General. The following rules shall govern the placement, construction, or erection of ice fishing shelters ~~left placed on the ice overnight or over state-owned land or waters under the jurisdiction of the natural resource commission.~~

55.1(2) Removal. The ice fishing shelter and material used in its construction shall be removed from on or over state-owned land or waters under the jurisdiction of the natural resource commission on or before ice melt or February 20 of each year, whichever comes first unless extended by the director.

55.1(3) Owner information. The full name, street address, and city of the building or structure owner of all structures left on the ice ~~overnight~~ *unattended* shall be painted legibly in a color contrasting to the background on all sides of the shelter in block letters at least four inches in height.

55.1(4) to 55.1(7) No change.

ARC 3940A**NATURAL RESOURCE
COMMISSION[571]****Notice of Intended Action**

Twenty-five interested persons, a governmental subdivision, an agency or an association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code §17A.4(1)"b."

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under §17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 455A.5(6), the Natural Resource Commission hereby gives Notice of Intended Action to amend Chapter 55, "Nonpermanent Structures," Iowa Administrative Code.

This amendment provides for wording changes to improve the rules governing the erection and placement of ice fishing shelters on or over state-owned land or water.

Any interested person may make written suggestions or comments on the proposed amendment prior to May 19, 1993. Such written materials should be directed to the Law Enforcement Bureau, Department of Natural Resources, Wallace State Office Building, Des Moines, Iowa 50319-0034; FAX (515)281-6794. Persons who wish to convey their views orally should contact the Law Enforcement Bureau at telephone (515)281-4515 or at the enforcement offices on the fourth floor of the Wallace State Office Building.

There will be a public hearing on May 19, 1993, at 9 a.m. in the Fourth Floor West Conference Room of the Wallace State Office Building, at which time persons may present their views either orally or in writing. At the hearing, persons will be asked to give their names and addresses for the record and to confine their remarks to the subject of the amendment.

This amendment is intended to implement Iowa Code section 461A.4.

ARC 3936A**PUBLIC HEALTH
DEPARTMENT[641]****Notice of Intended Action**

Twenty-five interested persons, a governmental subdivision, an agency or an association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code §17A.4(1)"b."

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under §17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 135.11, the Iowa Department of Public Health hereby gives Notice of Intended Action to amend Chapter 1, "Notification and Surveillance of Reportable Diseases," Iowa Administrative Code.

Item 1 proposes to add Escherichia coli 0157:H7 to the list of reportable diseases or conditions. This addition has been prompted by the increased number of incidents occurring in the population and federal guidelines for monitoring the frequency of incidence.

Item 2 proposes to clarify what medical records the State Health Registry of Iowa can review to reduce morbidity and mortality. This amendment has been prompted by the additional locations where patients may receive treatment/care for cancer and genetic diseases.

Any interested person may provide written comments on the proposed amendments on or before May 18, 1993. Such written comments should be directed to John R. Kelly, Division of Health Protection, Lucas State Office Building, Des Moines, Iowa 50319-0075, FAX (515)281-4958.

There will be a public hearing on May 18, 1993, at 1:30 p.m. in the Lucas State Office Building, Fourth Floor Conference Room, Side 1. At that time, persons can give both written and oral comments. At the hearing,

PUBLIC HEALTH DEPARTMENT[641](cont'd)

persons will be asked to give their name, address, and whom they represent for the record. Persons will also be asked to restrict their comments to the amendments being considered and to limit their presentation to no more than five minutes.

These amendments are intended to implement Iowa Code section 139.2.

The following amendments are proposed.

ITEM 1. Amend 641—1.2(1)"a" by adding the following in alphabetical order:

Escherichia coli 0157:H7

ITEM 2. Amend 641—1.2(1)"b," Note, to read as follows:

*Note: For these particular diseases, physicians and other health practitioners should not send a report to the department. The ~~state health registry~~ *State Health Registry of Iowa* has been delegated the responsibility for collecting this data through ~~hospital record abstraction review of records from hospitals, radiation treatment centers, outpatient surgical facilities, oncology clinics, pathology laboratories, and physician offices.~~

Prior to collecting the data from an office or facility, the State Health Registry of Iowa shall work with the office or facility to develop a process for abstracting records which is agreeable to the office or facility.

p.m. on Tuesday, May 18, 1992. Notice of intention to present oral comments at the hearing may be made by telephone at (515)281-5865.

This rule is intended to implement Iowa Code section 376.4.

The following rule is proposed.

Amend 721—Chapter 21 by adding the following new rule:

721—21.15(376) Signature requirements for certain cities. This rule applies to cities which have all of the following characteristics:

1. Nomination procedures under Iowa code section 376.3 are used. (This includes cities with primary or runoff election provisions. It does not include cities with nominations under Iowa Code chapter 44 or 45.)

2. Some or all council members are voted upon by the electors of wards, rather than by the electors of the entire city.

3. Ward boundaries have been changed since the last regular city election at which the ward seat was on the ballot.

4. The number of wards has not changed.

Calculation of the number of signatures for ward seats shall use the vote totals from the wards as the wards were configured at the time of the last regular city election at which the ward seat was on the ballot.

ARC 3935A

SECRETARY OF STATE[721]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or an association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code §17A.4(1)"b."

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under §17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code sections 17A.3(1)"b" and 47.1, the Secretary of State hereby gives Notice of Intended Action to amend Chapter 21, "Election Forms and Instructions," Iowa Administrative Code.

The purpose of the proposed rule is to clarify the procedure for calculating the number of signatures required by candidates for ward seats in cities with nominations under Iowa code section 376.4 after the ward boundaries have been redrawn. Proposed rule 721—21.15(376) states that the vote totals from the previous election using the old ward boundaries shall be used to determine the number of signatures at the first election under the new ward boundaries.

Written suggestions or comments regarding this proposed rule will be considered if they are received on or before May 18, 1993. Written comments or suggestions should be sent to the Director of Elections, Office of the Secretary of State, Second Floor, Hoover State Office Building, Des Moines, Iowa 50319.

A public hearing will be held on Wednesday, May 19, 1993, at 1:30 p.m. at the office of the Secretary of State, Second Floor, Hoover State Office Building, Des Moines. Anyone wishing to present oral comments at the public hearing should notify the Director of Elections by 4:30

ARC 3926A

TRANSPORTATION
DEPARTMENT[761]

Notice of Intended Action

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under §17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code sections 307.10 and 307.12, the Department of Transportation hereby gives Notice of Intended Action to amend Chapter 520, "Regulations Applicable to Carriers," Iowa Administrative Code.

Iowa Code section 321.449 requires the Department to adopt rules consistent with the Federal Motor Carrier Safety Regulations promulgated under United States Code, Title 49, and found in 49 Code of Federal Regulations (CFR) Parts 390 to 399. Iowa Code section 321.450 requires the Department to adopt rules consistent with the Federal Hazardous Materials Regulations promulgated under United States Code, Title 49, and found in 49 CFR Parts 107, 171 to 173, 177, 178 and 180. To ensure the consistency required by statute, the Department annually adopts the specified parts of 49 CFR as adopted by the United States Department of Transportation.

Commercial vehicles transporting goods in interstate commerce are subject to the Federal Motor Carrier Safety Regulations on the effective dates specified in the Federal Register. Commercial vehicles transporting hazardous materials in interstate commerce or transporting certain hazardous materials intrastate are subject to the Federal Hazardous Materials Regulations on the effective dates specified in the Federal Register. The adoption of the

TRANSPORTATION DEPARTMENT[761](cont'd)

federal regulations by the Department will extend the enforcement of the regulations to commercial vehicles operated intrastate unless exempted by statute.

Proposed federal regulations are published in the Federal Register to allow a period for public comment, and, after adoption, the final regulations are again published in the Federal Register. Each year a revised edition of 49 CFR is published incorporating all of the final regulations adopted during the year. Although revised editions of 49 CFR are usually dated October or November, the publication is not actually available in Iowa for several months after the date.

The significant additions, deletions and amendments to the Federal Motor Carrier Safety Regulations which have become final and effective since the 1991 edition are as follows:

Part 390 was amended to require that all commercial vehicles operating in interstate commerce be marked with either an Interstate Commerce Commission (ICC) or United States Department of Transportation (USDOT) identification number.

Part 391 was amended to waive the vision requirements for drivers who meet the criteria for experience and have a record without suspensions or revocations, citations for moving traffic violations in reportable accidents, convictions for disqualifying offenses, and no more than two convictions for any other moving traffic violation while driving a commercial motor vehicle. It does require that an ophthalmologist or optometrist examine the driver and certify that the visual deficiency has not worsened.

Parts 390 and 391 were also amended to allow health care professionals to perform physical exams of commercial vehicle drivers under certain conditions.

Parts 390 and 395 were amended to exempt drivers from the safety regulations while providing direct assistance to emergency relief efforts.

Part 397 was amended to transfer the routing requirements for certain radioactive materials from Part 177 into this part of the safety regulations and adds routing requirements for nonradioactive hazardous materials.

The significant additions, deletions and amendments to the Federal Hazardous Materials Regulations which have become final and effective since the 1991 edition are as follows:

Part 107 was amended to define preemption standards, to provide procedures for determination of preemption waivers, and to make intrastate commercial motor vehicles subject to federal regulation on the following items:

- (1) The designation, description and classification of hazardous materials;
- (2) The packing, repacking, handling, labeling, marking and placarding of hazardous materials;
- (3) The preparation, execution and use of shipping documents pertaining to hazardous materials and requirements respecting the number, content and placement of these documents;
- (4) Written notice, recording and reporting of unintentional release in transportation of hazardous materials; and
- (5) Design, manufacturing, fabrication, marking, maintenance, reconditioning, repairing or testing of a package or container which is represented, marked, certified or sold as qualified for use in the transportation of hazardous materials.

Parts 107 and 171 were amended to establish an annual national registration program for persons involved in transportation of certain hazardous materials in intrastate,

interstate or foreign commerce, such as highway route-controlled quantities of radioactive materials, certain explosives, hazardous materials extremely toxic by inhalation, certain bulk shipments of hazardous materials (e.g., cargo tank trucks with a capacity of 3500 gallons or more), and shipments of 5000 pounds or more of a class of hazardous materials for which placarding is required.

Later amendments to these parts clarify the regulatory provisions, correct errors in the instructional brochure on registration requirements, and clarify who is subject to the registration requirements.

Other amendments to these parts concern carrying registration proof on the vehicles, exclude trailers and semi-trailers from that requirement, and do not allow display of registration numbers on trucks.

Part 171 was amended to extend until April 1, 1993, the compliance date for the new requirements on infectious substances.

Parts 171 to 177 were amended to require employers to provide employee training in the safe handling and transportation of hazardous materials and in emergency response requirements. Part 172 requires the employer to test employees to ensure that the training is effective.

Additional amendments to the hazardous materials regulations were editorial and technical corrections, including the following:

Revised the definition for "nonbulk packaging" to clarify that the maximum capacity of packaging for liquids must be less than 450 L (119 gallons) and for solids the maximum net mass must be less than 400 kg or a maximum capacity of less than 450 L (119 gallons).

Allows either the old or new placarding system only until October 1, 2001, excluding intermodal shipments.

Adds a special provision for use of the "UN 1075" identification number for propane if it is consistent with package markings, shipping papers and emergency response information.

Does not require Class 9 placards in domestic transportation.

Requires that bulk packages be marked with the identification number on both sides and both ends.

Makes an editorial correction relating to inhalation hazard communication requirements.

The regulations were published in the following issues of the Federal Register:

January 28, 1992, page 3140
 April 17, 1992, page 13650
 May 13, 1992, page 20424
 May 15, 1992, page 20944
 May 27, 1992, page 22181
 July 9, 1992, page 30620
 July 16, 1992, page 31458
 July 28, 1992, pages 33416 and 32276
 July 30, 1992, page 33638
 August 21, 1992, page 37900
 September 24, 1992, page 44129
 October 1, 1992, page 45446
 October 9, 1992, page 46624
 October 16, 1992, pages 47513 and 47412

These amendments are intended to implement Iowa Code chapter 321.

Any person or agency may submit written comments concerning these proposed amendments or may submit a written request to make an oral presentation. The comments or request shall:

TRANSPORTATION DEPARTMENT[761](cont'd)

1. Include the name, address, and telephone number of the person or agency authoring the comments or request.
2. Reference the number and title of the proposed rule, as given in this Notice, that is the subject of the comments or request.
3. Indicate the general content of a requested oral presentation.
4. Be addressed to the Administrative Rules Coordinator, Bureau of Policy and Information, Iowa Department of Transportation, 800 Lincoln Way, Ames, Iowa 50010; FAX (515)239-1639.
5. Be received by the bureau no later than May 18, 1993.

A meeting to hear requested oral presentations is scheduled for Thursday, May 20, 1993, at 10 a.m. in the Conference Room of the Motor Vehicle Division, which is located on the main floor of Park Fair Mall, 100 Euclid Avenue, Des Moines, Iowa. The meeting will be canceled without further notice if no oral presentation is requested.

The proposed amendments may have an impact on small business. The Department has considered the factors listed in Iowa Code subsection 17A.31(4), paragraphs "a" to "1." The following may request the issuance of a regulatory flexibility analysis: the Administrative Rules Review Committee, the Governor, a political subdivision, at least 25 persons who sign the request, provided that each represents a different small business, or an organization representing at least 25 small businesses which is registered with the Department under Iowa Code section 17A.31. The request must:

1. Include the name, address, and telephone number of the person(s) authoring the request.
2. Be submitted in writing to the Administrative Rules Coordinator, Bureau of Policy and Information, at the address listed in this Notice.
3. Be delivered to the bureau or postmarked no later than 20 days after publication of this Notice in the Iowa Administrative Bulletin.

Proposed rule-making action(s):

Amend subrule **520.1(1)**, paragraphs "a" and "b," as follows:

- a. Motor carrier safety regulations. The Iowa department of transportation adopts the Federal Motor Carrier Safety Regulations, 49 CFR Parts 390-399 (~~October 1, 1991~~ *October 1, 1992*). 49 CFR Sections 391.109 and 391.111 concerning random drug testing shall not apply to intrastate operations.
- b. Hazardous materials regulations. The Iowa department of transportation adopts the Federal Hazardous Materials Regulations, 49 CFR Parts 107, 171-173, 177, 178, and 180 (~~December 31, 1991~~ *October 1, 1992*). The regulations in the October 1, 1990, edition of Title 49 CFR shall remain in full force and effect in accordance with the transition provisions of 49 CFR Section 171.14 (December 31, 1991).

ARC 3943A

UTILITIES DIVISION[199]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or an association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code §17A.4(1)"b."

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under §17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to Iowa Code sections 476.1, 476.2, and 476.8, the Utilities Board (Board) gives notice that on April 9, 1993, the Board issued an order in Docket Nos. RMU-93-5 and NOI-92-2, In Re: North American Numbering Plan Change, "Order Terminating Inquiry and Commencing Rule Making," proposing a new rule, 199 IAC 22.21(476).

The telephone industry faces a shortage of numbering plan area (NPA) codes. The purpose of the rule change proposed by the Board is to ensure that, as the NPA code shortage is addressed, the long distance dialing pattern for all local exchange utilities in the state is consistent. Currently, most Iowans dial seven digits for local calls; 0 or 1 plus seven digits for long distance calls within a numbering plan area; and 0 or 1 plus ten digits for long distance calls to other numbering plan areas.

The North American Numbering Plan Administrator has required that all NPA codes (the first three digits of today's ten-digit dialing) and central office codes (the second three digits of today's ten-digit dialing) be interchangeable by January 1, 1995. Before this change, the second digit of an NPA code must be 0 or 1 and the second digit of a central office code must be other than 0 or 1. For example, before the change, 357 could only be a central office code because the second digit is 5. After the change, 357 could simultaneously be both an NPA code and a central office code available in each of the NPAs, hence the use of the term "interchangeable."

On December 16, 1992, the Board initiated an inquiry into the issues created by interchangeability. Notice and an opportunity for comments was sent to approximately 250 interested persons. Comments in the inquiry, identified as Docket No. NOI-92-2, were received from U S West Communications, Inc., Mid-America Group, the Iowa Telecommunications User Group, MCI Telecommunications Corporation, and Allied Group Insurance. All commenters, except Allied Group Insurance, agreed with the recommendation of an Iowa Telephone Association task force that all toll call dialing, both within and outside a numbering plan area, should be 0 or 1 plus ten digits. Mid-America Group favored ten-digit local dialing and Allied Group Insurance proposed ten-digit dialing for both local and toll calls without a 0 or 1 prefix for toll calls.

The Board is proposing a rule consistent with the majority of the commenters and the Iowa Telephone Association recommendation. The proposed rule will be limited to the toll call dialing pattern, requiring 0 or 1 plus ten digits for all toll calls. With the commencement of this rule making, the inquiry, identified as Docket No. NOI-92-2, will be terminated.

UTILITIES DIVISION[199](*cont'd*)

Pursuant to Iowa Code section 17A.4(1)"a" and "b," any interested person may file a written statement of position pertaining to the proposed rule. The statement must be filed on or before May 18, 1993, by filing an original and ten copies in a form substantially complying with sub-rule 2.2(2). All communications shall clearly indicate the author's name and address and should make specific reference to this docket. All communications shall be directed to the Executive Secretary, Iowa Utilities Board, Lucas State Office Building, Des Moines, Iowa 50319.

An oral presentation is scheduled on June 1, 1993, at 10 a.m. in the First Floor Hearing Room, Lucas State Office Building, Des Moines, Iowa, for the purpose of receiving comments. Pursuant to 199 IAC 3.7(17A,474), all interested persons may participate in this proceeding.

Persons with disabilities requiring assistive services or devices to observe or participate should contact the Utilities Board at (515)281-5256 in advance of the scheduled date to request that appropriate arrangements be made.

This rule is intended to implement Iowa Code sections 476.1, 476.2, and 476.8.

The following new rule is proposed.

Amend 199—Chapter 22 by adding the following new rule:

199—22.21(476) Toll dialing patterns. All local exchange utilities shall use the dialing pattern, 0 or 1 plus ten digits, for all toll calls either within a single numbering plan area or from one numbering plan area to another.

ARC 3941A

NATURAL RESOURCE
COMMISSION[571]

Adopted and Filed Emergency After Notice

Pursuant to the authority of Iowa Code section 455A.5, 481A.38 and 481A.39, the Natural Resource Commission hereby adopts the following amendments to Chapter 94, "Nonresident Deer Hunting," Iowa Administrative Code.

