



# IOWA ADMINISTRATIVE BULLETIN

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Pages 2615 to 2676

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## PREFACE

The Iowa Administrative Bulletin is published biweekly pursuant to Iowa Code chapters 2B and 17A and contains Notices of Intended Action and rules adopted by state agencies.

It also contains Proclamations and Executive Orders of the Governor which are general and permanent in nature; Regulatory Analyses; effective date delays and objections filed by the Administrative Rules Review Committee; Agenda for monthly Administrative Rules Review Committee meetings; and other materials deemed fitting and proper by the Administrative Rules Review Committee.

The Bulletin may also contain public funds interest rates [12C.6]; usury rates [535.2(3)“a”]; agricultural credit corporation maximum loan rates [535.12]; and other items required by statute to be published in the Bulletin.

**PLEASE NOTE:** Underscore indicates new material added to existing rules; ~~strike-through~~ indicates deleted material.

JACK EWING, Administrative Code Editor  
Publications Editing Office (Administrative Code)

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Email: [AdminCode@legis.iowa.gov](mailto:AdminCode@legis.iowa.gov)

### CITATION of Administrative Rules

The Iowa Administrative Code shall be cited as (agency identification number) IAC (chapter, rule, subrule, paragraph, subparagraph, or numbered paragraph).

This citation format applies only to external citations to the Iowa Administrative Code or Iowa Administrative Bulletin and does not apply to citations within the Iowa Administrative Code or Iowa Administrative Bulletin.

441 IAC 79	(Chapter)
441 IAC 79.1	(Rule)
441 IAC 79.1(1)	(Subrule)
441 IAC 79.1(1)“a”	(Paragraph)
441 IAC 79.1(1)“a”(1)	(Subparagraph)
441 IAC 79.1(1)“a”(1)“1”	(Numbered paragraph)

The Iowa Administrative Bulletin shall be cited as IAB (volume), (number), (publication date), (page number), (ARC number).

IAB Vol. XII, No. 23 (5/16/90) p. 2050, ARC 872A

NOTE: In accordance with Iowa Code section 2B.5A, a rule number within the Iowa Administrative Code includes a reference to the statute which the rule is intended to implement: 441—79.1(249A).

## Schedule for Rule Making 2022

NOTICE† SUBMISSION DEADLINE	NOTICE PUB. DATE	HEARING OR COMMENTS 20 DAYS	FIRST POSSIBLE ADOPTION DATE 35 DAYS	ADOPTED FILING DEADLINE	ADOPTED PUB. DATE	FIRST POSSIBLE EFFECTIVE DATE	POSSIBLE EXPIRATION OF NOTICE 180 DAYS
<b>**Dec. 22 '21**</b>	Jan. 12 '22	Feb. 1 '22	Feb. 16 '22	Feb. 18 '22	Mar. 9 '22	Apr. 13 '22	July 11 '22
<b>**Jan. 5**</b>	Jan. 26	Feb. 15	Mar. 2	Mar. 4	Mar. 23	Apr. 27	July 25
Jan. 21	Feb. 9	Mar. 1	Mar. 16	Mar. 18	Apr. 6	May 11	Aug. 8
Feb. 4	Feb. 23	Mar. 15	Mar. 30	Apr. 1	Apr. 20	May 25	Aug. 22
Feb. 18	Mar. 9	Mar. 29	Apr. 13	Apr. 15	May 4	June 8	Sep. 5
Mar. 4	Mar. 23	Apr. 12	Apr. 27	Apr. 29	May 18	June 22	Sep. 19
Mar. 18	Apr. 6	Apr. 26	May 11	<b>**May 11**</b>	June 1	July 6	Oct. 3
Apr. 1	Apr. 20	May 10	May 25	May 27	June 15	July 20	Oct. 17
Apr. 15	May 4	May 24	June 8	June 10	June 29	Aug. 3	Oct. 31
Apr. 29	May 18	June 7	June 22	<b>**June 22**</b>	July 13	Aug. 17	Nov. 14
<b>**May 11**</b>	June 1	June 21	July 6	July 8	July 27	Aug. 31	Nov. 28
May 27	June 15	July 5	July 20	July 22	Aug. 10	Sep. 14	Dec. 12
June 10	June 29	July 19	Aug. 3	Aug. 5	Aug. 24	Sep. 28	Dec. 26
<b>**June 22**</b>	July 13	Aug. 2	Aug. 17	<b>**Aug. 17**</b>	Sep. 7	Oct. 12	Jan. 9 '23
July 8	July 27	Aug. 16	Aug. 31	Sep. 2	Sep. 21	Oct. 26	Jan. 23 '23
July 22	Aug. 10	Aug. 30	Sep. 14	Sep. 16	Oct. 5	Nov. 9	Feb. 6 '23
Aug. 5	Aug. 24	Sep. 13	Sep. 28	Sep. 30	Oct. 19	Nov. 23	Feb. 20 '23
<b>**Aug. 17**</b>	Sep. 7	Sep. 27	Oct. 12	Oct. 14	Nov. 2	Dec. 7	Mar. 6 '23
Sep. 2	Sep. 21	Oct. 11	Oct. 26	<b>**Oct. 26**</b>	Nov. 16	Dec. 21	Mar. 20 '23
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Oct. 14	Nov. 2	Nov. 22	Dec. 7	<b>**Dec. 7**</b>	Dec. 28	Feb. 1 '23	May 1 '23
<b>**Oct. 26**</b>	Nov. 16	Dec. 6	Dec. 21	<b>**Dec. 21**</b>	Jan. 11 '23	Feb. 15 '23	May 15 '23
<b>**Nov. 9**</b>	Nov. 30	Dec. 20	Jan. 4 '23	<b>**Jan. 4 '23**</b>	Jan. 25 '23	Mar. 1 '23	May 29 '23
Nov. 25	Dec. 14	Jan. 3 '23	Jan. 18 '23	Jan. 20 '23	Feb. 8 '23	Mar. 15 '23	June 12 '23
<b>**Dec. 7**</b>	Dec. 28	Jan. 17 '23	Feb. 1 '23	Feb. 3 '23	Feb. 22 '23	Mar. 29 '23	June 26 '23
<b>**Dec. 21**</b>	Jan. 11 '23	Jan. 31 '23	Feb. 15 '23	Feb. 17 '23	Mar. 8 '23	Apr. 12 '23	July 10 '23

### PRINTING SCHEDULE FOR IAB

<u>ISSUE NUMBER</u>	<u>SUBMISSION DEADLINE</u>	<u>ISSUE DATE</u>
24	Wednesday, May 11, 2022	June 1, 2022
25	Friday, May 27, 2022	June 15, 2022
26	Friday, June 10, 2022	June 29, 2022

**PLEASE NOTE:**

Rules will not be accepted by the Publications Editing Office after **12 o'clock noon** on the filing deadline unless prior approval has been received from the Administrative Rules Coordinator and the Administrative Code Editor.

If the filing deadline falls on a legal holiday, submissions made on the following Monday will be accepted.

†To allow time for review by the Administrative Rules Coordinator prior to the Notice submission deadline, Notices should generally be submitted in RMS four or more working days in advance of the deadline.

**\*\*Note change of filing deadline\*\***

The Administrative Rules Review Committee will hold its regular, statutory meeting on Monday, May 9, 2022, at 8:30 a.m. in Room 116, State Capitol, Des Moines, Iowa. For more information, contact Jack Ewing at [jack.ewing@legis.iowa.gov](mailto:jack.ewing@legis.iowa.gov).

NOTE: See also Agenda published in the April 20, 2022, Iowa Administrative Bulletin.

#### **HUMAN SERVICES DEPARTMENT[441]**

Integrated health homes; chronic health homes, amendments to chs 77 to 79 Filed **ARC 6310C** ..... 5/4/22  
 Dental program—payment for emergency services, annual benefit maximum, amendments  
 to ch 78 Notice **ARC 6313C** ..... 5/4/22  
 Child care assistance—fee schedule, income guidelines, 170.2(1)“a,” 170.4 Filed **ARC 6309C** ..... 5/4/22

#### **NATURAL RESOURCE COMMISSION[571]**

NATURAL RESOURCES DEPARTMENT[561]“umbrella”

Hunting preserves—definitions of “game birds” and “ungulate,” 112.1 Filed **ARC 6305C** ..... 5/4/22

#### **REGENTS BOARD[681]**

Standardized tests; regent admission index (RAI), amendments to ch 1 Filed **ARC 6304C** ..... 5/4/22

#### **REVENUE DEPARTMENT[701]**

Excise tax rate on motor fuels, 68.2(1) Notice **ARC 6315C** ..... 5/4/22

#### **TRANSPORTATION DEPARTMENT[761]**

Emergency vehicle certificate, amendments to ch 451 Filed **ARC 6308C** ..... 5/4/22  
 Vehicles transporting overweight loads of fluid milk products—annual permit, amendments  
 to ch 511 Notice **ARC 6311C** ..... 5/4/22  
 Commercial driver licensing; adoption by reference of federal regulations, 520.1(1), 529.1,  
 605.25(8)“a,” 607.10(1)“d,” 607.16(2), 607.31 Filed **ARC 6307C** ..... 5/4/22  
 Transportation network companies, 540.3, 540.4, 540.6, 540.9(2), 540.11 Notice **ARC 6312C** ..... 5/4/22  
 Emergency contact information, 601.3, 630.2(2) Filed **ARC 6306C** ..... 5/4/22

#### **WORKFORCE DEVELOPMENT DEPARTMENT[871]**

Unemployment insurance benefits—wage-earnings limitation, 24.18 Notice **ARC 6314C** ..... 5/4/22

## ADMINISTRATIVE RULES REVIEW COMMITTEE MEMBERS

Regular, statutory meetings are held the second Tuesday of each month at the seat of government as provided in Iowa Code section 17A.8. A special meeting may be called by the Chair at any place in the state and at any time.

Senator Waylon Brown  
2415 Highway 218  
Osage, Iowa 50461

Senator Julian Garrett  
P.O. Box 493  
Indianola, Iowa 50125

Senator Jesse Green  
2344 360th Street  
Harcourt, Iowa 50544

Senator Robert Hogg  
P.O. Box 1361  
Cedar Rapids, Iowa 52406

Senator Pam Jochum  
2368 Jackson Street  
Dubuque, Iowa 52001

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Ankeny, Iowa  
House District 37

Representative Megan Jones  
4470 Highway 71  
Sioux Rapids, Iowa 50585

Representative Amy Nielsen  
North Liberty, Iowa

Representative Rick Olson  
3012 East 31st Court  
Des Moines, Iowa 50317

Representative Mike Sexton  
2202 Ogden Avenue  
Rockwell City, Iowa 50579

Michael Boal  
**Administrative Rules Coordinator**  
Governor's Ex Officio Representative  
Capitol, Room 18  
Des Moines, Iowa 50319  
Telephone: 515.281.5211

**INSURANCE DIVISION[191]**

Review of rules, amendments to  
chs 10, 35, 76  
IAB 4/6/22 **ARC 6285C**

Via conference call  
Contact Tracy Swalwell  
Email: [tracy.swalwell@iid.iowa.gov](mailto:tracy.swalwell@iid.iowa.gov)

May 5, 2022  
9 a.m.  
(If requested)

**TRANSPORTATION DEPARTMENT[761]**

Vehicles transporting overweight  
loads of fluid milk  
products—annual permit,  
amendments to ch 511  
IAB 5/4/22 **ARC 6311C**

Via conference call  
Contact Tracy George  
Email: [tracy.george@iowadot.us](mailto:tracy.george@iowadot.us)

May 26, 2022  
10 a.m.  
(If requested)

Transportation network  
companies, 540.3, 540.4,  
540.6, 540.9(2), 540.11  
IAB 5/4/22 **ARC 6312C**

Via conference call  
Contact Tracy George  
Email: [tracy.george@iowadot.us](mailto:tracy.george@iowadot.us)

May 26, 2022  
1 p.m.  
(If requested)

The following list will be updated as changes occur.

“Umbrella” agencies and elected officials are set out below at the left-hand margin in CAPITAL letters.

Divisions (boards, commissions, etc.) are indented and set out in lowercase type under their statutory “umbrellas.”

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ARC 6313C

**HUMAN SERVICES DEPARTMENT[441]****Notice of Intended Action****Proposing rule making related to emergency dental services  
and providing an opportunity for public comment**

The Human Services Department hereby proposes to amend Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” Iowa Administrative Code.

*Legal Authority for Rule Making*

This rule making is proposed under the authority provided in Iowa Code section 249A.4.

*State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code section 249A.4.

*Purpose and Summary*

The Department is proposing this rule making for the dental program to clarify that payment will be made for emergency services as defined in the federal regulations set forth in 42 CFR 438.114 as amended to April 7, 2022. This proposed rule making also sets an annual benefit maximum for members 21 years of age or older of \$1,000 per state fiscal year for coverage of dental services as set forth in rule 441—78.4(249A). Preventive, diagnostic, emergency, anesthesia, removable dentures, and related services do not count toward the annual benefit amount.

*Fiscal Impact*

This rule making aligns rules with waiver and State Plan Amendment policies. Based on analysis by the Iowa Medicaid actuary and incorporated within current capitation rates, it is anticipated this rule making will result in a cost savings to the State. This change is already in effect, and savings have been incorporated into the Medicaid budget.

*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 rule 441—1.8(17A,217).

*Public Comment*

Any interested person may submit written comments concerning this proposed rule making. Written comments in response to this rule making must be received by the Department no later than 4:30 p.m. on May 24, 2022. Comments should be directed to:

Nancy Freudenberg  
Department of Human Services  
Hoover State Office Building, Fifth Floor  
1305 East Walnut Street  
Des Moines, Iowa 50319-0114  
Email: [appeals@dhs.state.ia.us](mailto:appeals@dhs.state.ia.us)

HUMAN SERVICES DEPARTMENT[441](cont'd)

*Public Hearing*

No public hearing is scheduled at this time. As provided in Iowa Code section 17A.4(1)“b,” an oral presentation regarding this rule making may be demanded by 25 interested persons, a governmental subdivision, the Administrative Rules Review Committee, an agency, or an association having 25 or more members.

*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).

The following rule-making actions are proposed:

ITEM 1. Adopt the following **new** subrules 78.4(11) and 78.4(12):

**78.4(11) Emergency services.** Payment shall be made for emergency services, as defined in and pursuant to the requirements set forth in 42 CFR 438.114, as amended to April 7, 2022.

**78.4(12) Annual benefit maximum.**

*a.* Members 21 years of age or older have an annual benefit maximum of \$1,000 per state fiscal year for coverage of dental services set forth in this rule. Payment for services exceeding the \$1,000 annual benefit maximum is the responsibility of the member.

*b.* The following services do not count toward the annual benefit maximum:

- (1) Preventive services as set forth in subrule 78.4(1);
- (2) Diagnostic services as set forth in subrule 78.4(2);
- (3) Fabrication of removable dentures and related services as set forth in paragraphs 78.4(7)“a” to “c” and 78.4(7)“f” to “l”;
- (4) Anesthesia as set forth in paragraph 78.4(9)“f,” when provided in conjunction with oral surgery codes approved for payment; or
- (5) Emergency services as set forth in subrule 78.4(11).

ITEM 2. Adopt the following **new** implementation sentence in **441—Chapter 78:**

These rules are intended to implement Iowa Code chapter 249A.

**ARC 6315C**

**REVENUE DEPARTMENT[701]**

**Notice of Intended Action**

**Proposing rule making related to excise tax rate on motor fuels  
and providing an opportunity for public comment**

The Revenue Department hereby proposes to amend Chapter 68, “Motor Fuel and Undyed Special Fuel,” Iowa Administrative Code.

*Legal Authority for Rule Making*

This rule making is proposed under the authority provided in Iowa Code sections 421.14 and 452A.59.

*State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code section 452A.3.

REVENUE DEPARTMENT[701](cont'd)

*Purpose and Summary*

This proposed rule making amends subrule 68.2(1) to adjust the excise tax rate on biodiesel blended fuel rated B-11 or higher from 30.4¢ per gallon (ending June 30, 2022) to 30.1¢ per gallon (beginning July 1, 2022), pursuant to the formula prescribed by Iowa Code section 452A.3. The distribution percentage for biodiesel blended fuel rated B-11 or higher for calendar year 2021 is 57.75 percent, a decrease from the 2020 distribution percentage of 61.49 percent. As a result, pursuant to Iowa Code section 452A.3(3)“a”(2), in fiscal year 2023, the excise tax rate for biodiesel blended fuel rated B-11 or higher will decrease as noted above. Tax rates for all other fuel types will remain unchanged for fiscal year 2023.

*Fiscal Impact*

Under the excise tax rates applicable for fiscal year 2023, as proposed in this rule making and as required by statute, it is estimated that, accounting for refunds, collections will be \$142.43 million, resulting in a decrease of \$1.42 million in revenues.

*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 rule 701—7.28(17A).

*Public Comment*

Any interested person may submit written or oral comments concerning this proposed rule making. Written or oral comments in response to this rule making must be received by the Department no later than 4:30 p.m. on May 24, 2022. Comments should be directed to:

Tim Reilly  
Department of Revenue  
Hoover State Office Building  
P.O. Box 10457  
Des Moines, Iowa 50306  
Phone: 515.782.0535  
Email: [tim.reilly@iowa.gov](mailto:tim.reilly@iowa.gov)

*Public Hearing*

No public hearing is scheduled at this time. As provided in Iowa Code section 17A.4(1)“b,” an oral presentation regarding this rule making may be demanded by 25 interested persons, a governmental subdivision, the Administrative Rules Review Committee, an agency, or an association having 25 or more members.

*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).

