

CHAPTER 182
FAMILY-CENTERED SERVICES

[Prior to 2/11/87, Human Services[498]]

PREAMBLE

These rules define and structure the department of human services' family-centered nonrehabilitative treatment program and the family-centered supportive services program which consist of respite care and supervision services. The supportive services program which consists of respite care and supervision services is designed to work in combination with family-centered nonrehabilitative treatment services outlined in this chapter or the family-centered rehabilitative treatment services outlined in 441—Chapter 185, Division II, and treatment services provided through other funding sources, to make services available to families to prevent and alleviate child abuse and neglect and delinquency, to prevent out-of-home placements of children and to reunite families that have had children placed outside the home. These services promote family self-sufficiency by providing temporary assistance that supports and assists parents to maintain their children at home.

This program recognizes the wide variety of family needs and requires that the frequency, intensity and comprehensiveness of the service approach vary to ensure that all reasonable efforts are made to provide the least restrictive appropriate response to each family receiving assistance. Service approaches are developed in collaboration with the family and are tailored to meet the identified needs of the family.

These rules also document eligibility criteria, application procedures, methods of service provision, time limits, provisions for termination of service, and fiscal management.

441—182.1(234) Definitions.

“*Authorization action*” means an authorization determination approving rehabilitative treatment services.

“*Case plan*” means the written document developed by the department pursuant to rule 441—130.7(234).

“*Child*” means a person under 18 years of age.

“*Child with a developmental disability*” means a child with a severe, chronic disability which:

1. Is attributable to mental or physical impairment or a combination of mental and physical impairment.
2. Is likely to continue indefinitely.
3. Results in substantial functional limitation in three or more of the following areas of life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.
4. Reflects the child's need for a combination and sequence of services which are of lifelong or extended duration.

“*Child with mental retardation*” means a child aged 18 and under who meets the definition of “Persons with mental retardation” as set forth in rule 441—22.1(225C).

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

“*Department worker*” means the worker who is responsible for providing social casework as described in 441—Chapter 131.

“*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. A child who lives alone or who resides with a person, or persons, not legally responsible for the child's support.

“Family-centered services” means services which use a comprehensive approach to address the problems of individual family members within the context of the family. These services are adapted to the individual needs of a family in the intensity and duration of service delivery and are intended to improve overall family functioning. Family-centered services may consist of combinations of nonrehabilitative treatment, rehabilitative treatment, and supportive services. Rules for nonrehabilitative treatment services are outlined in this chapter. Rules for family-centered rehabilitative treatment services are outlined in 441—Chapter 185, Division II.

“Homemaker-home health aide services” are those activities undertaken by agencies receiving state funds to provide homemaker-home health aide services to families pursuant to 470—Chapter 80. For purposes of this chapter, these services are not family-centered services, and shall not be purchased as family-centered services. Homemaker-home health aide services may be requested as an allied service to a department service package.

“MR/DD family-centered services” are family-centered services that are specifically designed for and provided to families of children with mental retardation or other developmental disabilities who are at risk of group care or foster family home placement, or could be returned home from group or foster family care if MR/DD family-centered services are provided. Respite services as set forth in 441—Chapter 180, Division I, may be provided in conjunction with these services or as the only family-centered service.

“Nonrehabilitative treatment need” means the child and family have a protective, supportive, or preventive need for which the child has no identified rehabilitative behavioral health treatment need. Services to address a nonrehabilitative treatment need may be directed at a family member to meet the child’s safety, treatment, or permanency need.

“Nonrehabilitative treatment service” means a service to address the nonrehabilitative treatment need of a child. Nonrehabilitative treatment services are designed either to restore a skill or function or teach a new skill or function to achieve maximum independence and functioning. These services may also be directed toward a family member to help them meet the treatment, safety, or permanency needs of a child. Nonrehabilitative treatment services are designed to meet treatment needs in one of the following programs:

1. Family-centered program.
2. Family preservation program.

“Provider” means any natural person, company, firm, association, or other legal entity under contract with the department pursuant to this chapter.

