

CHAPTER 156
PAYMENTS FOR FOSTER CARE
AND FOSTER PARENT TRAINING

[Prior to 7/1/83, Social Services[770] Ch 137]
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[Prior to 2/11/87, Human Services[498]]

441—156.1(234) Definitions.

“*Basic family foster care*” means the 24-hour care and supervision of a child provided by a licensed foster family. It includes the provision of food, lodging, clothing, shelter, support, ordinary transportation, recreation, and training which is appropriate for the child’s age, mental, and physical capacity. It also includes assisting and contributing to the creation and updating of a child’s lifebook and personal history, as well as assisting the child in maintaining cultural and ethnic connections.

“*Basic maintenance payment*” means the monthly reimbursement paid to foster parents for providing basic family foster care. The payment is based on the schedule found in subrule 156.6(l).

“*Child welfare services*” means age-appropriate activities to maintain a child’s connection to the child’s family and community, to promote reunification or other permanent placement, and to facilitate a child’s transition to adulthood.

“*Cost of foster care*” means the maintenance and supervision costs of foster family care, the maintenance costs of group care, and the maintenance and service costs of supervised apartment living and shelter care. The cost for foster family care supervision and supervised apartment living services, when provided directly by the department caseworker rather than purchased from a provider, shall be \$250 per month. When using this average monthly charge results in unearned income or parental liability being collected in excess of the cost of foster care, the excess funds shall be placed in the child’s escrow account. The cost for foster family supervision and supervised apartment living services purchased from a private provider shall be the actual costs paid by the department.

“*Department*” means the Iowa department of human services.

“*Difficulty of care maintenance payment*” means a monthly payment made, in addition to the basic maintenance payment, to foster parents providing care to a special needs child to cover the extra expenses, care and supervision, associated with the child’s special needs.

“*Director*” means the director of the child support recovery unit of the department or the director’s designee.

“*Earned income*” means income in the form of a salary, wages, tips, bonuses, commissions earned as an employee, income from job corps or profit from self-employment.

“*Emergency foster family care*” means a foster care placement in a licensed foster home in which the family is willing to accept children with less than 24-hour notice. These placements are intended to be limited to 30 days or less, although some placements may extend longer. The emergency maintenance payment is based on the schedule found in rule 441—156.11(234).

“*Escrow account*” means an interest bearing account in a bank or savings and loan association which is maintained by the department in the name of a particular child.

“*Family foster care supervision*” means the support, assistance, and oversight provided by department or private agency caseworkers to children in family foster care which is directed toward achievement of the child’s permanency plan goals.

“*Foster care*” means substitute care furnished on a 24-hour-a-day basis to an eligible child, in a licensed or approved facility, by a person or agency other than the child’s parent or guardian, but does not include care provided in a family home through an informal arrangement for a period of less than 20 days. Child foster care shall include but is not limited to the provision of food, lodging, training, education, supervision and health care.

“Foster family care” means foster care provided in a single family living unit licensed by the department according to 441—Chapter 113 or licensed or approved by the state in which it is located.

“Foster family home study” means the initial written report and the annual update containing documentation of the family’s compliance with 441—Chapter 113, an assessment of the family’s ability to provide foster care, and a licensing recommendation.

“Group care maintenance” means food, clothing, shelter, school supplies, personal incidentals, daily care, general parenting, discipline, and supervision of children to ensure their well-being and safety, and administration of maintenance items provided in a group care facility.

“Income” means earned and unearned income.

“Mental health professional” means the same as defined in rule 441—24.61(225C,230A).

“Mentally retarded” means a child meeting the definition in Iowa Code section 222.2(5).

“Mental retardation professional” means the same as defined in the department of inspections and appeals subrule 481—57.1(15).

“Parent” means the biological or adoptive parent of the child.

“Parental liability” means a parent’s liability for the support of a child during the period of foster care placement. Liability shall be determined pursuant to 441—Chapter 99, Division I.

“Personal allowance” means the family investment program schedule of living costs for the areas of food, clothing, personal care and supplies, medicine chest items and communications as defined in 441—subrules 41.8(2) and 41.28(2).

“Physician” means a licensed medical or osteopathic doctor as defined in rule 441—77.1(249A).

“Required school fees” means fees required for the participation in school or extracurricular activities and fees related to enrolling a child in preschool when a mental health or mental retardation professional has recommended school attendance.

“Service area manager” means the department employee or designee responsible for managing department offices within a department service area and for implementing policies and procedures of the department.

“Special needs child” means a child with one or more of the following conditions:

1. The child has been diagnosed by a physician to have a disability which substantially limits one or more major life activities; and requires professional treatment, assistance in self-care, or the purchase of special adaptive equipment.

2. The child has been determined by a qualified mental retardation professional to have mental retardation.

3. The child has been diagnosed by a qualified mental health professional to have a psychiatric condition which impairs the child’s mental, intellectual, or social functioning.

4. The child has been diagnosed by a qualified mental health professional to have a behavioral or emotional disorder characterized by situationally inappropriate behavior, which deviates substantially from behavior appropriate to the child’s age or which significantly interferes with the child’s intellectual, social, or personal adjustment.

5. The child has been diagnosed by a qualified medical professional, mental health professional, or substance abuse treatment supervisor as having a substance abuse problem.

6. The child is an unaccompanied refugee minor.

7. The child has been adjudicated delinquent.

8. The child has been diagnosed as HIV-infected or has had an HIV-positive test result by a qualified medical professional.

“*Substance abuse treatment supervisor*” means the same as defined in the substance abuse commission rule 643—3.1(125) as treatment supervisor.

“*Treatment foster parent*” means an individual who is licensed to provide foster care and is trained to provide behavioral management for children in therapeutic foster care.

“*Unearned income*” means any income which is not earned income and includes supplemental security income (SSI) and other funds available to a child residing in a foster care placement.

This rule is intended to implement Iowa Code section 234.39.

441—156.2(234) Foster care recovery. The department shall recover the cost of foster care provided by the department pursuant to the rules in this chapter and the rules in 441—Chapter 99, Division I, which establishes policies and procedures for the computation and collection of parental liability.

