

TITLE XIII
SERVICE ADMINISTRATION

CHAPTER 130
GENERAL PROVISIONS

[Prior to 7/1/83, Social Services[770] Ch 130]
[Prior to 2/11/87, Human Services[498]]

441—130.1(234) Definitions.

“*Family*” includes the following members:

1. Legal spouses (including common law) who reside in the same household.
2. Natural, adoptive, or step mother or father, and children who reside in the same household.
3. An individual or a child who lives alone or who resides with a person, or persons, not legally

responsible for the child’s support.

“*Rehabilitative treatment service*” means treatment services designed to address the treatment needs of a child in one of the following programs:

1. Family-centered.
2. Family preservation.
3. Family foster care.
4. Group care.

“*Review organization*” means the entity designated by the department to make rehabilitative treatment service authorization determination.

This rule is intended to implement Iowa Code section 234.6.

441—130.2(234,239B) Application.

130.2(1) Application for social services shall be made at any county office of the department of human services on forms available at the county office.

Application for child care assistance shall be made on Form 470-3624, Child Care Assistance Application. Application for all other services shall be made on Form 470-0615, Application for All Social Services.

130.2(2) The application may be filed by the applicant, the applicant’s authorized representative, or where the applicant is incompetent or incapacitated, someone acting responsibly for the applicant.

130.2(3) The date of application is the date a signed application form is received in the county office.

130.2(4) The application shall be approved or denied within 30 days from the date of application and the applicant notified of the decision. The decision shall be mailed or given to the applicant on the date the determination is made except that for services ordered by the court, the court order provided by the court and the case permanency plan provided by the department shall serve as notification. When individual case management services are being provided under 441—Chapter 24 for persons with mental retardation, a developmental disability, or chronic mental illness, the application shall be approved or denied no later than the date that the department service manager, who is part of the interdisciplinary team, signs the individual program plan.

130.2(5) Eligibility shall be redetermined in the same manner as an application at least every six months for child care and family-centered services. For all other services, eligibility shall be redetermined in the same manner as an application at least every 12 months.

EXCEPTION: Recipients of the family investment program or those whose earned income was taken into account in determining the needs of family investment recipients will be deemed eligible notwithstanding eligibility redetermination requirements for child care.

If family investment program eligibility terminates, the worker shall redetermine child care assistance eligibility according to child care assistance eligibility requirements as established in rule 441—130.3(234,239B). The redetermination of eligibility shall be completed within 30 days.

If the department has placed a family in the family investment program on suspension, the family will continue to receive child care assistance until their family investment program has been canceled.

130.2(6) Applications shall not be taken for child care services that have been posted in the county office as not available due to a lack of funding.

EXCEPTION: Recipients of the family investment program, or those whose earned income was taken into account in determining the needs of family investment program recipients, are eligible for child care assistance notwithstanding the posting and lack of funding.

130.2(7) Waiting lists for child care services. The regional office shall maintain a log of families applying for child care services who meet the requirements within the priority groupings for which funds may be available. When the department determines there is adequate funding, the department shall take steps to notify the public regarding the availability of funds.

a. The service worker in the county office shall contact the regional staff person responsible for maintaining the log for the region by the end of the second workday after receipt of the application for child care services. By the end of the third workday after receipt of the application, the family shall be entered in the regional log.

b. Each family shall be entered in the logs according to the eligibility priority and in sequence of the date of application. In the event more than one application is received on the same day in the same priority grouping, families shall be entered on the log on the basis of the day of the month of the birthday of the oldest eligible child, lowest number being first on the log. Any subsequent tie shall be decided by the month of birth, January being month one and the lowest number.

c. Recipients of the family investment program, or those whose earned income was taken into account in determining the needs of family investment program recipients, are eligible for child care assistance notwithstanding waiting lists for child care services.

d. Rescinded IAB 6/30/99, effective 7/1/99.

130.2(8) For rehabilitative treatment services, the worker shall make a referral of the child or family to the review organization as directed in rule 441—185.3(234).

This rule is intended to implement Iowa Code section 234.6 and 1999 Iowa Acts, House File 761, division III.

441—130.3(234,239B) Eligibility.