“Referral worker” means the department worker or juvenile court officer who is responsible for arranging and monitoring services on behalf of the child and family.

“Rehabilitative treatment need” means a medical-behavioral health need of a child with a deficit in function or skill that the child lost or never gained as a result of interference in the normal maturational and learning process due to the child or parental dysfunction. The child must have the capability to benefit from the rehabilitative treatment services.

“Rehabilitative treatment service” means a service designed to restore a function or skill that the child lost or never gained as a result of an interference in the normal maturational and learning process due to an individual or a parental dysfunction. The child must have the capability to learn the function or skill. Rehabilitative treatment services address the specific medical and behavioral health needs of a child receiving family-centered family preservation, family foster care, or group care services.

“Respite care services” means support services that provide temporary care to children with mental retardation or other developmental disabilities who would otherwise enter or continue group care or foster family home placement. The purpose of these services is to sustain the family by providing time-limited and temporary relief from the ongoing responsibility of care normally provided by the child’s family. These services may be provided in a variety of settings including the family’s home, an accredited camp, a licensed foster care home, a registered day care home, or a licensed child care center. Rules for family-centered respite care services are contained in 441—Chapter 180.

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

“*Service authorization*” means the process of service necessity determination and service authorization of scope, amount, and duration by the review organization.

“*Service management activities*” are undertaken by the service provider to structure and facilitate the delivery of the service or services they are providing in response to the directions and goals of the department case plan. These activities include the following:

1. “*Intake*” activities to collect information about the family necessary to begin service delivery.
2. “*Assessment*” activities to review all available information on the family to identify the strengths and resources of the family and its individual members as well as obstacles impeding the family. Such strengths, resources and obstacles are analyzed with the family throughout the service period to facilitate the service provider’s response to the department’s case plan directions and goals.
3. “*Planning*” activities to develop or revise a written service plan with the family which reflects the assessment findings and describes the service provider’s implementation of the department’s case plan directions.
4. “*Implementation*” activities to facilitate and deliver the services identified in the written service plan. These activities include documentation of service provision and the family’s progress toward the identified goals and objectives.
5. “*Termination*” activities to review information with the family prior to the discontinuation of one or more services. These activities shall result in a written summary of service delivery and service outcome. This summary shall include recommendations to the department or the court regarding the family’s needs for future services.

“*Supervision services*” means the activities undertaken to provide the structured monitoring needed by a child and the child’s family to use and benefit from the rehabilitative treatment services defined in 441—Chapter 185, the nonrehabilitative treatment services outlined in this chapter, or treatment services provided through other funding sources such as private insurance, private payment, or Medicaid managed health care. These activities may include the following: behavior monitoring, oversight of family participation in services, monitoring of an individual’s ability to adjust within the community, and guidance for the family to improve their adjustment. Service programs such as in-home supervision and detention that use a combination of direct family contact, collateral contacts with schools and service providers, and indirect behavioral monitoring contacts with the family are examples of supervision services.

“*Supportive services*” means supervision services and respite care services.

“*Treatment plan*” means written, goal-oriented plan of service developed for a child and family by the provider.

This rule is intended to implement Iowa Code section 234.6.

441—182.2(234) Eligibility.

182.2(1) Eligibility for supportive services. Children shall be eligible for family-centered supportive services without regard to income when the department worker has determined there is a need for services, as evidenced by one of the following situations, and family-centered rehabilitative treatment services have been authorized in compliance with the procedures of rule 441—185.4(234), nonrehabilitative treatment services have been approved through procedures outlined in this chapter, or the department worker determines that comparable treatment services are being provided through another funding source. However, respite care services for families of MR/DD children, as defined in 441—Chapter 180, Division I, may be provided as a family-centered supportive service with or without provision of family-centered rehabilitative treatment or other treatment supportive services.

a. Families with children who are experiencing problems they have not been able to alleviate or solve that place the family in danger of separation through an out-of-home placement of one or more of the children.

b. Children are in out-of-home placement, family reunification is the case plan, and services for the children and their families are necessary to achieve this goal or family reunification is not the case plan goal but services for the child from a family-centered provider are determined by the referral worker to be necessary in order to maintain the child's productive relationship with a previous provider, to provide a type of service program not available under the out-of-home placement program, or to maintain the child's permanent placement.

c. Families with children who are experiencing problems they have not been able to alleviate or solve through their own efforts that place one or more of the family's children in danger of abuse, neglect or exploitation if the families meet the eligibility guidelines established in rule 441—175.4(235A).

d. Children have returned home from out-of-home placement, and services are needed to maintain reunification.