156.2(1) Funds shall be applied to the cost of foster care in the following order and each source exhausted before utilizing the next funding source:

- a. Unearned income of the child.
- b. Parental liability of the noncustodial parent.
- c. Parental liability of custodial parent(s).

156.2(2) The department shall serve as payee to receive the child’s unearned income. When a parent or guardian is not available or is unwilling to do so, the department shall be responsible for applying for benefits on behalf of a child placed in the care of the department. Until the department becomes payee, the payee shall forward benefits to the department. For voluntary foster care placements of children aged 18 and over, the child is the payee for the unearned income. The child shall forward these benefits, up to the actual cost of foster care, to the department.

156.2(3) The custodial parent shall assign child support payments to the department.

156.2(4) Unearned income of a child and parental liability of the noncustodial parent shall be placed in an account from whence it shall be applied toward the cost of the child’s current foster care and the remainder placed in an escrow account.

156.2(5) When a child has funds in escrow these funds may be used by the department to meet the current needs of the child not covered by the foster care payments and not prohibited by the source of the funds.

156.2(6) When the child leaves foster care, funds in escrow shall be paid to the custodial parent(s) or guardian or to the child when the child has attained the age of majority, unless a guardian has been appointed.

156.2(7) When a child who has unearned income returns home after the first day of a month, the remaining portion of the unearned income (based on the number of days in the particular month) shall be made available to the child and the child’s parents, guardian or custodian, if the child is eligible for the unearned income while in the home of a parent, guardian or custodian.

This rule is intended to implement Iowa Code section 234.39.

441—156.3(252C) Computation and assessment of parental liability. Rescinded IAB 3/13/96, effective 5/1/96.

441—156.4(252C) Redetermination of liability. Rescinded IAB 3/13/96, effective 5/1/96.

441—156.5(252C) Voluntary payment. Rescinded IAB 3/13/96, effective 5/1/96.

441—156.6(234) Rate of maintenance payment for foster family care.

156.6(1) Basic rate. A monthly payment for care in a foster family home licensed in Iowa shall be made to the foster family based on the following schedule:

<u>Age of child</u>	<u>Daily rate</u>
0 through 5	\$15.31
6 through 11	\$15.99
12 through 15	\$17.57
16 or over	\$17.73

156.6(2) Out-of-state rate. A monthly payment for care in a foster family home licensed or approved in another state shall be made to the foster family based on the rate schedule in effect in Iowa, except that the service area manager or designee may authorize a payment to the foster family at the rate in effect in the other state if the child's family lives in that state and the goal is to reunite the child with the family.

156.6(3) Mother and child in foster care. When the child in foster care is a mother whose young child is in placement with her, the rate paid to the foster family shall be based on the daily rate for the mother according to the rate schedule in subrules 156.6(1) and 156.6(4) and for the child according to the rate schedule in subrule 156.6(1). The foster parents shall provide a portion of the young child's rate to the mother to meet the partial maintenance needs of the young child as defined in the case permanency plan.

156.6(4) Difficulty of care payment.

a. For placements made before January 1, 2007, when foster parents provide care to a special needs child, the foster family shall be paid the basic maintenance rate plus \$4.94 per day for extra expenses associated with the child's special needs. This rate shall continue until:

- (1) The payment rate is reviewed under paragraph "*f*"; or
- (2) A higher rate is authorized under paragraph "*h*."

b. When a foster family provides care to a sibling group of three or more children, an additional payment of \$1 per day per child may be authorized for each nonspecial needs child in the sibling group.

c. When the foster family's responsibilities in the case permanency plan include providing transportation related to family or preplacement visits outside the community in which the foster family lives, the department worker may authorize an additional maintenance payment of \$1 per day. Expenses over the monthly amount may be reimbursed with prior approval by the worker. Eligible expenses shall include the actual cost of the most reasonable passenger fare or gas.

d. For placements made before January 1, 2007, when a treatment foster family provides care to a child receiving behavioral management services for children in therapeutic foster care pursuant to 441—subrule 185.62(3), the foster family shall be paid the basic maintenance rate plus \$14.80 per day. This rate shall continue until:

- (1) The payment rate is reviewed under paragraph "*f*"; or
- (2) A higher rate is authorized under paragraph "*h*."

e. For placements made before January 1, 2007, when a service area manager determines that a foster family is providing care comparable to behavioral management services for children in therapeutic foster care pursuant to 441—subrule 185.62(3), except that the placement is supervised by the department and the child's treatment plan is supervised by a physician, mental health professional, or mental retardation professional, the foster family shall be paid the basic maintenance rate plus \$14.80 per day. Foster families receiving this difficulty of care payment shall meet the requirements as found in 441—paragraph 185.10(8)"*b*." This rate shall continue until:

- (1) The payment rate is reviewed under paragraph "*f*"; or
- (2) A higher rate is authorized under paragraph "*h*."

f. The difficulty of care maintenance payment shall be reviewed:

- (1) Every six months;
- (2) When the child's placement changes;
- (3) When a significant change in the child's behavior is reported; and
- (4) After termination of parental rights in preparation for negotiation of an adoption subsidy.

g. All maintenance payments, including difficulty of care payments, shall be documented on Form 470-0716, Foster Family Placement Contract.

h. Effective January 1, 2007, the supervisor may approve an additional maintenance payment above the basic rate in subrule 156.6(1) based on the child's score on Form 470-4401, Foster Child Behavioral Assessment.

(1) Additional payments shall be awarded as follows:

1. Behavioral needs rated at level 1 qualify for a payment of \$5 per day.
2. Behavioral needs rated at level 2 qualify for a payment of \$10 per day.
3. Behavioral needs rated at level 3 qualify for a payment of \$15 per day.

(2) Use of Form 470-4401 to determine the difficulty of care maintenance payment:

1. Shall apply to all placements made on or after January 1, 2007.
2. Shall apply to all reviews under paragraph "f" made on or after January 1, 2007.

3. May apply to placements made before January 1, 2007, in lieu of the difficulty of care allowances in paragraphs "a," "d," and "e."

156.6(5) *Payment method.* All maintenance payments to foster families supervised by the department or a licensed private child caring agency shall be made directly to the foster family by the department.

156.6(6) *Compliance transition period.* Rescinded IAB 6/9/93, effective 8/1/93.