130.3(1) Eligibility factors for services available through the department are individual need for a service and family income except when services are provided without regard to income or when services are directed in a court order.

a. Individual need is established when the service to be provided is directed at and will facilitate an individual in reaching or maintaining one of the goals and objectives in 130.7(1). Except when the court establishes need, the department shall do so in accordance with individual service chapters. The department shall determine the number of units to be provided.

b. The block grant service to be provided shall be contained in the pre-expenditure report and listed for the specific district and county. Service available through the department and funded by resources other than the social service block grant is identified in rules for that specific service.

c. Service shall be provided only when funds are available for service delivery.

d. Persons are financially eligible for services when they are in one of the following categories, except for child care services where persons must be income eligible:

(1) Income maintenance status. They are recipients of the family investment program, or those whose income was taken into account in determining the needs of family investment program recipients, or recipients of supplemental security income or state supplementary assistance, or those in the 300 percent group as defined in 441—subrule 75.1(7).

(2) Income eligible status. The monthly gross income according to family size is no more than the following amounts:

Family Size	For Child Care Monthly Gross Income			All Other Services Monthly Gross Income Below
	A	B	C	
1 Member	\$ 716	\$1,002	\$1,253	\$ 583
2 Members	968	1,355	1,693	762
3 Members	1,219	1,707	2,134	942
4 Members	1,471	2,059	2,574	1,121
5 Members	1,723	2,412	3,014	1,299
6 Members	1,974	2,764	3,455	1,478
7 Members	2,226	3,116	3,895	1,510
8 Members	2,478	3,469	4,336	1,546
9 Members	2,729	3,821	4,776	1,581
10 Members	2,981	4,173	5,216	1,612
11 Members	3,233	4,526	5,658	1,645
12 Members	3,484	4,878	6,099	1,678
13 Members	3,736	5,230	6,294	1,711
14 Members	3,988	5,583	6,417	1,744
15 Members	4,239	5,935	6,541	1,777
16 Members	4,491	6,287	6,664	1,810
17 Members	4,743	6,640	6,788	1,843
18 Members	4,994	6,911	6,911	1,876
19 Members	5,246	7,034	7,034	1,909
20 Members	5,498	7,158	7,158	1,942

Column A is used to determine income eligibility when funds are insufficient to serve additional families beyond those already receiving services or requiring protective child care and applications are being taken from families who are at or below 100 percent of the federal poverty guidelines and in which the parents are employed at least 28 hours per week or are under the age of 21 and participating in an educational program leading to a high school diploma or equivalent or from parents under the age of 21 with a family income at or below 100 percent of the federal poverty guidelines who are participating, at a satisfactory level, in an approved training or education program. (See 441—paragraphs 170.2(3)“a” and “c.”)

Column B is used to determine income eligibility when funds are insufficient to serve additional families beyond those already receiving services or requiring protective child care and applications are being taken from families with an income of more than 100 percent but not more than 140 percent of the federal poverty level whose members are employed at least 28 hours per week (see 441—paragraph 170.2(3) “d”) or when there is adequate funding and no waiting lists and applications are being taken from families applying for services, with the exception of families with children with special needs.

Column C is used to determine income eligibility for families with children with special needs.

Family income in columns A, B, and C shall not exceed 85 percent of the state’s median income for a family of the same size.

(3) Foster child status. For a child residing in foster care, the foster child shall be considered a family of one and the child’s income shall be the only income considered in determining eligibility for child care services.

(4) A person who is participating in activities approved under the PROMISE JOBS program is eligible for child care assistance without regard to income if there is a need for child care services.

(5) A person who is part of the family investment program, or whose earned income was taken into account in determining the needs of the family investment program recipient, is eligible for child care assistance without regard to income if there is a need for child care services.

e. Certain services are provided without regard to income which means family income is not considered in determining eligibility. The services provided without regard to income are information and referral, child abuse investigation, child abuse treatment, child abuse prevention services, including protective child care services, family-centered services, dependent adult abuse evaluation, dependent adult abuse treatment, dependent adult abuse prevention services, and purchased adoption services to individuals and families referred by the department.

f. In certain cases the department will provide services directed in a court order.

130.3(2) To be eligible for services the person must be living in the state of Iowa. Living in the state shall include those persons living in Iowa for a temporary period, other than for the purpose of vacation.