Notice of Intended Action was published in the Iowa Administrative Bulletin on February 17, 1993, as ARC 3763A.

These amendments establish regulations for hunting deer by nonresidents and include season dates, bag limits, possession limits, season limits, shooting hours, areas open to hunting, license quotas, licensing procedures, means and methods of take and transportation tag requirements.

The only comments received concerning nonresident deer hunting were requests for more permits. No one attended the public hearing.

The only changes from the Notice of Intended Action are language that prohibits people from submitting more than one application, addition of Zone 3 to buck-only zones. Amendment to 94.5(1) eliminates zone splitting for Zones 2, 4, 5, 6, 7 and 9 and changes boundaries in Zones 2 and 4.

The Department finds the proposed amendments confer a benefit and remove a restriction on a segment of the public by becoming effective immediately, and that the usual effective date of this amendment would unnecessarily restrict the public by delaying the application period and sale of licenses [17A.5(2)"b"(2)].

These amendments are intended to implement Iowa Code sections 481A.38 and 481A.48.

These amendments shall become effective on April 9, 1993.

The following amendments are adopted.

ITEM 1. Amend rule 571—94.1(483A) to read as follows:

571—94.1(483A) Licenses. Every hunter must have in possession a valid 1992 1993 deer license and a 1992 1993 habitat stamp when hunting, possessing, or transporting deer. No person, while hunting deer, shall carry or have in possession any license or transportation tag issued to another person. No person shall obtain more than one nonresident deer hunting license.

94.1(1) Bow season license. Bow and arrow deer licenses shall be valid for any sex deer only during the bow season and zone designated.

94.1(2) Regular gun season license. Regular gun season licenses will be issued for any sex deer except paid gun licenses in Zones 1, 2, 3, 7, 8, 9, and 10 will be buck only. Regular gun season licenses will be issued by zone and period and will be valid in the designated zone and for the designated period only. Any applicant who fails to designate the zone on the application form will not receive a license.

94.1(3) Special muzzleloader season. Special muzzleloader season licenses will be issued for any sex deer except licenses in Zones 1, 2, 3, 7, 8, 9, and 10 will be buck only and shall be valid only during the special muzzleloader season and zone designated.

ITEM 2. Amend rule 571—94.2(483A) to read as follows:

571—94.2(483A) Season dates. Deer may be taken in 1992-1993 1993-1994 only during the following periods.

94.2(1) Bow season. Deer may be taken by bow and arrow only in accordance with the type, tenure, and zone of license issued from October 1 through December 4 3, 1992 1993, and December 24 20, 1992 1993, through January 10, 1993 1994.

94.2(2) Regular gun season. Deer may be taken with gun only in accordance with the type, tenure, and zone of license issued, from December 5 4 through December 9 8, or from December 12 11 through December 20 19, 1992 1993.

94.2(3) Special muzzleloader season. Deer may be taken by muzzleloader only in accordance with the type, tenure, and zone of license issued from December 24 20, 1992 1993, through January 10, 1993 1994.

ITEM 3. Amend subrule 571—94.5(1) to read as follows:

94.5(1) Zone descriptions. The zones are described as areas bounded as follows:

a. Zone 1. Beginning at a point where U.S. Highway 169 crosses the Minnesota-Iowa state line; thence along U.S. Highway 169 to state Highway 3; thence along state Highway 3 to U.S. Highway 71; thence along U.S. Highway 71 to U.S. Highway 20; thence along U.S. Highway 20 to the Nebraska-Iowa state line; thence along the Nebraska-Iowa, South Dakota-Iowa and Minnesota-Iowa state lines to the point of beginning.

b. Zone 2. Beginning at the point where state Highway 3 and Interstate Highway 35 intersect; thence along Interstate Highway 35 to U.S. Highway 30; thence along U.S. Highway 30 to state Highway 4; thence along state Highway 4 to state Highway 141; thence along state Highway 141 its eastern junction with Interstate Highways 80 and 235; thence along Interstate Highway 235 to its western junction with Interstate Highways 80 and 35; thence along Interstate Highway 80 to U.S. Highway 59; thence along U.S. Highway 59 to U.S. Highway 20; thence along U.S. Highway 20 to U.S. Highway 71; thence along U.S. Highway 71 to state Highway 3; thence along state Highway 3 to point of beginning.

~~Zones 2a and 2b. Zone 2a is that part of Zone 2 beginning where state Highway 3 and Interstate Highway 35 intersect; thence along Interstate Highway 35 to U.S. Highway 20; thence along U.S. Highway 20 to Calhoun Green county road N65; thence along county road N65 to state Highway 25; thence along state Highway 25 to state Highway 141; thence along state Highway 141 to U.S. Highway 59; thence along U.S. Highway 59 to U.S. Highway 20; thence along U.S. Highway 20 to U.S. Highway 71; thence along U.S. Highway 71 to state Highway 3; thence along state Highway 3 to the point of beginning. Zone 2b is the remainder of Zone 2 not described in Zone 2a.~~

c. Zone 3. Beginning at the point where U.S. Highway 20 crosses the Nebraska-Iowa state line; thence along U.S. Highway 20 to U.S. Highway 59; thence along U.S. Highway 59 to the Missouri-Iowa state line; thence along the Missouri-Iowa and Nebraska-Iowa state lines to the point of beginning.

d. Zone 4. Beginning at the point where Interstate Highway 35 and U.S. Highway 30 intersect; thence along Interstate Highway 35 to its eastern junction with

NATURAL RESOURCE COMMISSION[571](cont'd)

~~Interstate Highways 80 and 235; thence along Interstate Highway 235 to its western junction of Interstate Highway 235 with Interstate Highways 80 and 35; thence along Interstate Highway 35 to the Missouri-Iowa state line; thence along the Missouri-Iowa state line to U.S. Highway 59; thence along U.S. Highway 59 to state Highway 141; thence along state Highway 141 to state Highway 4; thence along state Highway 4 to U.S. Highway 30; thence along U.S. Highway 30 Interstate Highway 80; thence along Interstate Highway 80 to the point of beginning.~~

~~Zones 4a and 4b. Zone 4a is that part of Zone 4 beginning where U.S. Highway 59 crosses the Iowa-Missouri border; thence along U.S. Highway 59 to state Highway 141; thence along state Highway 141 to state Highway 25; thence along state Highway 25 to state Highway 2; thence along state Highway 2 and Taylor County road P14 to the Iowa-Missouri border; thence along the Iowa-Missouri border to the point of beginning. Zone 4b is the remainder of Zone 4 not described in Zone 4a.~~

e. Zone 5. Beginning at the point where Interstate Highway 235 and state Highway 163 intersect; thence along state Highway 163 to state Highway 92; thence along state Highway 92 to U.S. Highway 218; thence along U.S. Highway 218 to U.S. Highway 34; thence along U.S. Highway 34 to U.S. Highway 63; thence along U.S. Highway 63 to the Missouri-Iowa state line; thence along the Missouri-Iowa state line to Interstate Highway 35; thence along Interstate Highway 35 to its western junction with Interstate Highways 80 and 235; thence along Interstate Highway 235 to the point of beginning.

~~Zones 5a and 5b. Zone 5a is that part of Zone 5 consisting of the Lucas and Whitebreast Units of Stephens State Forest in Clark and Lucas counties west of U.S. Highway 65. Zone 5b is the remainder of Zone 5 not described as Zone 5a.~~

f. Zone 6. Beginning at the point where U.S. Highway 63 crosses the Missouri-Iowa state line; thence along U.S. Highway 63 to U.S. Highway 34; thence along U.S. Highway 34 to U.S. Highway 218; thence along U.S. Highway 218 to state Highway 92; thence along state Highway 92 to the Illinois-Iowa state line; thence along the Illinois-Iowa and Missouri-Iowa state lines to the point of beginning.

~~Zones 6a and 6b. Zone 6a is that part of the Shimek State Forest in Lee and Van Buren counties. Zone 6b is the remainder of Zone 6 not described as Zone 6a.~~

g. Zone 7. Beginning at the point where U.S. Highway 61 intersects with state Highway 92 at its northern junction; thence along state Highway 92 to state Highway 163; thence along state Highway 163 to Interstate Highway 235; thence along Interstate Highway 235 to its eastern junction with Interstate Highways 80 and 35; thence along Interstate Highway 35 to state Highway 3; thence along state Highway 3 to state Highway 38; thence along state Highway 38 to U.S. Highway 61; thence along U.S. Highway 61 to the point of beginning.

~~Zones 7a and 7b. Zone 7a is that part of Zone 7 beginning where state Highway 3 and Interstate Highway 35 intersect; thence along state Highway 3 to U.S. Highway 63; thence along U.S. Highway 63 to Interstate Highway 80; thence along Interstate Highway 80 to state Highway 38; thence along state highway 38 to U.S. Highway 61; thence along U.S. Highway 61 to state Highway 92; thence along state Highway 92 to state Highway 163; thence along state Highway 163 to Interstate Highway 235; thence along Interstate Highway 235 to its eastern~~

~~intersection with Interstate Highways 80 and 35; thence along Interstate Highway 35 to the point of beginning. Zone 7b is the remainder of Zone 7 not described as Zone 7a.~~

h. Zone 8. Beginning at the point where state Highway 92 intersects with the Illinois-Iowa state line; thence along state Highway 92 to U.S. Highway 61; thence along U.S. Highway 61 to state Highway 38; thence along state Highway 38 to state Highway 3; thence along state Highway 3 to the Illinois-Iowa state line; thence along the Illinois-Iowa state line to the point of beginning.

i. Zone 9. Beginning at the point where state Highway 3 intersects with the Illinois-Iowa state line; thence along state Highway 3 to U.S. Highway 63; thence along U.S. Highway 63 to the Minnesota-Iowa state line; thence along the Minnesota-Iowa, Wisconsin-Iowa, and Illinois-Iowa state lines to the point of beginning.

~~Zones 9a and 9b. Zone 9a is that part of Zone 9 consisting of the Yellow River Forest in Allamakee County. Zone 9b is the remainder of Zone 9 not described as Zone 9a.~~

j. Zone 10. Beginning at the point where U.S. Highway 63 crosses the Minnesota-Iowa state line; thence along U.S. Highway 63 to state Highway 3; thence along state Highway 3 to U.S. Highway 169; thence along U.S. Highway 169 to the Minnesota-Iowa state line; thence along the Minnesota-Iowa state line to the point of beginning.

ITEM 4. Amend rule 571—94.8(483A) to read as follows:

571—94.8(483A) Application procedures. All applications for regular gun season deer hunting licenses for ~~1992 1993~~ deer hunting season shall be made on forms provided by the department of natural resources and returned to the department of natural resources office in Des Moines, Iowa. *No one shall submit more than one application.* Applications for nonresident deer hunting licenses must be accompanied by the appropriate license fee. The nonresident license fee shall be \$110. Party applications with no more than four individuals will be accepted. ~~Applications will be received and accepted only from June 15 through July 17, 1992, or if the application form bears a valid and legible U.S. Postal Service postmark during the same period.~~ *Applications received in the natural resources office in Des Moines, Iowa, by 4:30 p.m. on May 14, 1993, will be processed. If applications received are in excess of the license quota for any hunting zone, a drawing will be conducted to determine which applicants shall receive licenses. If licenses are still available in any zone, licenses will be issued as applications are received until quotas are filled or June 18, 1993, whichever occurs first.* Any incomplete or improperly completed application, or any application not meeting the above conditions, or any application received prior to the application period will not be considered as a valid application. ~~Applications will be accepted and licenses will be issued in the order in which they are received.~~

ITEM 5. Amend the implementation clause at the end of **571—Chapter 94** as follows:

These rules are intended to implement Iowa Code sections ~~109.38 481A.38, 109.39 481A.39, 109.48 481A.48, 110.1 483A.1, and 110.8 483A.8.~~

[Filed Emergency After Notice 4/9/93, effective 4/9/93]
[Published 4/28/93]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 4/28/93.

ARC 3942A

**REAL ESTATE APPRAISER
EXAMINING BOARD[193F]****Adopted and Filed Emergency**

Pursuant to the authority of Iowa Code section 543D.9, the Iowa Real Estate Appraiser Examining Board hereby adopts a new Chapter 11, "Sales of Goods and Services," Iowa Administrative Code.

This new chapter implements provisions of Iowa Code section 68B.4 and establishes a procedure specifying the method by which officials may obtain agency consent for the sale of goods and services.

In compliance with Iowa Code section 17A.4(2), the Board finds that notice and public participation are impracticable because it causes an undue hardship on professional board members to pursue their livelihood in the same manner in which other real estate appraisers are allowed to practice their profession.

The Board finds, pursuant to Iowa Code section 17A.5(2)"b"(2), that the normal effective date of the chapter should be waived and the new chapter should be made effective upon filing with the Administrative Rules Coordinator because it confers a benefit to licensees by allowing the current board to remain intact and continue to serve the public.

This chapter is intended to implement Iowa Code section 68B.4.

This chapter became effective April 9, 1993.

The following new chapter is adopted:

CHAPTER 11
SALES OF GOODS AND SERVICES

193F—11.1(68B) Selling of goods or services by members of the real estate appraiser examining board. The board members shall not sell, either directly or indirectly, any goods or services to individuals, associations, or corporations that are subject to the regulatory authority of the department of commerce except as authorized by this rule.

11.1(1) Conditions of consent for members. Consent shall be given by a majority of the members of the board. Consent shall not be given to an official to sell goods or services to an individual, association, or corporation regulated by the department of commerce unless all of the following conditions are met:

a. The official requesting consent does not have authority to determine whether consent should be given.

b. The official's duties or functions are not related to the department's regulatory authority over the individual, association or corporation to whom the goods and services are being sold, or the selling of the good or service does not affect the official's duties or functions.

c. The selling of the good or service does not include acting as an advocate on behalf of the individual, association or corporation to the department of commerce.

d. The selling of the good or service does not result in the official selling a good or service to the department on behalf of the individual, association or corporation.

11.1(2) Authorized sales.

a. A member of the real estate appraiser examining board may sell goods or services to any individual, association, or corporation regulated by any division within the department of commerce, other than the board or commission on which that official serves. This consent is granted because such sales do not constitute the sale of a good or service which affects the job duties or functions of that particular board or commission member.

b. A member of the real estate appraiser examining board may sell goods or services to any individual, association, or corporation regulated by the licensing board or commission of which that person is a member, if those goods or services are routinely provided to the public as part of that person's regular professional practice. This consent is granted because the sale of such goods or services does not affect the board member's duties or functions on the board. In the event a complaint is filed with the licensing board concerning the services provided by the board member to a member of the public, that board member is otherwise prohibited by law from participating in any discussion or decision by the licensing board in that case.

c. Individual application and approval are not required for the sales authorized by this rule unless there are unique facts surrounding a particular sale which would cause the sale to affect the seller's duties or functions, would give the buyer an advantage in dealing with the board, or would otherwise present a conflict of interest.

11.1(3) Application for consent. Prior to selling a good or service to an individual, association, or corporation subject to the regulatory authority of the department of commerce, an official must obtain prior written consent unless the sale is specifically allowed in subrule 11.1(2). The request for consent must be in writing signed by the official requesting consent. The application must provide a clear statement of all relevant facts concerning the sale. The application should identify the parties to the sale and the amount of compensation. The application should also explain why the sale should be allowed.

11.1(4) Limitation of consent. Consent shall be in writing and shall be valid only for the activities and the time period specifically described in the consent. Consent can be revoked at any time by a majority vote of the members of the board upon written notice to the board. A consent provided under this rule does not constitute authorization for any activity which is a conflict of interest under common law or which would violate any other statute or rule. It is the responsibility of the official requesting consent to ensure compliance with all other applicable laws and rules.

This rule is intended to implement Iowa Code section 68B.4.

[Filed Emergency 4/9/93, effective 4/9/93]
[Published 4/28/93]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 4/28/93.

ARC 3922A

AGRICULTURE AND LAND STEWARDSHIP DEPARTMENT[21]

Adopted and Filed

Pursuant to the authority of Iowa Code section 160.9, the Iowa Department of Agriculture and Land Stewardship hereby amends Chapter 22, "Apiary," Iowa Administrative Code.

Notice of Intended Action was published in the Iowa Administrative Bulletin on February 3, 1993, as ARC 3706A. No public hearing was held; however, a letter of support was received from the president of Iowa Honey Producers Association. The Iowa Department of Agriculture and Land Stewardship adopted these amendments on April 1, 1993.

These amendments deal with American foulbrood disease, three new exotic parasites, and Africanized honeybees which pose a threat to Iowa's honeybee population and beekeeping industry. The amendments specify the parasites to be regulated, methods of detection and appropriate treatment of the Varroa mite and American foulbrood disease. The option to use an EPA-approved chemical treatment for mites is given.

These amendments are identical to those published under Notice of Intended Action, except the word "subspecies" is substituted for the word "race" wherever it occurs in the amendments.

These amendments will become effective June 2, 1993.

These amendments are intended to implement Iowa Code sections 160.2, 160.9 and 160.14.

The following amendments are adopted.

ITEM 1. Amend rule 21—22.2(160) to read as follows:

21—22.2(160) Parasites. The parasites for which the state apiarist shall inspect ~~are~~ *include*, but shall not be limited to: the Varroa mite (~~VARROA JACOBSONI~~) (*Varroa jacobsoni*), *Tropilaelaps mite* (*Tropilaelaps clareae*) and the honeybee tracheal mite (~~ACARAPIS WOODI~~) (*Acarapis woodi*).

ITEM 2. Amend rule 21—22.3(160) to read as follows:

21—22.3(160) Requirement for the sale of bees. All honeybees offered for sale in Iowa must be free of the Varroa mite and have less than 15 percent infestation (percent of bees in the sample) with the tracheal mite *or treated for at least 30 days prior to sale, but no earlier than 9 months before the sale with an EPA-approved miticide which will be verified by the state apiarist.*

Detection methods to be used for the Varroa mite are the ether roll method with at least 300 adult bees per colony from 20 percent of the colonies or the sticky board method with an EPA-approved miticide in 5 percent of the colonies in an apiary.