This rule is intended to implement Iowa Code section 234.38.

441—156.7(234) Purchase of family foster care services.

156.7(1) *Types of services.* The department may develop a contract pursuant to 441—Chapter 152 with a child-placing agency licensed pursuant to rule 441—108.7(234) for any of the following family foster care services:

- a.* Family foster care supervision.
- b.* Family foster care treatment services.
- c.* Foster family home studies.

156.7(2) *Family foster care supervision.* Purchased family foster care supervision shall meet the following requirements:

a. Services shall be provided in accordance with rule 441—108.7(234) and shall include visits with the child and foster family at a minimum frequency of not less than one visit every 35 days.

b. Services shall:

- (1) Occur on a face-to-face basis.
- (2) Be directed toward the child and shall include the child or the foster family.
- (3) Be delivered in whatever locations the referral worker's social casework findings indicate are appropriate to ensure that all reasonable efforts are being made to meet the child's needs.

c. The department shall determine when to refer a child to a private agency for family foster care supervision, and shall specify the maximum number of units and the duration of services authorized on Form 470-3055, Referral of Client for Rehabilitative Treatment and Supportive Services.

d. Units of service shall be provided in one-half hour increments.

e. Services shall be reimbursed for each billable unit of family foster care supervision authorized and delivered. The unit rate shall be determined according to the policies in rules 441—185.101(234) to 441—185.108(234).

f. The provider shall develop a service plan which meets the following requirements:

(1) The provider shall develop a service plan for each child receiving supervision services. The service plan shall be developed in collaboration with the referral worker, family, child, and foster parents unless the service plan contains documentation of the rationale for not involving one of these parties.

(2) Service plans shall be developed within 30 calendar days of initiating services. The provider shall document the dates and content of any collaboration on the service plan.

(3) Service plans shall describe the supervision service goals and objectives, the supervision services to be provided, and persons responsible for providing the supervision services.

(4) Each service plan shall identify the individual who will monitor the supervision services being provided to ensure that they continue to be necessary and consistent with the case permanency plan developed or modified by the referral worker.

(5) Each service plan shall be reviewed 90 calendar days from the initiation of services and every 90 calendar days thereafter for the duration of supervision services or when any changes to the case permanency plan are made. The person reviewing the plan shall sign and date each review. If the review determines that the service plan is inconsistent with the case permanency plan, the provider's service plan shall be revised to reflect case permanency plan expectations.

(6) The provider shall provide a copy of all service plans and plan reviews to the family and referral worker, unless otherwise ordered by the court.

g. The provider shall receive approval from the referral worker on Form 470-3055, Referral of Client for Rehabilitative and Supportive Services, before increasing the amount or duration of services beyond what was previously approved. Based on their ongoing assessment activities, providers may communicate family service needs they believe are not adequately addressed in the department case permanency plan at any time during their provision of services.

h. The provider shall prepare a written report of termination activities which identifies the reason for termination, date of termination, and the recommended action or referrals upon termination.

i. The provider shall maintain a confidential individual record for each child receiving supervision services. The record shall include the following:

(1) Case permanency plan as supplied by the referral worker.

(2) Documentation of billed services which shall include: the specific services rendered, the date and amount of time services were rendered, who rendered the services, the setting in which services were rendered, and updates describing the client's progress.

(3) All service plans and service plan reviews developed by the agency.

(4) Correspondence with the referral worker regarding changes in the case permanency plan or service plan or requests for approval of additional services and any relevant evaluation activities.

(5) Progress reports 90 calendar days after initiating services and every 90 calendar days thereafter which summarize progress and problems in achieving the goals and objectives of the service plan. The progress report shall be written in conjunction with the service plan review and shall be completed no more than 15 calendar days before the report is due or 15 calendar days after the report is due. The provider shall provide a copy of all detailed progress reports to the family and referral worker, unless otherwise ordered by the court.

(6) Termination reports.

(7) Additional reports if requested by the referral worker.

(8) Form 470-3055, Referral of Client for Rehabilitative Treatment and Supportive Services.

156.7(3) *Family foster care treatment services.* Rescinded IAB 11/8/06, effective 11/1/06.

156.7(4) *Foster family home studies.* Purchased foster family home studies shall meet the following requirements:

a. Home studies shall be completed in accordance with rule 441—108.8(234).

b. The department shall determine when to refer a family to a private agency for a home study or when to purchase a home study or update completed by the private agency on Form 470-3055, Referral of Client for Rehabilitative Treatment and Supportive Services.

c. The unit of service shall be the completed home study.

d. The unit rate shall be determined according to the policies in rules 441—185.101(234) to 441—185.108(234), except that foster family recruitment shall be considered an allowable cost in determining the unit rate for foster family home studies.

156.7(5) *Purchasing services for individual children.* The department shall purchase services for a child based on the needs of the individual child. This may include one or more cores of rehabilitative treatment services, or a combination of rehabilitative treatment services and family foster care supervision.

156.7(6) *Billing procedures.* Billings shall be prepared and submitted pursuant to rule 441—185.121(234).

441—156.8(234) Special needs.

156.8(1) *Clothing allowance.* When in the judgment of the worker clothing is needed at the time the child is removed from the child's home and placed in foster care, an allowance may be authorized, not to exceed \$250, to purchase clothing.

A second clothing allowance, not to exceed \$200 for family foster care and \$100 for all other levels, may be approved, not more than once within a calendar year, by the worker when a child in foster care needs clothing to replace lost clothing or because of unusual growth or weight change, and the child does not have escrow funds.

156.8(2) *Supervised apartment living.* When a youth is initially placed in supervised apartment living, the service area manager or designee may authorize an allowance not to exceed \$400 if the youth does not have sufficient resources to cover initial costs.

156.8(3) *Medical care.* When a child in foster care needs medical care or examinations which are not covered by the Medicaid program and no other source of payment is available, the cost may be paid from foster care funds with the approval of the service area manager or designee. Eligible costs shall include emergency room care, medical treatment by out-of-state providers who refuse to participate in the Iowa Medicaid program, and excessive expenses for nonprescription drugs or supplies. Requests for payment for out-of-state medical treatment and for nonprescription drugs or supplies shall be approved prior to the care being provided or the drugs or supplies purchased. Claims shall be submitted to the department on Form GAX, General Accounting Expenditure, within 90 days after the service is provided. The rate of payment shall be the same as allowed under the Iowa Medicaid program.

