

**PUBLIC HEALTH DEPARTMENT[641]**

**Adopted and Filed**

**Rule making related to local public health services**

The Department of Public Health hereby amends Chapter 80, “Local Public Health Services,” Iowa Administrative Code.

*Legal Authority for Rule Making*

This rule making is adopted under the authority provided in Iowa Code section 135.11 and 2017 Iowa Acts, House File 653, division III, section 3.

*State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code section 135.11 and 2017 Iowa Acts, House File 653, division III, section 3.

*Purpose and Summary*

The purposes of the local public health services (LPHS) contract are to implement the core public health functions, deliver essential public health services, and increase the capacity of local boards of health (LBOH) to promote healthy people and healthy communities. Currently, funding for the LPHS contract is from two funding streams. 2017 Iowa Acts, House File 653, division III, section 3(5), Essential Public Health Services, lists the total funding for the two funding streams to be merged into one funding stream. Instead of two formulas for distribution of funds, there will be one formula to accommodate the one funding stream. These amendments update several definitions to align with current standard definitions, add “evidence of staff supervision” to the contractor assurance, update educational requirements, and align the rules with the singular funding stream and formula.

*Public Comment and Changes to Rule Making*

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on January 17, 2018, as **ARC 3577C**. One comment was received from a legislative analyst with the Legislative Services Agency. The analyst proposed changes to the wording of subrule 80.6(2) to clarify the percentages for the total formula allocations. Subrule 80.6(2) reflects the incorporation of the suggested changes.

*Adoption of Rule Making*

This rule making was adopted by the State Board of Health on March 14, 2018.

*Fiscal Impact*

This rule making has no fiscal impact to the State of Iowa.

*Jobs Impact*

After analysis and review of this rule making, no impact on jobs has been found.

*Waivers*

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to the Department’s variance and waiver provisions contained in 641—Chapter 178.

*Review by Administrative Rules Review Committee*

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

*Effective Date*

This rule making will become effective on May 16, 2018.

The following rule-making actions are adopted:

ITEM 1. Amend rule **641—80.2(135)**, definitions of “Core public health functions” and “Essential public health services,” as follows:

*“Core public health functions”* means the scope of activities which serve as a broad framework for public health agencies. ~~Core public health functions are~~ functions of assessment, policy development, and assurance:

1. ~~Assessment, which means to regularly and systematically collect, assemble, analyze, and make available information on the health of the community, including statistics on health status, community health needs and personal health services and epidemiologic and other studies of health problems~~ regular collection, analysis, interpretation, and communication of information about health conditions, risks, and assets in a community.

2. ~~Policy development, which means efforts to serve the public interest in the development of comprehensive public health policies by promoting the use of a scientific knowledge base in decision making about public health and by taking the lead in comprehensive public health policy 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 in accordance with state public health policy.~~

3. ~~Assurance, which means public health efforts to assure constituents that services necessary to achieve agreed-upon goals are provided either by encouraging actions by other entities (private or public sector), by requiring such action through regulation, or by providing services directly~~ ensuring, by encouragement, regulation, or direct action, that programs and interventions which maintain and improve health are carried out.

*“Essential public health services”* means activities carried out by the authorized agency fulfilling core public health functions. Essential public health services include:

1. ~~Monitoring health status and understanding health issues facing the community~~ to identify and solve community health problems.

2. ~~Protecting people from health problems and health hazards~~ Diagnosing and investigating health problems and health hazards in the community.

3. ~~Giving people information they need to make healthy choices~~ Informing, educating and empowering people about health issues.

4. ~~Engaging the community to identify and solve health problems~~ Mobilizing community partnerships and action to identify and solve health problems.

5. ~~Developing public health policies and plans~~ Developing policies and plans that support individual and community health efforts.

6. ~~Enforcing public health laws and regulations~~ Enforcing laws and regulations that protect health and ensure safety.

7. ~~Helping people receive health services~~ Linking people to needed health services and assuring the provision of health care when otherwise unavailable.

8. ~~Maintaining a competent public health workforce~~ Assuring a competent public health and personal health care workforce.

~~9. Evaluating and improving programs and interventions~~ Evaluating effectiveness, accessibility, and quality of personal and population-based health services.

~~10. Contributing to and applying the evidence base of public health~~ Researching for new insights and innovative solutions to health problems.

ITEM 2. Rescind the definitions of “Personal health services” and “Protective services” in rule **641—80.2(135)**.

ITEM 3. Amend rule 641—80.3(135) as follows:

**641—80.3(135) Local public health services (LPHS).** Local public health services improve the health of the entire community; prevent illness; enhance the quality of life; provide services to safeguard the health and wellness of the community; reduce, prevent, and delay institutionalization of consumers; and preserve and protect families.

**80.3(1) Priority population.** The LPHS contract serves individuals throughout the lifespan and prioritizes service to vulnerable populations in Iowa.