130.3(3) In determining gross income, all income received by an individual from sources identified by the U.S. Census Bureau in computing median income is considered and includes money wages or salary, net income from nonfarm self-employment, net income from farm self-employment, social security, dividends, interest, income from estates or trusts, net rental income and royalties, public assistance or welfare payments, pensions and annuities, unemployment compensation, worker’s compensation, alimony, child support; and veterans pensions. Excluded from the computation of monthly gross income are the following:

a. Per capita payments to or funds held in trust for any individual in satisfaction of a judgment of the Indian claims commission or the court of claims.

b. Payments made pursuant to the Alaska Claims Settlement Act to the extent such payments are exempt from taxation under section 21(a) of the Act.

c. Money received from the sale of property, unless the person was engaged in the business of selling such property.

d. Withdrawals of bank deposits.

e. Money borrowed.

f. Tax refunds.

g. Gifts.

h. Lump sum inheritances or insurance payments or settlements.

- i.* Capital gains.
- j.* The value of the coupon allotment under the Food Stamp Act of 1964, as amended, in excess of the amount paid for the coupons.
- k.* The value of USDA donated foods.
- l.* The value of supplemental food assistance under the Child Nutrition Act of 1966 and the special food program for children under the National School Lunch Act, as amended.
- m.* Earnings of a child 14 years of age or under.
- n.* Loans and grants obtained and used under conditions that preclude their use for current living expenses.
- o.* Any grant or loan to any undergraduate student for educational purposes made or insured under the Higher Education Act.
- p.* Home produce utilized for household consumption.
- q.* Earnings received by any youth under Title III, Part C—Youth Employment Demonstration Program of the Comprehensive Employment and Training Act of 1973.
- r.* Stipends received by persons for participating in the foster grandparent program.
- s.* The first \$65 plus 50 percent of the remainder of income earned in a sheltered workshop or work activity setting.
- t.* Payments from the low-income home energy assistance program.
- u.* In determining eligibility for purchase of local services, one-third of the income of a disabled survivor who is a recipient of child's insurance benefits under the federal old-age, survivors, and disability insurance program established under Title II of the Federal Social Security Act.
- v.* In determining eligibility for purchase of local services, one-third of the income of a person who receives social security permanent disability benefits.
- w.* Agent Orange settlement payments.
- x.* For child care services, the income of the parent(s) with whom the teen parent(s) resides.
- y.* For child care services for children with special needs, income spent on any regular ongoing cost is specific to that child's disability.
- z.* Moneys received under the federal Social Security Persons Achieving Self-Sufficiency (PASS) program or the Income-Related Work Expense (IRWE) program.
- aa.* For child care services, if a recipient of the family investment program, or one whose earned income was taken into account in determining the needs of the family investment program recipient, is excluded from the family investment program due to receiving Supplemental Security Income, the income received from the Supplemental Security Income recipient is excluded in determining gross income. The income of a child who would be in the family investment program eligible group except for the receipt of Supplemental Security Income is also excluded.

130.3(4) Rescinded IAB 8/9/89, effective 10/1/89.

130.3(5) Temporary absence. The composition of the family group does not change when one, or more, of the group members is temporarily absent from the household.

"Temporary absence" means:

- a.* A medical absence anticipated to be less than three months.
- b.* An absence for the purpose of education or employment.
- c.* When a family member is absent and intends to return home within three months.

130.3(6) A person who is deemed to be eligible for state child care assistance program benefits under this chapter is subject to all other state child care assistance requirements including, but not limited to, provider requirements under Iowa Code chapter 237A, provider reimbursement methodology and rates, and any other requirements established by the department.

This rule is intended to implement Iowa Code section 234.6 and 1999 Iowa Acts, House File 761, division III.

441—130.4(234,239B) Fees. The department may set fees to be charged to clients for services received. The fees will be charged to those clients eligible under rule 130.3(234,239B), but not those receiving services without regard to income due to a protective service situation or for rehabilitative treatment services. Nothing in these rules shall preclude a client from voluntarily contributing toward the costs of service.

130.4(1) Collection. The provider shall collect fees from clients. The provider shall maintain records of fees collected, and such records shall be available for audit by the department or its representative. When a client does not pay the fee, the provider shall demonstrate that a reasonable effort has been made to collect the fee. Reasonable effort to collect means an original billing and two follow-up notices of nonpayment.