156.8(4) *Transportation for medical care.* When a child in foster family care has expenses for transportation to receive medical care which cannot be covered by the Medicaid program, the expenses may be paid from foster care funds, with the approval of the service area manager. The claim for all the expenses shall be submitted to the department on Form GAX, General Accounting Expenditure, within 90 days after the trip. This payment shall not duplicate or supplement payment through the Medicaid program. The expenses may include the actual cost of meals, parking, child care, lodging, passenger fare, or mileage at the rate granted state employees.

156.8(5) *Funeral expense.* When a child under the guardianship of the department dies, the department will pay funeral expenses not covered by the child's resources, insurance or other death benefits, the child's legal parents, or the child's county of legal settlement, not to exceed \$650.

The total cost of the funeral and the goods and services included in the total cost shall be the same as defined in rule 441—56.3(239,249).

The claim shall be submitted by the funeral director to the department on Form GAX, General Accounting Expenditure, and shall be approved by the service area manager. Claims shall be submitted within 90 days after the child's death.

156.8(6) *School fees.* Payment for required school fees of a child in foster family care or supervised apartment living exceeding \$5 may be authorized by the worker in an amount not to exceed \$50 per calendar year if the child does not have escrow funds.

156.8(7) *Respite care.* The service area manager may authorize respite for a child in family foster care for up to 24 days per calendar year per placement. Respite shall be provided by a licensed foster family. The payment rate to the respite foster family shall be the rate authorized under rule 441—156.6(234) to meet the needs of the child.

a. to c. Rescinded IAB 11/8/06, effective 11/1/06.

156.8(8) *Tangible goods, child care, and ancillary services.* To the extent that a child's escrow funds are not available, the service area manager may authorize reimbursement to foster parents for the following:

a. Tangible goods for a special needs child including, but not limited to, building modifications, medical equipment not covered by Medicaid, specialized educational materials not covered by educational funds, and communication devices not covered by Medicaid.

b. Child care services when the foster parents are working, the child is not in school, and the provision of child care is identified in the child's case permanency plan.

Child care services shall be provided by a licensed foster parent or a licensed or registered child care provider when available.

c. Ancillary services needed by the foster parent to meet the needs of a special needs child including, but not limited to, specialized classes when directed by the case permanency plan.

d. Ancillary services needed by the special needs child including, but not limited to, recreation fees, in-home tutoring and specialized classes not covered by education funds.

e. Requests for tangible goods, child care, and ancillary services shall be submitted to the service area manager for approval on Form 470-3056, Request for Tangible Goods, Child Care, and Ancillary Services. Payment rates for tangible goods and ancillary services shall be comparable to prevailing community standards. Payment rates for child care shall be established pursuant to 441—subrule 170.4(7).

f. Prior payment authorization shall be issued by the service area manager before tangible goods, child care, and ancillary services are purchased by or for foster parents.

441—156.9(234) Rate of payment for foster group care.

156.9(1) *In-state reimbursement.* For the period from November 1, 2006, through June 30, 2007, public and private foster group care facilities licensed or approved in the state of Iowa shall be paid for group care maintenance and child welfare services in accordance with the rate-setting methodology in this subrule.

a. A provider of group care services shall maintain at least the minimum staff-to-child ratio during prime programming time as established in the contract. Staff shall meet minimum qualifications as established in 441—Chapters 114 and 115. The actual number and qualifications of the staff will vary depending on the needs of the children.

b. Additional payment for group care maintenance may be authorized if a facility provides care for a mother and her young child according to subrule 156.9(4).

c. Reimbursement rates shall be adjusted based on the provider's rate in effect on October 31, 2006, to reflect an estimate that group care providers will provide an average of one hour per day of group remedial services and one hour per week of individual remedial services. The reimbursement rate shall be calculated as follows:

(1) Step 1. Annualize the provider's combined daily reimbursement rate for maintenance and service in effect on October 31, 2006, by multiplying that combined rate by 365 days.

(2) Step 2. Annualize the provider's remedial services reimbursement rate for one hour per day of remedial services code 96153 (health and behavioral interventions - group), as established by the Iowa Medicaid enterprise, by multiplying that rate by 365 days.

(3) Step 3. Annualize the provider's remedial services reimbursement rate for one hour per week of remedial services code 96152 (health and behavioral interventions - individual), as established by the Iowa Medicaid enterprise, by multiplying that rate by 52 weeks.

(4) Step 4. Add the amounts determined in Steps 2 and 3.

(5) Step 5. Subtract the amount determined in Step 4 from the amount determined in Step 1.

(6) Step 6. Divide the amount determined in Step 5 by 365 to compute the new combined maintenance and child welfare service per diem rate.

(7) Step 7. Determine the maintenance portion of the per diem rate by multiplying the new combined per diem rate determined in Step 6 by 85.62 percent.

(8) Step 8. Determine the child welfare service portion of the per diem rate by multiplying the new combined per diem rate determined in Step 6 by 14.38 percent.

EXAMPLE: Provider A has the following rates as of October 31, 2006:

- A combined daily maintenance and service rate of \$121.45;
- A Medicaid rate for service code 96153 of \$5.10 per 15 minutes, or \$20.40 per hour;
- A Medicaid rate for service code 96152 of \$19.92 per 15 minutes, or \$79.68 per hour.

Step 1. $\$121.45 \times 365 \text{ days} = \$44,329.25$

Step 2. $\$20.40 \times 365 \text{ days} = \$7,446.00$

Step 3. $\$79.68 \times 52 \text{ weeks} = \$4,143.36$

Step 4. $\$7,446.00 + \$4,143.36 = \$11,589.36$

Step 5. $\$44,329.25 - \$11,589.36 = \$32,739.89$

Step 6. $\$32,739.89 \div 365 \text{ days} = \89.70

Step 7. $\$89.70 \times 0.8562 = \76.80 maintenance rate

Step 8. $\$89.70 \times 0.1438 = \12.90 child welfare service rate

Provider A's rates are \$76.80 for maintenance and \$12.90 for child welfare services.

d. If the Iowa Medicaid enterprise has not made a determination by October 31, 2006, on the need for remedial services for a child who is in group care placement as of that date, the department service area manager may approve a payment from state funds for the estimated daily reimbursement rate for remedial services that was used in the calculation of the provider's reimbursement rate under paragraph 156.9(1)"c." The service area manager shall document the reason for the delay in the decision on the child's need for remedial services.