ITEM 3. Amend rule 21—22.4(160) to read as follows:

21—22.4(160) Certificate of inspection required. All honeybees transported into Iowa shall be accompanied by an approved certificate or permit issued by the state of origin *or the state of Iowa* indicating the absence of the Varroa mite and less than 15 percent infestation (percent of bees in sample) with the tracheal mite *or indicating colonies have been treated with an EPA-approved miticide for at least 30 days prior to entry into Iowa, but not earlier than 9 months prior to entry into Iowa.*

ITEM 4. Adopt new rule 21—22.5(160) as follows:

21—22.5(160) Certificate of inspection expiration. A certificate of inspection issued by the state of Iowa shall be valid for up to nine months from the date of issuance. An Iowa certificate may be revoked at any time if there is evidence of a disease or parasite infestation or Africanized bees in the certified colonies.

ITEM 5. Adopt new rule 21—22.6(160) as follows:

21—22.6(160) American foulbrood treatment. If upon inspection American foulbrood disease is detected in colonies, those colonies shall be identified and the disease abated in a timely manner that will prevent spread to neighboring colonies or apiaries as determined by the state apiarist.

The method of disease cleanup will be specified following inspection, depending on the severity of the infection and strength of the bee colony. A strong colony with a light infection of American foulbrood may be treated with Terramycin or diseased combs removed or a combination of these methods. A severely infected, weak colony must be killed and the diseased combs destroyed by burning or melting at a temperature high enough to kill disease spores. In any case, all combs containing American foulbrood scale shall be destroyed.

ITEM 6. Adopt new rule 21—22.7(160) as follows:

21—22.7(160) Varroa mite treatment. If upon inspection an average of more than 10 Varroa mites are detected in 300 bees by the ether roll method or 500 mites per colony by the sticky board method, then the apiary shall be quarantined and the owner of the apiary ordered to depopulate or treat all colonies with an EPA-approved miticide within ten days from the day the owner is notified.

If an average of 10 or fewer Varroa mites by the ether roll method or 500 or fewer mites by the sticky board method are detected, then the apiary shall be quarantined and the owner of the apiary shall be notified and given instruction on the nature of the mite infestation and the best method of treatment. Such treatment of all colonies in the apiary shall be initiated no later than October 15 of the same year.

ITEM 7. Adopt new rule 21—22.8(160) as follows:

21—22.8(160) Undesirable subspecies of honeybees. Each of the following undesirable subspecies of honeybees is found to be capable of inflicting damage to man or animals greater than managed or feral honeybees commonly utilized in North America and is declared a nuisance:

1. African honeybee, (*Apis mellifera scutellata*),
2. Cape honeybee, (*Apis mellifera capensis*), and
3. Any other undesirable subspecies of honeybees determined by the state apiarist to be a threat to the state.

Detection of undesirable subspecies of honeybees in the state shall initiate the quarantine of all colonies of the infested apiary within a distance prescribed by the state apiarist. All colonies within the quarantine area shall be inspected. A recommended eradication or control method shall be determined and prescribed by the state apiarist.

[Filed 4/1/93, effective 6/2/93]

[Published 4/28/93]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 4/28/93.

ARC 3925A

BANKING DIVISION[187]

Adopted and Filed

Pursuant to the authority of Iowa Code sections 17A.3 and 524.213, the Banking Division of the Commerce Department hereby adopts amendments to Chapter 2, "Application Procedures," Iowa Administrative Code.

Specifically, these proposed amendments conform existing rules to statutory changes which no longer require mandatory hearings on applications for a new bank, applications to approve purchase and assumption transactions, applications for a merger of institutions, and applications to relocate the main office of a state bank. Public hearings on bank office applications have always been discretionary with the superintendent, and clarifying language to that effect is added to the current bank office rule. In addition, due to an earlier scrivener's error, witnesses were not required to be sworn in for testimony given by them at a hearing.

Notice of Intended Action was published in the Iowa Administrative Bulletin on March 3, 1993, as ARC 3814A.

The superintendent received no letters of comment from interested parties. A public hearing was held on March 23, 1993, and no interested parties appeared at the hearing.

These amendments are identical to the Notice.

These amendments are intended to implement Iowa Code sections 524.305, 524.1303, 524.1403, and 524.1507.

These amendments shall become effective June 2, 1993.

The following amendments are adopted.

ITEM 1. Amend subrule 2.4(3) to read as follows:

2.4(3) Hearing. A public hearing ~~will ordinarily may~~ be required by the superintendent on an application for any bank office ~~other than an office subject to Iowa Code section 524.1202(2).~~ ~~In unusual circumstances, a public hearing will be required on an application for an office subject to Iowa Code section 524.1202(2).~~

ITEM 2. Amend 2.12(1) to read as follows:

2.12(1) Scope. Subrules 2.12(2) to 2.12(14) contain procedures by which the superintendent may reach informed decisions with respect to those applications which by statute require a public hearing, and in such other cases as the superintendent shall deem a public hearing desirable. ~~Applications for which a public hearing is required include applications to charter a state bank, to merge or consolidate with or purchase the assets of another bank where the resulting bank is a state bank, or to relocate the main office of a state bank to another city or town.~~ These procedures provide a method by which all persons interested in the subject matter of such applications or other cases in which a public hearing is deemed desirable may present their views. Nothing contained herein shall be construed to prevent interested persons from presenting their views in a more informal manner when deemed appropriate by the superintendent or to prevent the superintendent from conducting such other investigation as may be deemed appropriate.

ITEM 3. Amend paragraph 2.12(10)"a" to read as follows:

a. The obtaining and use of witnesses is the responsibility of the parties. All witnesses will be present on their own volition, but any person appearing as a witness may be subject to questioning by any participant. The refusal of a witness to answer questions may be considered by the superintendent in determining the weight to be accorded the testimony of that witness. Witnesses shall ~~not~~ be sworn.

[Filed 4/8/93, effective 6/2/93]

[Published 4/28/93]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 4/28/93.

ARC 3923A

HISTORICAL DIVISION[223]

Adopted and Filed

Pursuant to the authority of Iowa Code sections 17A.3 and 303.1A, the Historical Division hereby amends Chapter 49, "Historical Resources Development Program," Iowa Administrative Code.

Notice of Intended Action regarding these amendments was published in the Iowa Administrative Bulletin on March 3, 1993, as ARC 3821A.

These amendments add a definition and explain the purpose of "Letter of intent"; change telephone numbers of the State Historical Society; and add a paragraph relating to governmental units selling property exempt from payback provisions when the sale places the property on tax rolls.

A public hearing was held on March 23, 1993. There was no public comment. These amendments are identical to those published under Notice.

These amendments will become effective June 2, 1993.

These amendments are intended to implement Iowa Code section 303.2 and Iowa Code chapter 303, subchapter II.

The following amendments are adopted.

ITEM 1. Amend rule ~~223—49.2(303)~~ by adding the following definition in alphabetical order:

"Letter of intent" means a written notice, postmarked by March 15 and submitted to the HRDP coordinator, that a draft application will be submitted by the April 1 deadline.

ITEM 2. Amend subrule 49.5(1) to read as follows:

49.5(1) Procedure. All applications shall be submitted on forms obtained from the society. Interested applicants shall obtain application forms and procedures from the HRDP Coordinator, State Historical Society of Iowa, Capitol Complex, Des Moines, Iowa 50319, telephone (515)281-8719 242-6194.

ITEM 3. Amend subrule 49.5(3) to read as follows:

49.5(3) Application procedure—annual Annual review.
a. If an applicant wishes to have an application critiqued for technical requirements and general eligibility,

HISTORICAL DIVISION[223](cont'd)

then a letter of intent must be postmarked by March 15. The draft application must be postmarked by April 1.

b. Applications shall be reviewed annually on a deadline announced by the program coordinator at least 120 days prior to the application deadline.

ITEM 4. Amend subrule 49.5(4), paragraph "a," to read as follows:

a. *Emergency applications—purpose Purpose.* If a historical resource is threatened with destruction or if an exigency requires immediate action, an emergency application may be filed with the HRDP Coordinator, State Historical Society of Iowa, Des Moines, Iowa 50319, telephone (515)281-8719 242-6194.

ITEM 5. Amend subrule 49.7(1), paragraph "b," subparagraph (6), to read as follows:

(6) *Grant administration.* All contracts for acquisition and development of real property by individuals and private corporations and businesses shall require that ownership be retained by the grantee for 60 months after certification of project completion. In the event of a change of ownership within 24 months, the entire amount of the grant shall be returned to the society. In the event of a change of ownership within 25 to 60 months, 50 percent of the grant shall be returned to the society. *In the event the grantee is a governmental unit, the sale of property is exempt from payback provisions when the sale places the property on tax rolls.* In the event of the death of an individual owner this provision shall not apply.

[Filed 4/2/93, effective 6/2/93]
[Published 4/28/93]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 4/28/93.

ARC 3937A

REVENUE AND FINANCE
DEPARTMENT[701]

Adopted and Filed

Pursuant to the authority of Iowa Code sections 421.14 and 422.68(1), the Iowa Department of Revenue and Finance hereby adopts an amendment to Chapter 53, "Termination of Net Income," Iowa Administrative Code.

Notice of Intended Action was published in IAB, Vol. XV, No. 18 (3/3/93) p.1775, as ARC 3819A.

1992 Iowa Acts, Second Extraordinary Session, chapter 1001, section 240, amended Iowa Code subsection 422.37(2) to remove the requirement that an Iowa consolidated corporation income tax return include those members of the federal affiliated group of corporations which were unitary with those corporations subject to Iowa corporation income tax.

This amendment is identical to that published under Notice of Intended Action.

This amendment will become effective June 2, 1993, after filing with the Administrative Rules Coordinator and publication in the Iowa Administrative Bulletin.

The amendment is intended to implement Iowa Code section 422.37.

The following amendment is adopted.

Amend subrule 53.15(1), paragraph "a," to read as follows:

a. An affiliated group of corporations which did not file a consolidated return for the immediately preceding taxable year may file a consolidated return in lieu of separate returns for the taxable year. Each corporation which is subject to the Iowa corporation income tax or is unitary with a member which is subject to the Iowa corporation income tax and has been a member during any part of the taxable year for which the consolidated return is to be filed must consent (as provided in paragraph 53.15(1)"d") to the filing of the consolidated return. For tax years beginning on or after July 1, 1992, only those members of the affiliated group of corporations which are subject to the Iowa corporation income tax may be included in the Iowa consolidated return. *If the statutory change in the members of an affiliated group of corporations which may be included in an Iowa consolidated income tax causes a change in the members of the affiliated group actually included in the Iowa consolidated income tax return for the previous tax year, the taxpayer may discontinue filing a consolidated Iowa corporation income tax return for the first tax year beginning on or after July 1, 1992.*

[Filed 4/9/93, effective 6/2/93]
[Published 4/28/93]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 4/28/93.

ARC 3927A

TRANSPORTATION
DEPARTMENT[761]

Adopted and Filed

Pursuant to the authority of Iowa Code sections 307.10 and 307.12, the Department of Transportation, on April 7, 1993, adopted amendments to Chapter 410, "Special Mobile Equipment," Chapter 500, "Interstate Registration and Operation of Vehicles," Chapter 505, "Interstate Motor Vehicle Fuel Permits," Chapter 511, "Special Permits for Operation and Movement of Vehicles and Loads of Excess Size and Weight," Chapter 523, "Truck Operators and Contract Carriers," Chapter 525, "Motor Carriers and Charter Carriers," and Chapter 528, "Liquid Transport Carriers," Iowa Administrative Code.

A Notice of Intended Action for these amendments was published in the March 3, 1993, Iowa Administrative Bulletin as ARC 3792A.

Item 1 amends Chapter 410 and extends the period for registering newly acquired special mobile equipment (SME) from 5 to 15 days.

Items 2 to 18 concern interstate registration and operation for carriers and include these changes: Item 2 defines "power unit," the term used for International Registration Plan (IRP) registration. Items 4 and 7 revise the prorate registration procedure and update the applicable form numbers. Item 5 specifies that advance bulk purchases of trip permits are not eligible for refunds. Item 11 clarifies

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the procedure for sending delinquent notices and canceling registration for nonpayment of fees. Item 12 clarifies the procedure for carriers to voluntarily cancel registrations. Item 14 extends the period for temporary operating authority to 90 days pursuant to 1989 Iowa Acts, chapter 317, section 38 [Iowa Code section 326.11], and provides a standard issuance procedure for all qualified carriers. Item 16 explains eligibility for semiannual payment of apportioned registration fees. Item 17 is a new rule on the issuance and placement of prorated plates. Item 18 is also a new rule implementing 1992 Iowa Acts, chapter 1100, section 7 [Iowa Code section 326.19A], and requiring carriers to retain records of apportioned registration.

Items 19 to 26 concern fuel permits and include these changes: Item 21 clarifies the usage of a fuel permit duplicate or a copy. Item 24 specifies locations where temporary fuel permits are available and states that advance bulk purchases of fuel permits are not eligible for refunds.

Items 27 to 37 concern movement of oversize and overweight vehicles and include these changes: Item 28 updates the methods for obtaining permits. Item 30 states that advance purchases of permits are not eligible for refunds. Item 31 deletes the requirement that original permits be returned to the Department. Item 32 updates the rule on annual permits. Item 33 is a new rule on all-system permits. Items 32 to 34 now include the movement of mobile homes and factory-built structures in compliance with 1992 Iowa Acts, chapter 1173, section 1 [Iowa Code subsection 321E.8(4)]. Item 34 adds a new subrule on divisible loads of agricultural products in compliance with 1987 Iowa Acts, chapter 189, section 2 [Iowa Code subsection 321.454(1)].

Items 38 to 42 affect truck operators and contract carriers and include these changes: Item 40 rescinds the rule that bills of lading for agricultural products are not needed until the end of the day. Item 42 states the effective date of new tariffs.

Items 43 to 50 affect motor carriers and charter carriers and include these changes: Item 46 states the period for accepting supporting statements from shippers. Item 48 requires a carrier to have a financial statement on file in the Office of Motor Carrier Services before transferring a certificate. Item 49 clarifies the posting requirement for tariff changes and states the effective date for new tariffs. Item 50 adopts industry terminology for supporting statements.

Items 51 to 57 affect liquid transport carriers and include these changes: Item 54 states the period for accepting supporting statements when transferring a certificate. Item 56 clarifies the posting requirement for tariff changes and states the effective date for new tariffs. Item 57 adopts industry terminology for supporting statements.

The remaining amendments contain address changes, updated form numbers, corrected citations to the U.S. Code, Iowa Code and Iowa Administrative Code, implementation clauses, minor procedural changes, and editorial changes of a nonsubstantive nature.

These amendments are identical to the ones published under Notice except for a clarification of wording in paragraph 761—500.3(1)"e" of Item 4 and the addition of an Iowa Code citation in Item 8.

These amendments are intended to implement Iowa Code chapters 17A, 321, 321E, 325, 326, 327, 327A, 327C, 327D, and 452A.

These amendments will become effective June 2, 1993. The following amendments are adopted.

ITEM 1. Amend subrule 410.3(2) as follows:

410.3(2) The special mobile equipment (SME) plate shall be attached to its equipment and the corresponding certificate of identification shall be carried in the cab of the vehicle transporting the equipment. However, an owner of special mobile equipment may transport the equipment for ~~five~~ 15 days after the date of purchase without the plate and certificate if a signed and dated bill of sale or other evidence of the purchase is carried in the cab of the transporting vehicle.

ITEM 2. Amend rule 761—500.1(326) by adding a definition for "Power unit" and an implementation clause as follows:

"Power unit" means, for registration purposes, a bus, truck, truck tractor, road tractor or tractor.

This rule is intended to implement Iowa Code section 326.1.

ITEM 3. Amend rule 761—500.2(326) as follows:

761—500.2(326) General information.

500.2(1) Location. Applications, forms and information on interstate registration and operation of vehicles are available by mail from the Office of Motor Carrier Services, Iowa Department of Transportation, P.O. Box 10382, Des Moines, Iowa 50306-0382; or in person at its location in Park Fair Mall, 100 Euclid Avenue, Des Moines, Iowa; telephone (515)237-3264.

500.2(2) Organizational data. The office of motor carrier services of the motor vehicle division is authorized, pursuant to Iowa Code chapter 326, to:

500.2(1) a. Administer motor vehicle reciprocal and proration agreements with other jurisdictions (~~information on Iowa's entry into the international registration plan, effective January 1, 1978, may be obtained by writing to the address in subrule 500.3(6);~~

500.2(2) b. Compute and collect registration fees due this state under proportional registration agreements; and

500.2(3) c. Issue license plates, stickers, or other identification to vehicles subject to proportional registration, issue reciprocity permits and stickers to qualified carriers, and issue temporary authority and trip permits to qualified carriers.

This rule is intended to implement Iowa Code chapter 326 and section 17A.3.

ITEM 4. Amend subrule 500.3(1) as follows:

500.3(1) Prorate registration. If the carrier is qualified for prorate registration, the following procedures are used:

a. The proper forms for registration, ~~either original, Form 442016 (in the case of a vehicle to be added at the beginning of the year), or supplemental Form 442015 (in the case of a vehicle to be added during the year),~~ shall be completed by the carrier and sent to the office of motor carrier services at the address in subrule 500.2(1) 500.3(6). (See subrule ~~500.3(4)~~ 500.3(5) for application instructions.)

b. All Iowa applications not properly completed in accordance with the ~~"Iowa Prorate Registration Instructions"~~ international registration plan (IRP) instructions shall be returned to the carrier for the necessary information or corrections.

c. The vehicle and mileage data contained in the application shall be processed and a ~~"Statement of Fees"~~ invoice prepared and forwarded to the carrier.

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d. The carrier shall then remit the fees shown on the statement with copy "C" of the statement with the information as required on the invoice. All payments Payment(s) of international registration plan fees shall may be included in one by check or money order, made payable to the Iowa Department of Transportation. Payment except payment(s) shall be by money order, cashier's check, certified check or cash for a carrier with no Iowa fee payment history.

e. When payment is received by the office of motor carrier services, credentials shall be issued to Iowa-based vehicles. license plates and registration receipts shall be issued to the Iowa based vehicles while prorated decals and cab cards shall be issued to vehicles based outside the state. Vehicles based in jurisdictions belonging to the international registration plan shall be issued credentials only by the base jurisdiction. If credentials are lost, duplicates may be obtained by contacting the office of motor carrier services and paying the fees specified in Iowa Code section 321.42 plus mailing costs. Fees for a replacement plate or pair of plates shall be five dollars each. Fees for all other duplicate credentials shall be three dollars each. Fees for backing plates shall also be three dollars each. For purposes of this paragraph, "credentials" for IRP means an apportioned plate, validation sticker and cab card, or temporary authority.