130.4(2) Monthly income. Rescinded IAB 1/8/92, effective 3/1/92.

130.4(3) Child care services. The monthly income chart and fee schedule for child care services in a licensed child care center, an exempt facility, a registered family or group child care home, a nonregistered family child care home, or in-home care are shown in the following table:

Monthly Income Increment Levels According to Family Size

Income Increment Levels											Half- Day Fee	
	1	2	3	4	5	6	7	8	9	10		
A	680	919	1158	1397	1636	1875	2115	2354	2593	2832	2832	.00
B	716	968	1219	1471	1723	1974	2226	2478	2729	2981	2981	.50
C	756	1022	1287	1553	1819	2085	2350	2616	2882	3148	3148	1.00
D	798	1079	1360	1640	1921	2201	2482	2763	3043	3324	3324	1.50
E	843	1139	1436	1732	2028	2325	2621	2917	3214	3510	3510	2.00
F	890	1203	1516	1829	2142	2455	2768	3081	3394	3707	3707	2.50
G	940	1270	1601	1931	2262	2592	2923	3253	3584	3914	3914	3.00
H	993	1342	1691	2040	2389	2738	3087	3436	3785	4134	4134	3.50
I	1048	1417	1785	2154	2522	2891	3259	3628	3996	4365	4365	4.00
J	1107	1496	1885	2274	2664	3053	3442	3831	4220	4609	4609	4.50
K	1169	1580	1991	2402	2813	3224	3635	4046	4457	4868	4868	5.00
L	1234	1668	2102	2536	2970	3404	3838	4272	4706	5140	5140	5.50
M	1304	1762	2220	2678	3137	3595	4053	4511	4970	5428	5428	6.00

The following instructions apply to use of the sliding fee schedule:

- a. Determine number of persons in family that was used in determining income eligibility for service. Move across the monthly income table to the column headed by that number.
- b. Determine monthly family income. Move down the column identified in paragraph "a." Income at or above that income is that corresponding fee. Income less than that level of income is the previous level of fee. (EXAMPLE: Income above Level A but less than Level B is Level A fee (0). Income at or above Level B is Level B fee (.50 per half day).)
- c. When more than one child is attending a child care program, there is no additional fee. The fee shall be based on the child who receives the most care.
- d. When a family has more than 10 members, find the income levels by multiplying the figures in the 4-member column by 0.03. Round the answers to the nearest dollar and multiply by the number in the family in excess of 10. Add these results to the amounts in the 10-member column.
- e. Rescinded IAB 7/7/93, effective 7/1/93.
- f. The unit of service is a half day which shall be up to 5 hours of service per 24-hour period.

130.4(4) Rescinded, effective 7/1/81.

This rule is intended to implement Iowa Code section 234.6.

441—130.5(234) Adverse service actions.

130.5(1) Denial. Services shall be denied when it is determined by the department that:

- a. The client is not in need of service, or
- b. The client is not financially eligible, or
- c. The service to be provided is not in the annual Title XX plan, or
- d. There is another community resource available to provide the service or a similar service free of charge to the client that will meet the client's needs, or
- e. In cases other than protective service investigation, the client, parent, or representative refuses to sign the application form, or
- f. The service for which the client is eligible is currently not available; a list of these services will be posted in each local office, or
- g. Funding is not available to provide the service. A list of services not available due to lack of funding shall be posted in each local office.
- h. Rescinded IAB 8/9/89, effective 10/1/89.
- i. Slots are not available for child care services.

130.5(2) Termination. A particular service may be terminated when the department determines that:

- a. The specific need to attain the Title XX goals and objectives to which the service was directed has been achieved, or
- b. After repeated assessment, it is evident that the family or individual is unable to achieve or maintain the goals set forth in the individual client service plan, or
- c. After repeated efforts, it is evident that the family or individual is unwilling to accept further service, or
- d. The client's income or resources exceed the financial guidelines, or
- e. The service is no longer available in the annual Title XX plan, or

f. No payment or partial payment of client fees has been received within 30 days following the issuance of the last billing, or

g. Another community resource is available to provide the service or a similar service free of charge to the client that will meet the client's needs, or

h. The client refuses to allow documentation of eligibility as to need, income, and resources, or

i. Funding is not available to provide the service. A list of services not available due to lack of funding shall be posted in each local office.

j. The fee for case management services has not been paid within 30 days of the date on the second invoice sent by the department case management unit to the client. The second invoice shall be sent 30 days after the date of the first invoice if full payment of the fee has not been received.