(1) The service area manager may approve such payment only until the time that the Iowa Medicaid enterprise is anticipated to issue the decision regarding the child's need for remedial services. The service area manager shall not authorize payment from state funds if the Iowa Medicaid enterprise has determined that the child does not need remedial services.

(2) The payment that the service area manager may authorize shall be based on a reimbursement rate calculated as follows:

Step 1. Annualize the provider's reimbursement rate for one hour per day of remedial services code 96153 (health and behavioral interventions - group), as established by the Iowa Medicaid enterprise, by multiplying that rate by 365 days.

Step 2. Annualize the provider's remedial services reimbursement rate for one hour per week of remedial services code 96152 (health and behavioral interventions - individual), as established by the Iowa Medicaid enterprise, by multiplying that rate by 52 weeks.

Step 3. Add the amounts determined in Steps 1 and 2.

Step 4. Determine the provider's estimated daily rate for reimbursement of remedial services by dividing the amount in Step 3 by 365 days.

EXAMPLE: Provider B has the following rates as of October 31, 2006:

- A Medicaid rate for service code 96153 of \$5.10 per 15 minutes, or \$20.40 per hour;
- A Medicaid rate for service code 96152 of \$19.92 per 15 minutes, or \$79.68 per hour.

Step 1. $\$20.40 \times 365 \text{ days} = \$7,446.00$

Step 2. $\$79.68 \times 52 \text{ weeks} = \$4,143.36$

Step 3. $\$7,446.00 + \$4,143.36 = \$11,589.36$

Step 4. $\$11,589.36 \div 365 \text{ days} = \31.75 estimated daily rate for remedial services

156.9(2) Out-of-state group care payment rate. The payment rate for maintenance and child welfare services provided by public or private agency group care licensed or approved in another state shall be established using the same rate-setting methodology as that in subrule 156.9(1), unless the director determines that appropriate care is not available within the state pursuant to the following criteria and procedures.

a. Criteria. When determining whether appropriate care is available within the state, the director shall consider each of the following:

- (1) Whether the child's treatment needs are exceptional.
- (2) Whether appropriate in-state alternatives are available.
- (3) Whether an appropriate in-state alternative could be developed by using juvenile court-ordered service fund or wrap-around funds.
- (4) Whether the placement and additional payment are expected to be time-limited with anticipated outcomes identified.
- (5) If the placement has been approved by the service area manager or chief juvenile court officer.

b. Procedure. The service area manager or chief juvenile court officer shall submit the request for director's exception to the Bureau of Policy Analysis, Department of Human Services, Fifth Floor, Hoover State Office Building, Des Moines, Iowa 50319-0114. This request shall be made in advance of placing the child and should allow a minimum of two weeks for a response. The request shall contain documentation addressing the criteria for director's approval listed in 156.9(2)"*a.*"

c. Appeals. The decision of the director regarding approval of an exception to the cost principles in rules 441—185.101(234) to 441—185.108(234) is not appealable.

156.9(3) *Supplemental payments for in-state facilities.* Rescinded IAB 9/1/93, effective 8/12/93.

156.9(4) *Mother-young child rate.* When a group foster care facility provides foster care for a mother and her young child, the maintenance rate for the mother shall include an additional amount to cover the actual and allowable maintenance needs of the young child. No additional amount shall be allowed for service needs of the child.

a. The rate shall be determined according to the policies in rules 441—185.101(234) to 441—185.108(234) and added to the maintenance rate for the mother. The young child portion of the maintenance rate shall be limited to the costs associated with food, clothing, shelter, personal incidentals, and supervision for each young child and shall not exceed the maintenance rate for the mother. Costs for day care shall not be included in the maintenance rate.

b. Rescinded IAB 6/8/94, effective 6/1/94.

c. Unless the court has transferred custody from the mother, the mother shall have primary responsibility for providing supervision and parenting for the young child. The facility shall provide services to the mother to assist her to meet her parenting responsibilities and shall monitor her care of the young child.

d. The facility shall provide services to the mother to assist her to:

- (1) Obtain a high school diploma or general education equivalent (GED).
- (2) Develop preemployment skills.
- (3) Establish paternity for her young child whenever appropriate.
- (4) Obtain child support for the young child whenever paternity is established.

e. The agency shall maintain information in the mother's file on:

(1) The involvement of the mother's parents or of other adults.
 (2) The involvement of the father of the minor's child, including steps taken to establish paternity, if appropriate.

(3) A decision of the minor to keep and raise her young child.

(4) Plan for the minor's completion of high school or a GED program.

(5) The parenting skills of the minor parent.

(6) Child care and transportation plans for education, training or employment.

(7) Ongoing health care of the mother and child.

(8) Other services as needed to address personal or family problems or to facilitate the personal growth and development toward economic self-sufficiency of the minor parent and young child.

f. The agency shall designate \$35 of the young child rate as an allowance to the mother to meet the maintenance needs of her young child, as defined in her case permanency plan.

This rule is intended to implement Iowa Code sections 234.6 and 234.38.

441—156.10(234) Payment for reserve bed days.

156.10(1) *Group care facilities.* The department shall provide payment for group care maintenance and child welfare services according to the following policies.

a. *Family visits.* Reserve bed payment shall be made for days a child is absent from the facility for family visits when the absence is in accord with the following:

(1) The visits shall be consistent with the child's case permanency plan.

(2) The facility shall notify the worker of each visit and its planned length prior to the visit.

(3) The intent of the department and the facility shall be for the child to return to the facility after the visit.

(4) Staff from the facility shall be available to provide support to the child and family during the visit.

(5) Payment shall be canceled and payments returned if the facility refuses to accept the child back.

(6) If the department and the facility agree that the return would not be in the child's best interest, payment shall be canceled effective the day after the joint decision not to return the child.