182.2(2) Eligibility for MR/DD family-centered services. Rescinded IAB 9/1/93, effective 11/1/93.

182.2(3) Eligibility for nonrehabilitative family-centered treatment services. A child is eligible for nonrehabilitative family-centered treatment services when the child is at risk of abuse, neglect, delinquency or placement outside the home.

182.2(4) Required service authorization for nonrehabilitative family-centered services. The following procedures shall occur when a referral worker has determined that a child and family need family-centered services for a child at risk of abuse, neglect, delinquency or placement outside the home:

a. A referral shall be made to the review organization for service authorization in accordance with the procedures in rule 441—185.3(234) for determination of whether a rehabilitative behavioral health care treatment need exists.

The review organization will make the determination in accordance with the requirements of rule 441—185.4(234).

b. If the review organization determines that the child has a rehabilitative behavioral health care treatment need, family-centered services shall be authorized as outlined in rule 441—185.4(234).

c. If the review organization determines that the child does not have a rehabilitative behavioral health care treatment need for specific family-centered services and denies the request, the referral worker may, with supervisory approval, approve nonrehabilitative family-centered treatment services to address the child's nonrehabilitative treatment needs, assist the family in selecting an appropriate provider, and notify the provider that the family-centered services are approved on a nonrehabilitative treatment case basis. The referral worker shall complete Form 470-3055, Referral of Client for Rehabilitative Treatment and Supportive Services, indicating services are approved with nonrehabilitative treatment need for a duration not to exceed six months, and forward a copy to the provider and a copy to the department when the referral worker is with juvenile court before services are provided to the child and family.

This rule is intended to implement Iowa Code section 234.6.

441—182.3(234) Application. Application for family-centered supportive services shall be made according to 441—Chapter 130 on Form SS-1120-0, Application for Social Services. Families who have terminated services may reapply for services and shall be handled as new applications.

The regional office shall manage the funds allocated by the region for the purchase of family-centered supportive services by limiting the number of new families approved based on this funding amount. This is to ensure that the regional allocation is not exceeded and that services are continued throughout the fiscal year for eligible families receiving these supportive services.

182.3(1) *Waiting list.* A waiting list shall be established at each regional office for families determined eligible for these services if funding for services is unavailable at the time of application because the funding has been expended or obligated. After funds appropriated for this purpose are obligated in the region, pending applications will be denied. A denial shall require a notice of decision to be mailed within ten calendar days following the determination that funds have been obligated. The notice shall state that the applicant meets eligibility requirements but no funds are available and that the applicant will be placed on the waiting list, or that the applicant does not meet eligibility requirements. Applicants not awarded funding shall be entered on the waiting list in the sequence of when the signed application is received by the department. In the event more than one application is received at one time, families shall be entered on the list on the basis of the day of the month of the applicant's birthday, lowest number being first on the list. Any subsequent tie shall be decided by the month of birth, January being month one and the lowest number.

182.3(2) *Priority for services.* Rescinded IAB 9/1/93, effective 11/1/93.

This rule is intended to implement Iowa Code section 234.6.

441—182.4(234) *Time limits.* The delivery of family-centered supportive services or nonrehabilitative treatment services shall not exceed six months from the date of initial provision of the respective family-centered services except as provided in this rule.

182.4(1) *Exception.* Court-ordered services shall be provided for the length of time specified by the court.

182.4(2) *Extensions.* Nonrehabilitative treatment services may be extended if the referral worker again refers the case to the review organization and the review organization denies service because the child has no rehabilitative behavioral health care treatment need for these services. In these situations, the worker may, with supervisory approval, approve the extension of services for a specific period of time, not to exceed six months per extension.