The following rule-making action is proposed:

## REVENUE DEPARTMENT[701](cont'd)

Amend subrule 68.2(1) as follows:

**68.2(1)** The following rates of tax apply to the use of fuel in operating motor vehicles and aircraft:

Gasoline	30.7¢ per gallon (for July 1, 2016, through June 30, 2017) 30.5¢ per gallon (for July 1, 2017, through June 30, 2018) 30.7¢ per gallon (for July 1, 2018, through June 30, 2019) 30.5¢ per gallon (for July 1, 2019, through June 30, 2020) 30¢ per gallon (beginning July 1, 2020)
Ethanol blended gasoline	29¢ per gallon (for July 1, 2016, through June 30, 2020)
Ethanol blended gasoline E-10 to E-14	30¢ per gallon (beginning July 1, 2020)
E-85 gasoline	29¢ per gallon (for July 1, 2016, through June 30, 2020)
Ethanol blended gasoline E-15 or higher	24¢ per gallon (beginning July 1, 2020)
Aviation gasoline	8¢ per gallon (beginning July 1, 1988)
Diesel fuel other than B-11 or higher	22.5¢ per gallon (on and before February 28, 2015) 32.5¢ per gallon (beginning March 1, 2015)
Biodiesel blended fuel (B-11 or higher)	29.5¢ per gallon (for July 1, 2015, through June 30, 2020) 30.1¢ per gallon (for July 1, 2020, through June 30, 2021) 30.4¢ per gallon (beginning for July 1, 2021, through June 30, 2022) 30.1¢ per gallon (beginning July 1, 2022)
Aviation jet fuel	3¢ per gallon (on and before February 28, 2015) 5¢ per gallon (beginning March 1, 2015)
L.P.G.	20¢ per gallon (on and before February 28, 2015) 30¢ per gallon (beginning March 1, 2015)
C.N.G.	16¢ per 100 cu. ft. (on and before June 30, 2014) 21¢ per gallon (for July 1, 2014, through February 28, 2015) 31¢ per gallon (beginning March 1, 2015)
L.N.G.	22.5¢ per gallon (on and before February 28, 2015) 32.5¢ per gallon (beginning March 1, 2015)

**ARC 6311C**

**TRANSPORTATION DEPARTMENT[761]**

**Notice of Intended Action**

**Proposing rule making related to annual permits for vehicles transporting overweight loads of fluid milk products and providing an opportunity for public comment**

The Transportation Department hereby proposes to amend Chapter 511, “Special Permits for Operation and Movement of Vehicles and Loads of Excess Size and Weight,” Iowa Administrative Code.

*Legal Authority for Rule Making*

This rule making is proposed under the authority provided in Iowa Code sections 307.12 and 321E.29B.

## TRANSPORTATION DEPARTMENT[761](cont'd)

*State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code sections 321.454, 321.456, 321.457, 321.463, 321E.2, 321E.8, 321E.10, 321E.14 and 321E.29B.

*Purpose and Summary*

This proposed rule making updates Chapter 511 to conform the rules with 2021 Iowa Acts, House File 869, sections 1 through 3. This legislation was effective on January 1, 2022.

2021 Iowa Acts, House File 869, established new Iowa Code section 321E.29B, which allows a motor carrier to request, and the Department to issue, an annual permit for a vehicle transporting overweight loads of fluid milk products on the primary roads and primary road extensions in cities, including on the interstate, as long as the vehicle does not exceed a gross weight of 96,000 pounds or the maximum dimensions specified in Iowa Code sections 321.454 through 321.457. Federal law 23 U.S.C. Section 127 authorizes states to issue special permits for overweight vehicles carrying fluid milk products, including on the interstate system. Prior to the enactment of Iowa Code section 321E.29B, the Department was not authorized to issue an annual permit that allowed transportation of overweight loads of fluid milk on the interstate system.

*Fiscal Impact*

This rule making has no fiscal impact to the State of Iowa beyond any impact anticipated by the legislation.

*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 761—Chapter 11.

*Public Comment*

Any interested person may submit written comments concerning this proposed rule making or may submit a written request to make an oral presentation at a public hearing. Written comments or requests to present oral comments in response to this rule making must be received by the Department no later than 4:30 p.m. on May 24, 2022. Comments should be directed to:

Tracy George  
Department of Transportation  
DOT Rules Administrator, Government and Community Relations  
800 Lincoln Way  
Ames, Iowa 50010  
Email: [tracy.george@iowadot.us](mailto:tracy.george@iowadot.us)

*Public Hearing*

If requested, a public hearing to hear oral presentations will be held on May 26, 2022, via conference call at 10 a.m. Persons who wish to participate in the conference call should contact Tracy George before 4:30 p.m. on May 24, 2022, to facilitate an orderly hearing. A conference call number will be provided to participants prior to the hearing.

Persons who wish to make oral comments at the public hearing may be asked to state their names for the record and to confine their remarks to the subject of this proposed rule making.

## TRANSPORTATION DEPARTMENT[761](cont'd)

Any persons who intend to attend the public hearing and have special requirements, such as those related to hearing or mobility impairments, should contact Tracy George and advise of specific needs.

The public hearing will be canceled without further notice if no oral presentation is requested.

*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).

The following rule-making actions are proposed:

ITEM 1. Adopt the following **new** definition of "Fluid milk product" in rule **761—511.1(321E)**:  
"Fluid milk product" means the same as defined in Iowa Code section 321E.29B(3).

ITEM 2. Amend subrule 511.2(4), introductory paragraph, as follows:

**511.2(4)** Except as provided in rule ~~761—511.16(321,321E)~~ 761—511.17(321,321E), permits may be issued only for the transporting of a single article which exceeds statutory size or weight limits or both, and which cannot reasonably be divided or reduced to statutory size and weight limits. However, permits may be issued for the transporting of property consisting of more than one article when:

ITEM 3. Amend rule 761—511.4(321E), introductory paragraph, as follows:

**761—511.4(321E) Permits.** Permits issued shall be in writing or in electronic format and may be either single-trip, multitrip, annual, annual oversize/overweight, annual raw forest products, compacted rubbish, emergency interstate ~~permit~~, annual fluid milk products or all-systems permits.

ITEM 4. Amend paragraph **511.4(3)“a”** as follows:

a. Annual, annual oversize/overweight, annual raw forest products, compacted rubbish, annual fluid milk products and all-systems permits shall expire one year from the date of issuance.

ITEM 5. Renumber subrules **511.5(12)** to **511.5(15)** as **511.5(13)** to **511.5(16)**.

ITEM 6. Adopt the following **new** subrule 511.5(12):

**511.5(12) Annual fluid milk products permit.** A fee of \$400 shall be charged for each annual fluid milk products permit issued pursuant to Iowa Code section 321E.29B, payable prior to issuance of the permit.

ITEM 7. Amend paragraph **511.6(1)“a”** as follows:

a. Public liability insurance in the amounts of \$100,000 bodily injury each person, \$200,000 bodily injury each occurrence, and \$50,000 property damage with an expiration date to cover the tenure of the annual, annual oversize/overweight, annual raw forest products, all-systems, multitrip, emergency interstate, annual fluid milk products or single-trip permit shall be required. In lieu of filing with the permit-issuing authority, a copy of the current certificate of public liability insurance in these amounts shall be carried in the vehicle for which the permit has been issued. Proof of liability insurance may be either in writing or in electronic format.

ITEM 8. Amend rule 761—511.7(321,321E) as follows:

**761—511.7(321,321E) Annual permits.** Annual permits are issued for indivisible vehicles or indivisible loads for travel when the dimensions of the vehicle or load exceed statutory limits but the weight is within statutory limits. Routing is subject to embargoed bridges and roads and posted speed limits. The owner or operator shall select a route using the vertical clearance map and road construction and travel restrictions map provided by the department. Route, detour and road embargo information may be found online at [www.511ia.org](http://www.511ia.org) or the department's website for the embargo bridge maps. Annual permits are issued for the following:

## TRANSPORTATION DEPARTMENT[761](cont'd)

**511.7(1)** Vehicles with indivisible loads, including special mobile equipment, mobile homes and factory-built structures, provided the following are not exceeded:

*a. to c.* No change.

*d. Weight.* See rule ~~761—511.15(321,321E)~~ 761—511.16(321,321E).

*e.* No change.

**511.7(2)** Vehicles with indivisible loads, including special mobile equipment, mobile homes and factory-built structures, provided the following are not exceeded:

*a. to c.* No change.

*d. Weight.* See rule ~~761—511.15(321,321E)~~ 761—511.16(321,321E).

*e.* No change.

**511.7(3)** Vehicles with indivisible loads, including special mobile equipment, mobile homes and factory-built structures, provided the following are not exceeded:

*a. to c.* No change.

*d. Weight.* See rule ~~761—511.15(321,321E)~~ 761—511.16(321,321E).

*e.* No change.

**511.7(4)** No change.

**511.7(5)** Truck trailers manufactured or assembled in the state of Iowa provided the following are met:

*a. to c.* No change.

*d. Weight.* See rule ~~761—511.15(321,321E)~~ 761—511.16(321,321E).

*e. to g.* No change.

This rule is intended to implement Iowa Code sections 321.454, 321.456, 321.457, 321.463, 321E.2, 321E.3, 321E.8, 321E.10 and 321E.29A.

ITEM 9. Amend paragraph **511.8(1)“d”** as follows:

*d. Weight.* See rule ~~761—511.15(321,321E)~~ 761—511.16(321,321E).

ITEM 10. Amend rule ~~761—511.9(321,321E)~~ as follows:

**761—511.9(321,321E) All-systems permits.** All-systems permits are issued by the motor vehicle division for indivisible vehicles or indivisible loads for travel on the primary road system and specified city streets and county roads when the dimensions of the vehicle or load exceed statutory limits but the weight is within statutory limits. Routing is subject to embargoed bridges and roads and posted speed limits. The motor vehicle division will provide a list of the authorized city streets and county roads. Permit holders shall consult with local officials when traveling on county roads or city streets for bridge embargo, vertical clearance, detour, and road construction information. These permits are issued for the following:

**511.9(1)** Vehicles with indivisible loads, including special mobile equipment, mobile homes and factory-built structures, provided the following are not exceeded:

*a. to c.* No change.

*d. Weight.* See rule ~~761—511.15(321,321E)~~ 761—511.16(321,321E).

*e.* No change.

**511.9(2)** Vehicles with indivisible loads, including special mobile equipment, mobile homes and factory-built structures, provided the following are not exceeded:

*a. to c.* No change.

*d. Weight.* See rule ~~761—511.15(321,321E)~~ 761—511.16(321,321E).

*e.* No change.

**511.9(3)** Vehicles with indivisible loads, including special mobile equipment, mobile homes and factory-built structures, provided the following are not exceeded:

*a. to c.* No change.

*d. Weight.* See rule ~~761—511.15(321,321E)~~ 761—511.16(321,321E).

*e.* No change.

**511.9(4)** No change.

## TRANSPORTATION DEPARTMENT[761](cont'd)

**511.9(5)** Truck trailers manufactured or assembled in the state of Iowa provided the following are met:

- a. to c. No change.
- d. *Weight.* See rule ~~761—511.15(321,321E)~~ 761—511.16(321,321E).
- e. to g. No change.

**511.9(6)** and **511.9(7)** No change.

This rule is intended to implement Iowa Code sections 321.454, 321.456, 321.457, 321.463, 321E.2, 321E.3, 321E.8 and 321E.10.

ITEM 11. Amend paragraph **511.12(1)“d”** as follows:

- d. *Weight.* See rule ~~761—511.15(321,321E)~~ 761—511.16(321,321E).

ITEM 12. Amend paragraph **511.13(1)“d”** as follows:

- d. *Weight.* See rule ~~761—511.15(321,321E)~~ 761—511.16(321,321E).

ITEM 13. Amend paragraph **511.14(1)“d”** as follows:

- d. *Weight.* See rule ~~761—511.15(321,321E)~~ 761—511.16(321,321E).

ITEM 14. Renumber rules ~~761—511.15(321,321E)~~ to ~~761—511.20(321)~~ as **761—511.16(321,321E)** to ~~761—511.21(321)~~.

ITEM 15. Adopt the following new rule ~~761—511.15(321,321E)~~:

**761—511.15(321,321E) Annual fluid milk products permits.** Annual permits are issued for indivisible loads of fluid milk products for travel when the weight of the vehicle or load exceeds statutory limits. Routing is subject to embargoed bridges and roads and posted speed limits. The owner or operator shall select a route using the vertical clearance map and road construction and travel restrictions map provided by the department. Route, detour, road embargo and bridge embargo for fluid milk products information may be found online at [www.511ia.org](http://www.511ia.org) and the department’s website.

**511.15(1)** The following shall not be exceeded:

- a. *Width.* Statutory: 8 feet 6 inches including appurtenances.
- b. *Length.* Statutory: 75 feet 0 inches overall.
- c. *Height.* Statutory: 13 feet 6 inches.
- d. *Weight.* See rule ~~761—511.16(321,321E)~~.
- e. *Distance.* Movement is allowed for unlimited distance on the primary road system, including the interstate, provided the vehicle is transporting fluid milk products to or from a milk plant, receiving station, or transfer station; routing through the motor vehicle division is not required.

**511.15(2)** Reserved.

This rule is intended to implement Iowa Code sections 321.454, 321.456, 321.457, 321.463, 321E.2, 321E.3, 321E.8, 321E.10 and 321E.29A

ITEM 16. Amend renumbered rule ~~761—511.16(321,321E)~~ as follows:

**761—511.16(321,321E) Maximum axle weights and maximum gross weights for vehicles and loads moved under permit.**

**511.16(1) Annual and all-systems permits.**

- a. No change.
- b. See subrule ~~511.15(6)~~ 511.16(7) for exceptions for special mobile equipment.

**511.16(2) Annual oversize/overweight permits or annual raw forest products permits.**

- a. No change.
- b. See subrule ~~511.15(6)~~ 511.16(7) for exceptions for special mobile equipment.

**511.16(3) Multitrip permits.**

- a. No change.
- b. See subrule ~~511.15(6)~~ 511.16(7) for exceptions for special mobile equipment.

**511.16(4) Single-trip permits.**

- a. to c. No change.



## TRANSPORTATION DEPARTMENT[761](cont'd)

*d.* See subrule ~~511.15(6)~~ 511.16(7) for exceptions for special mobile equipment.

**511.16(5)** No change.

**511.16(6)** *Annual fluid milk products permits.* For movement under an annual fluid milk products permit, the gross weight on any axle shall not exceed 20,000 pounds with a maximum of 96,000 pounds total gross weight.

~~511.16(6)~~ **511.16(7)** *Special mobile equipment.* Special mobile equipment may have a gross weight of 36,000 pounds on any single axle equipped with minimum size 26.5-inch by 25-inch flotation pneumatic tires and a maximum gross weight of 20,000 pounds on any single axle equipped with minimum size 18-inch by 25-inch flotation pneumatic tires, provided that the total gross weight of the vehicle or a combination of vehicles does not exceed a maximum of 80,000 pounds for movement under an annual or all-systems permit and 126,000 pounds for movement under a single-trip, multitrip or annual oversize/overweight permit.

For tire sizes and weights allowed between the maximum and minimum indicated, the following formula shall apply: Axle weight = 20,000 pounds + (tire width - 18) × 1,882 pounds.

~~511.16(7)~~ **511.16(8)** *Permitted tandem axle weights.*

*a. to c.* No change.

This rule is intended to implement Iowa Code sections 321.463, 321E.7, 321E.8, 321E.9, 321E.9A, 321E.26, 321E.29B as enacted by 2021 Iowa Acts, House File 382, and 321E.32.

ITEM 17. Amend renumbered subrule 511.17(2) as follows:

**511.17(2)** At the discretion of the permit-issuing authority, the combined gross weight may exceed the statutory weight, but the axle weights shall be subject to rule ~~761—511.15(321,321E)~~ 761—511.16(321,321E).

ITEM 18. Amend renumbered paragraph **511.21(1)“c”** as follows:

*c.* The department shall exercise due regard for the safety of the traveling public and the protection of the highway surfaces and structures when establishing an economic export corridor. Factors to be considered include ability of the proposed economic export corridor to safely accommodate combinations of vehicles described in subrule ~~511.20(2)~~ 511.21(2), taking into account physical configurations and restrictions and traffic demands and capacity, as well as connection to markets that will benefit from the established economic export corridor.

ITEM 19. Amend renumbered paragraph **511.21(2)“a”** as follows:

*a.* In addition to combinations of vehicles lawful for operation on roads or road segments not designated as an economic export corridor, the following combinations of vehicles may be operated on an economic export corridor designated under subrule ~~511.20(1)~~ 511.21(1) if the combinations of vehicles meet the requirements in paragraph ~~511.20(2)“b”~~ 511.21(2) “b”:

(1) to (3) No change.

**ARC 6312C**

**TRANSPORTATION DEPARTMENT[761]**

**Notice of Intended Action**

**Proposing rule making related to transportation network companies  
and providing an opportunity for public comment**

The Transportation Department hereby proposes to amend Chapter 540, “Transportation Network Companies,” Iowa Administrative Code.

*Legal Authority for Rule Making*

This rule making is proposed under the authority provided in Iowa Code sections 307.12 and 321N.2.

TRANSPORTATION DEPARTMENT[761](cont'd)

*State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code chapter 321N.

*Purpose and Summary*

This proposed rule making relates to permitting and regulation of transportation network companies (TNCs) and TNC drivers. The proposed amendments align with existing legal authority and Department practice, eliminate outdated or irrelevant requirements or options, and accommodate modern procedures.

Updates are proposed to various rules throughout the chapter to correct the Department's contact and submission information for TNC permits and other required submissions. The proposed amendments adjust the fee payment methods in subrule 540.4(2) to eliminate outdated language and instead use language that will encompass all acceptable payment methods.

The subrule addressing supporting documentation for a TNC permit is proposed to be amended to clarify that a current copy of the TNC's certificate of good standing must be submitted with the application if the TNC is incorporated or organized.

Finally, the proposed rule making adds a new rule to implement existing statutory authority regarding review of TNC records by the Department. Pursuant to Iowa Code section 321N.2(5), the Department is authorized to examine TNC records for the purposes of enforcing the requirements of Iowa Code chapter 321N. The proposed rule outlines the types of records that will be requested by the Department and how those records may be submitted.

*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 761—Chapter 11.