130.5(3) Reduction. A particular service may be reduced when the department determines that:

a. Continued provision of service at its current level is not necessary. The department shall determine the level to which the service may be reduced without jeopardizing the client's continued progress toward achieving or maintaining the goal. The client shall be notified of the decision.

b. Another community resource is available to provide the same or similar service to the client at no financial cost to the client, that will meet the client's needs.

c. Funding is not available to continue the service at the current level. The client shall be reassessed to determine the level of service to be provided.

d. The department may limit on a statewide basis the units of child day care services for which payment will be made based on the availability of funds.

EXCEPTION: Recipients of the family investment program, or those whose earned income was taken into account in determining the needs of family investment program recipients, are not subject to reduction.

130.5(4) Rescinded, effective 6/1/84.

130.5(5) Pending changes. Workers shall endeavor to make clients aware of pending changes in services to be provided by social services block grant from one program year to the next, particularly for those services that will no longer be available. This requirement also applies to time-limited services.

130.5(6) Inability of eligible cases to pay fees. After billing or notification of termination and when the client reports in writing the inability to pay the fee due to the existence of one or more of the conditions set forth in the paragraphs below, and the worker assesses and verifies the condition, service shall be continued without fee until the condition no longer exists and the client is able to participate in the current fee for service. The worker shall assess all inability to pay cases to determine whether any case can be charged a reduced fee. The reduced fee shall then be charged until full participation in fees is possible.

a. Extensive medical bills for which there is neither payment through the medical assistance program, Title XVIII of the Social Security Act, nor other insurance coverage.

b. Shelter costs in excess of 30 percent of the household income.

c. Utility costs not including the cost of a telephone, in excess of 15 percent of the household income.

d. Rescinded 10/30/91, effective 11/1/91.

e. Additional expenses for food resulting from diets prescribed by a physician.

This rule is intended to implement Iowa Code section 234.6 and 1988 Iowa Acts, House File 2447, section 17.

441—130.6(234) Social casework. For each active service case, when service is provided directly, purchased, or by a combination of methods, a department social worker shall:

130.6(1) Determine eligibility. For rehabilitative treatment services, eligibility shall be determined by the review organization as directed in 441—subrule 185.2(2).

130.6(2) Ensure that there is a department case plan for each individual or family based on assessment of strengths and needs. Furnish appropriate sections of the initial plan and of all updated department case plans to the provider agency when services are purchased for an individual. When individual case management services are being provided under 441—Chapter 24 for persons with mental retardation, a developmental disability, or chronic mental illness, the individual case management services provider shall distribute the case plans.

130.6(3) Refer the client to other workers or agencies through proper channels, and coordinate all workers involved in the case.

When individual case management services are being provided under 441—Chapter 24 for persons with mental retardation, a developmental disability, or chronic mental illness, the individual case management services provider shall be responsible for making referrals and coordinating workers as specified in the individual program plan.

130.6(4) Enter information to the service reporting system.

130.6(5) Monitor the case to ensure that eligibility continues, services are received, plans are adjusted as needed, services reporting system reporting is correct, and the case is canceled when appropriate, according to these rules.

130.6(6) Ensure that services are unavailable elsewhere without cost to the client.

This rule is intended to implement Iowa Code section 234.6.

441—130.7(234) Case plan. The department worker shall develop a case plan with or on behalf of persons approved to receive services. However, a case plan is not required for (1) child or adult protective investigation, (2) family planning, (3) foster care cases in which the department does not have custody, guardianship or a voluntary placement agreement, or (4) when child day care is the only service and the child does not meet the need for service under 441—paragraph 170.2(3)“d.” A case plan shall be developed with or on behalf of every other person approved to receive services unless the person has a case manager as specified in 441—Chapter 24. When department services are provided before an individual program plan in compliance with 441—Chapter 24 is approved, a department case plan must be developed according to the requirements of this rule.