**80.3(2) Appropriations.** The fiscal appropriations which assist in supporting LPHS are determined annually by the general assembly.

**80.3(3) Contractor assurance.** In order to receive funding, the contractor shall provide to the department assurance that authorized agencies meet all applicable federal, state, and local requirements. The contractor may directly provide or subcontract all or part of the delivery of services. The contractor shall ensure that each authorized agency complies with Title IV of the Civil Rights Act, the Americans with Disabilities Act of 1990 (ADA), and Section 504 of the Rehabilitation Act of 1973 and with affirmative action requirements. In addition, the contractor shall ensure that each authorized agency has, at a minimum, the following:

- a. A governing board;
- b. Program policies and procedures;
- c. A consumer appeals process;
- d. Records appropriate to the level of consumer care;
- e. Evidence of staff supervision;
- e. f. Personnel policies and procedures which, at a minimum, include:
  - (1) Delegation of authority and responsibility for agency administration;
  - ~~(2) Staff supervision;~~
  - ~~(3) (2)~~ A staff training program for the identification and reporting of child and dependent adult abuse to the department pursuant to Iowa Code sections 232.69 and 235B.3;
  - ~~(4) (3)~~ An employee grievance procedure;
  - ~~(5) (4)~~ Annual employee performance evaluations;
  - ~~(6) (5)~~ A nondiscrimination policy;
  - ~~(7) (6)~~ An employee orientation program; and
  - ~~(8) (7)~~ Current job descriptions;
- f. g. Fiscal management, which shall, at a minimum, include:
  - (1) An annual budget;
  - (2) Fiscal policies and procedures which follow generally accepted accounting practices; and
  - (3) An annual audit performed according to usual and customary accounting principles and practices;
- g. h. Evaluation of agency and program activities which shall, at a minimum, include:
  - (1) Evidence of an annual evaluation; and
  - (2) Methods of reporting outcomes of evaluation to the LBOH.

**80.3(4) Coordination of public health services.**

a. The authorized agency is responsible for determining the ability of a job applicant to meet the requirements outlined in the job description. At a minimum, individuals responsible for coordinating public health services shall meet one of the following criteria:

(1) Be a registered nurse (RN) who is licensed to practice nursing in the state of Iowa and who has a recommended minimum of two years of related public health experience; or

(2) Possess a bachelor's degree or higher in public health, health administration, nursing, health and human services, or other applicable field from an accredited college or university; or

(3) Be an individual with two years of related public health experience.

*b.* Individuals who are responsible for the coordination of public health services on or before June 30, 2015, are exempt from the criteria in paragraph 80.3(4) "a."

**80.3(5) Coordination of home care aide services.**

*a.* The authorized agency is responsible for determining the ability of a job applicant to meet the requirements outlined in the job description. At a minimum, individuals performing coordination of home care aide services shall meet one of the following criteria:

(1) Be a registered nurse (RN) licensed to practice nursing in the state of Iowa; or

(2) Possess a bachelor's degree ~~in social work, sociology, family and consumer science, education, or other health or human services field;~~ or higher in public health, health administration, nursing, health and human services, or other applicable field from an accredited college or university; or

(3) Be a licensed practical nurse (LPN) licensed to practice nursing in the state of Iowa; or

(4) Be an individual with two years of related public health experience.

*b.* Individuals who are responsible for the coordination of home care aide services on or before June 30, 2015, are exempt from the criteria in paragraph 80.3(5) "a."

**80.3(6) Home care aide services.**

*a.* The authorized agency shall ensure that each individual assigned to perform home care aide services meets one of the following:

(1) Be an individual who has completed orientation to home care in accordance with agency policy. At a minimum, orientation shall include four hours on the role of the home care aide; two hours on communication; two hours on understanding basic human needs; two hours on maintaining a healthy environment; two hours on infection control in the home; and one hour on emergency procedures. The individual shall have successfully passed an agency written test and demonstrated the ability to perform skills for the assigned tasks; or

~~(2) Be an individual who is in the process of receiving education or has completed the educational requirements but is not licensed as an LPN or RN, has documentation of successful completion of coursework related to the tasks to be assigned, and has demonstrated the ability to perform the skills for the assigned tasks; or~~

~~(3) (2)~~ Be an individual who possesses a license to practice nursing as an LPN or RN in the state of Iowa; or

~~(4) Be an individual who is in the process of receiving education or who possesses a degree in social work, sociology, family and consumer science, education, or other health and human services field; has documentation of successful completion of coursework related to the tasks to be assigned; and has demonstrated the ability to perform the skills for the assigned tasks.~~

*b.* Individuals who were hired under the requirements of Chapter 80 on or before May 16, 2018, are exempt from the criteria in paragraph 80.3(6) "a."

~~*c.*~~ *c.* The authorized agency shall ensure that services or tasks assigned are appropriate to the individual's prior education and training.