(7) Payment shall be canceled effective the day after a decision is made by the court or parent in a voluntary placement not to return the child.

(8) Payment shall not exceed 14 consecutive days, except upon prior written approval of the service area manager. In no case shall payment exceed 30 consecutive days.

(9) The provider shall document the use of reserve bed days in the daily log and report the number of reserve bed days claimed in the quarterly report.

b. Hospitalization. Reserve bed payment shall be made for days a child is absent from the facility for hospitalization when the absence is in accord with the following:

(1) The facility shall contact the worker at least 48 hours in advance of a planned hospitalization and within 24 hours after an unplanned hospitalization.

(2) The intent of the department and the facility shall be for the child to return to the facility after the hospitalization.

(3) Staff from the facility shall be available to provide support to the child and family during the hospitalization.

(4) Payment shall be canceled and payments returned if the facility refuses to accept the child back.

(5) If the department and the facility agree that the return would not be in the child's best interest, payment shall be canceled effective the day after the joint decision not to return the child.

(6) Payment shall be canceled effective the day after a decision is made by the court or parent in a voluntary placement not to return the child.

(7) Payment shall not exceed 14 consecutive days, except upon prior written approval of the service area manager. In no case shall payment exceed 30 consecutive days.

(8) The provider shall document the use of reserve bed days in the daily log and report the number of reserve bed days claimed in the quarterly report.

c. Runaways. Reserve bed payment shall be made for days a child is absent from the facility after the child has run away when the absence is in accord with the following:

(1) The facility shall notify the worker within 24 hours after the child runs away.

(2) The intent of the department and the facility shall be for the child to return to the facility once the child is found.

(3) Payment shall be canceled and payments returned if the facility refuses to accept the child back.

(4) If the department and the facility agree that the return would not be in the child's best interest, payment shall be canceled effective the day after the joint decision not to return the child.

(5) Payment shall be canceled effective the day after a decision is made by the court or parent in a voluntary placement not to return the child.

(6) Payment shall not exceed 14 consecutive days, except upon prior written approval of the service area manager. In no case shall payment exceed 30 consecutive days.

(7) The provider shall document the use of reserve bed days in the daily log and report the number of reserve bed days claimed in the quarterly report.

d. Preplacement visits. Reserve bed payment shall be made when a child is making a planned preplacement visit to another foster care placement or an adoptive placement when the absence is in accord with the following:

- (1) The visits shall be consistent with the child's case permanency plan.
- (2) The intent of the department and the facility shall be for the child to return to the facility.
- (3) Staff from the facility shall be available to provide support to the child and provider during the visit.
- (4) Payment shall be canceled and payment returned if the facility refuses to accept the child back.
- (5) Payment shall not exceed two consecutive days.
- (6) The provider shall document the use of reserve bed days in the daily log and report the number of reserve bed days claimed in the quarterly report.

156.10(2) Foster family care.

a. Family visits. Reserve bed payment shall be made for days a child is absent from the foster family home for family visits when the absence is in accord with the following:

- (1) The visits shall be consistent with the child's case permanency plan.
- (2) The intent of the department and the foster family shall be for the child to return to the foster family home after the visit.
- (3) In cases supervised by a private agency, the agency shall notify the worker of each visit and its planned length prior to the visit.
- (4) Payment shall be canceled and payments returned if the foster family refuses to accept the child back.
- (5) If the department and the foster family agree that the return would not be in the child's best interest, payment shall be canceled effective the day after the joint decision not to return the child.
- (6) Payment shall be canceled effective the day after a decision is made by the court or parent in a voluntary placement not to return the child.

(7) Payment shall not exceed 14 consecutive days, except upon prior written approval of the service area manager. In no case shall payment exceed 30 consecutive days.

(8) In cases supervised by a private agency, the agency shall document the use of reserve bed days in the daily log and report the number of reserve bed days claimed in the quarterly report.

b. Hospitalization. Reserve bed payment shall be made for days a child is absent from the foster family home for hospitalization when the absence is in accord with the following:

- (1) In cases supervised by a private agency, the agency shall notify the worker at least 48 hours in advance of a planned hospitalization and within 24 hours after an unplanned hospitalization.
- (2) The intent of the department and the foster family shall be for the child to return to the foster family home after the hospitalization.
- (3) Payment shall be canceled and payments returned if the foster family refuses to accept the child back.
- (4) If the department and the foster family agree that the return would not be in the child's best interest, payment shall be canceled effective the day after the joint decision not to return the child.
- (5) Payment shall be canceled effective the day after a decision is made by the court or parent in a voluntary placement not to return the child.
- (6) Payment shall not exceed 14 consecutive days, except upon prior written approval of the service area manager. In no case shall payment exceed 30 consecutive days.
- (7) In cases supervised by a private agency, the agency shall document the use of reserve bed days in the daily log and report the number of reserve bed days claimed in the quarterly report.

c. *Runaways.* Reserve bed payment shall be made for days a child is absent from the foster family home after the child has run away when the absence is in accord with the following:

(1) In cases supervised directly by the department, the foster family shall notify the worker within 24 hours after the child runs away. In cases supervised by a private agency, the agency shall notify the worker within 24 hours after the child runs away.

(2) The intent of the department and the foster family shall be for the child to return to the foster family home once the child is found.

(3) Payment shall be canceled and payments returned if the foster family refuses to accept the child back.

(4) If the department and the foster family agree that the return would not be in the child's best interest, payment shall be canceled effective the day after the joint decision not to return the child.

(5) Payment shall be canceled effective the day after a decision is made by the court or parent in a voluntary placement not to return the child.

(6) Payment shall not exceed 14 consecutive days, except upon prior written approval of the service area manager. In no case shall payment exceed 30 consecutive days.

(7) In cases supervised by a private agency, the agency shall document the use of reserve bed days in the daily log and report the number of reserve bed days claimed in the quarterly report.

d. *Preplacement visits.* Reserve bed payment shall be made when a child is making a planned preplacement visit to another foster care placement or an adoptive placement when the absence is in accord with the following:

(1) The visits shall be consistent with the child's case permanency plan.

(2) The intent of the department and the foster family home shall be for the child to return to the foster family home.

(3) Staff from the foster family home shall be available to provide support to the child and provider during the visit.