ITEM 5. Amend subrule 500.3(3), introductory paragraph and paragraphs "a" and "c," as follows:

500.3(3) Trip permits. All commercial vehicles as defined in subrule 500.1(2) rule 500.1(326) shall be subject to the trip permit requirements of Iowa Code chapter 326.

a. The carrier may purchase trip permits in advance by mailing a written request to the office of motor carrier services at the address specified in subrule 500.3(6) 500.2(1). Such requests shall include the appropriate permit fee remittance. Carriers purchasing registration trip permits in advance of use cannot return unused permits for refund.

c. Trip permits may also be obtained by wire service. This communication service includes Western Union, such as InstaCom, and Transceiver. Trip permits may be sent collect to truck stops possessing the above wire service equipment. A list of information on truck stops with communications wire service equipment may be obtained from the communications companies or by contacting the office of motor carrier services.

ITEM 6. Amend 500.3(4)"a," introductory paragraph, and 500.3(4)"c" as follows:

a. Applications shall be submitted to: the office of motor carrier services at the address in subrule 500.2(1)

Office of Motor Carrier Services
Iowa Department of Transportation
Park Fair Mall
100 Euclid Avenue
P.O. Box 10382
Des Moines, Iowa 50306-0382
(515)237-3264

and shall include the following information:

c. The office of motor carrier services shall send to the carrier a statement of fees an invoice based upon the above method.

ITEM 7. Amend paragraph 500.3(5)"a," introductory paragraph and subparagraph (2), and subparagraph 500.3(5)"b"(2) as follows:

a. The original application for prorated registration is made on Form 442015 Forms 442014 and 442016. (Additions or deletions to a prorated fleet, after the original application is filed, are made on Form 442015.)

(2) The carrier shall then delete from the renewal form the units that it does not wish to license for the coming year. Application for registration of additional vehicles for the coming year cannot be made on the renewal application, but must should be submitted on the renewal or Form 442015 Forms 442014 and 442016.

(2) Additional applications may be requested from the address specified in subrule 500.2(1) 500.3(6).

ITEM 8. Rescind subrule 500.3(6) and add an implementation clause at the end of rule 761—500.3(326) as follows:

This rule is intended to implement Iowa Code sections 321.42, 326.6, 326.7, 326.10, 326.10A, 326.22, 326.23, 326.25 and 326.26.

ITEM 9. Rescind and reserve rule 761—500.6(326).

ITEM 10. Rescind rule 761—500.7(326) and insert in lieu thereof the following:

761—500.7(326) Policy on registration credit. If a vehicle is deleted from the prorated fleet and replaced with a comparable vehicle, the unexpired Iowa prorated registration fees may be applied to fees due Iowa on the replacement vehicle by submitting an application on Form 442015.

This rule is intended to implement Iowa Code sections 321.126, 321.127 and 326.12.

ITEM 11. Rescind rule 761—500.8(326) and insert in lieu thereof the following:

761—500.8(326) Cancellation for nonpayment of registration fees. Each January 31, the office of motor carrier services will send a notice of delinquency to all carriers whose registration fees are 30 days overdue. The notice of delinquency will state that the carrier's fleet registrations shall be canceled unless payment is received within 20 days.

This rule is intended to implement Iowa Code sections 326.16 and 326.25.

ITEM 12. Rescind rule 761—500.9(326) and insert in lieu thereof the following:

761—500.9(326) Voluntary cancellation of registration. A carrier may cancel an application for prorated registration (Form 442015) within 15 days after the application has been received by sending a written notice to the office of motor carrier services at the address in subrule 500.2(1). The notice shall state the reason for cancellation, the licensing status and ownership and be signed by the carrier or its representative. If notice is not received within 15 days, all registration fees shall be paid in full.

This rule is intended to implement Iowa Code sections 326.6 and 326.16.

ITEM 13. Amend rule 761—500.10(326) by adding an implementation clause as follows:

This rule is intended to implement Iowa Code sections 321.134 and 326.30.

ITEM 14. Amend rule 761—500.11(326), introductory paragraph and subrule 500.11(1), as follows:

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761—500.11(326) Temporary authority. A carrier may obtain temporary written authority to operate vehicles that have been added to its prorate fleet for the period of time required to process the supplemental application. The authority shall not exceed ~~forty-five~~ 90 days.

500.11(1) Motor ~~The office of motor carrier services shall issue temporary authority to Iowa-based qualified carriers upon receipt of an oral a-verbal or written request from the carrier. Temporary authority shall not be issued unless the original application for the registration year has been filed with the office of motor carrier services processed. The carrier shall provide all information as required for the temporary authority to be issued and shall file the supplemental application no later than ten days following the issuance of the authority.~~

Further amend rule 761—500.11(326) by rescinding subrule 500.11(2).

ITEM 15. Amend rule 761—500.12(326) and the implementation clause as follows:

761—500.12(326) Making claim for refund. Refunds of fees previously paid for the registration of motor vehicles may be made in accordance with Iowa Code section sections 321.126, 321.173 and 326.15. Claim forms (Form 441021) may be obtained from and completed claim forms shall be returned to: *the office of motor carrier services at the address in subrule 500.2(1).*

~~Office of Motor Carrier Services
Iowa Department of Transportation
Park Fair Mall
100 Euclid Avenue
P.O. Box 10382~~

~~Des Moines, Iowa 50306-0382
(515) 237-3264~~

This rule is intended to implement Iowa Code sections 321.126, 321.173, 326.12 and 326.15.

ITEM 16. Amend rule 761—500.14(326) and add an implementation clause as follows:

761—500.14(326 321) Payment of first half fee. *Iowa-based carriers with commercial vehicles that are subject to proportional registration and Carriers* eligible to pay registration fees in semiannual installments, pursuant to Iowa Code section 321.134, shall be extended this privilege until May 20 of the current registration year. Thereafter, payments shall only be accepted in the amount of the annual registration fee pursuant to Iowa Code sections 321.105 and 321.106.

This rule is intended to implement Iowa Code sections 321.105, 321.106 and 321.134.

ITEM 17. Add new rule 761—500.17(326) as follows:

761—500.17(326) Prorate plate. Upon payment of appropriate fees, the office of motor carrier services will issue one IRP nonexpiring plate for each power unit to be mounted on the front of the power unit and one nonexpiring trailer plate to be mounted on the rear of the trailer.

This rule is intended to implement Iowa Code section 326.14.

ITEM 18. Add new rule 761—500.20(326) as follows:

761—500.20(326) Record retention.

500.20(1) Requirement and penalty. Resident fleet owners shall preserve the records upon which their apportioned registration is based as required by the international registration plan (IRP) in Article XV, "Preservation of

Records and Audit." The department may assess a penalty upon fleet owners who have failed to maintain proper records.

500.20(2) Mileage records. Mileage records shall be preserved for the current registration year plus the three preceding registration years. Mileage summaries must be supported by individual vehicle mileage records to provide an auditable system.

500.20(3) Retention of source documents. Individual vehicle mileage records as specified in the IRP audit guidelines shall be acceptable to verify fleet mileage. The individual vehicle mileage record must include all of the following:

- a. Date of trip (starting and ending dates),
- b. Trip origin and destination,
- c. Routes of travel,
- d. Total trip miles,
- e. Mileage by jurisdiction, and
- f. Unit number or vehicle identification number.
- g. Odometer readings may be substituted for routes of travel if the substitution is approved by the department.

500.20(4) Reaudit and assessment. If an audit determines that a fleet owner has not maintained adequate mileage records, the following procedures will apply:

a. The department will send an audit report to the fleet owner, detailing the areas of noncompliance.

b. After a three-month grace period, the department shall reaudit the owner's records to monitor improvement. If the owner's record-keeping system is not in compliance at the time of the reaudit, the department shall assess an audit penalty. The penalty shall equal 20 percent of the owner's projected full Iowa fees for the prorate year audited.

c. After an initial billing, the owner shall be subject to periodic reaudits and penalties may be assessed for up to three full years of subsequent noncompliance, pursuant to the IRP reciprocity agreement.

This rule is intended to implement Iowa Code section 326.19A.

ITEM 19. Amend rule 761—505.2(324) as follows:

761—505.2(324 452A) General information.

505.2(1) Location. *Applications, forms and information on interstate motor vehicle fuel permits are available by mail from the Office of Motor Carrier Services, Iowa Department of Transportation, P.O. Box 10382, Des Moines, Iowa 50306-0382; or in person at its location in Park Fair Mall, 100 Euclid Avenue, Des Moines, Iowa; telephone (515)237-3264.*

505.2(2) Organizational data. The office of motor carrier services of the department's motor vehicle division is authorized, pursuant to Iowa Code chapter 324 452A, division III, to:

505.2(1) a. Issue permanent or single trip interstate fuel permits.

505.2(2) b. Compute and collect interstate motor fuel taxes on fuel purchased outside Iowa and used within Iowa.

505.2(3) c. Issue refunds for fuel taxes paid on motor fuel and special fuel purchased in Iowa and not used in this state.

505.2(4) d. Administer agreements with other jurisdictions for the collection and refund of interstate motor fuel tax. In accordance with this, the department has adopted the international fuel tax agreement and all of its provisions are hereby incorporated in this chapter of rules. A

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copy of the agreement may be obtained by writing to the department office of motor carrier services at the address given in paragraph 505.3(4)"a." in subrule 505.2(1).

This rule is intended to implement Iowa Code sections ~~324.51 452A.51~~ and ~~324.56 452A.56~~.

ITEM 20. Renumber subrule 505.3(2) as subrule 505.3(4); subrule 505.3(4) as subrule 505.3(2); subrule 505.3(5) as subrule 505.3(6); and subrule 505.3(6) as subrule 505.3(5). Amend renumbered paragraph 505.3(2)"a," introductory paragraph, as follows:

a. A permanent fuel permit may be obtained from the office of motor carrier services at the address in subrule 505.2(1) ~~Office of Motor Carrier Services, Iowa Department of Transportation, Park Fair Mall, 100 Euclid Avenue, P.O. Box 10382, Des Moines, Iowa 50306-0382.~~ The cost of a permanent fuel permit is ~~ten dollars \$10~~ and the application must be complete and include, but not be limited to, the following information:

ITEM 21. Amend renumbered paragraph 505.3(4)"b" as follows:

b. If several vehicles are operated under a single permanent permit, a copy may be made of said the permit and carried in each vehicle. The ~~duplication(s) copy~~ shall be void if altered in any way. ~~Duplicate copies A duplicate permit may also be obtained from the office of motor carrier services at the address in subrule 505.2(1) Office of Motor Carrier Services, Iowa Department of Transportation, Park Fair Mall, 100 Euclid Avenue, P.O. Box 10382, Des Moines, Iowa 50306-0382,~~ for a charge of ~~fifty cents 50c~~ per copy.

ITEM 22. Rescind renumbered paragraph 505.3(5)"b" and insert in lieu thereof the following:

b. A permanent fuel permit which has been canceled for cause pursuant to Iowa Code section 452A.68 may be reissued if a bond is filed.

ITEM 23. Amend renumbered paragraph 505.3(6)"c" as follows:

c. A copy of such bond shall be filed with the office of motor carrier services at the address in subrule 505.2(1) ~~Office of Motor Carrier Services, Iowa Department of Transportation, Park Fair Mall, 100 Euclid Avenue, P.O. Box 10382, Des Moines, Iowa 50306-0382,~~ before a new permit shall be issued. This office shall also be notified of bond cancellation ~~thirty 30~~ days before the cancellation is effective.

ITEM 24. Amend paragraphs 505.3(7)"a" and 505.3(7)"c" as follows:

a. A temporary fuel permit may be obtained by any person operating a commercial motor vehicle which is not otherwise covered by a permanent permit. ~~This The~~ permit may be obtained from the ~~Iowa department of transportation office of motor carrier services~~ at a cost of ~~\$12 twelve dollars~~. The permit may also be obtained from ~~other locations wire services, such as InstaCom and Transceiver, and truck stops~~ designated by the Iowa department of transportation. A list of these locations may be obtained from the ~~Iowa department of transportation office of motor carrier services~~ upon request. ~~Carriers purchasing fuel trip permits in advance of use cannot return unused permits for refund.~~

c. Application may be made to the office of motor carrier services at the address in subrule 505.2(1) ~~Office of Motor Carrier Services, Iowa Department of Transporta-~~

~~tion, Park Fair Mall, 100 Euclid Avenue, P.O. Box 10382, Des Moines, Iowa 50306-0382,~~ or at locations designated by the department of transportation. Alternate locations designated shall be approved "truck stops" as defined in Iowa Code section 326.23. These truck stops shall obtain prepaid permits at a cost of ~~twelve dollars \$12~~ per permit. If a truck stop subsequently ceases to sell the permits, the remaining unissued permits purchased may be redeemed at the ~~department of transportation office of motor carrier services~~ at the same price paid to obtain them. When the permits are purchased from the truck stop, they shall be issued at a price of ~~twelve dollars \$12~~ plus any specific cost attributable directly to the acquisition of that permit. The effective date of the permits shall be the date and hour of purchase from the truck stop.

ITEM 25. Amend paragraph 505.4(12)"b" as follows:

b. The fact that the reporting party does not have the prescribed form shall not be an adequate reason for failure to file. ~~The office of motor carrier services at the address in subrule 505.2(1) The Office of Motor Carrier Services, Iowa Department of Transportation, Park Fair Mall, 100 Euclid Avenue, P.O. Box 10382, Des Moines, Iowa 50306-0382,~~ may be contacted to request copies of any forms needed. The department may also prescribe the form of the records which the reporting parties are required to keep in support of the reports they file.

ITEM 26. Amend paragraph 505.6(2)"b" as follows:

b. If a permit holder disputes the findings of an investigation or audit by the department, the permit holder may request a hearing to present further evidence, information or records to support the claim. The written request for hearing shall be directed to the attention of the ~~director of the office of motor carrier services at the address in subrule 505.2(1) Director, Office of Motor Carrier Services, Iowa Department of Transportation, Park Fair Mall, 100 Euclid Avenue, P.O. Box 10382, Des Moines, Iowa 50306-0382,~~ within ~~thirty 30~~ days of the date of notice of audit results issued by the department.

ITEM 27. Amend rule 761—511.2(321E) by amending the catchwords, renumbering subrules 511.2(1) to 511.2(5) as 511.2(2) to 511.2(6), and adding a new subrule 511.2(1) and an implementation clause as follows:

~~761—511.2(321E) General Location and general information.~~

~~511.2(1) Applications, forms and instructions are available by mail from the Office of Motor Carrier Services, Iowa Department of Transportation, P.O. Box 10382, Des Moines, Iowa 50306-0382; or in person at its location in Park Fair Mall, 100 Euclid Avenue, Des Moines, Iowa; telephone (515)237-3264.~~

~~This rule is intended to implement Iowa Code sections 17A.3 and 321E.1.~~

ITEM 28. Amend paragraph 511.4(1)"a" as follows:

a. Annual and single-trip permits for movement on the primary road system may be obtained in person, by ~~telephone, wire service telephone-telegraph,~~ or by mail from the office of motor carrier services at the address in subrule 511.2(1) ~~Office of Motor Carrier Services, Iowa Department of Transportation, Park Fair Mall, 100 Euclid Avenue, P.O. Box 10382, Des Moines, Iowa 50306-0382.~~

ITEM 29. Amend paragraphs 511.4(2)"a" and 511.4(2)"b" and add an implementation clause to rule 761—511.4(321E) as follows:

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a. Applications for permits for movement on the primary road system shall be made and permits shall be issued on departmental Forms 444003, 442009 and 442010 442051 which are hereby incorporated by reference.

b. Any applications to other permit issuing authorities made upon Forms 444003, 442009 and 442010 442051 shall be sufficient and accepted as properly made by these authorities.

This rule is intended to implement Iowa Code section 321E.1.

ITEM 30. Amend subrule 511.5(1) as follows:

511.5(1) Annual permit. A fee of \$25 shall be charged for each annual permit, payable prior to the issuance of the permit. *Carriers purchasing annual permits in advance of use cannot return unused permits for refunds.*

ITEM 31. Amend subparagraph **511.5(6)"b"(3)** by striking the following sentence:

~~Account holders shall submit the original permit to the permit issuing authority when movement is completed.~~

ITEM 32. Rescind rule 761—511.7(321E) and insert in lieu thereof the following:

761—511.7(321,321E) Issuance of annual permits. Annual permits for travel on state highways may be issued for the following:

511.7(1) Vehicles with indivisible loads, including construction machinery, mobile homes and factory-built structures, provided the following are not exceeded:

- Width. 12 feet 5 inches including appurtenances.
- Length. 75 feet 0 inches overall. Front-end projection may, at the discretion of the permit issuing authority, exceed 15 feet.
- Height. 13 feet 10 inches.
- Weight. See rule 511.10(321E).
- Distance. Movement is allowed for unlimited distance; routing through the office of motor carrier services is not required.

511.7(2) Vehicles with indivisible loads, including construction machinery, mobile homes and factory-built structures, provided the following are not exceeded:

- Width. 14 feet 6 inches.
- Length. 100 feet 0 inches overall. Front-end projection may, at the discretion of the permit issuing authority, exceed 15 feet.
- Height. Statutory: 13 feet 6 inches.
- Weight. See rule 511.10(321E).
- Distance. Movement is restricted to 50 miles unless trip routes are obtained from the office of motor carrier services. Trip routes are valid for five days.

511.7(3) Vehicles with indivisible load, including construction machinery, mobile homes and factory-built structures, provided the following are not exceeded:

- Width. 16 feet 0 inches.
- Length. 100 feet 0 inches.
- Height. 13 feet 6 inches.
- Weight. See rule 761—511.10(321E).
- Distance. Trip routes must be obtained from the office of motor carrier services.

511.7(4) Vehicles with indivisible loads, including construction machinery, mobile homes and factory-built structures, provided the following are not exceeded:

- Width. Must comply with Iowa Code section 321.454.
- Length. 100 feet 0 inches overall. Front-end projection may, at the discretion of the permit issuing authority, exceed 15 feet.

c. Height. Statutory: 13 feet 6 inches.

d. Weight. See rule 511.10(321E).

e. Distance. Movement is restricted to 50 miles.