~~*d.*~~ *d.* The authorized agency shall ensure documentation of each home care aide's completion of at least 12 hours of annual in-service (prorated to employment).

~~*e.*~~ *e.* The authorized agency shall establish policies for supervision of home care aides.

~~*f.*~~ *f.* The authorized agency shall maintain records for each consumer. The records shall include:

(1) An initial assessment;

(2) A plan of care;

(3) Assignment of home care aide;

(4) Assignment of tasks;

(5) Reassessment;

(6) An update of the plan of care;

- (7) Home care aide documentation; and
- (8) Documentation of supervision of home care aides.

~~80.3(7) Coordination of case management services.~~

~~a.—The authorized agency is responsible for determining the ability of a job applicant to meet the requirements outlined in the job description. At a minimum, individuals responsible for coordinating case management services shall meet one of the following criteria:~~

- ~~(1) Be a registered nurse (RN) licensed to practice nursing in the state of Iowa; or~~
- ~~(2) Possess a bachelor's degree with at least one year of experience in the delivery of services to vulnerable populations; or~~
- ~~(3) Be a licensed practical nurse (LPN) licensed to practice nursing in the state of Iowa.~~

~~b.—A home care aide with an equivalent of two years' experience may be delegated coordination of case management services as long as a qualified individual who meets one of the criteria in paragraph 80.3(7) "a" retains responsibility and provides supervision.~~

~~c.—Individuals who are responsible for the coordination of case management services on or before June 30, 2015, are exempt from the criteria in paragraph 80.3(7) "a."~~

~~d.—Case management services shall be provided at the direction of the consumer. The documentation to support the case management services shall include at a minimum:~~

- ~~(1) An initial assessment of the consumer's needs;~~
- ~~(2) Development and implementation of a service plan to meet the identified needs;~~
- ~~(3) Linking of the consumer to appropriate resources and natural supports; and~~
- ~~(4) Reassessment and updating of the consumer's service plan at least annually.~~

ITEM 4. Amend subparagraph **80.4(4)"f"(6)** as follows:

- (6) No fee shall be charged for protective services or communicable disease follow-up services.

ITEM 5. Amend subparagraph **80.5(2)"a"(4)** as follows:

(4) Notification of the consumer's right to appeal to the contractor (that is, the local board of health (LBOH)); and

ITEM 6. Amend rule 641—80.6(135) as follows:

~~641—80.6(135) Community capacity/local board of health and healthy aging funds. Essential public health service funds.~~

~~80.6(1) Purpose. The purpose purposes of community capacity/local board of health and healthy aging funds is essential public health service funds are to assist an LBOH in implementing core public health functions, providing essential public health services that promote healthy aging throughout the lifespan, and enhancing health promotion and disease prevention services provide essential public health services that reduce risks and to invest in promoting and protecting good health over the course of a lifetime with a priority given to older Iowans and vulnerable populations.~~

~~80.6(1) Allocation for community capacity/local board of health. The appropriation to each county board of health is determined by the following formula: 40 percent of the total allocation shall be divided so that an equal amount is available for use in each county in the state. The remaining 60 percent shall be allocated to each county according to the county's population based upon the published data by the U.S. Census Bureau, which is the data available three months prior to the release of the LPHS application.~~

~~80.6(2) Allocation for healthy aging. The allocation for the healthy aging appropriation is determined by the following formula: 15 percent of the total appropriation shall be divided so that an equal amount is available for use in each county in the state. The remaining 85 percent shall be allocated to each county according to that county's proportion of state residents with the following demographic characteristics:~~

~~a.—Sixty percent of the funds shall be allocated according to the number of elderly persons living in the county based upon the bridged race population estimates produced by the U.S. Census Bureau in collaboration with the National Center for Health Statistics (NCHS).~~

~~*b.* Forty percent of the funds shall be allocated according to the number of low-income persons living in the county based upon the U.S. Census Bureau's Small Area Income and Poverty Estimates (SAIPE).~~

**80.6(2)** *Allocation for essential public health service funds.* The appropriation to each county board of health is determined by the following formula:

*a.* Eighteen percent of the total allocation shall be divided so that an equal amount is available for use in each county in the state.

*b.* Eight percent of the total allocation shall be allocated to each county according to the county's population based upon the published data by the U.S. Census Bureau, which is the data available three months prior to the release of the LPHS application.

*c.* Forty-four percent of the total allocation shall be allocated according to the proportion of state residents who are elderly persons living in the county based upon the bridged-race population estimates produced by the U.S. Census Bureau in collaboration with the National Center for Health Statistics (NCHS).

*d.* Thirty percent of the total allocation shall be allocated according to the proportion of state residents who are low-income persons living in the county based upon the U.S. Census Bureau's small area income and poverty estimates (SAIPE).

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EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 4/11/18.