*Public Comment*

Any interested person may submit written comments concerning this proposed rule making or may submit written request to make an oral presentation at a public hearing. Written comments or requests to present oral comments in response to this rule making must be received by the Department no later than 4:30 p.m. on May 24, 2022. Comments should be directed to:

Tracy George  
Department of Transportation  
DOT Rules Administrator, Government and Community Relations  
800 Lincoln Way  
Ames, Iowa 50010  
Email: [tracy.george@iowadot.us](mailto:tracy.george@iowadot.us)

*Public Hearing*

If requested, a public hearing to hear oral presentations will be held on May 26, 2022, via conference call at 1 p.m. Persons who wish to participate in the conference call should contact Tracy George before 4:30 p.m. on May 24, 2022, to facilitate an orderly hearing. A conference call number will be provided to participants prior to the hearing.

## TRANSPORTATION DEPARTMENT[761](cont'd)

Persons who wish to make oral comments at the public hearing may be asked to state their names for the record and to confine their remarks to the subject of this proposed rule making.

Any persons who intend to attend the public hearing and have special requirements, such as those related to hearing or mobility impairments, should contact Tracy George and advise of specific needs.

The public hearing will be canceled without further notice if no oral presentation is requested.

*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).

The following rule-making actions are proposed:

ITEM 1. Amend rule 761—540.3(321N) as follows:

**761—540.3(321N) General information.**

**540.3(1) Information and location.** Applications, forms, electronic or otherwise, and information regarding transportation network company permits are available by mail from the ~~Office of Vehicle and Motor Carrier Services~~ Vehicle Division, Iowa Department of Transportation, P.O. Box 10382, Des Moines, Iowa 50306-0382; in person at 6310 SE Convenience Blvd., Ankeny, Iowa; by telephone at ~~(515)237-3268~~ (515)237-3156; by email at ~~omes@iowadot.us~~ central.vehicle@iowadot.us; ~~by facsimile at (515)237-3225~~; or on the department's website at [www.iowadot.gov](http://www.iowadot.gov).

**540.3(2) Complaints.** Complaints against transportation network companies pertaining to the provisions of Iowa Code chapter 321N and this chapter that are within the regulation and jurisdiction of the department shall be submitted in writing to the ~~office of motor vehicle and motor carrier services~~ division via the methods listed in subrule 540.3(1).

ITEM 2. Amend rule 761—540.4(321N) as follows:

**761—540.4(321N) Application for transportation network company permit and supporting documents.**

**540.4(1) Application.** An application for a transportation network company permit shall be made to the ~~office of motor vehicle and motor carrier services on a~~ division in the form designated and manner prescribed by the department, ~~electronic or otherwise, and prescribed for that purpose.~~ The form shall require all of the following:

*a. to i.* No change.

*j.* Such other information as may be required by the department.

**540.4(2) Application fee.** An application for a transportation network company permit shall be accompanied by the fee required by Iowa Code section 321N.2. The fee shall be made payable to the Iowa Department of Transportation in the form and manner prescribed by ~~eash, check, money order, or other means acceptable to, and offered by,~~ the department.

**540.4(3) Supporting documents.** An application for a transportation network company permit shall be accompanied by the following:

*a. to h.* No change.

*i.* If incorporated or organized, a current copy of the transportation network company's certificate of good standing from the transportation network company's state of incorporation or organization.

*j. and k.* No change.

ITEM 3. Amend rule 761—540.6(321N) as follows:

**761—540.6(321N) Amendment to transportation network company permit.** If during the period the permit is valid any information required and presented in the application under paragraph

## TRANSPORTATION DEPARTMENT[761](cont'd)

540.4(1) “a,” “b,” “c,” “f,” “g” or “i” changes, the transportation network company shall notify the ~~office of motor vehicle and motor carrier services~~ division of the change in writing, within 30 days after the change. Notification shall include the permit number and a recitation of the information that has changed and that should be updated in the department’s records. Submission of amended information is not a request for a new permit or for permit approval and shall not extend the period the permit is valid. Upon determination that the information submitted is complete and correct, the department shall update its records and issue an amended permit, if the department determines it is necessary.

ITEM 4. Amend subrule 540.9(2) as follows:

**540.9(2)** The request shall be submitted in writing, to the director of the ~~office of motor vehicle and motor carrier services~~, division at the address indicated in subrule 540.3(1), and may be submitted electronically by facsimile, email or other means prescribed by the department. To be timely, the request must be submitted within 20 days of service of the notice of suspension, revocation, or denial. Failure to contest denial of a permit application does not preclude the transportation network company from submitting a new application for a permit at any time after the denial.

ITEM 5. Adopt the following **new** rule 761—540.11(321N):

**761—540.11(321N) Record review.**

**540.11(1)** When the department examines the records of a transportation network company as authorized under Iowa Code section 321N.2(5), the department may request the transportation network company to provide a list of all prearranged rides for a seven-day period or all transportation network company drivers in Iowa for a specific date. The transportation network company shall provide the required information to the department within two weeks of the request.

**540.11(2)** For the records provided under subrule 540.11(1), the department may identify a random sample of rides or drivers, or rides and drivers, for review for the specified period. The transportation network company shall provide additional information for each driver and each rider for each ride as requested by the department.

*a.* Additional information requested for the transportation network company driver shall include the following:

- (1) A copy of the driver’s license for the transportation network company driver.
  - (2) A copy of the driver’s state-issued vehicle registration, including year, make, model, VIN and license plate number.
  - (3) A copy of proof of the driver’s financial liability coverage. The copy shall include the driver’s insurance company name, address, and policy number. In addition, a copy of proof of financial liability coverage maintained to comply with Iowa Code sections 321N.4(2) and 321N.4(3) that includes coverages and limits may be satisfied by any of the following:
    1. Insurance maintained by the transportation network company driver.
    2. Insurance maintained by the transportation network company.
    3. A combination of numbered paragraphs 1 and 2.
  - (4) A copy of or a verification that all necessary disclosures were supplied to the driver by the transportation network company, including the lienholder, vehicle owner, insurance and motor vehicle equipment requirements.
  - (5) A copy of all complaints or negative reports received by the transportation network company from any rider who received a ride from the driver. This includes, but is not limited to, complaints related to drug or alcohol use, vehicle safety, motor vehicle equipment safety, driver behavior, driver ability or operation of the vehicle.
  - (6) A summary or other documentation that shows how the transportation network company resolved any complaint from a rider.
  - (7) Documentation or verification of the background and sex offender registry check on the driver.
- b.* Additional information for each transportation network company rider shall include the electronic ride receipt provided to the rider.

TRANSPORTATION DEPARTMENT[761](cont'd)

**540.11(3)** Notwithstanding any provision of subrule 540.11(1) to the contrary, the department and the transportation network company may agree to an alternative process or format for the transportation network company to provide the requested records if the records otherwise include the information required in subrule 540.11(2).

**ARC 6314C**

**WORKFORCE DEVELOPMENT DEPARTMENT[871]**

**Notice of Intended Action**

**Proposing rule making related to wage-earnings limitation  
and providing an opportunity for public comment**

The Director of the Workforce Development Department hereby proposes to amend Chapter 24, "Claims," Iowa Administrative Code.

*Legal Authority for Rule Making*

This rule making is proposed under the authority provided in Iowa Code section 96.11.

*State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code sections 96.1A(37), 96.3, and 96.4.

*Purpose and Summary*

This proposed rule making clearly defines how unemployment insurance benefit weeks are impacted when a recipient is working part time and reporting wages earned.

*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.

*Public Comment*

Any interested person may submit written comments concerning this proposed rule making. Written comments in response to this rule making must be received by the Department no later than 4:30 p.m. on May 24, 2022. Comments should be directed to:

Jeffrey Koncsol  
Iowa Workforce Development  
1000 East Grand Avenue  
Des Moines, IA 50319-0209  
Email: [jeffrey.koncsol@iwd.iowa.gov](mailto:jeffrey.koncsol@iwd.iowa.gov)

## WORKFORCE DEVELOPMENT DEPARTMENT[871](cont'd)

*Public Hearing*

No public hearing is scheduled at this time. As provided in Iowa Code section 17A.4(1)“b,” an oral presentation regarding this rule making may be demanded by 25 interested persons, a governmental subdivision, the Administrative Rules Review Committee, an agency, or an association having 25 or more members.

*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).

The following rule-making action is proposed:

Amend rule 871—24.18(96) as follows:

**871—24.18(96) Wage-earnings limitation.** An individual who is partially unemployed ~~may earn weekly a sum equal to the individual’s weekly benefit amount plus \$15 before being~~ will be disqualified for excessive earnings if the individual earns a sum equal to or greater than the individual’s weekly benefit amount plus \$15 during the week. If such individual earns less than the individual’s weekly benefit amount plus \$15, the formula for wage deduction shall be a sum equal to the individual’s weekly benefit amount less that part of wages, payable to the individual with respect to that week ~~and rounded to the lower multiple of one dollar,~~ in excess of one-fourth of the individual’s weekly benefit amount. If the UI benefit amount to be paid is not a whole number, benefits shall be rounded to the lower multiple of \$1.

This rule is intended to implement Iowa Code sections 96.1A(37), 96.3, and 96.4 ~~and 96.19(38)~~.

## ARC 6310C

## HUMAN SERVICES DEPARTMENT[441]

## Adopted and Filed

## Rule making related to integrated and chronic condition health homes

The Human Services Department hereby amends Chapter 77, “Conditions of Participation for Providers of Medical and Remedial Care,” Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” and Chapter 79, “Other Policies Relating to Providers of Medical and Remedial Care,” Iowa Administrative Code.

*Legal Authority for Rule Making*

This rule making is adopted under the authority provided in Iowa Code section 249A.4.

*State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code section 249A.4.

*Purpose and Summary*

The Department is updating rules for Integrated Health Homes and for Chronic Condition Health Homes based on the deficiencies identified in the audit completed in 2019 by the Office of Inspector General (OIG) for the Health Home (HH) programs for state fiscal years 2013 through 2016.

The amendments clarify the standards and requirements for the delivery of HH services. The audit recommended the Department improve its monitoring of the HH programs to ensure that HH providers comply with federal and state requirements for maintaining documentation to support the services for which the providers billed and received payments. The audit also recommended the Department revise the state plan to define the documentation requirements that HH providers must follow to bill and receive higher in-home health payments for intensive services and educate providers on these requirements. Recommendations were also made that the state plan be revised to define the documentation requirements the HH providers must follow to bill and receive payments for outreach services and also educate providers on these requirements.

State plan amendments have now been submitted and approved. The Department developed an ongoing audit process to be completed by Iowa Medicaid and the managed care organizations that ensure the HH services are appropriately documented. Iowa Medicaid hosted a face-to-face training and plans additional opportunities for training providers on core services and documentation. Monthly webinars, biannual face-to-face training and individual technical assistance based on provider needs have been implemented.

*Public Comment and Changes to Rule Making*

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on February 23, 2022, as **ARC 6206C**. The Department received 50 comments from five respondents on the proposed rule making. The comments and corresponding responses from the Department are divided by chapter below.

**Chapter 77—General Requirements**

**Comment 1:** One respondent commented that the rules say “‘Integrated health homes’ means a provider enrolled to integrate” and that “provider” should be changed to “team of health care professionals.” (Subrule 77.47(1), regarding definitions)

**Response 1:** The definition of “team of health care professionals” as stated in the State Plan Amendment (SPA) also includes the lead entity. The SPA defines the term as “a team of health professionals that includes physicians and other professionals, including nurse care managers, care

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coordinators, and peer support specialists or family peer support specialists.” No changes have been made based on this comment.

**Comment 2:** One respondent commented that “a provider” should be changed to “an interdisciplinary team member” in the definition of “integrated health homes.” (Subrule 77.47(1), regarding definitions)

**Response 2:** The definition of “team of health care professionals” as stated in the SPA also includes the lead entity. The SPA defines the term as “a team of health professionals that includes physicians and other professionals, including nurse care managers, care coordinators, and peer support specialists or family peer support specialists.” No changes have been made based on this comment.

**Comment 3:** One respondent commented that the self-assessment requirement should be changed from “An integrated health home must complete a self-assessment when enrolling as a new health home and annually thereafter” to “An integrated health home must complete a self-assessment when enrolling as a new health home,” as the self-assessment is technically not part of the SPA and has created a more restrictive environment. (Subrule 77.47(3), regarding integrated HH provider qualifications)

**Response 3:** This is not a new requirement. Completion of the initial and annual self-assessments has been a requirement since implementation of the HH program in 2013. This subrule is implementing established policy and is consistent with other program oversight activities; therefore, no changes have been made based on this comment.

**Comment 4:** One respondent commented that previous provider definitions have allowed Iowa-accredited providers of mental health services, not only Commission on Accreditation of Rehabilitation Facilities (CARF)-accredited providers, to deliver integrated HH services. (Subrule 77.47(3), regarding integrated HH provider qualifications)

**Response 4:** The Department recognizes that providers accredited in accordance with 441—Chapter 24 to deliver services to individuals with mental illness are also qualified to deliver integrated HH services. The Department has revised paragraph 77.47(3)“a” by adding the following subparagraph:

“(8) Provider accredited under 441—Chapter 24 to deliver services to persons with mental illness.”

**Comment 5:** One respondent commented on subparagraph 77.47(5)“b”(1) to say that “nurse” needed to be deleted or “care coordinator” added, or the sentence changed to read “The health home is responsible for assisting members with…” or “The health home must ensure that the nurse care manager is responsible for assisting members with…” (Subrule 77.47(5), regarding HH general requirements)

**Response 5:** The Department agrees with the comment and has revised subparagraph 77.47(5)“b”(1) to add the words “oversight of the service, including.” The subparagraph now reads as follows:

“(1) The health home must ensure that the nurse care manager is responsible for oversight of the service, including assisting members with medication adherence, appointments, referral scheduling, tracking follow-up results from referrals, understanding health insurance coverage, reminders, transition of care, wellness education, health support or lifestyle modification, and behavior changes.”

**Comment 6:** One respondent commented that subparagraphs 77.47(3)“f”(1) and (2) and paragraph 77.47(4)“b” were inconsistent with role titles. (Subrules 77.47(3), regarding integrated HH provider qualifications, and 77.47(4), regarding lead entity qualifications)

**Response 6:** The Department agrees with the comment and has revised the catchwords of subparagraph 77.47(4)“b”(2) by replacing “nurse care coordinators” with “nurse care managers.” The Department has also revised the catchwords of subparagraph 77.47(2)“g”(2) by replacing “dedicated care manager” with “nurse care manager.”

**Comment 7:** One respondent commented on subparagraph 77.47(5)“a”(2) to say that “other social determinants of health” should be deleted from “The health home must complete status reports to document the member’s housing, legal status, employment status, education, custody, and other social determinants of health, as applicable.” (Subrule 77.47(5), regarding HH general requirements)

**Response 7:** Whole person care includes social health and environmental health. Federal guidance states that the social needs of the member need to be addressed through the delivery of HH service. This is not a new guideline for HH service providers and is a best practice in the delivery of whole person care. No changes have been made based on this comment.

**Comment 8:** One respondent commented on subparagraph 77.47(5)“a”(6) to say that “annually” should be removed from “The health home must initially and annually provide letters of support from



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at least one area hospital and two area primary care practices.” (Subrule 77.47(5), regarding HH general requirements)

**Response 8:** The Department agrees with this comment and has revised subparagraph 77.47(5)“a”(6) to require the HH to submit the letters of support initially at the time of enrollment and then again during the federally required reenrollment period. The subparagraph has been revised to read as follows:

“(6) The health home must, at the time of enrollment and reenrollment, provide letters of support from at least one area hospital and two area primary care practices that agree to collaborate with the health home on care coordination and hospital and emergency department notification.”

**Comment 9:** One respondent commented on subparagraph 77.47(5)“a”(8) to say that “fragmentation” should be removed from “The health home must be responsible for preventing fragmentation or duplication of services provided to members.” (Subrule 77.47(5), regarding HH general requirements)

**Response 9:** The Department acknowledges that the specific word “fragmentation” is not included in the SPA; however, the intent of whole person care is to avoid fragmentation by ensuring continuity of care for the member. Therefore, no changes have been made based on this comment.

**Comment 10:** One respondent commented that subrule 77.47(5) is inconsistent with paragraph 78.53(2)“e.”

**Response 10:** The Department agrees with the comment and has revised subparagraph 77.47(5)“b”(5) to read as follows:

“(5) The health home must communicate with the member, authorized representative, and the member’s family and caregivers in a culturally appropriate manner for the purposes of assessment of care decisions, including the identification of authorized representatives.”

**Comment 11:** One respondent commented on paragraph 77.47(5)“c” to suggest that the word “must” be replaced with “encourage” in “The health home must use email, text messaging, patient portals and other technology to communicate with members.” (Subrule 77.47(5), regarding HH general requirements)

**Response 11:** The Department agrees with the comment and that the member may choose the member’s preferred method of communication and has revised the second sentence of paragraph 77.47(5)“c” to read as follows:

“The health home must use email, text messaging, patient portals and other technology to communicate with members based on the member’s preferred method of communication.”

**Comment 12:** One respondent commented that subparagraphs 77.47(5)“d”(4) and (5) need to be clarified, since “meetings” is inconsistent with the SPA. (Subrule 77.47(5), regarding HH general requirements)

**Response 12:** The Department disagrees with the comment. The intent of the use of the word “meetings” is to be inclusive of in-person, virtual, or telephonic meetings. No changes have been made based on this comment.

**Comment 13:** One respondent commented on subparagraph 77.47(5)“d”(5) to say that “with lead entities and the department” is inconsistent with the SPA and not included in the SPA language and, as such, would appear to add an additional requirement upon the HH. (Subrule 77.47(5), regarding HH general requirements)

**Response 13:** The Department disagrees with this comment. This language is not new and has remained consistent within the SPA since the implementation of the program. The SPA states, “Agree to participate in or convene ad hoc or scheduled meetings to plan and discuss implementation of goals and objectives for practice transformation with ongoing consideration of the unique practice needs for adult members with SMI and child members with SED and their families.” No changes have been made based on this comment.