(4) Payment shall be canceled and payment returned if the foster family home refuses to accept the child back.

(5) Payment shall not exceed two consecutive days.

(6) If services are purchased, the provider shall document the use of reserve bed days in the daily log and report the number of reserve bed days claimed in the quarterly report.

156.10(3) Shelter care facilities.

a. *Hospitalization.* Reserve bed payment shall be made for days a child is absent from the facility for hospitalization when the absence is in accord with the following:

(1) The facility shall contact the worker at least 48 hours in advance of a planned hospitalization and within 24 hours after an unplanned hospitalization.

(2) The intent of the department and the facility shall be for the child to return to the facility after the hospitalization.

(3) Staff from the facility shall be available to provide support to the child and family during the hospitalization.

(4) Payment shall be canceled and payments returned if the facility refuses to accept the child back.

(5) If the department and the facility agree that the return would not be in the child's best interest, payment shall be canceled effective the day after the joint decision not to return the child.

(6) Payment shall be canceled effective the day after a decision is made by the court or parent in a voluntary placement not to return the child.

(7) Payment shall not exceed 14 consecutive days, except upon prior written approval of the service area manager. In no case shall payment exceed 30 consecutive days.

(8) The provider shall document the use of reserve bed days in the daily log and report the number of reserve bed days claimed in the quarterly report.

b. Preplacement visits. Reserve bed payment shall be made when a child is making a planned preplacement visit to another foster care placement or an adoptive placement when the absence is in accord with the following:

- (1) The visits shall be consistent with the child's case permanency plan.
- (2) The intent of the department and the facility shall be for the child to return to the facility.
- (3) Staff from the facility shall be available to provide support to the child and provider during the visit.
- (4) Payment shall be canceled and payment returned if the facility refuses to accept the child back.
- (5) Payment shall not exceed two consecutive days.
- (6) The provider shall document the use of reserve bed days in the daily log and report the number of reserve bed days claimed in the quarterly report.

This rule is intended to implement Iowa Code sections 234.6 and 234.35.

441—156.11(234) Emergency care. Each service area shall have facilities to provide 24-hour emergency foster care. Emergency care shall not exceed 30 days in one six-month period, and the facility's policy may limit placement to less than 30 days. The following options shall be available for funding emergency care for each service area:

156.11(1) Foster family homes designated to maintain beds for emergency care shall be paid according to rule 156.6(234). In order to assure that there are adequate emergency beds available, designated homes may be paid a subsidy of \$50 per month per bed. No emergency care facility shall be approved for more than five beds under subsidy.

156.11(2) Foster family home payment. Foster family homes may be designated to provide emergency care and may be paid on a daily rate per child when a child is placed. Rates for children shall be:

Age of Child	Rate
Age 0-11	\$20.09 per day
Age 12 and over	\$21.84 per day

156.11(3) Shelter care payment. Public and private juvenile shelter care facilities approved or licensed in Iowa shall be paid according to the rate-setting methodology in 441—paragraph 150.3(5)“p.”

a. Facilities shall bill for actual units of service provided in accordance with 441—subrule 150.3(8). In addition, facilities may be guaranteed a minimum level of payment to the extent determined by the department through a request-for-proposal process.

(1) Guaranteed payment shall be calculated monthly.

(2) The guaranteed level of payment shall be calculated by multiplying the number of beds for which payment is guaranteed by the number of days in the month.

(3) When the actual unit billings for a facility do not equal the guaranteed level of payment for the month, the facility may submit a supplemental billing for the deficiency.

(4) The amount of the supplemental billing shall be determined by multiplying the facility's unit cost for shelter care by the number of units below the guaranteed level for the month for which the facility was not reimbursed.

b. The total reimbursement to the agency shall not exceed the agency's allowable costs as defined in 441—subrule 150.3(5). Agencies shall refund any payments which have been made in excess of the agencies' allowable costs.

c. Shelter contracts for the state fiscal year beginning July 1, 2006, shall provide for the statewide availability of a daily average of 273 guaranteed emergency juvenile shelter care beds during the fiscal year.

This rule is intended to implement Iowa Code section 234.35.

441—156.12(234) Supervised apartment living.

156.12(1) Maintenance. When a youth at least aged 16 but under the age of 20 is living in a supervised apartment living situation, the maximum monthly maintenance payment for the youth shall be made pursuant to the basic daily maintenance rate for a child aged 16 and over in subrule 156.6(1). The maximum monthly payment shall be computed by multiplying the daily rate in subrule 156.6(1) by 365 and dividing by 12. This payment may be paid to the youth or another payee, other than a department employee, for the youth's care.

156.12(2) Service. When services for a youth in supervised apartment living are purchased, the service components and number of hours purchased shall be specified by the service worker in the youth's case permanency plan.

This rule is intended to implement Iowa Code section 234.35.

441—156.13(234) Excessive rates. Rescinded IAB 6/9/93, effective 8/1/93.

441—156.14(234,252C) Voluntary placements. When placement is made on a voluntary basis, the parent or guardian shall complete and sign Form 470-0715, Voluntary Placement Agreement.

441—156.15(234) Child's earnings. Earned income of a child who is not in a supervised apartment living arrangement and who is a full-time student or engaged in an educational or training program shall be reported to the department and its use shall be a part of a plan for service, but the income shall not be used towards the cost of the child's care as established by the department. When the earned income of children in supervised apartment living arrangements or of other children exceeds the foster care standard, the income in excess of the standard shall be applied to meet the cost of the child's care. When the income of the child exceeds twice the cost of maintenance, the child shall be discontinued from foster care.

441—156.16(234) Trust funds and investments.

156.16(1) When the child is a beneficiary of a trust and the proceeds therefrom are not currently available, or are not sufficient to meet the child's needs, the worker shall assist the child in having a petition presented to the court requesting release of funds to help meet current requirements. When the child and responsible adult cooperate in necessary action to obtain a ruling of the court, income shall not be considered available until the decision of the court has been rendered and implemented. When the child and responsible adult do not cooperate in the action necessary to obtain a ruling of the court, the trust fund or investments shall be considered as available to meet the child's needs immediately. When the child or responsible adult does not cooperate within 90 days in making the income available the maintenance payment shall be terminated.