511.7(5) Truck trailers manufactured or assembled in the state of Iowa provided the following are met:

- Width. Not to exceed 10 feet 0 inches.
- Length. Overall combination length must comply with Iowa Code section 321.457.
- Height. Statutory: Not to exceed 13 feet 6 inches.
- Weight. See rule 511.10(321E).
- Speed. Not to exceed 45 miles per hour on primary roads or 55 miles per hour on interstates.
- Roadway width. At least 24 feet 0 inches.

g. Movement shall be solely for the purpose of delivery or transfer from the point of manufacture or assembly to another point of manufacture or assembly within the state or to a point outside the state and shall be on the most direct route necessary for the movement.

511.7(6) Vehicles with divisible loads of hay, straw or stover provided the following are not exceeded:

- Width. 12 feet 5 inches.
- Length. Must comply with Iowa Code section 321.457.
- Height. Statutory: 13 feet 6 inches.
- Weight. See rule 511.10(321E).
- Distance. Unlimited.

This rule is intended to implement Iowa Code sections 321.454, 321.456, 321.457, 321.463 and 321E.8.

ITEM 33. Renumber rule **761—511.8(321E)** as rule **761—511.9(321E)** and rule **761—511.9(321E)** as rule **761—511.10(321E)** and adopt new rule **761—511.8(321, 321E)** as follows:

761—511.8(321,321E) Issuance of all-system permits. All-system permits are issued by the office of motor carrier services for travel on state highways (unless restricted by embargo maps or posted limits) and specified city streets and county roads. The office of motor carrier services will provide a list of the authorized city streets and county roads. These permits are issued in accordance with the following:

511.8(1) Vehicles with indivisible loads, including construction machinery, mobile homes and factory-built structures, provided the following are not exceeded:

- Width. 12 feet 5 inches including appurtenances.
- Length. 75 feet 0 inches overall. Front-end projection may, at the discretion of the permit issuing authority, exceed 15 feet.
- Height. 13 feet 10 inches.
- Weight. See rule 511.10(321E).
- Distance. Movement is allowed for unlimited distance; routing through the office of motor carrier services and city and county jurisdictions is not required.

511.8(2) Vehicles with indivisible loads, including construction machinery, mobile homes and factory-built structures, provided the following are not exceeded:

- Width. 14 feet 6 inches.
- Length. 100 feet 0 inches overall. Front-end projection may, at the discretion of the permit issuing authority, exceed 15 feet.
- Height. Statutory: 13 feet 6 inches.
- Weight. See rule 511.10(321E).
- Distance. Movement is restricted to 50 miles unless trip routes are obtained from the office of motor carrier services and city and county jurisdictions. Trip routes are valid for five days.

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511.8(3) Vehicles with indivisible loads, including construction machinery, mobile homes and factory-built structures, provided the following are not exceeded:

- a. Width. 16 feet 0 inches.
- b. Length. 100 feet 0 inches.
- c. Height. 13 feet 6 inches.
- d. Weight. See rule 761—511.10(321E).
- e. Distance. Trip routes must be obtained from the office of motor carrier services and city and county jurisdictions.

511.8(4) Vehicles with indivisible loads, including construction machinery, mobile homes and factory-built structures, provided the following are not exceeded:

- a. Width. Must comply with Iowa Code section 321.454.
- b. Length. 100 feet 0 inches overall. Front-end projection may, at the discretion of the permit issuing authority, exceed 15 feet.
- c. Height. Statutory: 13 feet 6 inches.
- d. Weight. See rule 511.10(321E).
- e. Distance. Movement is restricted to 50 miles. Routes are obtained from the office of motor carrier services and city and county jurisdictions.

511.8(5) Truck trailers manufactured or assembled in the state of Iowa provided the following are met:

- a. Width. Not to exceed 10 feet 0 inches.
- b. Length. Overall combination length must comply with Iowa Code section 321.457.
- c. Height. Statutory: Not to exceed 13 feet 6 inches.
- d. Weight. See rule 511.10(321E).
- e. Speed. Not to exceed 45 miles per hour on primary roads or 55 miles per hour on interstates.
- f. Roadway width. At least 24 feet 0 inches.
- g. Movement shall be solely for the purpose of delivery or transfer from the point of manufacture or assembly to another point of manufacture or assembly within the state or to a point outside the state and shall be on the most direct route necessary for the movement.

511.8(6) Vehicles with divisible loads of hay, straw or stover provided the following are not exceeded:

- a. Width. 12 feet 5 inches.
- b. Length. Must comply with Iowa Code section 321.457.
- c. Height. Statutory: 13 feet 6 inches.
- d. Weight. See rule 511.10(321E).
- e. Distance. Movement is allowed for unlimited distance; routing through the office of motor carrier services and city and county jurisdictions is not required.

511.8(7) Necessary trip routes must be obtained from the appropriate city and county jurisdictions.

This rule is intended to implement Iowa Code sections 321.454, 321.456, 321.457, 321.463, 321E.2 and 321E.8.

ITEM 34. Amend renumbered rule 761—511.9(321E) as follows:

Strike all references to "rule 511.9(321E)" and insert in lieu thereof "rule 511.10(321E)".

Rescind and reserve renumbered subrule 511.9(2).

Amend renumbered subrules 511.9(1), 511.9(3) and 511.9(4), introductory paragraphs, and add new subrule 511.9(5) and an implementation clause as follows:

511.9(1) Vehicles with indivisible loads, including construction machinery, *mobile homes and factory-built structures*, provided the following are not exceeded:

511.9(3) Vehicles with indivisible loads, including construction machinery, *mobile homes and factory-built structures*, provided the following are not exceeded:

511.9(4) Vehicles especially designed for the movement of grain bins and vehicles with indivisible loads, including construction machinery, *mobile homes and factory-built structures*, provided the following are not exceeded:

511.9(5) Vehicles with divisible loads of hay, straw or stover provided the following are not exceeded:

- a. Width. 12 feet 5 inches.
 - b. Length. Must comply with Iowa Code section 321.457.
 - c. Height. Statutory: 13 feet 6 inches.
 - d. Weight. See rule 511.10(321E).
 - e. Distance. Unlimited.
- This rule is intended to implement Iowa Code sections 321.454, 321.456, 321.457, 321.463 and 321E.9.

ITEM 35. Amend renumbered rule 761—511.10(321E) as follows:

Amend subrule 511.10(1) and paragraph 511.10(2)"c" by striking "subrule 511.9(4)" and inserting in lieu thereof "subrule 511.10(4)".

Add an implementation clause as follows:

This rule is intended to implement Iowa Code sections 321.463 and 321E.7 to 321E.9.

ITEM 36. Amend rule 761—511.11(321E) as follows:

Amend subrule 511.11(2) by striking "rule 511.9(321E)" and inserting in lieu thereof "rule 511.10(321E)".

Add an implementation clause as follows:

This rule is intended to implement Iowa Code sections 321.463 and 321E.29.

ITEM 37. Amend rule 761—511.14(321E) as follows:

Amend paragraphs 511.14(2)"g" and 511.14(2)"i" as follows:

g. The escort shall not assume responsibility for stopping traffic. An on-duty peace officer, as defined in Iowa Code ~~subsections section 321.1(45) and 801.4(7)~~, shall be contacted to provide any traffic control needed.

i. Escort fees charged by state and local authorities shall not exceed ~~ten dollars per hour per escort vehicle. The total fee shall not exceed one hundred dollars for a ten-hour day \$250 per day per escort vehicle.~~

Add a new paragraph 511.14(3)"e" as follows:

e. A mobile home or factory-built structure of 16 feet 6 inches or less in width does not require an escort for travel on an interstate or 4-lane divided highway. Two lights as described in paragraph 511.14(3)"b" must be mounted, one on the rear of the mobile home or factory-built structure and the other on the towing vehicle. An escort is required when the mobile home or factory-built structure exits the interstate or 4-lane divided highway.

Add an implementation clause as follows:

This rule is intended to implement Iowa Code sections 321E.8, 321E.9 and 321E.14.

ITEM 38. Amend paragraph 523.1(4)"a" by striking the words "sec. 203(14)" and inserting in lieu thereof the words "49 U.S.C. 10102(4)".

ITEM 39. Amend rule 761—523.3(327), catchwords, and subrule 523.3(1), introductory paragraph, and add an implementation clause as follows:

761—523.3(327) Marking of motor vehicles equipment.
523.3(1) Manner of marking motor vehicles equipment. "Motor vehicle" is defined in Iowa Code section 321.1. Before placing any motor vehicle equipment in service there shall be painted on each side of the motor

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vehicle equipment and on the headboards, if appropriate, or on some suitable material securely placed on each side of the motor vehicle equipment, in letters and figures large enough to be easily read at a distance of fifty 50 feet and in a color in contrast to the background, the following:

This rule is intended to implement Iowa Code sections 325.31 and 327.19.

ITEM 40. Amend subrule 523.5(2) and add an implementation clause at the end of the rule as follows:

523.5(2) Bills of lading or receipts shall be numbered consecutively; there shall be one copy for the consignor, one for the consignee and one to be kept by the truck operator. Operator's copy shall be carried with the cargo and shall show total of all charges made for the movement of freight and shall be kept by the operator for a period of not less than one year, subject to inspection by department representatives at any reasonable time. ~~Bills of lading or freight receipts for agricultural products being transported from farm to market need not be completed until the end of the business day.~~

This rule is intended to implement Iowa Code section 327.2.

ITEM 41. Amend rule 761—523.7(327) and add an implementation clause as follows:

761—523.7(327) Complaints. Complaints against truck operators submitted under Iowa Code section 327C.25 or 327D.89 shall be submitted to: ~~the office of motor carrier services at the address in subrule 523.2(1). Office of Motor Carrier Services, Iowa Department of Transportation, Park Fair Mall, 100 Euclid Avenue, P.O. Box 10382, Des Moines, Iowa 50306-0382.~~

This rule is intended to implement Iowa Code sections 327.2 and 327.16.

ITEM 42. Amend rule 761—523.8(327) as follows:

Amend subrules 523.8(3) and 523.8(4) as follows:

523.8(3) Filing date. All changes to tariffs and supplements must be filed with the ~~office of motor carrier services department~~ and posted in a conspicuous place at the operator's principal place of business at least ~~thirty~~ 30 days prior to the effective date thereof, unless otherwise authorized by the ~~office of motor carrier services department~~, except that tariffs, supplements or adoption notices issued in connection with applications for truck operator permits, or the transfer of permits from one truck operator to another, may become effective on a date not earlier than the date on which permits are issued or transferred. *Any new tariff shall be effective on the date specified on the permit issued by the office of motor carrier services.*

523.8(4) Copy to department. Issuing truck operators or their agents shall transmit to the department one copy of each tariff, supplement or revised page. Each copy shall be included on one package accompanied by a letter of transmittal listing all tariffs enclosed and addressed to the ~~office of motor carrier services at the address in subrule 523.2(1) Office of Motor Carrier Services, Iowa Department of Transportation, Park Fair Mall, 100 Euclid Avenue, P.O. Box 10382, Des Moines, Iowa 50306-0382.~~ All postage or express must be prepaid.

Amend subrule 523.8(13), paragraphs "c" and "d," as follows:

c. The original of all powers of attorney shall be filed with the ~~office of motor carrier services department~~ and a

duplicate of the original sent to the agent or truck operator in whose favor the document is issued.

d. Whenever a truck operator desires to cancel the authority granted an agent or another truck operator by power of attorney, this may be done by a letter addressed to the department revoking the authority on ~~sixty~~ 60 days' notice. ~~Except for~~ For good cause shown, the department will ~~may~~ authorize a lesser notice. Copies of the notice must also be mailed to all interested parties ~~by the carrier~~.

Amend the implementation clause as follows:

~~These rules are~~ *This rule is intended to implement Iowa Code chapter 327 section 327.2.*

ITEM 43. Amend rule 761—525.1(325) by adding new subrule 525.1(7) and an implementation clause as follows:

525.1(7) Information and location. Applications, forms and information on motor carriers and charter carriers are available by mail from the Office of Motor Carrier Services, Iowa Department of Transportation, P.O. Box 10382, Des Moines, Iowa 50306-0382; or in person at its location in Park Fair Mall, 100 Euclid Avenue, Des Moines, Iowa; telephone (515)237-3264.

This rule is intended to implement Iowa Code sections 17A.3 and 325.2.

ITEM 44. Amend subrule 525.3(4) and add an implementation clause as follows:

525.3(4) Authorization. After receipt and consideration of the items and information required by ~~subrules~~ 525.3(1) to 525.3(3), the department may authorize a common carrier of passengers to self-insure.

This rule is intended to implement Iowa Code section 325.26.

ITEM 45. Amend rule 761—525.4(325), catchwords, and subrule 525.4(1), introductory paragraph, and add an implementation clause as follows:

761—525.4(325) Marking of motor vehicles equipment.

525.4(1) Manner of marking motor vehicles equipment. *"Motor vehicle" is defined in Iowa Code section 321.1.* Before placing any motor vehicle equipment in service there shall be painted on each side of the motor vehicle equipment and on the headboards, if appropriate, or on some suitable material securely placed on each side of ~~such the motor vehicle equipment~~, in letters and figures large enough to be easily read at a distance of ~~fifty~~ 50 feet and in a color in contrast to the background the following:

This rule is intended to implement Iowa Code section 325.31.

ITEM 46. Amend rule 761—525.5(325), catchwords, and subrule 525.5(1) and add new subrule 525.5(4) and an implementation clause as follows:

761—525.5(325) Motor-carrier-application Application.

525.5(1) Submission of application. An application for a certificate shall be submitted to ~~the office of motor carrier services at the address in subrule 525.1(7) the Office of Motor Carrier Services, Iowa Department of Transportation, Park Fair Mall, 100 Euclid Avenue, P.O. Box 10382, Des Moines, Iowa 50306-0382.~~ The application shall be submitted on a form provided by the office of motor carrier services and shall be typewritten.

525.5(4) Support statements. *No shippers' support statements to broaden authority shall be accepted after the 30-day protest period unless a new application is submitted to the office of motor carrier services.*

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This rule is intended to implement Iowa Code section 325.6.

ITEM 47. Amend rule 761—525.7(325) and add an implementation clause as follows:

761—525.7(325) Complaints. Complaints against motor carriers of property submitted under Iowa Code section 327C.25 or 327D.89 shall be submitted to: ~~the office of motor carrier services at the address in subrule 525.1(7) Office of Motor Carrier Services, Iowa Department of Transportation, Park Fair Mall, 100 Euclid Avenue, P.O. Box 10382, Des Moines, Iowa 50306-0382.~~

This rule is intended to implement Iowa Code sections 327C.25 and 327D.89.

ITEM 48. Amend rule 761—525.12(325), introductory paragraph, and add an implementation clause as follows:

761—525.12(325) Sale, transfer, lease assignment, or control through corporate stock acquisition. A certificate may not be sold, transferred, leased, assigned, or controlled through corporate stock acquisition until the transaction is approved by the department. *The transferor must have an annual financial report for the preceding year on file with the office of motor carrier services before a certificate can be transferred.*

This rule is intended to implement Iowa Code section 325.25.

ITEM 49. Amend rule 761—525.14(325) as follows:

Amend subrules 525.14(3) and 525.14(4) as follows:

525.14(3) Filing date. All ~~changes to~~ ~~hereafter issued~~ supplements must be filed and posted in a conspicuous place at the operator's principal place of business at least ~~thirty~~ 30 days prior to the effective date thereof, unless otherwise authorized by the ~~office of motor carrier services department~~, except that tariffs or supplements issued in connection with new or changed operating authority, or issued to reflect the transfer or leasing of operating authority from one motor carrier to another, may be filed and posted to become effective on less than ~~thirty~~ 30 days' notice, under authority of the department's order covering the establishment, changing, transferring or leasing of operating authority. *Any new tariff shall be effective on the date specified on the certificate issued by the office of motor carrier services.*

525.14(4) Copy for department. Issuing carriers or their agents shall transmit to the department one copy of each tariff, supplement or revised page. Each copy shall be included in one package accompanied by a letter of transmittal listing all tariffs enclosed and addressed to the ~~office of motor carrier services at the address in subrule 525.1(7) Office of Motor Carrier Services, Iowa Department of Transportation, Park Fair Mall, 100 Euclid Avenue, P.O. Box 10382, Des Moines, Iowa 50306-0382.~~ All postage or express must be prepaid.

Amend subrule 525.14(12), paragraphs "c" and "d," as follows:

c. The original of all powers of attorney and concurrences shall be filed with the ~~department~~ office of motor carrier services and a duplicate of the original sent to the agent or carrier in whose favor such document is issued.

d. Whenever a carrier desires to cancel the authority granted an agent or another carrier by power of attorney or concurrence, this may be done by a letter addressed to the department revoking the authority on ~~sixty~~ 60 days' notice. Copies of the notice must also be mailed to all interested parties by the carrier.

Add an implementation clause as follows:

This rule is intended to implement Iowa Code section 325.5.

ITEM 50. Amend subrules 525.15(2) and 525.15(3) and the implementation clause as follows:

525.15(2) Need for the proposed service. In order to prove that a public need exists for the proposed service, the applicant must submit verified statements from representative shippers or passengers who expect to use the proposed service. These *supporting statements* sponsors must ~~include state~~ the following information:

a. For what purpose or occasion they expect to use the proposed service.

b. To and from what points they expect to use the proposed service.

c. How often they expect to use the proposed service.

d. For freight shippers only, the volumes of product they expect to ship using the proposed service.

Supporting shippers and passengers Sponsors may also supply additional information explaining how the proposed service will meet needs that are not currently being met by existing service.

525.15(3) Verification of support sponsor statements. Statements filed by *supporting sponsoring* shippers and passengers must be signed and verified by the *supporting sponsoring* individual, or an authorized employee thereof, who is knowledgeable about the *supporting individual's* sponsor's business and operations. All statements must be notarized. The office of motor carrier services may require the *supporting shipper or passenger sponsor* to supply additional information and may reject statements that, in the judgment of the office of motor carrier services, lack authenticity.