**Comment 14:** One respondent commented on subparagraph 77.47(5)“d”(5) to say that “adult members with a serious emotional disturbance” needs to be changed to “adult members with a serious mental illness” in the phrase “practice transformation, with ongoing consideration of the unique practice needs for adult members with a serious emotional disturbance and child members with a

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serious emotional disturbance and those members' families." (Subrule 77.47(5), regarding HH general requirements)

**Response 14:** The Department agrees with this comment and has revised subparagraph 77.47(5)"d"(5) to read as follows:

"(5) The health home must participate in or convene ad hoc or scheduled meetings with lead entities and the department to plan and discuss implementation of goals and objectives for practice transformation, with ongoing consideration of the unique practice needs for adult members with a serious mental illness and child members with a serious emotional disturbance and those members' families."

**Comment 15:** One respondent recommended that HH providers have access to the data in real time to make necessary adjustments regarding the sentence "The health home must participate in ongoing process improvement on clinical indicators and overall cost-effectiveness." (Subrule 77.47(5), regarding HH general requirements)

**Response 15:** As a condition of participation in the HH program, HHs are required to have electronic medical health records that are meaningfully used. When this standard is met and the HH has an operational electronic medical health record, the HH will have access to more real-time data to use as part of its quality improvement program. No changes have been made based on this comment.

**Chapter 78—Definitions, Covered Services, and Patient-Centered Care Plan**

**Comment 1:** One respondent recommended all references to "patient-centered" should be changed to "person-centered" for consistency and clarity. (Subrule 78.53, regarding HH services)

**Response 1:** The Department agrees with the comment and has revised subrules 78.53(1) and 78.53(2) and paragraph 78.53(5)"c" to change all references to "patient-centered" to "person-centered." Paragraph 78.53(5)"d" was not updated, since another change superseded that portion of the rule that contained the "patient-centered" wording.

**Comment 2:** One respondent stated that "'78.53 (1) Definitions (2) Covered services (5) c. PCSP and patient-centered care plan (5) d. Core Services' should be revised since they are not all-inclusive and fail to include the option for a referral by the family, authorized caregivers and legal guardians or representatives, etc." (Subrule 78.53(4), regarding member identification and enrollment)

**Response 2:** The Department agrees with the comment and has revised paragraph 78.53(4)"a" to read as follows:

"a. Eligible members are identified through a referral from the department, lead entity, primary care provider, hospital, other providers, the member, or the member's authorized representative."

**Comment 3:** One respondent stated, "How the member presented to the health home, including the referral. Delete this section as this is not a requirement of eligibility, so why is there a documentation requirement?" (Subrule 78.53(5), regarding HH documentation)

**Response 3:** The requirement is included because the source of referrals for HH services assists the HH with understanding the population at a community level and identifies any need for targeted outreach. No changes have been made based on this comment.

**Comment 4:** One respondent stated, "Identified needs and plan to assess for eligibility. Delete this section as this is requiring documentation on how the health home plans to determine if the member is eligible. Eligibility is dictated by the mental health professional assessment of functional impairment and as such is outside of the purview and control of the health home." (Paragraph 78.53(5)"a," regarding HH documentation)

**Response 4:** The HH is responsible for verifying member eligibility for HH services. When the HH does not have the documentation to substantiate that a member is eligible for HH services, the HH will document in the member's service record that the HH will verify the member's eligibility by obtaining the required documentation that substantiates the member has a qualifying diagnosis that makes the member eligible for HH services. No changes have been made based on this comment.

**Comment 5:** One respondent stated, "Documentation that the member is eligible for health home services. If a member is not eligible, the health home must document the plan to support the member. Delete — a documentation requirement for a health home for a plan of services for an individual that

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is not eligible for the health home services should not be a requirement placed upon the health home.” (Subrule 78.53(5), regarding HH documentation)

**Response 5:** If the member being referred for HH services is not clinically eligible for the HH services, the HH will make appropriate referrals to other community services for which the member may be eligible. No changes have been made based on this comment.

**Comment 6:** One respondent stated, “Plan to complete the comprehensive assessment. Delete — there is already an entire section (b. Comprehensive Assessment) devoted to this, so this is duplicative and appears as a task in futility requiring a health home to document how they are going to fulfill a required task.” (Subrule 78.53(5), regarding HH documentation)

**Response 6:** To ensure that the member receives comprehensive coordinated care, the HH will document the plan to obtain appropriate historical records from providers and the member at the time of intake. The team should identify the information needed and the professionals from whom they will need to obtain the information to complete the comprehensive assessment and the social history for the eligible member. No changes have been made based on this comment.

**Comment 7:** One respondent stated, “Documentation of eligibility and member’s agreement to continue participation in the program, obtained on an annual basis. Delete or clarify. Isn’t it implied if a member meets with the health home and goes through the extensive steps to revise and update their annual care or service plan, that the member intends to continue to participate in the program?” (Subrule 78.53(5), regarding HH documentation)

**Response 7:** The Department agrees with this comment. The completed annual assessment demonstrates that the member agrees to continue participation. The Department has revised subparagraph 78.53(5)“a”(9) by removing “and member’s agreement to continue participation in the program, obtained on an annual basis,” to read as follows:

“(9) Documentation of continued eligibility, reviewed annually and maintained in the member’s service record.”

**Comment 8:** One respondent stated, “This section needs clarified. This is limiting and lacks flexibility to provide immediate services or one-time needs: ‘Core services. Documentation must reflect monthly provision of one of the six core health home services as outlined in subrule 78.53(2), based on the member’s identified needs in the member’s patient-centered care plan or person-centered service plan.’” (Subrule 78.53(5), regarding HH documentation)

**Response 8:** The Department agrees with this comment and has revised paragraph 78.53(5)“d” by deleting “based on the member’s identified needs in the member’s patient-centered care plan or person-centered service plan.” The paragraph now reads as follows:

“*d. Core services.* Documentation must reflect monthly provision of one of the six core health home services as outlined in subrule 78.53(2).”

**Comment 9:** Regarding a reference to paragraph 78.53(5)“e” in subparagraph 78.53(6)“a”(3), one respondent stated, “78.53(5)‘e’ applies to ICM [Integrated Care Management] services and does not apply to non-ICM members.” (Subrule 78.53(6), regarding payment)

**Response 9:** The Department agrees with this comment and has revised subparagraph 78.53(6)“a”(3) to remove the reference to paragraph 78.53(5)“e” for clarification. The subparagraph now reads as follows:

“(3) The health home maintains the documentation outlined in subrule 78.53(5).”

#### **Chapter 79—Services**

**Comment 1:** One respondent stated, “Need to add ‘if relevant’ at the end of each of the services identified in points 1 through 10 so as not to imply documentation required for services that may not be applicable to the respective members.” (Subparagraph 79.3(2)“d”(40), regarding HH services)

**Response 1:** The Department agrees with the comment as it applies to one of the items and has revised subparagraph 79.3(2)“d”(40) by adding “if relevant” to numbered paragraph “5,” which now reads as follows:

“5. Comprehensive transitional care plan, including appropriate follow-up, if relevant.”

#### **Summary**

Based on these comments, changes from the Notice were made to the following rule subparts:

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- 77.47(2)“g”(2)
- 77.47(3)“a”(8)
- 77.47(4)“b”(2)
- 77.47(5)“a”(6)
- 77.47(5)“b”(1)
- 77.47(5)“b”(5)
- 77.47(5)“c”
- 77.47(5)“d”(5)
- 78.53(1)
- 78.53(2)
- 78.53(4)“a”
- 78.53(5)“a”(9)
- 78.53(5)“c”
- 78.53(5)“d”
- 78.53(6)“a”(3)
- 79.3(2)“d”(40)

*Adoption of Rule Making*

This rule making was adopted by the Council on Human Services on April 14, 2022.

*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 rule 441—1.8(17A,217).

*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 July 1, 2022.

The following rule-making actions are adopted:

- ITEM 1. Adopt the following **new** implementation sentence in rule **441—77.1(249A)**:  
This rule is intended to implement Iowa Code section 249A.4.
- ITEM 2. Adopt the following **new** implementation sentence in rule **441—77.2(249A)**:  
This rule is intended to implement Iowa Code section 249A.4.
- ITEM 3. Adopt the following **new** implementation sentence in rule **441—77.4(249A)**:  
This rule is intended to implement Iowa Code section 249A.4.

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- ITEM 4. Adopt the following **new** implementation sentence in rule **441—77.5(249A)**:  
This rule is intended to implement Iowa Code section 249A.4.
- ITEM 5. Adopt the following **new** implementation sentence in rule **441—77.6(249A)**:  
This rule is intended to implement Iowa Code section 249A.4.
- ITEM 6. Adopt the following **new** implementation sentence in rule **441—77.7(249A)**:  
This rule is intended to implement Iowa Code section 249A.4.
- ITEM 7. Adopt the following **new** implementation sentence in rule **441—77.8(249A)**:  
This rule is intended to implement Iowa Code section 249A.4.
- ITEM 8. Adopt the following **new** implementation sentence in rule **441—77.9(249A)**:  
This rule is intended to implement Iowa Code section 249A.4.
- ITEM 9. Adopt the following **new** implementation sentence in rule **441—77.10(249A)**:  
This rule is intended to implement Iowa Code section 249A.4.
- ITEM 10. Adopt the following **new** implementation sentence in rule **441—77.11(249A)**:  
This rule is intended to implement Iowa Code section 249A.4.
- ITEM 11. Amend rule **441—77.12(249A)**, implementation sentence, as follows:  
This rule is intended to implement Iowa Code section 249A.4 and 2010 Iowa Acts, chapter 1192, section 31.
- ITEM 12. Adopt the following **new** implementation sentence in rule **441—77.21(249A)**:  
This rule is intended to implement Iowa Code section 249A.4.
- ITEM 13. Adopt the following **new** implementation sentence in rule **441—77.24(249A)**:  
This rule is intended to implement Iowa Code section 249A.4.
- ITEM 14. Adopt the following **new** implementation sentence in rule **441—77.29(249A)**:  
This rule is intended to implement Iowa Code section 249A.4.
- ITEM 15. Rescind rule 441—77.47(249A) and adopt the following **new** rule in lieu thereof:

**441—77.47(249A) Health home services providers.** Subject to the requirements of this rule, a provider may participate in the medical assistance program as a provider of health home services.

**77.47(1) Definitions.**

“*Chronic condition*” means, for purposes of this rule, one of the conditions outlined in 441—subparagraph 78.53(3) “a”(1).

“*Chronic condition health home*” means a provider enrolled to deliver personalized, coordinated care for members with one chronic condition and at risk of developing another.

“*Functional impairment*” means the loss of functional capacity that (1) is episodic, recurrent, or continuous; (2) substantially interferes with or limits the achievement of or maintenance of one or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills; and (3) substantially interferes with or limits the individual’s functional capacity with family, employment, school, or community. “Functional impairment” does not include difficulties resulting from temporary and expected responses to stressful events in a person’s environment. The level of functional impairment must be identified by the assessment completed by a mental health professional as defined in rule 441—24.1(225C).

“*Health home*” means a chronic condition health home or an integrated health home.

“*Integrated health home*” means a provider enrolled to integrate medical, social, and behavioral health care needs for adults with a serious mental illness and children with a serious emotional disturbance.

“*Lead entity*” means a managed care organization that supports and oversees the chronic condition health home and the integrated health home network.

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“*Managed care organization*” means an entity that (1) is under contract with the department to provide services to Medicaid recipients and (2) meets the definition of “health maintenance organization” as defined in Iowa Code section 514B.1.

“*Serious emotional disturbance*” means the same as defined in rule 441—83.121(249A).

“*Serious mental illness*” means, for an adult, a persistent or chronic mental health, behavioral, or emotional disorder that (1) is specified within the most current Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association or its most recent International Classification of Diseases, and (2) causes serious functional impairment and substantially interferes with or limits one or more major life activities, including functioning in the family, school, employment or community. “Serious mental illness” may co-occur with substance use disorder, developmental disabilities, neurodevelopmental disabilities or intellectual disabilities, but those diagnoses may not be the clinical focus for health home services.

**77.47(2) Chronic condition health home provider qualifications.**

a. A chronic condition health home must be one of the following:

- (1) Physician(s).
- (2) Clinical practice or clinical group practice.
- (3) Rural health clinic.
- (4) Community health center.
- (5) Community mental health center accredited under 441—Chapter 24.
- (6) Federally qualified health clinic.

b. A chronic condition health home may include multiple sites when those sites are identified as a single organization or medical group that shares policies, procedures, and electronic systems across all of the single organization’s or medical group’s practice sites.

c. A chronic condition health home must achieve accreditation, recognition, or certification as a patient-centered medical home (PCMH) through a national accreditation or certification entity recognized by the department within the first year of operation and maintain the accreditation, recognition, or certification for the duration of enrollment as a health home. A chronic condition health home that fails to achieve accreditation, recognition, or certification within the first year of enrollment will have the chronic condition health home enrollment terminated unless granted an extension by the department.

d. A chronic condition health home must complete a self-assessment when enrolling as a new health home and annually thereafter.

e. A chronic condition health home must meet the requirements, qualifications, and standards outlined in the chronic condition health home state plan amendment.

f. A chronic condition health home must participate in monthly, quarterly, and annual outcomes data collection and reporting.

g. At a minimum, a chronic condition health home must fill the following roles:

(1) Designated practitioner. The chronic condition health home must have at least one physician with an active Iowa license and credentialed with at least one managed care organization. If a chronic condition health home has multiple sites, a specific site may have a nurse practitioner or physician assistant, so long as the chronic condition health home has at least one physician.

(2) Nurse care manager. The chronic condition health home must have at least one nurse care manager who is a registered nurse or has a bachelor of science in nursing with an active Iowa nursing license in accordance with rule 655—3.3(17A,147,152,272C).

(3) Health coach. The chronic condition health home must have at least one trained health coach.

**77.47(3) Integrated health home provider qualifications.**

a. An integrated health home must be one of the following:

- (1) Community mental health center accredited under 441—Chapter 24.
- (2) Licensed mental health service provider.
- (3) Licensed residential group care setting.
- (4) Licensed psychiatric medical institution for children (PMIC).

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(5) Provider accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) to provide behavioral health services.

(6) Provider accredited by the Council on Accreditation for behavioral health or child, youth and family services.

(7) Provider accredited by the Joint Commission for behavioral health care services.

(8) Provider accredited under 441—Chapter 24 to deliver services to persons with mental illness.

*b.* An integrated health home may include multiple sites when those sites are identified as a single organization or medical group that shares policies, procedures, and electronic systems across all of the single organization's or medical group's practice sites.

*c.* An integrated health home must complete a self-assessment when enrolling as a new health home and annually thereafter.

*d.* An integrated health home must meet the requirements, qualifications, and standards outlined in the integrated health home state plan amendment.

*e.* An integrated health home must participate in monthly, quarterly, and annual outcomes data collection and reporting.

*f.* At a minimum, an integrated health home must fill the following roles:

(1) If serving adults:

1. Nurse care manager. The integrated health home must have a nurse care manager who is a registered nurse or has a bachelor of science in nursing with an active Iowa nursing license in accordance with rule 655—3.3(17A,147,152,272C).

2. Care coordinator. The integrated health home must have a care coordinator who has a bachelor of science in social work or a bachelor of science or bachelor of arts degree in a related field.

3. Trained peer support specialist. The integrated health home must have a peer support specialist who has completed a department-recognized training program and passed the competency examination within six months of hire.

(2) If serving children:

1. Nurse care manager. The integrated health home must have a nurse care manager who is a registered nurse or has a bachelor of science in nursing with an active Iowa nursing license in accordance with rule 655—3.3(17A,147,152,272C).

2. Care coordinator. The integrated health home must have a care coordinator who has a bachelor of science in social work or a bachelor of science or bachelor of arts degree in a related field.

3. Family peer support specialist. The integrated health home must have a family peer support specialist who has completed a department-recognized training program and passed the competency examination within six months of hire.

**77.47(4) Lead entity qualifications.**

*a.* A lead entity must meet the following requirements:

(1) The lead entity must be licensed and in good standing in the state of Iowa as a health maintenance organization in accordance with 191—Chapter 40.

(2) The lead entity must have a statewide integrated network of providers to serve members with serious mental illness and serious emotional disturbance.

(3) The lead entity must complete a self-assessment at the time of enrollment and annually thereafter.

(4) The lead entity must meet requirements, qualifications, and standards outlined in the state plan.

(5) The lead entity must participate in monthly, quarterly, and annual outcomes data collection and reporting.

*b.* At a minimum, a lead entity must fill the following roles:

(1) Physician. The lead entity must have at least one physician to support the health home in meeting provider standards. The physician must have an active Iowa license to practice medicine in accordance with 653—Chapter 9 and be credentialed with at least one managed care organization.

(2) Nurse care managers. The lead entity must have nurse care managers to support the health home in meeting provider standards. A nurse care manager must be a registered nurse or

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have a bachelor of science in nursing with an active Iowa nursing license in accordance with rule 655—3.3(17A,147,152,272C).

(3) Social workers. The lead entity must have a care coordinator with a bachelor of science or bachelor of arts degree in social work or a related field, including sociology, counseling, psychology, or human services, to support the health home in meeting the provider standards and delivering health home services.

(4) Behavioral health professionals. The lead entity must have a psychiatrist to support the health home in meeting provider standards and to deliver health home services. The psychiatrist must have an active Iowa license to practice medicine in accordance with 653—Chapter 9 and be credentialed with at least one managed care organization.

**77.47(5) Health home general requirements.**

*a. Whole person orientation.* The health home is responsible for providing whole person care.

(1) The health home must provide or take responsibility for appropriately arranging care with other qualified professionals for all the member's health care needs. This includes care for all stages of life, including acute care, chronic care, preventive services, long-term care, and end-of-life care.

(2) The health home must complete status reports to document the member's housing, legal status, employment status, education, custody, and other social determinants of health, as applicable.

(3) The health home must implement a formal screening tool to assess behavioral health, including mental health and substance abuse treatment needs, along with physical health care needs.

(4) The health home must work with the lead entity or Iowa Medicaid to develop capacity to receive members redirected from emergency departments, engage in planning transitions in care with area hospitals, and follow up on hospital discharges, including psychiatric medical institutions for children.

(5) The health home must provide bidirectional and integrated primary care and behavioral health services through use of a contract, memoranda of agreement, or other written agreements approved by the department.

(6) The health home must, at the time of enrollment and reenrollment, provide letters of support from at least one area hospital and two area primary care practices that agree to collaborate with the health home on care coordination and hospital and emergency department notification.