Supportive services may be extended following the caseworker's immediate supervisor's approval on Form 427-1021, Case Permanency Plan, Part D. Each extension shall be for a specified period of time not to exceed six months.

This rule is intended to implement Iowa Code section 234.6.

441—182.5(234) *Methods of service provision.* All families receiving family-centered supportive or nonrehabilitative treatment services from either department employees or providers shall receive social casework from the department as defined in 441—Chapter 131. The department staff responsible for social casework shall assist the family in selecting a service provider or providers who are available and willing to deliver the approved supportive services.

182.5(1) *Service package requirements.* Rescinded IAB 9/1/93, effective 11/1/93.

182.5(2) *Diagnosis and evaluation service package.* Rescinded IAB 9/1/93, effective 11/1/93.

182.5(3) *Comprehensive service package availability.* Rescinded IAB 9/1/93, effective 11/1/93.

182.5(4) *Department social casework responsibilities.* Social casework and case plan development shall adhere to the provisions of rules 441—130.6(234), 441—130.7(234), 441—Chapter 185, Divisions I and II, and the following guidelines:

a. The case plan shall be submitted to any service provider or allied service provider to whom the family is referred. Unless service needs dictate otherwise, the case plan shall be submitted prior to the delivery of any service other than social casework.

b. When the case plan is not submitted prior to initial service provision, referral information shall be provided that includes a description of the family's needs, the department's goals and the services being requested. This information shall be confirmed or amended through the submission of a case plan no later than 30 days after the date of the family's application for services.

c. Case plan directives regarding service frequency or service quantity shall address the potential need for crises interventions that the service provider will be unable to schedule.

d. Upon receipt of a service plan, progress report, other communication described in subrule 182.5(5) or other pertinent information, the case plan shall be reviewed with the service provider and may be altered to reflect the service provider's initial or ongoing assessment findings or other case developments.

e. When an allied service from a homemaker-home health aide agency is requested, the department staff responsible for social casework shall be responsible for the service management activities related to the provision of the allied service as defined in public health department 641—subrule 80.3(2), paragraph "e," if a request for assistance is made by the homemaker-home health aide agency. Time limits specified in rule 441—182.4(234) shall apply to any department role in the provision of an allied service to a family-centered service package.

182.5(5) Provider responsibilities. Each provider delivering family-centered nonrehabilitative treatment services shall meet the certification requirements in rule 441—185.10(234) and be certified as defined in rule 441—185.11(234). When a child's eligibility for treatment services is based on non-rehabilitative needs, the provider's treatment plan and treatment services shall describe and reflect the child and family's protective treatment needs, including the risk of abuse, neglect, delinquency or placement outside the home, and may include therapy, counseling, skill development and psychosocial evaluation services which may be directed at the parent to meet the child's safety, treatment, and permanency needs. The provider shall document the delivery of nonrehabilitative family-centered services in the child's treatment record and specify that these services are nonrehabilitative.

Each provider delivering one or more supportive services shall undertake the required service management activities as defined in rule 441—182.1(234) and shall adhere to the following guidelines:

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

(1) Each service plan shall identify the individual who will monitor the supportive 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.

(2) Each service plan shall be reviewed 150 calendar days from the initiation of services and every 90 calendar days thereafter for the duration of supportive 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.

(3) The provider shall provide a copy of all service plan reviews to the family, referral worker, and child's guardian ad litem and attorney, if there is one, unless otherwise ordered by the court.

b. Rescinded IAB 9/1/93, effective 11/1/93.

c. The provider shall submit to the department written information including reports which meet the following requirements:

(1) The provider shall develop a service plan for each individual and family receiving supportive services. The service plan shall be developed in collaboration with the referral worker, family, child, and, if applicable, the 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 supportive services to be provided.

(4) Service plans shall identify the supportive service goals and objectives, specific service activities to be provided to achieve goals and objectives, date of initiation and persons responsible for providing the supportive services.

