

CHAPTER 79  
PUBLIC HEALTH NURSING  
[Prior to 7/29/87, Health Department[470] Ch 79]

**641—79.1(135) Program purpose.** The purposes of the public health nursing program are the prevention of illness, the promotion of health and wellness in the community and the prevention or reduction of inappropriate institutionalization of low-income and elderly persons.

Public health nursing synthesizes the body of knowledge from the public health sciences and professional nursing theories for the purpose of improving the health of the entire community. The dominant responsibility is the population as a whole. Therefore, nursing directed holistically to individuals, families, or groups contributes to the health of the total population. This goal lies at the heart of primary prevention, health promotion and protection, and is the foundation for public health nursing practice.

**641—79.2(135) Definitions.** For the purpose of these rules, unless otherwise defined, the following definitions apply:

“*Administrative expense*” means general overall administrative expenses not specific to the program. No more than 5 percent of the state funds received shall be used for administrative expenses.

“*Board of health*” means a county, city or district board of health as defined in Iowa Code section 137.2.

“*Contractor*” means a board of health or board of supervisors as agreed upon by the county board of supervisors and any local boards of health in the county.

“*Core public health functions*” means the functions of community health assessment, policy development, and assurance.

1. Assessment: regular collection, analysis, interpretation, and communication of information about health conditions, risks, and assets in a community.

2. Policy development: development, implementation, and evaluation of plans and policies, for public health in general and priority health needs in particular, in a manner that incorporates scientific information and community values and in accordance with state public health policy.

3. Assurance: ensuring, by encouragement, regulation, or direct action, that programs and interventions that maintain and improve health are carried out.

“*Department*” means the Iowa department of public health.

“*Disease and disability client*” means a person who is receiving nursing intervention under a specified medical diagnosis(es) and who has a plan of care from a licensed physician.

“*Elderly*” means persons 60 years of age and over.

“*Essential public health services*” means those activities carried out by public health entities that fulfill the core functions.

“*Health and wellness*” means a state of well-being, which includes soundness of mind, body, and spirit, and the presence of a positive capacity to develop one’s potential and to lead an energetic, fulfilling, and productive life.

“*Health promotion*” means teaching or nursing intervention that emphasizes self and environmental awareness and promotes a life-style change that will result in optimal health and wellness.

“*Income*” means all sources of revenue for the client, spouse and dependent members of the household.

“*Low income*” means a person whose income is not greater than the current federal Supplemental Security Income guidelines and whose resources are not greater than \$10,000.

“*Nonprofit*” means an entity that meets the requirements for tax-exempt status under the United States Internal Revenue Code.

“*Population-based services*” means activities provided by public health nursing, for problems defined and solutions proposed as concerned with the status of population groups and their environment, as opposed to individuals.

“*Public health nurse*” means a registered nurse who is licensed by the Iowa board of nursing and who has a baccalaureate degree in nursing or related health or human service area or has completed a community health nursing course from a baccalaureate program in an accredited college or university. The public health nurse has knowledge of prevention, health promotion and community health nursing and public health concepts.

“*Quality assurance*” means a method of review using the following process to ensure that quality care is being delivered:

1. Comparison of practice against written criteria;
2. Identification of strengths, deficiencies, and opportunities for improvement; and
3. Introduction of changes in the system based on information identified.

“*Resources*” means assets owned by a person that the person is not legally restricted from using and that could be converted to cash to be used for support and maintenance.

“*Skilled nursing care*” means services that require the skills of a licensed registered nurse according to 655—Chapter 6, Iowa Administrative Code.

“*Sliding fee scale*” means a scale of client fee responsibility based on the person’s ability to pay all or a portion of the cost of service.

**641—79.3(135) Public health nursing responsibility.** Public health nurses are responsible for providing leadership to safeguard the health and wellness of the community. This responsibility is met through participation in the implementation of the core public health functions: assessment, policy development and assurance and the essential public health services.

**641—79.4(135) Appropriation.**

**79.4(1) Formula.** The appropriation to each county is determined by the following formula. One-fourth of the total amount to be allocated shall be divided so that an equal amount is available for use in each county in the state. Three-fourths of the total amount to be allocated shall be divided so that the share available for use in each county is proportionate to the number of elderly and low-income persons living in that county in relation to the total number of elderly and low-income persons living in the state.

**79.4(2) Reallocation process.** Annually, by June 1, the department will determine the amount of unused funds from contracts with counties. If the unallocated pool is \$50,000 or more, it shall be reallocated to the counties in substantially the same manner as the original allocations. If the unallocated pool is less than \$50,000 for the fiscal year, the department may allocate the moneys to counties with demonstrated special needs for public health nursing.

**641—79.5(135) Utilization of appropriation.** The contractor may choose to utilize the funds directly or through subcontracts with governmental or nonprofit agencies. When the services are not provided directly by the contractor, the assignment of responsibilities to each agency must be clearly documented in a contract. All such subcontracts must be approved in advance by the department. When the services are provided by more than one agency, the contractor shall evaluate the degree to which the combination of the services meets the identified public health needs of the community. No more than 5 percent of the state funds received shall be used for administrative expenses.

**79.5(1) *Priorities.*** Utilization of state funds shall be based on the identified needs and assets of the target populations. Emphasis shall be placed on core public health functions and essential services. Priorities of service are communicable disease control, risk reduction and health promotion, and assurance of care for clients with disease or disability.

**79.5(2) *Alternate plan.*** A county may submit to the department a plan for an alternate utilization of the funding which provides for ensuring the delivery of existing services and the essential public health services based on an assessment of community needs and targeted populations to be served under the alternate plan. The department may establish demonstration projects which provide for an alternate allocation of funds based upon the proposed plan to provide essential public health services as determined by the community health assessment and targeted populations to be served. The request for an alternate plan and demonstration project shall be included in the grant application.