156.16(2) The Iowa department of human services shall be payee for income from any trust funds or investments unless limited by the trust.

156.16(3) Savings accounts from any income and proceeds from the liquidation of securities shall be placed in the child's account maintained by the department and any amount in excess of \$1,500 shall be applied towards cost of the child's maintenance.

This rule is intended to implement Iowa Code section 234.39.

441—156.17(234) Adoptive homes. Payment for foster care for a child placed in an adoptive home will only be made when the placement is made in anticipation of a subsidized adoption. The payment shall be limited to the amount anticipated for subsidy, and shall terminate when the adoption decree is granted.

This rule is intended to implement Iowa Code section 234.38.

441—156.18(237) Foster parent training expenses.

156.18(1) *Preservice training and orientation.* Each prospective foster family and provisionally licensed foster family who completes the required preservice training program and is issued a foster home license shall receive a \$100 stipend from the department. The stipend shall be issued on or after the date that the license is issued. No expense stipend is provided for orientation.

156.18(2) *Required orientation.* Rescinded IAB 1/5/94, effective 3/1/94.

156.18(3) *Foster parent and social worker trainers.* Foster parents and social workers who serve as trainers for approved preservice training programs shall each be paid a contract fee per class hour appropriate to community standards based on the education and experience of each trainer. These rates shall be negotiated between the entity that contracts with the department and the trainer.

156.18(4) *In-service training.* Each licensed foster family who completes the in-service training requirement shall receive a \$100 stipend from the department when the family's license is renewed, for per diem expenses related to meeting the in-service training requirement.

156.18(5) *Funds to association.* The department may provide funds to the Iowa foster and adoptive parent association for the following purposes:

a. Publication of educational articles in the association newsletter.

b. Financial assistance for foster parents who attend the National Foster Parent Association's annual conference.

c. Financial assistance for foster parents who attend the state association's annual conference.

156.18(6) *Foster parent training enhancement.* Rescinded IAB 12/11/02, effective 2/1/03.

156.18(7) *Transition.* Rescinded IAB 10/31/90, effective 1/1/91.

This rule is intended to implement Iowa Code section 237.5A.

441—156.19(237) Rate of payment for care in a residential care facility. When a child is receiving group care maintenance and child welfare services in a licensed residential care facility and is not eligible for supplemental security income or state supplementary assistance, the department will pay for the group care maintenance and child welfare services in accordance with subrule 156.9(1). When a child receives group care maintenance and child welfare services in a licensed residential care facility and is eligible for supplemental security income or state supplementary assistance, the department will pay for child welfare services in accordance with subrule 156.9(1).

This rule is intended to implement Iowa Code section 237.1(3)“e.”

441—156.20(234) Eligibility for foster care payment.

156.20(1) Client eligibility. Foster care payment shall be limited to the following populations.

a. Youth under the age of 18 shall be eligible based on legal status, subject to certain limitations.

(1) Legal status. The youth’s placement shall be based on one of the following legal statuses:

1. The court has ordered foster care placement pursuant to Iowa Code section 232.52, subsection 2, paragraph “d,” Iowa Code section 232.102, subsection 1, Iowa Code section 232.117, or Iowa Code section 232.182, subsection 5.

2. The child is placed in shelter care pursuant to Iowa Code section 232.20, subsection 1, or Iowa Code section 232.21.

3. The department has agreed to provide foster care pursuant to rule 441—202.3(234).

(2) Limitations. Department payment for group care shall be limited to placements which have been authorized by the department and which conform to the service area group care plan developed pursuant to rule 441—202.17(232). Payment for an out-of-state group care placement shall be limited to placements approved pursuant to 441—subrule 202.8(2).

b. Youth aged 18 and older who meet the definition of child in rule 441—202.1(234) shall be eligible based on age, a voluntary placement agreement pursuant to 441—subrule 202.3(3), and type of placement.

(1) Except as provided in subparagraph 156.20(1)“b”(3), payment for a child who is 18 years of age shall be limited to family foster care or supervised apartment living.

(2) Except as provided in subparagraph 156.20(1)“b”(3), payment for a child who is 19 years of age shall be limited to supervised apartment living.

(3) Exceptions. An exception to subparagraphs (1) and (2) shall be granted for all unaccompanied refugee minors. The service area manager or designee shall grant an exception for other children when the child meets all of the following criteria. The child’s eligibility for the exception shall be documented in the case record.

1. The child does not have mental retardation. Funding for services for persons with mental retardation is the responsibility of the county or state pursuant to Iowa Code section 222.60.

2. The child is at imminent risk of becoming homeless or of failing to graduate from high school or obtain a general equivalency diploma. “At imminent risk of becoming homeless” shall mean that a less restrictive living arrangement is not available.

3. The placement is in the child’s best interests.

4. Funds are available in the service area's allocation. When the service area manager has approved payment for foster care pursuant to this subparagraph, funds which may be necessary to provide payment for the time period of the exception, not to exceed the current fiscal year, shall be considered encumbered and no longer available. Each service area's funding allocation shall be based on the service area's portion of the total number of children in foster care on March 31 preceding the beginning of the fiscal year, who would no longer be eligible for foster care during the fiscal year due to age, excluding unaccompanied refugee minors.

c. A young mother shall be eligible for the extra payment for her young child living with her in care as set forth in subrule 156.6(4), paragraph "a," and subrule 156.9(4) if all of the following apply:

- (1) The mother is placed in foster care.
- (2) The mother's custodian determines, as documented in the mother's case permanency plan, that it is in her best interest and the best interest of the young child that the child remain with her.
- (3) A placement is available.
- (4) The mother agrees to refund to the department any child support payments she receives on behalf of the child and to allow the department to be made payee for any other unearned income for the child.

156.20(2) Provider eligibility for payment. Except for payments for foster parents or youth in supervised apartment living, payment shall be limited to providers with a purchase of service contract in force. Providers of family foster care treatment services and supervision and providers of group care services shall meet certification requirements in rule 441—185.9(234) or 441—185.10(234) and shall have a purchase of rehabilitative treatment and supportive services contract under 441—Chapter 152 in force.

This rule is intended to implement Iowa Code sections 232.143, 234.35 and 234.38.

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