(7) The health home must advocate in the community on behalf of health home members, as needed.

(8) The health home must be responsible for preventing fragmentation or duplication of services provided to members.

*b. Coordinated integrated care.* The health home must provide coordinated integrated care.

(1) The health home must ensure that the nurse care manager is responsible for oversight of the service, including assisting members with medication adherence, appointments, referral scheduling, tracking follow-up results from referrals, understanding health insurance coverage, reminders, transition of care, wellness education, health support or lifestyle modification, and behavior changes.

(2) The health home must utilize member-level information, member profiles, and care coordination plans for high-risk individuals.

(3) The health home must incorporate tools and evidence-based guidelines designed for identifying care opportunities across the age and diagnostic continuum, integrating clinical practices, and coordinating care with other providers.

(4) The health home must conduct interventions as indicated based on the member's level of risk.

(5) The health home must communicate with the member, authorized representative, and the member's family and caregivers in a culturally appropriate manner for the purposes of assessment of care decisions, including the identification of authorized representatives.

(6) The health home must monitor, arrange, and evaluate appropriate evidence-based and evidence-informed preventive services.

(7) The health home must coordinate or provide access to the following services:

1. Mental health.
2. Oral health.
3. Long-term care.



## HUMAN SERVICES DEPARTMENT[441](cont'd)

4. Chronic disease management.
5. Recovery services and social health services available in the community.
6. Behavior modification interventions aimed at supporting health management, including but not limited to obesity counseling, tobacco cessation, and health coaching.
7. Comprehensive transitional care from inpatient to other settings, including appropriate follow-up.
8. Crisis services.
- (8) The health home must assess social, educational, housing, transportation, and vocational needs that may contribute to disease and present as barriers to self-management.
- (9) The health home must coordinate with community-based case managers, case managers, and service coordinators for members who receive service coordination activities.
- (10) The health home must maintain a system and written standards and protocols for tracking member referrals.
- c. Enhanced access.* The health home must provide enhanced access for members and member caregivers, including access to health home services 24 hours per day, seven days per week. The health home must use email, text messaging, patient portals and other technology to communicate with members based on the member's preferred method of communication.
- d. Emphasis on quality and safety.* The health home must emphasize quality and safety in the delivery of health home services.
  - (1) The health home must have an ongoing quality improvement plan to address gaps and identify opportunities for improvement.
  - (2) The health home must participate in ongoing process improvement on clinical indicators and overall cost-effectiveness.
  - (3) The health home must demonstrate continuing development of fundamental health home functionality through an assessment process applied by the department.
  - (4) The health home must have strong, engaged organizational leadership that is personally committed to and capable of:
    1. Leading the health home through the transformation process and sustaining transformed practice, and
    2. Participating in learning activities including in-person sessions, webinars, and regularly scheduled meetings.
  - (5) The health home must participate in or convene ad hoc or scheduled meetings with lead entities and the department to plan and discuss implementation of goals and objectives for practice transformation, with ongoing consideration of the unique practice needs for adult members with a serious mental illness and child members with a serious emotional disturbance and those members' families.
  - (6) The health home must participate in Centers for Medicare and Medicaid Services (CMS)- and department-required evaluation activities.
  - (7) The health home must submit information as requested by the department.
  - (8) The health home must maintain compliance with all of the terms and conditions of the integrated health home or chronic condition health home provider agreement.
  - (9) The health home must use an interoperable patient registry and certified electronic health record within a timeline approved by the lead entity or the department to input clinical information, track and measure care of members, automate care reminders, and produce exception reports for care planning.
  - (10) The health home must complete web-based member enrollment, disenrollment, members' consent to release of information, and health risk questionnaires for all members.
  - (11) The health home must use a certified electronic health record to support clinical decision-making within the practice workflow and establish a plan to meaningfully use health information in accordance with the federal law.
  - (12) The health home must implement state-required disease management programs based on population-specific disease burdens. The health home may choose to identify and operate additional disease management programs at any time.

## HUMAN SERVICES DEPARTMENT[441](cont'd)

*e. Case management.* The integrated health home must provide case management services as defined in and required by 441—Chapter 90 to eligible members in an integrated health home. Requirements in 441—Chapter 90 are the minimum criteria for intensive care management for members enrolled in the 1915(i) Habilitation Program or the 1915(c) Children’s Mental Health Waiver.

*f. Policies and procedures.* The health home must have policies and processes in place to ensure compliance with federal and state requirements, including but not limited to statutes, rules and regulations, and sub-regulatory guidance. The health home must maintain documentation of its policies and processes and make those policies and processes readily available to any state or federal officials upon request.

*g. Report on quality measures.* A health home must collect and report quality data to the lead entity and the department as specified by the department.

*h. Health home termination.* If the health home intends to stop providing health home services, the health home must provide notice of termination a minimum of 60 days prior to the date of termination by submitting Form 470-5465, Provider Request to Terminate Enrollment, to the department. The health home must notify members of termination 60 days prior to the termination date and provide for a seamless transition of enrollees to other health home providers.

This rule is intended to implement Iowa Code section 249A.4.

ITEM 16. Adopt the following **new** implementation sentence in rule **441—77.51(249A)**:  
This rule is intended to implement Iowa Code section 249A.4.

ITEM 17. Adopt the following **new** implementation sentence in rule **441—77.52(249A)**:  
This rule is intended to implement Iowa Code section 249A.4.

ITEM 18. Amend rule **441—78.12(249A)**, implementation sentence, as follows:

This rule is intended to implement Iowa Code section 249A.4 ~~and 2010 Iowa Acts, chapter 1192, section 31.~~

ITEM 19. Adopt the following **new** implementation sentence in rule **441—78.13(249A)**:  
This rule is intended to implement Iowa Code section 249A.4.

ITEM 20. Amend subrule **78.27(1)**, definitions of “Care coordinator” and “Integrated health home,” as follows:

“*Care coordinator*” means the professional who assists members in care coordination as described in paragraph ~~78.53(1)“b.”~~ 78.53(2)“b.”

“*Integrated health home services*” means the provision of services to enrolled members as described in subrule ~~78.53(1)~~ 78.53(2).

ITEM 21. Amend rule **441—78.47(249A)**, implementation sentence, as follows:

This rule is intended to implement Iowa Code section 249A.4 ~~and 2000 Iowa Acts, chapter 1228, section 9.~~

ITEM 22. Amend rule **441—78.52(249A)**, implementation sentence, as follows:

This rule is intended to implement Iowa Code section 249A.4 ~~and 2005 Iowa Acts, chapter 167, section 13, and chapter 117, section 3.~~

ITEM 23. Rescind rule 441—78.53(249A) and adopt the following **new** rule in lieu thereof:

**441—78.53(249A) Health home services.**

**78.53(1) Definitions.**

“*Chronic condition*” means, for purposes of this rule, one of the conditions outlined in subparagraph 78.53(3)“a”(1).

“*Chronic condition health home*” means a health home that meets the criteria in 441—subrule 77.47(2).

“*Health home*” means a chronic condition health home or an integrated health home.

“*Integrated health home*” means a health home that meets the criteria in 441—subrule 77.47(3).

## HUMAN SERVICES DEPARTMENT[441](cont'd)

“*Person-centered care plan*” means a care plan created through the person-centered planning process, directed by the member or the member’s guardian or representative, for a member receiving non-intensive care management or chronic condition health home services, to identify the member’s strengths, capabilities, preferences, needs, goals, and desired outcomes.

“*Person-centered service plan*” or “*service plan*” means a service plan (1) created through the person-centered planning process in accordance with subrule 78.27(4), rule 441—83.127(249A) and 441—paragraph 90.4(1)“b”; (2) directed by the member or the member’s guardian or representative; (3) for a member receiving intensive care management services; and (4) for the purposes of identifying the member’s strengths, capabilities, preferences, needs, and desired outcomes.

**78.53(2) Covered services.** A health home provides team-based, whole person, person-centered, coordinated care for all aspects of the member’s life and for transitions of care that the member may experience. A health home provides the following core services:

*a. Comprehensive care management.* Comprehensive care management is the initial and ongoing assessment and care management services aimed at the integration of primary, behavioral and specialty health care, and community support services, using a comprehensive person-centered care plan or service plan that addresses all clinical and nonclinical needs and promotes wellness and management of chronic conditions in pursuit of optimal health outcomes.

*b. Care coordination.* Care coordination includes assisting members with medication adherence, appointments, referral scheduling, understanding health insurance coverage, reminders, transition of care, wellness education, health support, lifestyle modification, and behavior changes. The health home must work with providers to coordinate, direct, and ensure results are communicated back to the health home.

*c. Health promotion.* Health promotion includes the education and engagement of a member in making decisions that promote health management, improved disease outcomes, disease prevention, safety, and an overall healthy lifestyle.

*d. Comprehensive transitional care.* Comprehensive transitional care is the facilitation of services for the member that provides support when the member is transitioning between levels of care (nursing facility, hospital, rehabilitation facility, community-based group home, family, self-care, or another health home).

*e. Individual and family support.* Individual and family support services include communication with the member and the member’s family and caregivers to maintain and promote quality of life, with particular focus on community living options. Support will be provided in a culturally appropriate manner.

*f. Referral to community and social support services.* Referral to community and social support services includes coordinating or providing recovery services and social health services available in the community, including resources for understanding eligibility for various health care programs, disability benefits, and identifying housing programs.

**78.53(3) Member eligibility for health home services.**

*a. Chronic condition health home member eligibility criteria.*

(1) To be eligible for chronic condition health home services, the member must have one of the following chronic conditions and be at risk of having a second chronic condition:

1. A mental health disorder.
2. A substance use disorder.
3. Asthma.
4. Diabetes.
5. Heart disease.
6. Being overweight, as evidenced by:
  - Having a body mass index (BMI) over 25 for an adult, or
  - Weighing over the 85th percentile for the pediatric population.
7. Hypertension.
8. Chronic obstructive pulmonary disease.
9. Chronic pain.

## HUMAN SERVICES DEPARTMENT[441](cont'd)

(2) “At risk” means a documented family history of a verified heritable condition described above, a diagnosed medical condition with an established comorbidity to a condition described above, or a verified environmental exposure to an agent or condition known to be the cause of a condition from the conditions described above.

*b. Integrated health home eligible member criteria.* To be eligible for integrated health home services, the member must have a serious mental illness or serious emotional disturbance, as such terms are defined in 441—subrule 77.47(1).

**78.53(4) Member identification and enrollment.**

*a.* Eligible members are identified through a referral from the department, lead entity, primary care provider, hospital, other providers, the member, or the member’s authorized representative.

*b.* The health home confirms eligibility for health home services by obtaining assessment documentation from the member’s licensed mental health professional or the patient tiering assignment tool (PTAT).

*c.* The health home must explain to the member, in a format easily understood by the member, how the team works together with the member at the center to improve the member’s care, as well as all team member roles and responsibilities.

*d.* The health home must advise members of their ability and the process to opt out of health home services at any time.

*e.* Eligible members must agree to participate in the health home program, and the health home must document the member’s agreement in the member’s record before submitting an enrollment request. A member cannot be in more than one health home at the same time.

*f.* The health home must assess the member’s continued eligibility for health home services on an annual basis to ensure the member remains eligible to participate in the program.

**78.53(5) Health home documentation.** A health home must maintain adequate supporting documentation in readily reviewable form to ensure all state and federal requirements related to health home services have been met. All health home services must be documented in accordance with rule 441—79.3(249A). At a minimum, the health home must document the following:

*a. Eligibility.* Eligibility documentation includes but is not limited to the following:

- (1) How the member presented to the health home, including the referral.
- (2) Identified needs and plan to assess for eligibility.
- (3) Documentation that the member is eligible for health home services. If a member is not eligible, the health home must document the plan to support the member.
- (4) Qualifying diagnosis that makes the member eligible for health home services.
- (5) Member agreement and understanding of the program.
- (6) Enrollment request.
- (7) Enrollment with the health home.
- (8) Plan to complete the comprehensive assessment.
- (9) Documentation of continued eligibility, reviewed annually and maintained in the member’s service record.

*b. Comprehensive assessment.* The comprehensive assessment must include all aspects of a member’s life and satisfy the following requirements:

(1) The comprehensive assessment must be completed within 30 days of enrollment, and at least every 365 days, or more frequently when the member’s needs or circumstances change significantly or at the request of the member or member’s support.

(2) The comprehensive assessment for members enrolled to receive non-intensive care management or enrolled in the chronic condition health home must include:

1. Assessment of the member’s current and historical information provided by the member, the lead entity, and other health care providers that support the member;
2. Assessment of physical and behavioral health needs, medication reconciliation, functional limitations, and appropriate screenings;
3. Assessment of the member’s social environment so that the plan of care incorporates areas of needs, strengths, preferences, and risk factors; and

## HUMAN SERVICES DEPARTMENT[441](cont'd)

4. Assessment of the member's readiness for self-management using screenings and assessments with standardized tools.

(3) The comprehensive assessment for members enrolled to receive intensive care management must be in a format designated by the department and must include:

1. The member's relevant history, including the findings from the independent evaluation of eligibility, medical records, an objective evaluation of functional ability, and any other records or information needed to complete the comprehensive assessment.

2. The member's physical, cognitive, and behavioral health care and support needs; strengths and preferences; available service and housing options; and, if unpaid caregivers will be relied upon to implement any elements of the person-centered service plan, a caregiver assessment.

3. Documentation that no state plan HCBS is provided that would otherwise be available to the member through other Medicaid services or other federally funded programs.

4. For members receiving state plan HCBS and HCBS approved under 441—Chapter 83, documentation that HCBS provided through the state plan and waiver are not duplicative.

*c. Person-centered service plan and person-centered care plan.*

(1) For members receiving non-intensive care management or enrolled in the chronic condition health home, documentation must include a person-centered care plan that meets the requirements as defined in subrule 78.53(1) and the health home state plan amendment.

(2) For members receiving intensive care management, documentation must include a service plan that meets the requirements of rule 441—78.27(249A) or 441—83.127(249A) and 441—paragraph 90.4(1) "b."

(3) Documentation must reflect an update of the plan no less often than every 365 days and when significant changes occur in the member's support needs, situation, condition, or circumstances.

*d. Core services.* Documentation must reflect monthly provision of one of the six core health home services as outlined in subrule 78.53(2).

*e. Intensive health home services.* A health home must provide documentation to justify provision of more intensive health home services, including documentation that the member is enrolled to receive services through the HCBS habilitation or HCBS children's mental health waiver programs.

*f. Continuity of care.*

(1) The health home must maintain a continuity of care document in each enrolled member's record and provide this document to the department, the lead entity, and the member's treating providers upon request.

(2) The continuity of care document must include, at a minimum, all aspects of the member's medical and behavioral health needs, treatment plan, and medication list.

*g. Disenrollment.* Members are able to opt out of health home services at any time. The health home must document a member's request to disenroll from health home services, the reason for disenrollment, how the member's needs will be supported after disenrollment, and that the health home has advised the member of the ability to re-enroll if circumstances change.

**78.53(6) Payment.**

*a.* Payment will be made for health home services when:

(1) The member is eligible for Medicaid and enrolled in the health home for the month of service, and

(2) The health home provides at least one of the six core health home services described in subrule 78.53(2) during the month, and

(3) The health home maintains the documentation outlined in subrule 78.53(5).

*b.* A unit of service is one member month.

*c.* The health home must report the informational-only code in addition to the billing procedure code and modifier for one or more of the core services provided to the member during the month on the claim for payment.

This rule is intended to implement Iowa Code section 249A.4.

## HUMAN SERVICES DEPARTMENT[441](cont'd)

ITEM 24. Amend rule ~~441—78.54(249A)~~, implementation sentence, as follows:

This rule is intended to implement Iowa Code section 249A.4 ~~and 2012 Iowa Acts, Senate File 2158.~~

ITEM 25. Amend rule ~~441—78.55(249A)~~, implementation sentence, as follows:

This rule is intended to implement Iowa Code section 249A.4 ~~and 2015 Iowa Acts, Senate File 505, division V, section 12(23).~~

ITEM 26. Adopt the following **new** implementation sentence in rule ~~441—78.56(249A)~~:

This rule is intended to implement Iowa Code section 249A.4.

ITEM 27. Amend subparagraph **79.3(2)“d”(40)** as follows:

(40) Health home services:

1. Member’s eligibility.

2. Comprehensive assessment.

~~3.~~ 3. Comprehensive care management plan for members receiving chronic condition health home services, or comprehensive person-centered care plan or service plan for members receiving integrated health home services.

~~2.~~ 4. Care coordination and health promotion plan.

~~3.~~ 5. Comprehensive transitional care plan, including appropriate follow-up, from inpatient to other settings if relevant.

6. Continuity of care document.

~~4.~~ 7. Documentation of member and family support (including authorized representatives).

~~5.~~ 8. Documentation of referral to community and social support services, if relevant.

9. Service notes or narratives.

10. Other documentation as applicable, including as outlined in 441—subrule 78.53(5).

ITEM 28. Adopt the following **new** implementation sentence in rule ~~441—79.7(249A)~~:

This rule is intended to implement Iowa Code section 249A.4.

ITEM 29. Amend rule ~~441—79.9(249A)~~, implementation sentence, as follows:

This rule is intended to implement Iowa Code section 249A.4 ~~and 2014 Iowa Acts, Senate File 2320.~~

ITEM 30. Amend paragraph **79.14(2)“c”** as follows:

c. With the application ~~form~~ Form 470-5273, or as a supplement to a previously submitted application, providers of health home services ~~shall~~ must submit Form 470-5100, Health Home Provider Agreement, or Form 470-5160, Integrated Health Home Provider Agreement.

[Filed 4/14/22, effective 7/1/22]

[Published 5/4/22]

EDITOR’S NOTE: For replacement pages for IAC, see IAC Supplement 5/4/22.

**ARC 6309C**

**HUMAN SERVICES DEPARTMENT[441]**

**Adopted and Filed**

**Rule making related to child care assistance (CCA) programs**

The Human Services Department hereby amends Chapter 170, “Child Care Services,” Iowa Administrative Code.

*Legal Authority for Rule Making*

This rule making is adopted under the authority provided in Iowa Code section 234.6.