**641—79.6(135) *Client eligibility.*** Every Iowan shall be eligible for nursing service when assessment identifies the need for such service and adequate resources exist to provide the service. Each contractor shall have policies for admission and discharge of clients.

**641—79.7(135) *Contractor requirements.*** In order to receive these state funds, the contractor shall meet the following requirements:

1. Operate in conformity with federal, state, and local laws and regulations.
2. Employ an administrator to whom authority and responsibility for overall administration are delegated.
3. Ensure a personnel management system.
4. Ensure that skilled nursing care to disease and disability clients is provided by a home health agency certified by the health insurance benefits program (Medicare).
5. Maintain administrative and fiscal accountability through contractor records which include, at a minimum, policies, board minutes and reports, service statistics, and accounting records which indicate all accrued revenue, income and expenses. The contractor shall submit statistical reports identified in the contract from the department.
6. Maintain clinical records appropriate to the level of service for each client who receives public health nursing service. The contractor shall provide for appropriate safety and security of the clinical records.
7. Provide authorized representatives of the department access to all administrative, fiscal, personnel, and client records. The clinical record is considered confidential and the department representatives will respect that confidentiality.
8. Ensure program standards which include outcomes, objectives and priorities for all services.
9. Ensure that population-based services are supervised by a public health nurse within two years of the effective date of these rules.
10. Provide services based on identified assets and priority needs of the community.

**641—79.8(135) *Quality assurance program.*** Each contractor shall have a written plan for quality assurance for the program. Quality assurance shall include but is not limited to provider qualification and performance, program evaluation, and plan for quality improvement.

**641—79.9(135) Billing services to state grant.** These grant funds shall be billed at the lower of the cost or usual charge as approved in the grant contract. Clients whose services are not covered by third-party reimbursement shall be billed according to the contractor's sliding fee scale. The state may be billed the portion not covered by the client's fee up to the approved contract rate. The specific process for expenditure and billing of state funds shall be described in the contract. Services charged to and paid or credited by another third-party payer shall not be vouched to state funds.

**79.9(1) Cost analysis.** Each contractor shall complete, at least annually, a cost analysis using a cost methodology approved by the department. Reimbursement by the department to the contractor for the fiscal year shall be based on the state-approved rate and contractual conditions.

**79.9(2) Sliding fee scale.** A full fee and a sliding fee scale based on contractor charge shall be established and used for those persons able to pay all or a part of the cost of service. Income and resources shall be considered in the application of the sliding fee scale. A client whose income is at or above 185 percent of the federal poverty level shall be charged a fee.

Additional circumstances beyond basic living expenses may be taken into account according to contractor policy when determining the client fee. The placement on the sliding fee scale shall be determined before service begins and shall be reviewed at least annually. Payments received from clients based on sliding fee scales and donations shall be used to support nursing services.

**79.9(3) No fee service.** A low-income person as defined in these rules shall be provided the service at no fee. For each additional member of the household, the annual income shall be increased according to current social security income guidelines.

**79.9(4) Funder of last resort.** The state shall not be billed for services eligible for third-party reimbursement, e.g., Medicare, Medicaid, or insurance, or for the contractor cost above the allowed reimbursement from the third-party payer. Contractors shall review all funding options available before utilizing state grant funding.

**641—79.10(135) State responsibilities.** Technical assistance and consultation will be provided to the contractor by the regional community health consultants of the community services bureau of the Iowa department of public health. Additional technical assistance and consultation will be available from the chief of the community services bureau, other bureaus of the family and community health division and other divisions of the department.

**641—79.11(135) Right to appeal.**

**79.11(1) Local appeal.** All contractors shall have a written local procedure to hear appeals. Whenever a contractor denies, reduces or terminates services eligible to be funded by the state grant against the wishes of a participant, the contractor shall notify the participant of the action, of the reason for the action, and of the participant's right to appeal. Service need not be provided during the appeal process. The local procedure shall at a minimum include the method of notification of the right to appeal, the procedure for conducting the appeal, the time frame limits for each step, and the method of notification of the outcome of the local appeal and notification of the participant's right to appeal to the state. Notifications of the outcome of the local appeal shall include the facts used to reach a decision and the conclusions drawn from the facts to support the local contractor decision. The written appeals procedure and the record of appeals filed (including the record and disposition of each) shall be available for inspection by authorized Iowa department of public health representatives.

**79.11(2) Appeal to department.** If a participant is dissatisfied with the decision of the local appeal, the participant may appeal to the state. The appeal shall be made in writing by certified mail, return receipt requested, to the Division Director, Division of Family and Community Health, Iowa Department of Public Health, Lucas State Office Building, Des Moines, Iowa 50319-0075, within 15 days following the local contractor's appeal decision.

**79.11(3)** *Department review.* The department shall evaluate the appeal based upon the merits of the local appeal documentation. A decision affirming, reversing, or modifying the local appeal decision will be issued by the department within ten days of the receipt of the appeal. The decision shall be in writing and shall be sent by certified mail, return receipt requested, to the participant and the contractor.

**79.11(4)** *Further appeal.* The department's decision may be appealed by submitting an appeal, within ten days of the receipt of the department decision, to the Division Director, Division of Family and Community Health, Iowa Department of Public Health, Lucas State Office Building, Des Moines, Iowa 50319-0075. Upon receipt of an appeal that meets contested case status, the department shall forward the appeal within five working days to the department of inspections and appeals pursuant to the rules adopted by that agency regarding the transmission of contested cases. The continued process for appeal shall be governed by 641—Chapter 173, Iowa Administrative Code.

These rules are intended to implement Iowa Code section 135.11(13).

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