~~These rules are~~ *This rule is intended to implement Iowa Code chapter 325 section 325.6.*

ITEM 51. Amend rule 761—528.1(327A) by adding new subrule 528.1(1) and an implementation clause as follows:

528.1(1) Information and location. Applications, forms and information on liquid transport carriers are available by mail from the Office of Motor Carrier Services, Iowa Department of Transportation, P.O. Box 10382, Des Moines, Iowa 50306-0382; or in person at its location in Park Fair Mall, 100 Euclid Avenue, Des Moines, Iowa; telephone (515)237-3264.

This rule is intended to implement Iowa Code sections 17A.3, 327A.2 and 327A.14.

ITEM 52. Amend rule 761—528.2(327A) as follows:

Amend subrule 528.2(1), introductory paragraph, as follows:

528.2(1) Insurance. Each carrier shall at all times maintain on file with the ~~department~~ office of motor carrier services effective certificate(s) of insurance or surety bond on a form prescribed by the department.

Add an implementation clause as follows:

This rule is intended to implement Iowa Code section 327A.5.

ITEM 53. Amend rule 761—528.3(327A), catchwords, and subrule 528.3(1), introductory paragraph, and add an implementation clause as follows:

761—528.3(327A) Marking of motor vehicles equipment.

528.3(1) Manner of marking motor vehicles equipment. *"Motor vehicle" is defined in Iowa Code section*

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321.1. Before placing any motor vehicle equipment in service there shall be painted on each side of the motor vehicle equipment and on the headboards, if appropriate, or on some suitable material securely placed on each side of the motor vehicle equipment, in letters and figures large enough to be easily read at a distance of 50 feet and in a color in contrast to the background the following:

This rule is intended to implement Iowa Code section 327A.8.

ITEM 54. Amend rule 761—528.4(327A) as follows:

Amend subrule 528.4(1) as follows:

528.4(1) Application for a certificate. Application for a certificate of convenience and necessity to operate as a liquid transport carrier shall be made to the office of motor carrier services at the address in subrule 528.1(1) Office of Motor Carrier Services, Iowa Department of Transportation, Park Fair Mall, 100 Euclid Avenue, P.O. Box 10382, Des Moines, Iowa 50306-0382, upon the forms prescribed for that purpose. All applications shall be typewritten.

Add a new subrule 528.4(6) and an implementation clause as follows:

528.4(6) Support statements. No shippers' support statements to broaden authority shall be accepted after the 30-day protest period unless a new application is submitted to the office of motor carrier services.

This rule is intended to implement Iowa Code sections 327A.3, 327A.4 and 327A.14.

ITEM 55. Amend rule 761—528.7(327A) and add an implementation clause as follows:

761—528.7(327A) Complaints. Complaints against liquid transport carriers submitted under Iowa Code section 327C.25 or 327D.89 shall be submitted to the office of motor carrier services at the address in subrule 528.1(1) Office of Motor Carrier Services, Iowa Department of Transportation, Park Fair Mall, 100 Euclid Avenue, P.O. Box 10382, Des Moines, Iowa 50306-0382.

This rule is intended to implement Iowa Code sections 327C.25 and 327D.89.

ITEM 56. Amend rule 761—528.11(327A) as follows:

Amend subrules 528.11(3) and 528.11(4) as follows:

528.11(3) Filing date. All changes to tariffs and supplements must be filed in the office of motor carrier services the department and posted in a conspicuous place at the operator's principal place of business at least thirty 30 days prior to the effective date thereof, unless otherwise authorized by the office of motor carrier services department, except that tariffs, supplements, or adoption notices issued in connection with applications for liquid transport carriers, or the transfer of certificates from one liquid transport carrier to another, may become effective on a date not earlier than the date on which certificates are issued or transferred. Any new tariff shall be effective on the date specified on the certificate issued by the office of motor carrier services.

528.11(4) Copy for department. Issuing liquid transport carriers or their agents shall transmit to the department one copy of each tariff, supplement, or revised page. Each copy shall be included in one package accompanied by a letter of transmittal listing all tariffs enclosed and addressed to the office of motor carrier services at the address in subrule 528.1(1) Office of Motor Carrier Services, Iowa Department of Transportation, Park Fair Mall, 100 Euclid Avenue, P.O. Box 10382, Des Moines,

Iowa 50306-0382. All postage or express must be prepaid.

Amend subrule 528.11(11), paragraphs "c" and "d," as follows:

c. The original of all powers of attorney shall be filed with the office of motor carrier services department and a duplication duplicate of the original sent to the agent or liquid transport carrier in whose favor the document is issued.

d. Whenever a liquid transport carrier desires to cancel the authority granted an agent or another liquid transport carrier by power of attorney, this may be done by a letter addressed to the department revoking the authority on sixty 60 days' notice. Except for For good cause shown, the department will may authorize a lesser notice. Copies of the notice must also be mailed to all interested parties by the carrier.

Add an implementation clause as follows:

This rule is intended to implement Iowa Code section 327A.21.

ITEM 57. Amend subrules 528.13(2) and 528.13(3) and the implementation clause as follows:

528.13(2) Need for the proposed service. In order to prove that a public need exists for the proposed service, the applicant must submit verified statements from representative shippers who expect to use the proposed service. These sponsors supporting statements must state include the following information:

a. For what purpose or occasion they expect to use the proposed service.

b. To and from what points they expect to use the proposed service.

c. How often they expect to use the proposed service.

d. The volumes of product they expect to ship using the proposed service.

Supporting shippers Sponsors may also supply additional information explaining how the proposed service will meet needs that are not currently being met by existing service.

528.13(3) Verification of support sponsor statements. Statements filed by supporting sponsoring shippers must be signed and verified by the supporting shipper sponsoring individual, or an authorized employee thereof who is knowledgeable about the supporting shipper's sponsor's business and operations. All statements must be notarized. The office of motor carrier services may require the sponsor supporting shipper to supply additional information, and may reject statements that, in the judgment of the office of motor carrier services, lack authenticity.

These rules are This rule is intended to implement Iowa Code chapter 327A sections 327A.2 and 327A.14.

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EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 4/28/93.

ARC 3944A

UTILITIES DIVISION[199]

Adopted and Filed

Pursuant to Iowa Code sections 17A.4 and 476.2, the Utilities Board (Board) gives notice that on April 9, 1993,

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the Board issued an order in Docket No. RMU-92-14, In Re: Revision of Chapter 35, "Order Adopting Rule Making."

On October 9, 1992, the Board issued an order commencing a rule making to consider amendments to 199 IAC 7, "Practice and Procedure," and 199 IAC 35, "Energy Efficiency Planning and Cost Review." The amendments are revisions of the chapters which will aid in the planning and implementation of the utilities' energy efficiency programs.

Notice of Intended Action was published in IAB Vol. XV, No. 9 (10/28/92) p.865, **ARC 3502A**. A public hearing was held on December 1, 1992. Written comments were filed by the Alliance for Fair Competition (Alliance), the Iowa Chapter of the American Society of Heating, Refrigeration and Air Conditioning Engineers (ASHRAE), Deere & Company (Deere), Interstate Power Company (Interstate), Iowa Electric Light and Power Company and Iowa Southern Utilities Company (IES Industries), Iowa-Illinois Gas and Electric Company (Iowa-Illinois), the Izaak Walton League of America (Izaak Walton), Linn County REC (Linn County), Midwest Power, Midwest Gas, the Northeast-Midwest Institute (Northeast), the Consumer Advocate Division of the Department of Justice (Consumer Advocate), Peoples Natural Gas Company (Peoples), and United Cities Gas Company (United Cities).

Several commenters proposed clarifying changes which will be adopted by the Board. For example, rule 35.1(476) will be revised to reflect the format in the amended rules and the word "customer" will be added to modify the word "incentive" wherever it appears in 199—Chapter 35. Similarly, the words "energy efficiency" will be added before the words "pricing strategies" and "customized rate" in the definition of "Customer incentive" in rule 35.2(476). Other clarifying language and organizational changes suggested by the parties will be made elsewhere in the chapter.

In response to comments, the Board will revise the proposed definition of "Process-oriented industrial assessment" in rule 35.2(476) to make it clear that the assessments are intended to identify energy efficiency opportunities embedded within customers' facilities, operations, or equipment. Option 3, which amends rule 35.12(476) to allow utilities to propose to recover only the portions of the costs of the assessments which relate to energy efficiency, will be adopted.

Consumer Advocate recommended the Board revise the definition of "Customer incentive" in rule 35.2(476) to limit recovery of rate incentives to the net of amounts attributable to customers who began service under rates during the period following the utility's most recent rate case. The Board understands Consumer Advocate's concerns regarding the possibility a utility could recover amounts through its general rates and, again, through the cost recovery proceedings. However, the Board believes this issue should be considered at the time of the cost recovery proceedings, where actual examples of the cost treatment of these incentives can be investigated.

Midwest Power recommended the Board amend rule 35.2(476) to define the terms "direct costs" and "indirect costs." The Board has determined it would not be helpful to impose a definition of those terms on the utilities. The terms refer to accounting techniques. Since these cost categories have no standard accounting definition and there are differences among utilities on the methods for

assigning costs and types of costs which were identified as direct or indirect, the Board will not define the terms in its rules.

Consumer Advocate suggested the Board specify a 36-month time frame for the average treasury bond rate used to calculate present values of benefits and costs in the definition of "Societal test" in rule 35.2(476). The Board plans to initiate a separate rule making noticing several options for further consideration of this suggestion and to allow an opportunity for comments from other parties.

Similarly, the Board plans to explore in a separate rule making Consumer Advocate's proposal that the utilities be required to perform sensitivity analysis concerning the effect of different levels of administrative and other costs on the cost-effectiveness of an energy efficiency program. This raises the issue of the risk assessment of energy efficiency programs. The Board would prefer to receive comments concerning this issue before making a decision.

Consumer Advocate also commented it is concerned the Board does not specify the maximum length of time the plans may be in effect. Iowa Code section 476.6(19)"a" states implementation of plans and budgets will be considered continuous in nature. Based on this statute, the Board considers that plans will continue in force until superseded by new or modified plans. Linn County requests the Board amend its rule to allow it to choose to not file a petition for cost recovery. Since Linn County's situation is unique, Linn County should file a request for a waiver rather than request a change in the rules.

Consumer Advocate proposed revisions to the current schedule for cost recovery proceedings. The Board agrees with Consumer Advocate that the proceedings should be staggered, and the Board has recently issued orders in each final docket changing the dates originally scheduled for the cost recovery proceedings. The cost recovery proceedings were scheduled in the months of June, August, October, and December to enable the utilities to use calendar year data. The Board has also clarified the language in rule 35.4(476) by removing the references to initial plans and stating the Board will schedule subsequent filings at the conclusion of each proceeding.

Izaak Walton proposed the Board pursue opportunities for collaboration in preparation of the energy efficiency plans. The Board believes the proposal has merit. It is easier to reach agreement or at least narrow differences before a utility finalizes its plan than after it has submitted it to the Board for approval. While there is nothing in the law which prevents collaboration efforts prior to the filing of a plan, the Board believes it would be helpful to require an attempt at collaboration. As a result, the Board will initiate a separate rule making noticing a pre-filing collaboration requirement. A separate rule making will avoid having to renotice these rules since a collaboration provision was not included in the original Notice. It is the Board's hope that collaboration efforts will encourage settlements and eliminate at least some of the differences that might otherwise arise during the hearing to review a utility's plan. It should also reduce the need for a longer hearing.

Partly as a result, the Board has decided to retain the procedural schedule for contested case proceedings which states the Board will attempt to complete each contested case proceeding within six months. While there may be some proceedings that will require more time, there will

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be others that will not. However, the Board is aware of the time constraints on the parties, particularly the intervenors, and will consider motions to extend the procedural schedule in individual cases when an extension is warranted. The Board believes the changes to the schedules for filing cost recovery application and subsequent plan filings will help alleviate any time problems for the parties. It is also important to remember that by law an entire general rate case must be completed in ten months. The review of an energy efficiency plan should not take nearly as long.

Accordingly, the Board will revise its amendments to incorporate certain revisions proposed by the parties' filings. The Board does not believe additional public comment is necessary because the changes made to the amendments are a logical outgrowth of the prior Notice or have not altered the meaning of the rules.

These amendments are intended to implement Iowa Code section 476.6(19).

These amendments will become effective on June 2, 1993, pursuant to Iowa Code section 17A.5.

The Board, having given due consideration to the comments received, adopts the following amendments.

ITEM 1. Amend subrule 7.4(4) as follows:

7.4(4) Tariffs to be filed. A rate-regulated public utility shall not make effective any new or changed rate, charge, schedule, or regulation until it has been approved by the board and the board has determined an effective date, except as provided in Iowa Code section 476.6, subsections 11 and 13. If the proposed new or changed rate, charge, schedule, or regulation is neither rejected nor approved by the board, the board will docket the tariff filing as a formal proceeding within 30 days after the filing date. Proposed new or changed rates, charges, schedules, or regulations which contain energy efficiency expenditures and related costs which are incurred after July 1, 1990, for demand-side programs shall not be included in a rate-regulated utility's proposed tariff which relates to a general increase in revenue. *A utility may propose to recover the costs of process-oriented industrial assessments not related to energy efficiency as defined in rule 199—35.2(476).* The filing is not a contested case proceeding under the Iowa administrative procedure Act unless and until the board docket it as a formal proceeding. No person will be permitted to participate in the filing prior to docketing, except that the consumer advocate and any customer affected by the filing, except as limited by subrules 22.12(1) and 22.13(1), may submit within 20 days after the filing date a written objection to the filing and a written request that the board docket the filing, which request the board may grant in its discretion. Such written objections and requests for docketing shall set forth specific grounds relied upon in making the objection or request.

ITEM 2. Amend rule 199—35.1(476) by rescinding numbered paragraphs "6" and "7" and adopting new paragraphs "6," "7," "8," "9," and "10" as follows:

6. A description of potential programs developed by the utility as provided in rule 35.8(476).

7. A description of the criteria to rank and select programs for inclusion in the plan and a determination of cost-effectiveness by comparing the costs of programs to avoided costs, as provided in rule 35.8(476). Demand-side programs which pass the societal benefit/cost test using a discount rate reflecting the time value of money to society are considered cost-effective.

8. A list of the utility's proposed energy efficiency programs, budgets and monitoring and evaluation procedures as provided for in rule 35.8(476).

9. An assessment of impacts of the proposed programs as provided for in rule 35.8(476).

10. An explanation of the coordination efforts with other utilities as provided in rule 35.8(476).

ITEM 3. Amend rule 199—35.2(476) as follows:

Rescind the definitions of "Base costing period," "Intermediate costing period," "Peak costing period," "Revenue requirement per Mcf or dth of annual peak day demand," "Summer season," and "Winter season."

Further amend rule 199—35.2(476) by amending the following definitions:

~~"Demand side energy~~ *Energy efficiency options* means ~~energy efficiency~~ activities on the customers' side of the meter which reduce customers' energy use or demand including, but not limited to, end-use efficiency improvements; load control or load management; *thermal energy storage; or pricing strategies programs; informational, educational, and demonstration programs; technical assistance; or energy audit programs.*

~~"Incentive Customer incentive"~~ means an amount or amounts provided to or on behalf of customers for the purpose of having customers participate in energy efficiency programs. Incentives include, but are not limited to, rebates, loan subsidies, *payments to dealers*, rate credits, bill credits, *the cost of energy audits*, and the cost of equipment given to customers, *and the cost of installing such equipment.* ~~Incentive Customer incentives~~ do not include *the cost of information and services* provided by the utility, ~~such as energy audits~~, nor do they include customers' bill reductions *associated with reduced energy usage* due to the implementation of energy efficiency programs. *For the purposes of energy efficiency pricing strategies, incentive means the difference between a customer's bill on an energy efficiency customized rate and the customer's bill on a traditional rate considering factors such as the elasticity of demand.*

"Participant test" means an economic test used to compare the present value of benefits to the present value of costs over the useful life of an energy efficiency option or program from the participant's perspective. Present values are calculated using a discount rate appropriate to the class of customers to which the energy efficiency option or program is targeted. Benefits are the sum of the present values of the customers' bill reductions, tax credits, and *customer incentives* for each year of the useful life of an energy efficient option or program. Costs are the sum of present values of the customer participation costs (including initial capital costs, ongoing operations and maintenance costs, removal costs less a salvage value of existing equipment, and the value of the customer's time in arranging installation, if significant) and any resulting bill increases for each year of the useful life of the option or program. The calculation of bill increases and decreases must account for any time-differentiated rates to the customer or class of customers being analyzed.

"Ratepayer impact measure test" means an economic test used to compare the present value of the benefits to the present value of the costs over the useful life of an energy efficiency option or program from a rate level or utility bill perspective. Present values are calculated using the utility's discount rate. Benefits are the sum of the present values of utility avoided capacity and energy costs (excluding the externality factor) and any revenue gains

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due to the energy efficiency options for each year of the useful life of the option or program. Costs are the sum of the present values of utility increased supply costs, revenue losses due to the energy efficiency options, utility program costs, and *customer* incentives for each year of the useful life of the option or program. The calculation of utility avoided capacity and energy, increased utility supply costs, and revenue gains and losses must use the utility costing periods.

"Revenue requirement per net kW per year" for an electric utility means an annual cost amount ~~that is uniform~~ *calculated by the economic carrying charge* for each year of the supply option's life such that when each ~~equal~~ annual amount is discounted by the utility's after-tax discount rate the sum of the discounted amounts equals the supply option's capital cost inclusive of income taxes on the return.

"Societal test" means an economic test used to compare the present value of the benefits to the present value of the costs over the useful life of an energy efficiency option or program from a *societal perspective*. Present values are calculated using an average of the 10-year and 30-year Treasury Bond rate as the discount rate. Benefits are the sum of the present values of the utility avoided supply and energy costs including the effects of externalities. Costs are the sum of the present values of utility program costs (excluding *customer* incentives), participant costs, and any increased utility supply costs for each year of the useful life of the option or program. The calculation of utility avoided capacity and energy, and increased utility supply costs must use the utility costing periods.

"Utility cost test" means an economic test used to compare the present value of the benefits to the present value of the costs over the useful life of an energy efficiency option or program from the utility revenue requirement perspective. Present values are calculated using the utility's discount rate. Benefits are the sum of the present values of each year's utility avoided capacity and energy costs (excluding the externality factor) over the useful life of the option or program. Costs are the sum of the present values of the utility's program costs, *customer* incentives, and any increased utility supply costs for each year of the useful life of the option or program. The calculation of utility avoided capacity and energy, and increased utility supply costs must use the utility costing periods.