*State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code sections 234.6 and 237A.14.

HUMAN SERVICES DEPARTMENT[441](cont'd)

### *Purpose and Summary*

This rule making implements the new child care assistance (CCA) graduated eligibility phase-out program provided for in Iowa Code section 237A.14. This new program provides CCA for families with income above 225 percent of the federal poverty level (FPL) (current CCA Plus program) and up to 250 percent of the FPL. For families with special-needs children, the income level limit is 275 percent of the FPL.

This rule making revises the CCA family fee chart to update the annual FPL changes.

### *Public Comment and Changes to Rule Making*

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on February 23, 2022, as **ARC 6209C**. No public comments were received. No changes from the Notice have been made.

### *Adoption of Rule Making*

This rule making was adopted by the Council on Human Services on April 14, 2022.

### *Fiscal Impact*

As a result of the new program, it is estimated that seven children will be added each month beginning July 1, 2022. The average cost per child for CCA Plus is estimated at \$414 for state fiscal year (SFY) 2023. The resulting average number of children per month for each year as calculated in a regression chart and the annual costs are as follows. SFY 2023: 45.5 average number served  $\times$  \$414  $\times$  12 = \$226,044; SFY 2024: 129.5 average number served  $\times$  \$414  $\times$  12 = \$643,356. There is currently an estimated federal Child Care and Development Fund balance of \$67.2 million at the end of SFY 2022. Based on current Department-estimated revenues and expenditures for child care, the cost for implementing the changes would be funded through SFY 2026 without increasing State general funds. This estimate is subject to change depending on the cost of additional child care policy changes that could be enacted.

### *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 rule 441—1.8(17A,217).

### *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 July 1, 2022.

The following rule-making actions are adopted:

ITEM 1. Amend paragraph **170.2(1)“a”** as follows:

a. *Income limits.*

## HUMAN SERVICES DEPARTMENT[441](cont'd)

(1) For initial eligibility, an applicant family's nonexempt gross monthly income as established in paragraph 170.2(1)"c" cannot exceed the amounts in this subparagraph.

1. 145 percent of the federal poverty level applicable to the family size for children needing basic care; or
2. 200 percent of the federal poverty level applicable to the family size for children needing special-needs care; or
3. 85 percent of Iowa's median family income, if that figure is lower than the standard in numbered paragraph "1" or "2."

(2) For ongoing eligibility, at the time of a family's annual eligibility redetermination as described in subrule 170.3(5), if the family's nonexempt gross monthly income as established in paragraph 170.2(1)"c" cannot exceed the amounts in subparagraph 170.2(1)"a"(1), the family may continue to be eligible as long as the family's nonexempt gross monthly income does not exceed the amounts in this subparagraph.

1. 225 percent of the federal poverty level applicable to the family size for children needing basic care or special-needs care; or
2. 85 percent of Iowa's median family income, if that figure is lower than the standard in numbered paragraph "1."

(3) For ongoing eligibility, at the time of a family's annual eligibility redetermination as described in subrule 170.3(5), if the family's nonexempt gross monthly income as established in paragraph 170.2(1)"c" exceeds the amounts in subparagraphs 170.2(1)"a"(1) and 170.2(1)"a"(2), the family may continue to be eligible as long as the family's nonexempt gross monthly income does not exceed the amounts in this subparagraph.

1. 250 percent of the federal poverty level applicable to the family size for children needing basic care; or
2. 275 percent of the federal poverty level applicable to the family size for children needing special-needs care.

ITEM 2. Amend subrule 170.4(2) as follows:

**170.4(2) Fees.** Fees for services received shall be charged to clients according to the schedules in this subrule, except that fees shall not be charged to clients receiving services without regard to income. ~~The~~ For families whose eligibility is established in subparagraphs 170.2(1)"a"(1) and 170.2(1)"a"(2), the fee is a per-unit charge that is applied to the child in the family who receives the largest number of units of service. The fee shall be charged for only one child in the family, regardless of how many children receive assistance. For families whose eligibility is established in subparagraph 170.2(1)"a"(3), the fee is a percentage of the cost of child care for each child in the family who receives service.

*a. Sliding fee schedule.*

(1) ~~The~~ For families whose eligibility is established in subparagraphs 170.2(1)"a"(1) and 170.2(1)"a"(2), the fee schedule shown in the following table is effective for eligibility determinations made on or after July 1, 2021 2022:



Level	Monthly Income According to Family Size													Unit Fee Based on Number of Children in Care		
	1	2	3	4	5	6	7	8	9	10	11	12	13+	1	2	3 or more
A	\$1,020	\$1,379	\$1,739	\$2,099	\$2,458	\$2,817	\$3,177	\$3,536	\$3,895	\$4,255	\$4,614	\$4,973	\$5,333	\$0.00	\$0.00	\$0.00
	\$1,076	\$1,450	\$1,824	\$2,197	\$2,571	\$2,945	\$3,318	\$3,692	\$4,066	\$4,439	\$4,813	\$5,187	\$5,560			
B	\$1,074	\$1,452	\$1,830	\$2,209	\$2,587	\$2,965	\$3,344	\$3,722	\$4,100	\$4,479	\$4,857	\$5,235	\$5,614	\$0.20	\$0.45	\$0.70
	\$1,133	\$1,526	\$1,920	\$2,313	\$2,706	\$3,100	\$3,493	\$3,886	\$4,280	\$4,673	\$5,066	\$5,460	\$5,853			
C	\$1,104	\$1,493	\$1,881	\$2,271	\$2,659	\$3,048	\$3,438	\$3,826	\$4,215	\$4,604	\$4,993	\$5,382	\$5,771	\$0.45	\$0.70	\$0.95
	\$1,165	\$1,569	\$1,974	\$2,378	\$2,782	\$3,187	\$3,591	\$3,995	\$4,400	\$4,804	\$5,208	\$5,613	\$6,017			
D	\$1,134	\$1,533	\$1,932	\$2,333	\$2,732	\$3,131	\$3,531	\$3,930	\$4,330	\$4,730	\$5,129	\$5,528	\$5,928	\$0.70	\$0.95	\$1.20
	\$1,196	\$1,611	\$2,028	\$2,443	\$2,858	\$3,274	\$3,689	\$4,104	\$4,520	\$4,935	\$5,350	\$5,766	\$6,181			
E	\$1,166	\$1,576	\$1,987	\$2,398	\$2,808	\$3,219	\$3,630	\$4,040	\$4,451	\$4,862	\$5,273	\$5,683	\$6,094	\$0.95	\$1.20	\$1.45
	\$1,230	\$1,657	\$2,084	\$2,511	\$2,938	\$3,365	\$3,792	\$4,219	\$4,646	\$5,073	\$5,499	\$5,927	\$6,354			
F	\$1,198	\$1,619	\$2,041	\$2,463	\$2,885	\$3,306	\$3,729	\$4,151	\$4,572	\$4,995	\$5,416	\$5,838	\$6,260	\$1.20	\$1.45	\$1.70
	\$1,263	\$1,702	\$2,141	\$2,579	\$3,018	\$3,457	\$3,895	\$4,333	\$4,773	\$5,211	\$5,649	\$6,089	\$6,527			
G	\$1,231	\$1,665	\$2,098	\$2,532	\$2,966	\$3,399	\$3,833	\$4,267	\$4,700	\$5,135	\$5,568	\$6,001	\$6,436	\$1.45	\$1.70	\$1.95
	\$1,299	\$1,749	\$2,201	\$2,652	\$3,102	\$3,554	\$4,004	\$4,455	\$4,906	\$5,357	\$5,807	\$6,259	\$6,710			
H	\$1,265	\$1,710	\$2,155	\$2,601	\$3,046	\$3,492	\$3,938	\$4,383	\$4,828	\$5,274	\$5,720	\$6,165	\$6,611	\$1.70	\$1.95	\$2.20
	\$1,334	\$1,797	\$2,261	\$2,724	\$3,187	\$3,651	\$4,113	\$4,576	\$5,040	\$5,503	\$5,966	\$6,430	\$6,892			
I	\$1,300	\$1,758	\$2,215	\$2,674	\$3,132	\$3,589	\$4,048	\$4,506	\$4,963	\$5,422	\$5,880	\$6,337	\$6,796	\$1.95	\$2.20	\$2.45
	\$1,372	\$1,847	\$2,324	\$2,800	\$3,276	\$3,753	\$4,228	\$4,704	\$5,181	\$5,657	\$6,133	\$6,610	\$7,085			
J	\$1,336	\$1,806	\$2,276	\$2,747	\$3,217	\$3,687	\$4,158	\$4,628	\$5,098	\$5,570	\$6,040	\$6,510	\$6,981	\$2.20	\$2.45	\$2.70
	\$1,409	\$1,898	\$2,388	\$2,876	\$3,365	\$3,855	\$4,344	\$4,832	\$5,322	\$5,811	\$6,300	\$6,790	\$7,278			
K	\$1,373	\$1,856	\$2,339	\$2,824	\$3,307	\$3,790	\$4,275	\$4,758	\$5,241	\$5,726	\$6,209	\$6,692	\$7,177	\$2.45	\$2.70	\$2.95
	\$1,448	\$1,951	\$2,454	\$2,957	\$3,459	\$3,963	\$4,465	\$4,968	\$5,471	\$5,974	\$6,476	\$6,980	\$7,482			
L	\$1,410	\$1,907	\$2,403	\$2,901	\$3,397	\$3,894	\$4,391	\$4,888	\$5,384	\$5,882	\$6,378	\$6,874	\$7,372	\$2.70	\$2.95	\$3.20
	\$1,488	\$2,004	\$2,521	\$3,037	\$3,553	\$4,071	\$4,587	\$5,103	\$5,620	\$6,136	\$6,652	\$7,170	\$7,686			
M	\$1,450	\$1,960	\$2,470	\$2,982	\$3,492	\$4,003	\$4,514	\$5,024	\$5,535	\$6,046	\$6,557	\$7,067	\$7,579	\$2.95	\$3.20	\$3.45
	\$1,529	\$2,060	\$2,592	\$3,122	\$3,653	\$4,185	\$4,715	\$5,246	\$5,778	\$6,308	\$6,839	\$7,371	\$7,901			
N	\$1,489	\$2,013	\$2,538	\$3,063	\$3,587	\$4,112	\$4,637	\$5,161	\$5,685	\$6,211	\$6,735	\$7,259	\$7,785	\$3.20	\$3.45	\$3.70
	\$1,571	\$2,116	\$2,662	\$3,207	\$3,752	\$4,299	\$4,844	\$5,389	\$5,935	\$6,480	\$7,025	\$7,571	\$8,116			
O	\$1,531	\$2,070	\$2,609	\$3,149	\$3,688	\$4,227	\$4,767	\$5,306	\$5,845	\$6,385	\$6,924	\$7,463	\$8,003	\$3.45	\$3.70	\$3.95
	\$1,615	\$2,175	\$2,737	\$3,297	\$3,857	\$4,419	\$4,979	\$5,540	\$6,101	\$6,662	\$7,222	\$7,783	\$8,344			
P	\$1,573	\$2,126	\$2,680	\$3,235	\$3,788	\$4,342	\$4,897	\$5,450	\$6,004	\$6,559	\$7,112	\$7,666	\$8,221	\$3.70	\$3.95	\$4.20
	\$1,659	\$2,235	\$2,812	\$3,387	\$3,963	\$4,540	\$5,115	\$5,690	\$6,267	\$6,843	\$7,418	\$7,995	\$8,571			

Level	Monthly Income According to Family Size													Unit Fee Based on Number of Children in Care		
	1	2	3	4	5	6	7	8	9	10	11	12	13+	1	2	3 or more
Q	<u>\$1,617</u>	<u>\$2,186</u>	<u>\$2,755</u>	<u>\$3,325</u>	<u>\$3,894</u>	<u>\$4,463</u>	<u>\$5,034</u>	<u>\$5,603</u>	<u>\$6,172</u>	<u>\$6,743</u>	<u>\$7,312</u>	<u>\$7,881</u>	<u>\$8,451</u>	\$3.95	\$4.20	\$4.45
	<u>\$1,706</u>	<u>\$2,297</u>	<u>\$2,890</u>	<u>\$3,482</u>	<u>\$4,074</u>	<u>\$4,667</u>	<u>\$5,258</u>	<u>\$5,850</u>	<u>\$6,443</u>	<u>\$7,035</u>	<u>\$7,626</u>	<u>\$8,219</u>	<u>\$8,811</u>			
R	<u>\$1,664</u>	<u>\$2,245</u>	<u>\$2,830</u>	<u>\$3,416</u>	<u>\$4,000</u>	<u>\$4,585</u>	<u>\$5,171</u>	<u>\$5,756</u>	<u>\$6,340</u>	<u>\$6,926</u>	<u>\$7,511</u>	<u>\$8,095</u>	<u>\$8,681</u>	\$4.20	\$4.45	\$4.70
	<u>\$1,752</u>	<u>\$2,360</u>	<u>\$2,969</u>	<u>\$3,577</u>	<u>\$4,184</u>	<u>\$4,794</u>	<u>\$5,401</u>	<u>\$6,009</u>	<u>\$6,618</u>	<u>\$7,226</u>	<u>\$7,834</u>	<u>\$8,443</u>	<u>\$9,051</u>			
S	<u>\$1,707</u>	<u>\$2,308</u>	<u>\$2,909</u>	<u>\$3,512</u>	<u>\$4,112</u>	<u>\$4,713</u>	<u>\$5,316</u>	<u>\$5,917</u>	<u>\$6,518</u>	<u>\$7,120</u>	<u>\$7,721</u>	<u>\$8,322</u>	<u>\$8,924</u>	\$4.45	\$4.70	\$4.95
	<u>\$1,801</u>	<u>\$2,426</u>	<u>\$3,052</u>	<u>\$3,677</u>	<u>\$4,302</u>	<u>\$4,928</u>	<u>\$5,553</u>	<u>\$6,177</u>	<u>\$6,804</u>	<u>\$7,428</u>	<u>\$8,053</u>	<u>\$8,680</u>	<u>\$9,304</u>			
T	<u>\$1,754</u>	<u>\$2,371</u>	<u>\$2,988</u>	<u>\$3,607</u>	<u>\$4,224</u>	<u>\$4,842</u>	<u>\$5,461</u>	<u>\$6,078</u>	<u>\$6,695</u>	<u>\$7,314</u>	<u>\$7,931</u>	<u>\$8,549</u>	<u>\$9,167</u>	\$4.70	\$4.95	\$5.20
	<u>\$1,850</u>	<u>\$2,492</u>	<u>\$3,135</u>	<u>\$3,777</u>	<u>\$4,419</u>	<u>\$5,062</u>	<u>\$5,704</u>	<u>\$6,346</u>	<u>\$6,989</u>	<u>\$7,631</u>	<u>\$8,273</u>	<u>\$8,916</u>	<u>\$9,558</u>			
U	<u>\$1,803</u>	<u>\$2,437</u>	<u>\$3,072</u>	<u>\$3,708</u>	<u>\$4,343</u>	<u>\$4,977</u>	<u>\$5,614</u>	<u>\$6,248</u>	<u>\$6,883</u>	<u>\$7,519</u>	<u>\$8,153</u>	<u>\$8,788</u>	<u>\$9,424</u>	\$4.95	\$5.20	\$5.45
	<u>\$1,902</u>	<u>\$2,562</u>	<u>\$3,223</u>	<u>\$3,883</u>	<u>\$4,543</u>	<u>\$5,204</u>	<u>\$5,864</u>	<u>\$6,523</u>	<u>\$7,185</u>	<u>\$7,844</u>	<u>\$8,504</u>	<u>\$9,166</u>	<u>\$9,825</u>			
V	<u>\$1,852</u>	<u>\$2,504</u>	<u>\$3,156</u>	<u>\$3,809</u>	<u>\$4,461</u>	<u>\$5,113</u>	<u>\$5,766</u>	<u>\$6,418</u>	<u>\$7,070</u>	<u>\$7,724</u>	<u>\$8,375</u>	<u>\$9,027</u>	<u>\$9,681</u>	\$5.20	\$5.45	\$5.70
	<u>\$1,954</u>	<u>\$2,631</u>	<u>\$3,311</u>	<u>\$3,989</u>	<u>\$4,666</u>	<u>\$5,346</u>	<u>\$6,023</u>	<u>\$6,701</u>	<u>\$7,380</u>	<u>\$8,058</u>	<u>\$8,736</u>	<u>\$9,415</u>	<u>\$10,093</u>			
W	<u>\$1,904</u>	<u>\$2,574</u>	<u>\$3,244</u>	<u>\$3,916</u>	<u>\$4,586</u>	<u>\$5,256</u>	<u>\$5,928</u>	<u>\$6,598</u>	<u>\$7,268</u>	<u>\$7,940</u>	<u>\$8,610</u>	<u>\$9,280</u>	<u>\$9,952</u>	\$5.45	\$5.70	\$5.95
	<u>\$2,008</u>	<u>\$2,705</u>	<u>\$3,404</u>	<u>\$4,100</u>	<u>\$4,797</u>	<u>\$5,495</u>	<u>\$6,192</u>	<u>\$6,889</u>	<u>\$7,587</u>	<u>\$8,284</u>	<u>\$8,980</u>	<u>\$9,679</u>	<u>\$10,376</u>			
X	<u>\$1,956</u>	<u>\$2,644</u>	<u>\$3,332</u>	<u>\$4,023</u>	<u>\$4,711</u>	<u>\$5,399</u>	<u>\$6,089</u>	<u>\$6,778</u>	<u>\$7,466</u>	<u>\$8,156</u>	<u>\$8,844</u>	<u>\$9,533</u>	<u>\$10,223</u>	\$5.70	\$5.95	\$6.20
	<u>\$2,063</u>	<u>\$2,779</u>	<u>\$3,496</u>	<u>\$4,212</u>	<u>\$4,928</u>	<u>\$5,645</u>	<u>\$6,361</u>	<u>\$7,076</u>	<u>\$7,794</u>	<u>\$8,509</u>	<u>\$9,225</u>	<u>\$9,943</u>	<u>\$10,658</u>			
Y	<u>\$2,010</u>	<u>\$2,718</u>	<u>\$3,426</u>	<u>\$4,135</u>	<u>\$4,843</u>	<u>\$5,550</u>	<u>\$6,260</u>	<u>\$6,967</u>	<u>\$7,675</u>	<u>\$8,385</u>	<u>\$9,092</u>	<u>\$9,800</u>	<u>\$10,509</u>	\$5.95	\$6.20	\$6.45
	<u>\$2,121</u>	<u>\$2,857</u>	<u>\$3,594</u>	<u>\$4,330</u>	<u>\$5,066</u>	<u>\$5,803</u>	<u>\$6,539</u>	<u>\$7,274</u>	<u>\$8,012</u>	<u>\$8,748</u>	<u>\$9,483</u>	<u>\$10,221</u>	<u>\$10,957</u>			
Z	<u>\$2,065</u>	<u>\$2,792</u>	<u>\$3,519</u>	<u>\$4,248</u>	<u>\$4,975</u>	<u>\$5,702</u>	<u>\$6,430</u>	<u>\$7,157</u>	<u>\$7,884</u>	<u>\$8,613</u>	<u>\$9,340</u>	<u>\$10,067</u>	<u>\$10,795</u>	\$6.20	\$6.45	\$6.70
	<u>\$2,179</u>	<u>\$2,934</u>	<u>\$3,692</u>	<u>\$4,448</u>	<u>\$5,203</u>	<u>\$5,961</u>	<u>\$6,717</u>	<u>\$7,473</u>	<u>\$8,230</u>	<u>\$8,986</u>	<u>\$9,742</u>	<u>\$10,499</u>	<u>\$11,255</u>			
AA	<u>\$2,123</u>	<u>\$2,870</u>	<u>\$3,618</u>	<u>\$4,367</u>	<u>\$5,114</u>	<u>\$5,861</u>	<u>\$6,610</u>	<u>\$7,358</u>	<u>\$8,105</u>	<u>\$8,854</u>	<u>\$9,601</u>	<u>\$10,348</u>	<u>\$11,098</u>	\$6.45	\$6.70	\$6.95
	<u>\$2,240</u>	<u>\$3,017</u>	<u>\$3,795</u>	<u>\$4,572</u>	<u>\$5,349</u>	<u>\$6,128</u>	<u>\$6,905</u>	<u>\$7,682</u>	<u>\$8,461</u>	<u>\$9,238</u>	<u>\$10,014</u>	<u>\$10,793</u>	<u>\$11,570</u>			
BB	<u>\$4,000</u>	<u>\$5,000</u>	<u>\$6,000</u>	<u>\$7,000</u>	<u>\$8,000</u>	<u>\$9,000</u>	<u>\$9,000</u>	<u>\$9,000</u>	<u>\$9,500</u>	<u>\$9,500</u>	<u>\$10,000</u>	<u>\$10,500</u>	<u>\$11,500</u>	\$6.70	\$6.95	\$7.20
											<u>\$10,500</u>	<u>\$11,000</u>	<u>\$12,000</u>			