When individual case management services are being provided under 441—Chapter 24 for persons with mental retardation, a developmental disability, or chronic mental illness, the rules in 441—Chapter 24 on time limits, plan format and on who develops the plan shall apply for adults and for children whose services are not under court jurisdiction. The department worker shall determine eligibility for those services provided by the department; however, a separate department case plan need not be developed. If the individual program plan does not include sufficient information to meet department service requirements or the requirements in this chapter, the person providing department social casework shall complete either a case plan or addendum and coordinate distribution to the persons who receive the individual program plan with the case manager.

The case plan shall become part of the client's case record. The client shall participate in the development of this plan to the extent possible. The case plan shall be consistent with other service or program plans. A copy of the case plan shall be provided to the client, or when indicated, to the parent or representative of the client. For adult services the case plan shall be recorded using Form SS-0607-0, Individual Client Case Plan. For children's services the case plan shall be known as the case permanency plan and shall be prepared using Forms 427-1020, Case Permanency Plan Face Sheet, 427-1021, Case Permanency Plan Review, 427-1022, Case Permanency Plan Initial Assessment, and 427-1023, Case Permanency Plan Problem and Responsibility List; or Forms 427-1020, Case Permanency Plan Face Sheet and 470-2921, Emergency Placement Document for Goal of Family Reunification.

130.7(1) Services shall be directed toward the social services block grant goals of:

- a. Achieving or maintaining self-support to prevent, reduce or eliminate dependency.
- b. Achieving or maintaining self-sufficiency, including reduction or prevention of dependency.
- c. Preventing or remedying neglect, abuse or exploitation of children or adults unable to protect their own interest, or preserving, rehabilitating or reuniting families.
- d. Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care.
- e. Securing referral or admission for institutional care when other forms of care are not appropriate, or providing services to individuals in institutions.

130.7(2) The recorded case plan shall contain, but not be limited to, the following:

- a. The goal and objective to which the plan is directed, stated in a clear manner indicating the specific services required to achieve or maintain the goals to meet the needs of the particular client.
- b. Activities of clients, workers, and others involved in the plan related to specific services. These shall be measurable and have time frames for completion.

c. A summary of all pertinent information relating to the client and the client's situation relative to need, and containing, but not limited to, the following:

- (1) Emotional behavior.
- (2) Social aspects.
- (3) Historical perspective.
- (4) Reasons for success or lack of success.
- d. Information on case entries that will substantiate the client's eligibility for service.
- e. A target date for reevaluation of the case plan based on assessment of need, which shall not exceed six months.
- f. A review of financial eligibility in accordance with 130.2(5).
- g. The reason for termination or reduction of any or all services.
- h. Rescinded IAB 8/9/89, effective 10/1/89.

130.7(3) The case plan shall be developed and filed in the case record before services begin unless:

- a. The department receives judicial notice that services have been court-ordered. The date of this notice shall be stated on Form 427-1022. The case plan shall be filed within 45 days from the date the notice is received or within 60 days from the date the child entered foster care, whichever is the earlier date. If the service ends before 30 days the minimum case plan requirement for children's services is completion of Form 427-1020, Face Sheet and of Form 470-2921, Emergency Placement Document for Goal of Family Reunification. Assessment shall begin at the time of the notice.

b. An unanticipated provision of service is provided for the protection and well-being of a client. Assessment shall begin immediately. The case plan shall be filed within 45 days from the date services are initiated or within 60 days from the date the child entered foster care, whichever is the earlier date. If the service ends before 30 days the minimum case plan requirement for children's services is completion of Form 427-1020, Face Sheet and of Form 470-2921, Emergency Placement Document for Goal of Family Reunification.

130.7(4) The reevaluation of the case plan shall include all components listed under 130.7(2) and shall be filed at least every six months, or more often when there are significant changes, when required by the court, or when required according to the rules of the service.

130.7(5) The case plan may be amended between evaluation periods. Participants in the plan shall receive a copy of the amendment.

This rule is intended to implement Iowa Code section 234.6 and 1984 Iowa Acts, chapter 1310, section 3.

441—130.8 Monitoring and evaluation. Rescinded IAB 12/13/89, effective 2/1/90.

441—130.9(234) Entitlement. Except as provided for rehabilitative treatment services, there is no automatic right to ongoing service in any service category from one fiscal year to the next.

This rule is intended to implement Iowa Code section 234.6.

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