Further amend rule 199—35.2(476) by adding the following definitions in alphabetical order:

"Process-oriented industrial assessment" means an analysis which promotes the adoption of energy efficiency options by examining the facilities, operations and equipment of an industrial customer in which energy efficiency opportunities may be embedded and which includes:

1. The identification of opportunities which may provide increased energy efficiency in an industrial customer's production process from the introduction of materials to the final packaging of the product for shipping by:

- Directly improving the efficiency or scheduling of energy use;
- Reducing environmental waste; and
- Technological improvements designed to increase competitiveness and to achieve cost-effective product quality enhancement;

2. The identification of opportunities for an industrial customer to improve the energy efficiency of lighting, heating, ventilation, air conditioning, and the associated building envelope;

3. The identification of cost-effective opportunities for using renewable energy technology in "1" and "2" above.

"Program delivery and support mechanisms" means methods used by the utility to promote the adoption of energy efficiency options by customers. Program delivery and support mechanisms may include but are not limited to informational, educational, or demonstration techniques, technical assistance, or energy audits. Program delivery and support mechanisms may target specific options and markets, or address a variety of options across any number of energy efficiency programs.

ITEM 4. Rescind subrule 35.4(1) and adopt the following in lieu thereof:

35.4(1) Biennial filings. The board will schedule each utility's subsequent application for cost recovery at the time the board issues the final decision in the proceeding for the utility's current energy efficiency plan. The board will schedule each utility's subsequent energy efficiency plan filing at the time the board issues the final decision in the utility's cost recovery proceeding which covers the preceding plan.

ITEM 5. Rescind and reserve subrules 35.4(2) and 35.4(3).

ITEM 6. Amend subrule 35.4(4) as follows:

35.4(4) Written notice of utility plan. No more than 62 days prior to and prior to filing its plan, a utility shall mail or deliver a written notice of its plan filing to all affected customers. The notice shall be submitted to the board for approval not less than 30 days prior to proposed notification of customers. The notice shall, at a minimum, include the following elements:

- a. A brief identification of the energy efficiency programs being proposed by the utility;
- b. The ~~expected~~ *estimated* impact of the programs upon customers and society; and
- c. The telephone number and address of utility personnel, the board, and the consumer advocate for the customer to contact with questions.

ITEM 7. Amend subrule 35.8(3) as follows:

35.8(3) Nonviable ~~demand-side~~ energy efficiency options. A listing of all ~~demand-side~~ energy efficiency options the utility has identified and excluded from further consideration in the current energy efficiency plan. The utility shall explain *in adequate detail and provide appropriate qualitative analysis showing why each of these energy efficiency options is are currently* nonviable.

ITEM 8. Amend subrule 35.8(4) as follows:

35.8(4) Potentially viable ~~demand-side~~ energy efficiency options. A listing of all ~~demand-side~~ energy efficiency options the utility has identified and evaluated as potentially viable for its customers. *The utility shall provide an appropriate economic analysis showing why each of these energy efficiency options is potentially viable.* ~~For each option, the following information shall be included:~~

~~a. A description of the energy efficiency option including the energy-using facilities, equipment, or customer behavior which the option is designed to change.~~

~~b. A description of the option's target market including a description of target customers' demand and energy use patterns, and other characteristics. The target markets shall be segmented into relatively homogeneous groups.~~

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~~e. An assessment of the major market barriers to implementation of the option, how the option would attract customers, and how this market approach would enhance the effectiveness of the option.~~

~~d. An assessment of the availability to customers of resources and support services needed to implement the option and if availability of resources and support services is limited, a description of how availability could be increased.~~

~~e. An assessment of the current market saturation among the utility's customers of any energy efficiency equipment the option addresses and a description of how this assessment was made.~~

~~f. An assessment of the technical potential the option has to reduce peak demand and energy usage.~~

~~g. The anticipated number of participants for each of the next five years, which includes a description of how the estimate was determined and the critical variables in the analysis of market penetration.~~

~~h. Information about the net energy savings including customer take back effects, free riders, elasticity studies, the performance degradation of the option over time, and customer persistence.~~

ITEM 9. Amend subrule 35.8(5) as follows:

~~35.8(5) Cross reference required. Any option evaluated by the utility which is proposed for implementation as a program in its energy efficiency plan shall be identified and cross referenced to the set of energy efficiency programs required in subrule 35.8(8). Potential programs. The utility shall develop potential programs by combining potentially viable options identified in subrule 35.8(4) with program delivery and support mechanisms. In developing potential programs, the utility shall include programs directly benefiting all customer classes, including lower income residential customers, across its Iowa jurisdictional territory. For each potential program, the following information shall be included:~~

~~a. A description of the potential program including the energy-using facilities, equipment, or customer behavior which the program is designed to change.~~

~~b. A description of the potential program's target market including a description of target customers' demand and energy use patterns and other characteristics. The target markets shall be segmented into relatively homogeneous groups.~~

~~c. An assessment of the major market barriers to implementation of the potential program, how the program would attract customers, and how this market approach would enhance the effectiveness of the program.~~

~~d. An assessment of the availability to customers of resources and support services needed to implement the potential program and, if availability of resources and support services is limited, a description of how availability could be increased.~~

~~e. An assessment of the current market saturation among the utility's customers of any energy efficiency equipment the potential program addresses and a description of how this assessment was made.~~

~~f. The anticipated number of participants for each year of the potential program, which includes a description of how the estimate was determined and the critical variables in the analysis of market penetration.~~

~~g. Information about the net energy and demand savings including customer take-back effects, free riders, elasticity studies, the performance degradation of the en-~~

~~ergy efficiency options within the potential program over time, and customer persistence.~~

ITEM 10. Amend subrule 35.8(6) as follows:

~~35.8(6) Benefit/cost tests. Information listing all assumptions and measurements used to estimate the benefits and costs of each potentially viable option potential program identified in subrule 35.8(4-5). The listing shall include the source of all assumptions. If appropriate and calculable, the utility shall adjust the energy and demand savings for the interactive effects of various options contained within the program. The following components to determine benefit/cost ratios shall be identified:~~

~~a. The capacity savings in either kW or dth/day or Mcf/day for each costing period specified the utility defines in subrule 35.9(6) or 35.10(4).~~

~~b. The energy savings either in kWh or dth or Mcf for each costing period specified the utility defines in subrules 35.9(6) and 35.10(4).~~

~~c. Increased supply costs by costing period, if any, resulting from the option.~~

~~d. The utility's revenue impacts, positive or negative, in the first year resulting from the option.~~

~~e. Participating customer average bill reductions or increases, including gas and electric, resulting from the option.~~

~~f. Incentives Customer incentives necessary to attract participants.~~

~~g. Utility The total utility program costs that include the cost categories identified in paragraph 35.8(8)"e." including planning and design costs, administrative costs, advertising and promotional costs, equipment costs, installation costs, and miscellaneous costs.~~

~~h. Monitoring and evaluation costs.~~

~~i. Full and incremental costs of the energy efficiency option options within the potential program and an explanation of their use in the benefit/cost tests.~~

~~j. The anticipated estimated useful life of the energy efficiency option's options within the potential program equipment.~~

~~k. Cost and benefit escalation rates for each cost component of the benefit/cost test that reflects changes over the life of the option options in the potential program and benefit escalation rates for benefit components that reflect changes over the lives of the options.~~

~~l. Societal, utility cost, ratepayer impact measure, and participant test benefit/cost ratios.~~

~~m. Net societal benefits.~~

ITEM 11. Amend subrule 35.8(7) as follows:

~~35.8(7) Program selection criteria. A description of criteria used to rank and select cost-effective options programs listed in subrule 35.8(6) for inclusion as programs in the plan.~~

ITEM 12. Amend subrule 35.8(8) as follows:

~~35.8(8) Proposed energy efficiency programs. A list of all new, modified, and existing demand-side energy efficiency programs proposed. In developing proposed programs, the utility shall include programs directly benefiting all customer classes, including lower income residential customers, across its Iowa jurisdictional territory. Advertising which is part of an approved energy efficiency program is deemed to be advertising required by the board for purposes of Iowa Code section 476.18(3). For each program proposed, the following information shall be provided:~~

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a. Description of the program. A description of the program, ~~including the information developed for the demand side energy efficiency options in subrules 35.8(4) and 35.8(6). To the extent applicable, the information provided pursuant to subrules 35.8(4) and 35.8(6) may be cross-referenced in lieu of duplicating the information requested, as previously stated in subrule 35.8(5), including:~~

- (1) ~~The name of each program;~~
- (2) ~~The customer class each program targets;~~
- (3) ~~The energy efficiency options promoted by each program;~~
- (4) ~~The rebates or incentives offered by each program; and~~
- (5) ~~Any limits or caps on rebates or incentives.~~

b. Scope of implementation such as systemwide, partial system, or pilot project.

c. The estimated annual energy and demand savings for each year the program will produce benefits.

d. Implementation dates for initiating the program and schedules for reporting, evaluating, and concluding the program.

e. ~~If appropriate, an evaluation of the interactive effects of combining various options into this program, which may reduce or enhance the program's impacts compared to the sum of the impacts of the individual options. The budget for each program for each year of implementation or for each of the next five years of implementation, whichever is less, itemized by proposed costs related to each program. The proposed costs shall be identified as either direct charges or indirect charges. The total program budget shall be categorized into:~~

- (1) ~~Planning and design costs;~~
- (2) ~~Administrative costs;~~
- (3) ~~Advertising and promotional costs;~~
- (4) ~~Customer incentive costs;~~
- (5) ~~Equipment costs;~~
- (6) ~~Installation costs;~~
- (7) ~~Monitoring and evaluation costs; and~~
- (8) ~~Miscellaneous costs.~~

~~Cost categories shall be further described by the following subcategories:~~

~~Classifications of persons to be working on energy efficiency programs, full-time equivalents, dollar amounts of labor costs, and purpose of work;~~

~~Type and use of equipment and other assets, including type of assets required and use of asset; and~~

~~The name of outside firm(s) employed and a description of service(s) to be provided.~~

ITEM 13. Amend subrule 35.8(12) as follows:

35.8(12) Budget. An estimated budget categorized by program which shows the total budget for each future year of implementation or for each of the next five years of implementation, whichever is less, shall include:

a. The total budget as a percentage of gross operating revenues. The budget may include the amount of the remittance to the Iowa energy center and the Iowa global warming center for global and environmental research.

b. The budget for each program for each year of implementation or for each of the first five years of implementation, whichever is less, itemized by proposed costs related to each program. The proposed costs shall be identified as either direct charges or indirect charges. The total program budget shall be categorized into:

- (1) ~~Planning and design costs.~~
- (2) ~~Administrative costs.~~

~~(3) Advertising and promotional costs.~~

~~(4) Customer incentive costs.~~

~~(5) Equipment costs.~~

~~(6) Installation costs.~~

~~(7) Monitoring and evaluation costs.~~

~~(8) Miscellaneous costs.~~

~~Cost categories shall be further described by the following subcategories:~~

~~Classifications of persons to be working on energy efficiency programs, full-time equivalents, dollar amounts of labor costs, and purpose of work;~~

~~Type and use of equipment and other assets, including type of assets required and use of asset; and~~

~~The name of outside firm(s) employed and a description of service(s) to be provided.~~

e b. A description of any methods proposed to reduce or contain costs through combining programs for delivery and implementation to targeted customer markets.

ITEM 14. Amend subrule 35.9(6) as follows:

35.9(6) Future supply options and costs. Information about the new supply options and their costs identified by the utility as the most effective means of satisfying all projected capacity shortfalls in the 20-year planning horizon in subrule 35.9(4) which shall include:

a. The following information which describes each future supply option as applicable:

(1) The anticipated year the supply option would be needed.

(2) The anticipated type of supply option, by fuel.

(3) The anticipated net capacity of the supply option.

b. The utility shall use the actual capacity cost of any capacity purchase identified in paragraph 35.9(6)"a" and shall provide the anticipated annual cost per net kW per year.

c. The utility shall use the installed cost of a combustion turbine as a proxy for the capacity cost of any power plant identified in paragraph 35.9(6)"a." For the first power plant option specified in paragraph 35.9(6)"a," the following information shall be provided:

(4-1) The anticipated life.

(5 2) The anticipated total capital cost costs per net kW, including AFUDC if applicable.

(6) ~~The anticipated revenue requirement per net kW.~~

(7 3) The anticipated revenue requirement of the capital costs per net kW per year.

(4) The anticipated revenue requirement of the annual fixed operations and maintenance costs, including property taxes, per net kW for each year of the planning horizon.

(5) The anticipated net present value of the revenue requirements per net kW.

(6) The anticipated revenue requirement per net kW per year calculated by utilization of an economic carrying charge.

(8 7) The after tax discount rate used to calculate the revenue requirement per net kW per year over the life of the supply option.

(9) ~~The anticipated annual cost per net kW per year of capacity purchases.~~

(10) ~~The anticipated annual fixed operations and maintenance costs, including property taxes, per net kW for each year of the planning horizon.~~

(11) ~~The anticipated annual net MWh of generation or power purchase.~~

(12 8) Adjustment rates (for example, inflation or escalation rates) used to derive each future cost in paragraph 35.9(6)"a c."

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b d. The capacity costs of the new supply options allocated to costing periods. The utility shall describe its method of allocating capacity costs to each costing period ~~periods. The utility shall utilize six costing periods: peak, intermediate, and base for both the winter and summer seasons.~~ The utility shall specify the hours, days, and weeks which constitute its six costing periods. ~~In addition, all parties may submit information specifying the hours, days, and weeks which constitute alternative costing periods.~~ For each supply option identified in paragraph 35.9(6)"a," the plan shall include:

(1) ~~The anticipated annual net MWh of generation or power purchase allocated to each costing period.~~

(2) ~~The anticipated total revenue requirement per net kW per year from subparagraph 35.9(6)"a"(7) allocated to each costing period.~~

(3) ~~1) The anticipated annual cost per net kW per year of capacity purchases from subparagraph 35.9(6)"a"(9) 35.9(6)"b"(6) allocated to each costing period if it is the highest cost supply option in that year.~~

(2) ~~The anticipated total revenue requirement per net kW per year from subparagraph 35.9(6)"c"(6) allocated to each costing period if it is the highest cost supply option in that year.~~

(4) ~~The anticipated annual fixed operations and maintenance costs from subparagraph 35.9(6)"a"(10) allocated to each costing period.~~

e. ~~The present value of the costs in subparagraphs 35.9(6)"b"(2), 35.9(6)"b"(3), and 35.9(6)"b"(4) calculated by using the utility's after-tax discount rate.~~

ITEM 15. Amend subrule 35.9(7) as follows:

35.9(7) Avoided capacity and energy costs. Avoided capacity costs shall be based on ~~the future supply option with the highest present values value for each costing period year in the 20-year planning horizon identified in subrule 35.9(6).~~ Avoided energy costs shall be based on the marginal costs of the utility's ~~current~~ generating units or purchases. The utility shall use the same costing periods identified in 35.9(6)"b" when calculating avoided capacity and energy costs. A party may submit, and the board shall consider, alternative avoided capacity and energy costs derived by an alternative method. A party submitting alternative avoided costs shall also submit an explanation of the alternative method.

a. Avoided capacity costs. Calculations of avoided capacity costs in each costing period shall be based on the following formula:

$$\text{AVOIDED CAPACITY COST} = (C + \text{FOM}) \times (1 + \text{RM}) \times (1 + \text{DLF}) \times (1 + \text{EF})$$

C (capacity) is the greater of NC or RC.

NC (new capacity) is the ~~present~~ value of ~~future invested capital costs or future capacity purchase costs or future capacity costs~~ expressed in dollars per net kW per year of the utility's new supply options from ~~paragraph paragraphs~~ 35.9(6)"b" and "c" in each costing period.

RC (resalable capacity) is the ~~present~~ value of existing capacity expressed in dollars per net kW per year that could be sold to other parties in each costing period.

~~FOM (fixed operations and maintenance costs) is the present value of future costs expressed in dollars per net kW per year of fixed operations and maintenance costs of the utility's new supply options from paragraph 35.9(6)"e" in each costing period.~~

RM (reserve margin) is the generation reserve margin criterion adopted by the utility.

DLF (demand loss factor) is the system demand loss factor, expressed as a fraction of the net power generated, purchased, or interchanged in each costing period. For example, the peak system demand loss factor would be equal to peak system power loss (MW) divided by the net system peak load (MW) for each costing period.

EF (externality factor) is a 10 percent factor applied to avoided capacity costs in each costing period to account for societal costs of supplying energy. In addition, the utility may propose a different externality factor, but must document its accuracy.

b. Avoided energy costs. Calculations of avoided energy costs in each costing period shall be based on the following formula:

$$\text{AVOIDED ENERGY COSTS} = (\text{MEC} + \text{VOM}) \times (1 + \text{ELF}) \times (1 + \text{EF})$$

MEC (marginal energy cost) is the marginal energy cost expressed in dollars per kWh, *inclusive of variable operations and maintenance costs*, for electricity in each costing period.

~~VOM (variable operations and maintenance cost) is the variable operations and maintenance cost expressed in dollars per kWh in each costing period.~~

ELF (system energy loss factor) is the system energy loss factor, expressed as a fraction of net energy generated, purchased, or interchanged in each costing period.

EF (externality factor) is a 10 percent factor applied to avoided energy costs in each costing period to account for societal costs of supplying energy. In addition, the utility may propose a different externality factor, but must submit documentation of its accuracy.

ITEM 16. Amend subrule 35.10(4) as follows:

35.10(4) Avoided capacity and energy costs. Information regarding avoided costs, specifying the days and weeks which constitute the utility's peak and off-peak periods. ~~Present value of avoided~~ Avoided costs shall be the ~~highest present value calculated for the peak and off-peak periods in the five-year planning horizon and adjusted for inflation to derive an annual avoided cost over a 20-year period.~~ In addition, all parties may submit information specifying the hours, days, and weeks which constitute alternative costing periods. A party may submit, and the board shall consider, alternative avoided capacity and energy costs derived by an alternative method. A party submitting alternative avoided costs shall also submit an explanation of the alternative method.

a. Avoided capacity costs. Calculations of avoided capacity costs in the peak and off-peak periods shall be based on the following formula:

$$\text{AVOIDED CAPACITY COSTS} = [(D + \text{OC}) \times (1 + \text{RM})] \times (1 + \text{EF})$$

D (demand) is the greater of CD or FD.