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- (2) To use the chart:
  1. Find the family size used in determining income eligibility for service.
  2. Move across the monthly income table to the column headed by that number.
  3. Move down the column for the applicable family size to the highest figure that is equal to or less than the family's gross monthly income. Income at or above that amount (but less than the amount in the next row) corresponds to the fees in the last three columns of that row.
  4. Choose the fee that corresponds to the number of children in the family who receive child care assistance.
- (3) For families whose eligibility is established in subparagraph 170.2(1) "a"(3), the fee schedule shown in the following tables is effective for eligibility determinations made on or after July 1, 2022:

Monthly Income According to Family Size (Basic Care)

<u>Level</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>	<u>12</u>	<u>13+</u>	<u>Fee for Each Child in Care</u>
<u>A</u>	<u>\$2,549</u>	<u>\$3,434</u>	<u>\$4,320</u>	<u>\$5,204</u>	<u>\$6,089</u>	<u>\$6,975</u>	<u>\$7,859</u>	<u>\$8,744</u>	<u>\$9,630</u>	<u>\$10,514</u>	<u>\$11,399</u>	<u>\$12,285</u>	<u>\$13,169</u>	<u>33%</u>
<u>B</u>	<u>\$2,663</u>	<u>\$3,586</u>	<u>\$4,512</u>	<u>\$5,436</u>	<u>\$6,359</u>	<u>\$7,285</u>	<u>\$8,209</u>	<u>\$9,132</u>	<u>\$10,058</u>	<u>\$10,982</u>	<u>\$11,905</u>	<u>\$12,831</u>	<u>\$13,755</u>	<u>45%</u>
<u>C</u>	<u>\$2,776</u>	<u>\$3,739</u>	<u>\$4,704</u>	<u>\$5,667</u>	<u>\$6,630</u>	<u>\$7,595</u>	<u>\$8,558</u>	<u>\$9,521</u>	<u>\$10,486</u>	<u>\$11,449</u>	<u>\$12,412</u>	<u>\$13,377</u>	<u>\$14,340</u>	<u>60%</u>
<u>D</u>	<u>\$2,833</u>	<u>\$3,815</u>	<u>\$4,800</u>	<u>\$5,783</u>	<u>\$6,765</u>	<u>\$7,750</u>	<u>\$8,733</u>	<u>\$9,715</u>	<u>\$10,700</u>	<u>\$11,683</u>	<u>\$12,665</u>	<u>\$13,650</u>	<u>\$14,633</u>	<u>60%</u>

<u>Level</u>	<u>Monthly Income According to Family Size (Special Needs Care)</u>													<u>Fee for Each Child in Care</u>
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>	<u>12</u>	<u>13+</u>	
<u>A</u>	<u>\$2,549</u>	<u>\$3,434</u>	<u>\$4,320</u>	<u>\$5,204</u>	<u>\$6,089</u>	<u>\$6,975</u>	<u>\$7,859</u>	<u>\$8,744</u>	<u>\$9,630</u>	<u>\$10,514</u>	<u>\$11,399</u>	<u>\$12,285</u>	<u>\$13,169</u>	<u>33%</u>
<u>B</u>	<u>\$2,776</u>	<u>\$3,739</u>	<u>\$4,704</u>	<u>\$5,667</u>	<u>\$6,630</u>	<u>\$7,595</u>	<u>\$8,558</u>	<u>\$9,521</u>	<u>\$10,486</u>	<u>\$11,449</u>	<u>\$12,412</u>	<u>\$13,377</u>	<u>\$14,340</u>	<u>45%</u>
<u>C</u>	<u>\$3,002</u>	<u>\$4,044</u>	<u>\$5,088</u>	<u>\$6,129</u>	<u>\$7,171</u>	<u>\$8,215</u>	<u>\$9,256</u>	<u>\$10,298</u>	<u>\$11,342</u>	<u>\$12,383</u>	<u>\$13,425</u>	<u>\$14,469</u>	<u>\$15,510</u>	<u>60%</u>
<u>D</u>	<u>\$3,116</u>	<u>\$4,197</u>	<u>\$5,280</u>	<u>\$6,361</u>	<u>\$7,442</u>	<u>\$8,525</u>	<u>\$9,606</u>	<u>\$10,687</u>	<u>\$11,770</u>	<u>\$12,851</u>	<u>\$13,932</u>	<u>\$15,015</u>	<u>\$16,096</u>	<u>60%</u>

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(4) To use the tables:

1. Determine which table to use for each child in the family by whether the child needs basic or special needs care.
  2. Find the family size used in determining income eligibility for service.
  3. Move across the monthly income table to the column headed by that number.
  4. Move down the column for the applicable family size to the highest figure that is equal to or less than the family's gross monthly income. Income at or above that amount (but less than the amount in the next row) corresponds to the fee for that eligible child in the last column of that row.
  5. Repeat for each eligible child in the family.
- b. and c. No change.

ITEM 3. Amend paragraph 170.4(7)“a” as follows:

a. *Rate of payment.* The rate of payment for child care services, except for in-home care which shall be paid in accordance with 170.4(7) “d,” shall be the actual rate charged by the provider for a private individual, not to exceed the maximum rates shown below. When a provider does not have a half-day rate in effect, a rate is established by dividing the provider’s declared full-day rate by 2. When a provider has neither a half-day nor a full-day rate, a rate is established by multiplying the provider’s declared hourly rate by 4.5. Payment shall not exceed the rate applicable to the provider type and age group as shown in the tables below. To be eligible for the special needs rate, the provider must submit documentation to the child’s service worker that the child needing services has been assessed by a qualified professional and meets the definition for “child with special needs,” and a description of the child’s special needs, including, but not limited to, adaptive equipment, more careful supervision, or special staff training.

Table 1 Half-Day Rate Ceilings for (Licensed Center)								
Age Group	No QRS Quality Rating		QRS Quality Rating 1 or 2		QRS Quality Rating 3 or 4		QRS Quality Rating 5	
	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs
Infant and Toddler	\$19.30	\$51.94	\$20.50	\$51.94	\$21.50	\$51.94	\$23.21	\$51.94
Preschool	\$17.00	\$30.43	\$18.00	\$30.43	\$18.98	\$30.43	\$20.00	\$30.43
School Age	\$13.50	\$30.34	\$14.75	\$30.34	\$15.00	\$30.34	\$16.00	\$30.34

Table 2 Half-Day Rate Ceilings for (Child Development Home A/B)								
Age Group	No QRS Quality Rating		QRS Quality Rating 1 or 2		QRS Quality Rating 3 or 4		QRS Quality Rating 5	
	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs
Infant and Toddler	\$12.98	\$19.47	\$13.50	\$20.25	\$13.75	\$20.63	\$14.00	\$21.00
Preschool	\$12.50	\$18.75	\$12.75	\$19.13	\$13.00	\$19.50	\$13.75	\$20.63
School Age	\$10.82	\$16.23	\$11.25	\$16.88	\$12.00	\$18.00	\$12.50	\$18.75

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Age Group	No QRS Quality Rating		QRS Quality Rating 1 or 2		QRS Quality Rating 3 or 4		QRS Quality Rating 5	
	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs
Infant and Toddler	\$14.00	\$21.00	\$14.50	\$21.75	\$15.00	\$22.50	\$15.25	\$22.88
Preschool	\$13.75	\$20.63	\$14.50	\$21.75	\$14.75	\$22.13	\$15.00	\$22.50
School Age	\$11.25	\$16.88	\$12.50	\$18.75	\$13.00	\$19.50	\$14.50	\$21.75

Age Group	Basic	Special Needs
Infant and Toddler	\$12.98	\$19.47
Preschool	\$12.50	\$18.75
School Age	\$10.82	\$16.23

The following definitions apply in the use of the rate tables:

(1) “Licensed center” shall mean those providers as defined in 170.4(3) “a.” “Child development home A/B” or “child development home C” shall mean those providers as defined in 170.4(3) “b.” “Child care home (not registered)” shall mean those providers as defined in 441—Chapter 120.

(2) Under age group, “infant and toddler” shall mean age two weeks to three years; “preschool” shall mean three years to school age; “school age” shall mean a child in attendance in full-day or half-day classes.

(3) “No QRS Quality Rating” shall mean a provider who is not participating in the quality rating system does not have a current quality rating.

(4) A provider who is rated under the quality rating system shall be paid according to the corresponding QRS quality rating payment level in the tables above only during the period the rating is valid as defined in 441—Chapter 118. If the provider’s QRS quality rating expires, the provider shall be paid according to the “No QRS Quality Rating” payment level. Programs whose quality rating has expired shall not receive backdated payments once a new rating is awarded.

(5) For a provider rated “QRS Quality Rating 1” through “QRS Quality Rating 4,” if the rating period expires before a new QRS quality level is approved, the provider will be paid according to the “No QRS Quality Rating” payment level until the new QRS quality level is approved.

(6) For a provider rated “QRS Quality Rating 5,” if a renewal application is received before the current rating period expires, the provider will continue to be paid according to the “QRS Quality Rating 5” payment level until a decision is made on the provider’s application.

(7) “QRS Quality Rating 1 or 2” shall mean a provider who has achieved a rating of Level 1 or Level 2 under the quality rating system.

(8) “QRS Quality Rating 3 or 4” shall mean a provider who has achieved a rating of Level 3 or Level 4 under the quality rating system.

(9) “QRS Quality Rating 5” shall mean a provider who has achieved a rating of Level 5 under the quality rating system.

[Filed 4/14/22, effective 7/1/22]

[Published 5/4/22]

EDITOR’S NOTE: For replacement pages for IAC, see IAC Supplement 5/4/22.

**ARC 6305C****NATURAL RESOURCE COMMISSION[571]****Adopted and Filed****Rule making related to definitions of categories**

The Natural Resource Commission (Commission) hereby amends Chapter 112, “Hunting Preserves,” Iowa Administrative Code.

*Legal Authority for Rule Making*

This rule making is adopted under the authority provided in Iowa Code sections 455A.5(6) and 484B.2.

*State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code sections 484B.1 and 484B.3(1).

*Purpose and Summary*

Chapter 112 contains rules governing hunting preserves. This rule making amends rule 571—112.1(484B), which provides definitions of terms used in Chapter 112, including the term “ungulate.” “Ungulate” is also defined in Iowa Code chapter 484B, “Hunting Preserves,” and an inconsistency currently exists between the definition in the rule and the statutory definition. Because the definition of “ungulate” affects what species may be kept and hunted on a hunting preserve, this inconsistency risks confusion for hunting preserve licensees and hunters. This rule making adopts the statutory definition by reference and thereby resolves the inconsistency and ensures that Department of Natural Resources (Department) permitting and enforcement practices conform to state law.

Rule 571—112.1(484B) also provides a definition of the term “game birds.” This same term is defined in Iowa Code chapter 484B. 2021 Iowa Acts, House File 747, which was signed by Governor Reynolds on April 30, 2021, and took effect July 1, 2021, included an amendment to the statutory definition of “game birds.” The current definition in the rule differs from the recently amended statutory definition. This rule making adopts the statutory definition by reference and thereby avoids any inconsistencies.

*Public Comment and Changes to Rule Making*

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on January 12, 2022, as **ARC 6143C**. A public hearing was held on February 2, 2022, at 1:30 p.m. via video/conference call. No one attended the public hearing. No public comments were received. No changes from the Notice have been made.

*Adoption of Rule Making*

This rule making was adopted by the Commission on April 14, 2022.

*Fiscal Impact*

This rule making has no fiscal impact to the State of Iowa. A copy of the fiscal impact statement is available from the Department upon request.

*Jobs Impact*

After analysis and review of this rule making, no impact on jobs has been found. A copy of the jobs impact statement is available from the Department upon request.



## NATURAL RESOURCE COMMISSION[571](cont'd)

*Waivers*

This rule is subject to the waiver provisions of 571—Chapter 11. 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 Commission for a waiver of the discretionary provisions, if any.

*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 June 8, 2022.

The following rule-making action is adopted:

Amend rule **571—112.1(484B)**, definitions of “Game birds” and “Ungulate,” as follows:

“*Game birds*” means ~~pen-reared birds of the family gallinae and mallard ducks~~ the same as defined in Iowa Code section 484B.1(5).

“*Ungulate*” means ~~pen-reared, hoofed, nondomesticated mammal (big game)~~ the same as defined in Iowa Code section 484B.1(10).

[Filed 4/14/22, effective 6/8/22]

[Published 5/4/22]

EDITOR’S NOTE: For replacement pages for IAC, see IAC Supplement 5/4/22.

**ARC 6304C**

**REGENTS BOARD[681]**

**Adopted and Filed**

**Rule making related to standardized tests and regent admission index (RAI)**

The Board of Regents hereby amends Chapter 1, “Admission Rules Common to the Three State Universities,” Iowa Administrative Code.

*Legal Authority for Rule Making*

This rule making is adopted under the authority provided in Iowa Code section 262.9(3).

*State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code section 262.9(3).

*Purpose and Summary*

These amendments to Chapter 1 remove the standardized test as a requirement for university admission of first-time undergraduate students but retain it as a component for automatic admission with the RAI. These amendments clarify that a first-time undergraduate student who does not report one or more of the three RAI factors will have the student’s application reviewed on an individual basis.

REGENTS BOARD[681](cont'd)

*Public Comment and Changes to Rule Making*

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on February 9, 2022, as **ARC 6181C**. No public comments were received. No changes from the Notice have been made.

*Adoption of Rule Making*

This rule making was adopted by the Board on April 7, 2022.

*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 Board for a waiver of the discretionary provisions, if any, pursuant to rule 681—19.18(17A).

*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 June 8, 2022.

The following rule-making actions are adopted:

ITEM 1. Amend **681—Chapter 1**, preamble, as follows:

PREAMBLE

The state board of regents has adopted the following requirements governing admission of students to the three state universities.

Each university is expected to describe in its catalog the requirements and other information necessary to make the admission process operate within the framework of these requirements.

~~Amendments and changes in these requirements normally are proposed by the universities to the regent committee on educational relations, which examines the proposals and makes specific recommendations through the council of provosts to the state board of regents, which is empowered by law to establish the admission requirements.~~

The regent universities recognize that the traditional measures of academic performance do not adequately describe some students' potential for success. Therefore, the regent universities strongly encourage all interested students to apply for admission. Applicants who feel their academic record is not an accurate reflection of their potential for success are encouraged to provide supplemental information explaining their circumstances, in addition to the application, academic transcripts, and test scores.

ITEM 2. Amend subrule 1.1(1) as follows:

**1.1(1)** Application. Applicants must submit a formal application for admission, together with the appropriate application fee as approved by the state board of regents pursuant to Iowa Code ~~subsection~~

REGENTS BOARD[681](cont'd)

~~262.9(3)~~ section 262.9(19) and detailed in rule 681—1.7(262), and have their secondary school provide a transcript of their academic record, including credits and grades, rank in class (when available), and certification of graduation. Applicants ~~must~~ may also submit SAT Reasoning Test or ACT scores. Applicants whose primary language is not English must also meet the English language proficiency requirement specified by each university. Applicants may be required to submit additional information or data to support their applications.