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

d. The provider shall receive approval on Form 470-3055, Referral of Client or Rehabilitative Treatment and Supportive Services, from the referral worker 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 plan at any time during their provision of service.

e. 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.

f. The agency or individual shall maintain a confidential individual record for each individual or family receiving supportive 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.

182.5(6) *Case management for persons with mental retardation, a developmental disability or chronic mental illness.*

a. Assessing eligibility for family-centered services shall be conducted in a manner consistent with and according to the provisions of 441—Chapter 24, 441—Chapter 130, 441—Chapter 185, Division II, and this chapter when the family is potentially eligible for family-centered services and it includes one or more family members potentially eligible for individual case management services pursuant to 441—Chapter 24.

b. When a client-family is receiving family-centered services, and one or more of the family's members are receiving individual case management services pursuant to 441—Chapter 24, the family shall also receive social casework pursuant to 441—Chapter 130 and this chapter.

c. When the department social worker providing individual case management services is also responsible for the provision of social casework pursuant to paragraph "b" above, that worker shall develop and implement a single plan and manage the case for the family in a manner consistent with the requirements of 441—Chapter 24, 441—Chapter 130, 441—Chapter 185, Divisions I and II, and this chapter. The requirements of this chapter and 441—Chapter 185, Divisions I and II, that cannot be met through the development of an individual program plan as required in 441—Chapter 24 shall be met through separate documentation, attached to the individual program plan.

d. When the department social worker providing social casework pursuant to paragraph "b" above is not responsible for individual case management services being provided to members of the client-family, that worker shall develop and implement a single case plan for the family pursuant to 441—Chapter 130, 441—Chapter 185, Division I, and this chapter. Also, that worker, to the extent possible, shall participate in the development of any family member's individual program plan developed pursuant to 441—Chapter 24 and include in the family's case plan the content or substance of any individual program plans developed for members of the family receiving family-centered services.

This rule is intended to implement Iowa Code section 234.6.

441—182.6(234) Locations where family-centered services are delivered. Family-centered non-rehabilitative treatment and supportive services shall be delivered in whatever locations the department's social casework findings indicate are appropriate to ensure that all reasonable efforts are being made to meet the family's needs. When nonrehabilitative treatment or supportive services are provided to reunite families whose children have been placed outside their homes, the following conditions shall apply:

1. Service and case plans shall address the needs of the family as a unit.
2. The service goal shall be reunification.
3. Services provided shall include services provided away from the placement setting and involve family members not in placement.

This rule is intended to implement Iowa Code section 234.6.

441—182.7(234) Unit of service and service unit rates. The unit of service and service unit rates for family-centered treatment services shall be the same regardless of whether the child's treatment need is rehabilitative or nonrehabilitative. Both family-centered treatment services and supportive services shall be provided through purchase of service contracts that follow the requirements and procedures of 441—Chapter 152. All members of a family shall collectively be considered one recipient of any unit of family-centered service except as provided in rule 441—180.6(234). One-half hour of service to the family or one or more of its members shall be considered one unit of service. Rules for family-centered rehabilitative treatment services are located in 441—Chapter 185, Division II. Providers of supervision services shall also have a contract to provide family-centered rehabilitative treatment services.

182.7(1) *Direct contact unit service rates.* Service billings for all family-centered supportive services shall be based on one-half hour, or any portion thereof, of direct face-to-face contact between the service provider and the family or one or more of its members. For supervision services, behavioral monitoring contacts with clients by telephone may be included as direct service contacts. Monthly cumulative units shall be rounded up or down to the nearest whole unit.

182.7(2) *Community assistance service unit rates.* Rescinded IAB 9/1/93, effective 11/1/93.

182.7(3) *Allowable indirect costs.* Expenses of transporting clients, service management activities and other administrative functions shall be allowable indirect costs subject to the restrictions set forth in 441—Chapters 152 and 185.