CD (current demand cost) is the *utility's* average demand cost expressed in dollars per dth or Mcf ~~incurred by the utility~~ during peak and off-peak periods.

FD (future demand costs) is the ~~present value of utility's average future demand cost costs in the five-year planning horizon over the 20-year period~~ expressed in dollars per dth or Mcf which the utility will incur when supplying gas during peak and off-peak periods.

RM (reserve margin) is the reserve margin adopted by the utility.

OC (other cost) is the ~~present~~ value of any other costs per dth *or Mcf* related to the acquisition of gas supply or

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transportation by the utility *over the 20-year period* in the peak and off-peak periods.

EF (externality factor) is a 7.5 percent factor applied to avoided capacity costs in the peak and off-peak periods to account for societal costs of supplying energy. In addition, the utility may propose a different externality factor, but must submit documentation of its accuracy.

b. *Avoided energy costs.* Calculations of avoided energy costs in the peak and off-peak periods on a seasonal basis shall be based on the following formula:

AVOIDED ENERGY COSTS = (E + VOM) × (1 + EF)

E (energy costs) is the greater of ME or FE.

ME (current marginal energy costs) is the *utility's* current marginal energy costs expressed in dollars per dth or Mcf ~~the utility incurs~~ during peak and off-peak periods.

FE (future energy costs) is the ~~present value of utility's~~ *average* future energy costs *over the 20-year period* expressed in dollars per dth or Mcf ~~which the utility will incur~~ during peak and off-peak periods.

VOM (variable operations and maintenance costs) is the ~~current utility's average~~ *current* variable operations and maintenance costs *over the 20-year period* expressed in dollars per dth or Mcf ~~the utility incurs~~ during peak and off-peak periods.

EF (externality factor) is a 7.5 percent factor applied to avoided energy costs in the peak and off-peak periods to account for societal costs of supplying energy. In addition, the utility may propose a different externality factor, but must submit documentation of its accuracy.

ITEM 17. Amend rule 199—35.12(476), introductory paragraph, as follows:

199—35.12(476) Recovery of energy efficiency expenditures and related costs. A utility shall be allowed to recover the reasonable expenditures and related costs of its approved energy efficiency plan and programs which are determined by the board to be cost-effective. The reasonable expenditures and related costs of the approved energy efficiency plan and programs determined not to be cost-effective shall be recovered if the board determines the utility was prudent and reasonable in the planning and implementation of the programs. *The utility may propose to recover the portion of the costs of process-oriented industrial assessments related to energy efficiency through this proceeding.* Expenditures and related costs described in paragraph 35.12(1)"b" may be recovered only through the procedures set out in this rule. For purposes of this rule, "expenditures" is defined as funds actually spent by the utility on energy efficiency programs in its approved plan. A carrying charge as defined in paragraph 35.12(1)"c" shall be allowed on the actual expenditures approved for recovery. For purposes of this rule, "related costs" includes rate of return, rewards, and lost revenues, less any penalties.

ITEM 18. Amend paragraph 35.12(1)"b" as follows:

b. Energy efficiency expenditures and related costs incurred on or after July 1, 1990, for demand-side programs and which are eligible to be proposed for recovery as provided for in these rules shall be charged to account 186, "Miscellaneous Deferred Debits," as defined in the uniform system of accounts for utilities as provided in 199 IAC 16. Each utility shall establish a subaccount system, a work order system, or an accounting system which identifies individual expenditures by each program. Examples of individual items include, but are not limited to, the ex-

penditures for planning and design, labor, advertising and promotion, rebates, customer incentives (~~as opposed to rate incentives~~), equipment, installation, funding of the Iowa energy center and ~~global warming center~~ *the center for global and environmental research*, as described in 199 IAC 17.9(476), and consultant fees. Each utility shall maintain accurate employee, equipment, materials, and other records which identify all amounts including indirect charges related to each individual energy efficiency program.

ITEM 19. Amend paragraph 35.12(2)"a" as follows:

a. Notice requirements. No more than 62 days prior to and prior to filing of an application to recover the expenditures and related costs of its energy efficiency plan and programs, a utility shall mail or deliver an approved written notice to all affected customers. The notice shall be submitted to the board for approval not less than 30 days prior to proposed notification of customers. The notice shall, at a minimum, include the following elements:

(1) A statement that the utility will be filing an application with the board to recover the expenses of its energy efficiency plan and programs;

(2) The proposed annual jurisdictional increase for each major customer grouping in dollars and as a percent, with the actual increases to be filed at the time of notice to customers;

(3) *A statement of the benefits associated with the implementation of energy efficiency programs. The statement should show the impacts of the energy efficiency programs for each customer class and the societal costs and benefits of the plan;*

(3 4) A statement that the board will be conducting a contested case proceeding to review the application and that a customer may seek to intervene in the proceeding;

(4-5) A proposed effective date; and

(5 6) The phone number and address of utility personnel, the board, and the consumer advocate for the customer to contact with any questions or to file written comments or objections.

ITEM 20. Amend paragraph 35.12(3)"b," subparagraphs (2), (3), and (4), as follows:

(2) If the utility has expended more than 75 percent of its approved spending level *for the period included in the cost recovery filing*, and the benefit to cost ratio achieved and projected from implementation of the plan is greater than the benefit/cost criterion, the utility shall be awarded an amount based on the following formula:

$$\text{Reward} = 0.20 \times (\text{societal benefit/cost ratio achieved and projected} - \text{benefit/cost criterion}) \times \text{net societal benefit}$$

For purposes of this calculation, the *societal benefit to cost ratio achieved and projected and benefit/cost criterion* shall be rounded to the nearest one-hundredth decimal place.

(3) Definitions. "~~Societal Benefit~~ *benefit/cost ratio achieved and projected*" is defined for purposes of this paragraph as the ratio of the present value of *the sum of the program benefits over the useful lives of the energy efficiency options installed or implemented during the period covered by the cost recovery application to the present value of costs, over the useful life of the energy efficiency programs, as defined in the societal test* *sum of the program costs incurred during the period covered by the cost recovery application.* "Useful life," as used in this para-

UTILITIES DIVISION[199](cont'd)

graph, means the number of years, not to exceed 20 years, an energy efficiency program option will produce benefits as determined by the utility.

"Benefit/cost criterion" is determined by the following formula:

$$\frac{[1.25 / (1-X)]}{Y}$$

"X" is the total of the expenditures for tree planting programs, pilot research projects, and funding of the Iowa energy center and the center for global and environmental research global warming center excluded pursuant to 35.12(3)"b"(1).

"Y" is the total plan energy efficiency expenditures.

"Net societal benefit" is defined for purposes of this paragraph as the present value of the sum of the program benefits over the useful lives of the energy efficiency options installed or implemented during the period covered by the cost recovery application, less the present value of costs, over the useful life of the energy efficiency programs, as defined in the societal test sum of the program costs incurred during the period covered by the cost recovery application.

(4) Rewards shall not exceed 25 percent of the net societal benefits.

ITEM 21. Amend paragraph 35.12(3)"c" as follows:

c. Penalties. The board shall assess a penalty on a utility based on the following standards contained in subparagraphs (1) to (6 4).

~~(1) If the benefit to cost ratio achieved and projected from implementation of the plan is less than 1.0, the utility shall be assessed a penalty based on the following formula:~~

~~$$\text{Penalty} = 0.15 \times (1.0 - \text{benefit/cost ratio achieved and projected}) \times \text{planned net benefit}$$~~

~~For purposes of this calculation, the benefit to cost ratio achieved and projected shall be rounded to the nearest one-hundredth decimal place.~~

~~(2) At the request of a utility, the board shall exclude from the calculation of the utility's penalty pursuant to 35.12(3)"c"(1) the benefits and costs of the utility's (a) tree planting programs; (b) pilot research projects not to exceed 10 percent of the utility's energy efficiency expenditures as defined in rule 35.12(476); and (c) funding of~~

~~the energy center and global warming center. If a utility elects to request the exclusion of any benefits and costs, all benefits and costs eligible for exclusion shall be excluded from the calculation of the utility's penalty.~~

~~(3 1) If the utility has expended less than 75 percent of the budget approved by the board for the period included in the cost recovery filing, the utility shall be assessed a penalty based on the following formula inclusive of the costs of tree planting programs, funding of the Iowa energy center and the center for global and environmental research global warming center, and pilot research projects:~~

~~$$\text{Penalty} = 0.05 \times (100\% - \% \text{ of budget expended}) \times \text{planned net societal benefit}$$~~

~~(4 2) Definitions. "Benefit/cost ratio achieved and projected" is defined for purposes of this paragraph as the ratio of the present value of benefits to the present value of costs, over the useful life of the energy efficiency programs, as defined in the societal test. "Useful life," as used in this paragraph, means the number of years, not to exceed 20 years, an energy efficiency program will produce benefits as determined by the utility. "Planned net societal benefit" is defined for purposes of this paragraph as the present value of the sum of the program benefits over the useful lives of the energy efficiency options installed or implemented during the period covered by the cost recovery application, less the present value of costs over the useful life of the energy efficiency program sum of the program costs incurred during the period covered by the cost recovery application if that a utility would have achieved had it fully implemented the approved energy efficiency plan.~~

~~(5 3) Penalties shall not exceed 15 percent of planned net societal benefits. In the event both penalty standards are violated, the penalty for inadequate spending described in subparagraph 35.12(3)"c"(3) shall apply first, followed by the penalty for low benefit to cost ratio described in subparagraph 35.12(3)"c"(1), with the total penalty not to exceed 15 percent of planned net benefits.~~

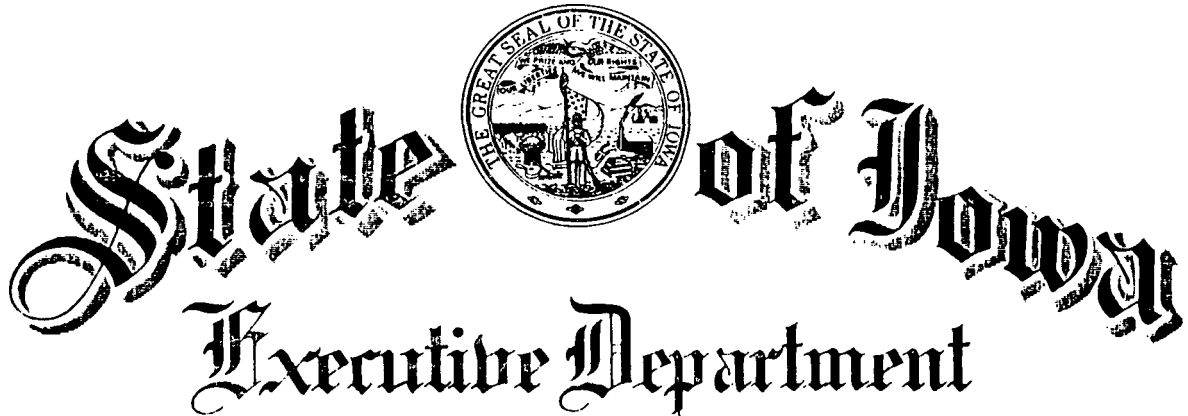
~~(6 4) Penalties shall not be collected from ratepayers.~~

[Filed 4/9/93, effective 6/2/93]

[Published 4/28/93]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 4/28/93.

AGENCY	RULE	DELAY
Human Services Department[441]	81.6(3), first unnumbered paragraph (IAB 3/31/93 ARC 3855A)	Effective date of June 1, 1993, delayed 70 days by the Administrative Rules Review Committee (ARRC) at its meeting held April 5, 1993. [Pursuant to §17A.4(5)]



IN THE NAME AND BY THE AUTHORITY OF THE STATE OF IOWA

EXECUTIVE ORDER 47

- WHEREAS, 1990 Iowa Acts, ch. 1146 (codified as Iowa Code S 1.17 (1991), empowers the Governor to accept on behalf of the State of Iowa, retrocession of Federal Jurisdiction if offered by the appropriate authority.
- WHEREAS, The Secretary of the Army is authorized by 10 U.S.C. S 2683 to share concurrent legislative jurisdiction with the State of Iowa as necessary to exercise concurrent legislative jurisdiction over Federal lands containing 88.73 acres, more or less, at Fort Des Moines, Iowa.
- WHEREAS, By letter dated June 21, 1991, to the Governor of Iowa, the Secretary of the Army offered to retrocede and relinquish is exclusive legislative jurisdiction as necessary to enable the exercise of concurrent state and federal legislative jurisdiction over the subject federal property.
- WHEREAS, The subject 88.73 acres, more or less, is the land described shown on the map entitled "U.S.A.R.C./FORT DES MOINES IOWA" which accompanied the offer of retrocession. The letter and map are attached and marked, respectively, Exhibits "A" and "B." The subject 88.73 acres is legally described on the attachment marked Exhibit "C" which also describes two excepted parcels. The two parcels excepted from the offer of retrocession are real estate under the jurisdiction of the Department of the Navy, the boundaries of which are delineated on the attached plat marked Exhibit "D."

NOW, THEREFORE, I, TERRY E. BRANSTAD, GOVERNOR OF THE STATE OF IOWA, by virtue of the authority vested in me by the Constitution and laws of the State of Iowa, do accept the offer of assignment of concurrent jurisdiction.

This Executive Order shall become effective immediately upon its execution.



IN TESTIMONY WHEREOF, I have hereunto subscribed my name and caused the Great Seal of the State of Iowa to be affixed. Done at Des Moines, Iowa this 29th day of March in the year of our Lord one thousand nine hundred ninety-three.


GOVERNOR

Attest:


SECRETARY OF STATE

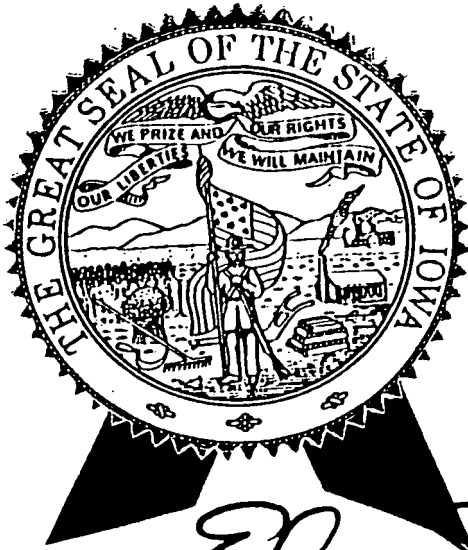


State of Iowa
Executive Department

IN THE NAME AND BY THE AUTHORITY OF THE STATE OF IOWA

STATE OF DISASTER EMERGENCY PROCLAMATION


- WHEREAS: many of the State's streams and rivers, prompted by adverse snowmelt and precipitation conditions, have exceeded flood stage, resulting in extensive urban and rural damage in Black Hawk, Butler, Floyd, Humboldt, Kossuth, Mitchell, Tama and Wright counties; and
- WHEREAS, projections indicate severe flooding will continue to occur throughout these counties in the days ahead, promoting additional personal hardship and economic loss to the private and public sector; and
- WHEREAS, these rivers and streams, in their present vulnerable condition, could be further aggravated by additional precipitation, and therefore intensify the flood threat and subsequent consequences; and
- WHEREAS, situation reports, projections, and damage assessment information confirm the conditions predicted and reported,
- NOW, THEREFORE, I, Terry E. Branstad, Governor of the State of Iowa, do hereby proclaim a state of disaster emergency to exist in Black Hawk, Butler, Floyd, Humboldt, Kossuth, Mitchell, Tama, and Wright counties, and call upon all citizens and agencies of local and State government, and the Salvation Army & American Red Cross to render good and sufficient aid in this time of need.



IN TESTIMONY WHEREOF, I have hereunto subscribed my name and caused the Great Seal of the State of Iowa to be affixed. Done at Des Moines this 1st day of April in the year of our Lord one thousand nine hundred ninety-three.

Terry E. Branstad
GOVERNOR

Eraine Baxter
SECRETARY OF STATE

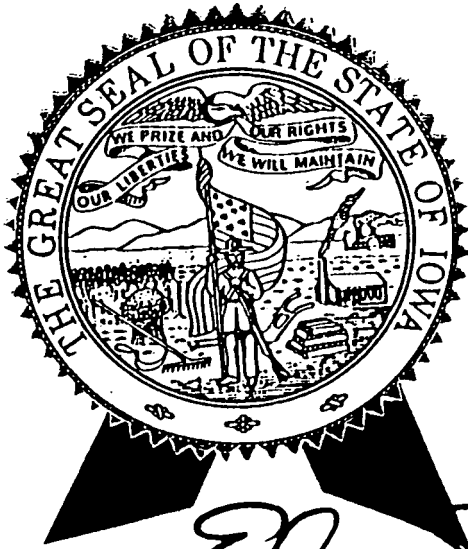


State of Iowa
Executive Department

IN THE NAME AND BY THE AUTHORITY OF THE STATE OF IOWA

STATE OF DISASTER EMERGENCY PROCLAMATION

- WHEREAS, many of the State's streams and rivers, prompted by adverse snowmelt and precipitation conditions, have exceeded flood stage, resulting in extensive urban and rural damage in Bremer, Linn, and Webster counties; and
- WHEREAS, projections indicate severe flooding will continue to occur throughout these counties in the days ahead, promoting additional personal hardship and economic loss to the private and public sector; and
- WHEREAS, these rivers and streams, in their present vulnerable condition, could be further aggravated by additional precipitation, and therefore intensify the flood threat and subsequent consequences; and
- WHEREAS, situation reports, projects, and damage assessment information confirm the conditions predicted and reported,
- NOW, THEREFORE, I, Terry E. Branstad, Governor of the State of Iowa, do hereby proclaim a state of disaster emergency to exist in the Bremer, Linn, and Webster counties, and call upon all citizens and agencies of local and State government, and the Salvation Army & American Red Cross to render good and sufficient aid in this time of need.



IN TESTIMONY WHEREOF, I have hereunto subscribed my name and caused the Great Seal of the State of Iowa to be affixed. Done at Des Moines this 3rd day of April in the year of our Lord one thousand nine hundred ninety-three.

Terry E. Branstad
GOVERNOR

Elaine Baxter
SECRETARY OF STATE

1993 CODE OF IOWA

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