182.7(4) *Team approach to service delivery.* When two or more individuals from a service provider agency jointly deliver a unit of service, billings for that unit of service shall be reimbursable in an amount equal to the cost of two or more units of service if the following criteria are met.

a. The case plan requests a team approach to service delivery and specifies the number of individuals that will be working together on the team, and a purchase of service contract identifies the service provider's ability to provide such a team approach.

b. The specific number of individuals requested in the case plan who are representing the service provider are physically present to deliver the service to the family and the same individuals undertake the service management activities related to the provision of the service.

182.7(5) *Group services.* When more than one family receives services in a group setting, all members of each family participating in the group service activity are to be considered as one participant for billing purposes. Contracts shall specify a unit rate for group services separate from other services defined in the contract.

182.7(6) *Multiservice unit rates.* Rescinded IAB 9/1/93, effective 11/1/93.

182.7(7) *Purchase of service billing allocation.* Rescinded IAB 9/1/93, effective 11/1/93.

This rule is intended to implement Iowa Code section 234.6.

441—182.8(234) Supportive service provider qualifications.

182.8(1) *Respite providers.* Persons providing respite care services under the family-centered supportive services program shall meet the minimum education and experience requirements outlined in rule 441—180.7(234).

182.8(2) *Parent skill development or community assistance service providers.* Rescinded IAB 9/1/93, effective 11/1/93.

182.8(3) *Supervision providers.* Persons providing supervision services to department clients shall meet the following minimum education and experience requirements:

a. The equivalent of two years of full-time work experience involving direct contact with people in overcoming their social, emotional or behavioral problems, or

b. Two years of college coursework in a program with social work concentration or satisfactory completion of a relevant, concentrated, certified type curriculum such as human service specialist programs as offered in Iowa Area Community Colleges, or

c. College coursework with an emphasis in the social or behavioral sciences can substitute for up to two years of the required experience on the basis of 30 semester hours being equivalent to one year.

182.8(4) *Service management personnel.* Service management activities shall be undertaken by persons who meet or are under the direct supervision of persons who meet the minimum education and experience requirements specified in rule 441—185.10(234) for skill development services.

182.8(5) Department employees. When the direct supportive service provider is an employee of the department, the regional administrator shall ensure that the minimum qualifications listed in rule 441—182.8(234) are met. The regional administrator shall also ensure that any department staff providing a family-centered supportive service or who is responsible for the family's client assessment and case management activities has access to training and education in family dynamics and family service approaches.

182.8(6) Providers. When the supportive service provider is not an employee of the department, the provider shall be able to demonstrate that the appropriate minimum qualifications listed in rule 441—180.7(234) or 441—182.8(234) are met and that service providing personnel have access to training and education in family dynamics and family service approaches. Compliance with this subrule shall be documented by the provider and determined by the project manager as defined in rule 441—152.1(234).

This rule is intended to implement Iowa Code section 234.6.

441—182.9(234) Termination and adverse service actions.

182.9(1) Termination requirements. Supportive or nonrehabilitative treatment services not ordered by a court may be terminated at any time prior to, but no later than, six months from the initiation of service or the maximum service period allowed through extensions granted pursuant to subrule 182.4(2). Except for respite, supportive services shall be terminated when rehabilitative or nonrehabilitative treatment services, as defined in 441—Chapter 185 and this chapter respectively, or treatment services provided through another funding source are terminated.

182.9(2) Adverse service actions. Services shall be denied, terminated or reduced and appropriate notice given the client as specified in rule 441—130.5(234) unless otherwise provided for in this chapter.

This rule is intended to implement Iowa Code section 234.6.

441—182.10(234) Appeals. Decisions made by the department or its designee adversely affecting clients may be appealed pursuant to 441—Chapter 7. Decisions made by the department adversely affecting service providers may be reviewed pursuant to rule 441—152.3(234).

This rule is intended to implement Iowa Code section 234.6.

441—182.11(234) Determination of regional allocations. Each region's portion of the state family-centered supportive services appropriation shall be based 40 percent on the region's proportion of the department's statewide fiscal year 1993 expenditures for children and family services, excluding the appropriations for group foster care, and 60 percent on the region's proportion of the state child population, aged 0 through 17, according to the 1990 census.

This rule is intended to implement Iowa Code section 234.6.

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