ITEM 3. Amend subrule 1.1(2) as follows:

**1.1(2)** Admission criteria.

a. A regent admission index (RAI) will be calculated for ~~each~~ freshman applicant using applicants who submit all components used in the equation below. For purposes of calculating the RAI, the ACT composite score has a top value of 36 (SAT scores will be converted to ACT composite equivalents), high school GPA is expressed on a four-point scale, and number of high school courses completed in the core subject areas is expressed in terms of years or fractions of years of study.

$$\text{RAI} = \frac{(3 \times \text{ACT composite score})}{36} + \frac{(30 \times \text{high school grade point average})}{4} + \frac{(5 \times \text{number of high school courses completed in the core subject areas})}{5}$$

b. Freshman applicants from Iowa high schools who have an RAI of at least 245 and who meet the minimum requirements of the regent universities will qualify for automatic admission to any of the three regent universities. Freshman applicants who have an RAI below 245 or who do not have all components used in the RAI may also be admitted to a specific regent university; however, each regent university will review these applications on an individual basis, and admission decisions will be specific to each institution.

ITEM 4. Amend rule 681—1.2(262) as follows:

**681—1.2(262) Admission of undergraduate students by transfer from other colleges.** Students desiring admission to the University of Iowa, Iowa State University, or the University of Northern Iowa must meet the requirements in this rule and also any special requirements for the curriculum, school, or college of their choice.

Applicants must submit a formal application for admission, together with the appropriate application fee as approved by the state board of regents pursuant to Iowa Code ~~subsection 262.9(18)~~ section 262.9(19) and detailed in rule 681—1.7(262), and request that each college they have attended send an official transcript of record to the admissions office. High school academic records and standardized test results may also be required. The Test of English as a Foreign Language (TOEFL) is required of foreign students whose first language is not English.

**1.2(1)** No change.

**1.2(2)** Admission of students with fewer than 24 semester hours of college credit will be based on high school academic ~~and standardized test~~ records in addition to review of the college record.

**1.2(3)** and **1.2(4)** No change.

This rule is intended to implement Iowa Code section 262.9(3).

ITEM 5. Amend subrule **1.6(1)**, definition of “Accredited private institution,” as follows:

“*Accredited private institution*” means an institution of higher education as defined in Iowa Code section ~~261.9, subsection 5~~ 261.9(1).

[Filed 4/7/22, effective 6/8/22]

[Published 5/4/22]

EDITOR’S NOTE: For replacement pages for IAC, see IAC Supplement 5/4/22.

**ARC 6308C****TRANSPORTATION DEPARTMENT[761]****Adopted and Filed****Rule making related to emergency vehicle certificate**

The Transportation Department hereby amends Chapter 451, “Emergency Vehicle Permits,” Iowa Administrative Code.

*Legal Authority for Rule Making*

This rule making is adopted under the authority provided in Iowa Code sections 307.12, 321.16 and 321.451.

*State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code sections 321.16, 321.231 and 321.451.

*Purpose and Summary*

This rule making relates to Chapter 451, which allows for the designation of a privately owned vehicle as an authorized emergency vehicle pursuant to Iowa Code section 321.451. These amendments align with existing legal authority and Department practice and eliminate outdated or irrelevant requirements or options.

The following paragraphs further explain the amendments:

- The title of the chapter is revised to reference emergency vehicle certificates rather than emergency vehicle permits, which more closely aligns with the terminology used in the Iowa Code.
- Updates are made throughout the chapter to correct contact and application submission information for emergency vehicle certificates and to specify that emergency vehicle certificate denial notices are served by first-class mail as permitted by Iowa Code section 321.16.
- Subrule 451.2(3) is amended in order to address the limitations of the emergency vehicle certificate to align with Iowa Code section 321.231. This amendment also clarifies what constitutes a scene of emergency for the purposes of a towing or recovery vehicle displaying illuminated emergency lights, because the current rule language is not clear regarding what qualifies as a scene of emergency.

*Public Comment and Changes to Rule Making*

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on January 12, 2022, as **ARC 6141C**. No public comments were received. No changes from the Notice have been made.

*Adoption of Rule Making*

This rule making was adopted by the Department on April 14, 2022.

*Fiscal Impact*

This rule making has no fiscal impact to the State of Iowa because there is no fee associated with obtaining an emergency vehicle certificate and this rule making will not cause the Department to issue any more or any fewer certificates.

*Jobs Impact*

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

TRANSPORTATION DEPARTMENT[761](cont'd)

*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 761—Chapter 11.

*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 June 8, 2022.

The following rule-making actions are adopted:

ITEM 1. Amend **761—Chapter 451**, title, as follows:

**EMERGENCY VEHICLE ~~PERMITS~~ CERTIFICATE**

ITEM 2. Amend rule 761—451.1(321) as follows:

**761—451.1(321) Information.** Information about certificates of designation for authorized emergency vehicles is available ~~from the office of vehicle and motor carrier services. The address is: Office of Vehicle and Motor Carrier Services,~~ by mail from the Motor Vehicle Division, Iowa Department of Transportation, P.O. Box 9278, Des Moines, Iowa 50306-9278; in person at 6310 SE Convenience Blvd., Ankeny, Iowa; by telephone at (515)237-3110; by email at [vscusto@iowadot.us](mailto:vscusto@iowadot.us); or on the department's website at [www.iowadot.gov](http://www.iowadot.gov).

This rule is intended to implement Iowa Code sections 321.2 and 321.3.

ITEM 3. Amend rule 761—451.2(321) as follows:

**761—451.2(321) Authorized emergency vehicle certificate.**

**451.2(1) Application.** Application for a certificate which designates a privately owned vehicle as an authorized emergency vehicle shall be submitted to the ~~office of vehicle and motor carrier services on a vehicle division in the form and manner~~ prescribed by the department. The department shall deny an application if the ~~department~~ applicant does not establish for the department that the vehicle will be used as an authorized emergency vehicle, as described in Iowa Code section 321.451, or that the vehicle does not otherwise demonstrate necessity for the designation.

**451.2(2)** No change.

**451.2(3) Limitation.** ~~A certificate issued to a towing or recovery vehicle is valid only when the vehicle is at the scene of an emergency, unless otherwise authorized by a law enforcement officer. In addition to the provisions of Iowa Code section 321.231(2), a towing or recovery vehicle with a valid certificate of designation may only display illuminated emergency lights in one of the following circumstances:~~

*a.* When the vehicle is at the scene of an emergency, which includes an incident dangerous to the public or roadside operations where increased visibility will mitigate risk of traffic hazards.

*b.* When otherwise authorized by a law enforcement officer.

This rule is intended to implement Iowa Code ~~section~~ sections 321.231 and 321.451.

ITEM 4. Amend rule 761—451.3(17A,321) as follows:

**761—451.3(17A,321) Application denial or certificate revocation.**

**451.3(1)** No change.

TRANSPORTATION DEPARTMENT[761](cont'd)

**451.3(2)** The department shall send notice by certified mail to a person whose certificate of designation is to be revoked ~~or denied~~. The department shall send notice by first-class mail when an application is denied. The notice shall be mailed to the person's mailing address as shown on departmental records, and the revocation or denial shall become effective 20 days from the date mailed. A person who is aggrieved by a decision of the department and who is entitled to a hearing may contest the decision in accordance with 761—Chapter 13. The request shall be submitted in writing to the director of the ~~office of vehicle and motor carrier services~~ vehicle division. The request shall be deemed timely submitted if it is delivered or postmarked on or before the effective date specified in the notice of revocation or denial.

This rule is intended to implement Iowa Code chapter 17A and sections 321.13, 321.16, 321.231 and 321.451.

[Filed 4/14/22, effective 6/8/22]

[Published 5/4/22]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 5/4/22.

**ARC 6307C**

## **TRANSPORTATION DEPARTMENT[761]**

**Adopted and Filed**

### **Rule making related to commercial driver's license requirements and adoption of federal regulations**

The Transportation Department hereby amends Chapter 520, "Regulations Applicable to Carriers," Chapter 529, "For-Hire Interstate Motor Carrier Authority," Chapter 605, "License Issuance," and Chapter 607, "Commercial Driver Licensing," Iowa Administrative Code.

#### *Legal Authority for Rule Making*

This rule making is adopted under the authority provided in Iowa Code sections 307.12, 321.188, 321.449 and 321.450.

#### *State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code sections 307.27, 321.188, 321.449 and 321.450.

#### *Purpose and Summary*

This rule making aligns Chapters 520, 529 and 607 with federal regulation changes that occurred during the 2021 federal fiscal year. This rule making also amends Chapters 605 and 607 to clarify certain commercial driver's license (CDL) requirements.

**CDL updates.** The amendments to Chapters 605 and 607 align the rules with existing legal authority and current Department practice. In particular, the amendments specify the type of vehicle that a person with a Class C CDL may operate by relating the rule to the definition of such vehicle in Iowa Code section 321.1(11), and they also outline the process the Department will follow if an applicant for a CDL or commercial learner's permit (CLP) fails to retake a required test upon a determination that the knowledge or skills test was improperly administered. In addition, these amendments clarify that an applicant seeking to add or remove a K (intrastate only) restriction is eligible to renew the applicant's CDL online. The current rule language is not clear that a Class C commercial vehicle is either a vehicle designed to transport 16 or more passengers or a vehicle used to transport hazardous materials. The current rule language also does not outline the steps the Department will take to downgrade or cancel a CDL or CLP when a person fails to retake a required test upon a finding that the test was improperly

## TRANSPORTATION DEPARTMENT[761](cont'd)

administered. The current rule language also does not account for the fact that a person who is adding or removing a K (intrastate only) restriction from the person's license is eligible to utilize the online CDL renewal process. These rule amendments help clarify these areas for affected parties.

**Annual update.** The remaining amendments are part of the regular annual update in which the Department adopts the most recent updates to the federal regulations. Iowa Code section 321.188 requires the Department to adopt rules to administer CDLs in compliance with certain portions of 49 Code of Federal Regulations (CFR) Part 383. Iowa Code section 321.449 requires the Department to adopt rules consistent with the Federal Motor Carrier Safety Regulations (FMCSR) promulgated under United States Code, Title 49, and found in 49 CFR Parts 385 and 390 to 399. Iowa Code section 321.450 requires the Department to adopt rules consistent with the Federal Hazardous Materials Regulations (HMR) promulgated under United States Code, Title 49, and found in 49 CFR Parts 107, 171 to 173, 177, 178 and 180.

Commercial vehicles transporting goods in interstate commerce are subject to the FMCSR on the effective dates specified in the Federal Register (FR). Commercial vehicles transporting hazardous materials in interstate commerce or transporting certain hazardous materials intrastate are subject to the HMR on the effective dates specified in the FR. The adoption of the federal regulations by the Department will extend the enforcement of the regulations to commercial vehicles operated intrastate unless exempted by statute.

The amendments to Chapter 520 adopt the CFR dated October 1, 2021, for 49 CFR Parts 107, 171, 172, 173, 177, 178, 180, 385 and 390 to 399. The amendment to Chapter 529 adopts the CFR dated October 1, 2021, for 49 CFR Parts 365 to 368 and 370 to 379. The amendment to Chapter 607 adopts the CFR dated October 1, 2021, for certain portions of 49 CFR Part 383.

Proposed federal regulations are published in the FR to allow a period for public comment, and after adoption, the final regulations are published in the FR. To ensure the consistency required by statute, the Department adopts the specified parts of 49 CFR as adopted by the United States Department of Transportation.

The following paragraphs provide a specific description of the amendments to the FMCSR and the HMR that have become final and effective since the 2021 edition of the CFR that affect Chapters 520, 529 and 607:

Amendments to the FMCSR and HMR

Part 180 (FR Vol. 85, No. 211, Pages 68790-68798, 10-30-20)

This final rule amends the requirements in the HMR relating to the requalification periods for certain U.S. Department of Transportation 4-series specification cylinders in noncorrosive gas service in response to a petition for rule making submitted by the National Propane Gas Association. Effective date: November 30, 2020.

Part 395 (FR Vol. 85, No. 227, Pages 74909-74919, 11-24-20)

This final rule clarifies the definitions of the terms "any agricultural commodity," "livestock," and "non-processed food," as the terms are used in the definition of "agricultural commodity" for the purposes of the "Hours of Service (HOS) of Drivers" regulations promulgated by the Federal Motor Carrier Safety Administration (FMCSA). Under the current regulations, drivers transporting agricultural commodities, including livestock, from the source of the commodities to a location within 150 air miles of the source, during harvest and planting seasons as defined by each state, are exempt from the HOS requirements. Furthermore, the HOS requirement for a 30-minute rest break does not apply to drivers transporting livestock in interstate commerce while the livestock are on the commercial motor vehicle. This interim final rule clarifies the meaning of these existing definitional terms to ensure that the HOS exemptions are utilized as Congress intended. Effective date: December 9, 2020.

Parts 107, 171-173, 178 and 180 (FR Vol. 85, No. 228, Pages 75680-75717, 11-25-20)

This final rule amends the HMR in response to 24 petitions for rule making submitted by the regulated community between February 2015 and March 2018. This final rule updates, clarifies, or provides relief from various regulatory requirements without adversely affecting safety. The Pipeline and Hazardous Materials Safety Administration (PHMSA) also, as of the effective date of this final rule, withdraws its

## TRANSPORTATION DEPARTMENT[761](cont'd)

September 28, 2017, enforcement discretion regarding the phase-out of mobile refrigeration systems. Effective date: December 28, 2020.

Parts 107, 171-173, 177, 178 and 180 (FR Vol. 85, No. 245, Pages 83366-83403, 12-21-20)

This final rule amends the HMR to correct editorial errors and improves the clarity of certain provisions in the regulations and PHMSA program and procedural regulations. The intended effect of this final rule is to enhance the accuracy and reduce misunderstandings of the regulations. The amendments contained in this final rule are nonsubstantive changes and do not impose new requirements. Effective date: January 20, 2021.

Parts 107, 171, 173, 178 and 180 (FR Vol. 85, No. 248, Pages 85380-85437, 12-28-20)

This final rule amends the HMR to revise certain requirements applicable to the manufacture, use, and requalification of U.S. Department of Transportation specification cylinders. The PHMSA is taking this action in response to petitions for rule making submitted by stakeholders and agency review of compressed gas cylinder regulations. Specifically, the PHMSA is incorporating by reference or updating the references to several Compressed Gas Association publications, amending the filling requirements for compressed and liquefied gases, expanding the use of salvage cylinders, and revising and clarifying the manufacture and requalification requirements for cylinders. Effective date: January 27, 2021.

Parts 107 and 171 (FR Vol. 86, No. 83, Pages 23241-23260, 5-03-21)

This final rule amends the HMR and provides the 2021 inflation adjustment to civil penalty amounts that may be imposed for violations of certain U.S. Department of Transportation regulations. Effective date: May 3, 2021.

Part 107 (FR Vol. 86, No. 104, Pages 29528-29529, 6-02-21)

This final rule amends the HMR and makes a technical correction to the effective date listed in an appendix, which was originally amended by a final rule published on May 3, 2021, providing the 2021 inflation adjustment to civil penalty amounts that may be imposed for violations of certain U.S. Department of Transportation regulations. Effective date: June 2, 2021.

Parts 383 and 391 (FR Vol. 86, No. 117, Pages 32643-32651, 6-22-21)

This final rule amends the FMCSR to extend the compliance date from June 22, 2021, to June 23, 2025, for several provisions of the FMCSA's April 23, 2015, Medical Examiner's Certification Integration final rule. The FMCSA issued an interim final rule on June 21, 2018, extending the compliance date for these provisions until June 22, 2021. On April 22, 2021, the FMCSA published a supplemental notice of proposed rule making that proposed further extending the compliance date to June 23, 2025. This final rule will provide the FMCSA time to complete certain information technology (IT) system development tasks for its National Registry of Certified Medical Examiners (National Registry) and to provide the State Driver's Licensing Agencies (SDLAs) sufficient time to make the necessary IT programming changes when the new National Registry system is completed and available. Effective date: June 22, 2021.

Part 383 (FR Vol. 86, No. 123, Pages 34631-34636, 6-30-21)

This final rule amends the FMCSR to finalize the FMCSA's final interim final rule revising a December 8, 2016, final rule regarding "Minimum Training Requirements for Entry-Level Commercial Motor Vehicle Operators" (ELDT final rule). This final rule finalizes the extension of the compliance date for the ELDT final rule from February 7, 2020, to February 7, 2022. This action provides the FMCSA additional time to complete development of the Training Provider Registry (TPR) and provides SDLAs time to modify their IT systems and procedures, as necessary, to accommodate their receipts of driver-specific ELDT data from the TPR. Effective date: July 30, 2021.

Parts 383, 385, 390 and 391 (FR Vol. 86, No. 127, Pages 35633-35653, 7-07-21)

This final rule amends the FMCSR by making technical changes to correct inadvertent errors and omissions, to remove or update obsolete references, and to improve the clarity and consistency of certain regulatory provisions. The final rule also makes nondiscretionary, ministerial changes that are statutorily mandated and changes that merely align regulatory requirements with the underlying statutory authority. Finally, the final rule contains two minor changes to the FMCSA's rules of agency procedure or practice that relate to separation of functions and allow the FMCSA and state personnel to conduct off-site



TRANSPORTATION DEPARTMENT[761](cont'd)

compliance reviews of motor carriers following the same safety fitness determination criteria used in on-site compliance reviews. Effective date: July 7, 2021.

Part 385 (FR Vol. 86, No. 164, Pages 48038-48044, 8-27-21)

This final rule amends the FMCSR to incorporate by reference the Commercial Vehicle Safety Alliance's (CVSA) "Operational Policy 4: Inspector Training and Certification," as required by the Fixing America's Surface Transportation Act (FAST Act). The CVSA policy provides the current policy and practices for FMCSA employees, state or local government employees, and contractors to obtain and maintain certification for conducting driver or vehicle inspections. Consistent with the requirements of the FAST Act, this final rule substitutes the most recent version of the CVSA policy, reflecting revisions to the version referenced in the July 8, 2019, notice of proposed rule making. The revisions include availability of inspector certification extensions under declared emergency situations adopted in response to the COVID-19 national emergency. This final rule also replaces an interim final rule in place since 2002. Effective date: August 27, 2021.

#### *Public Comment and Changes to Rule Making*

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on February 23, 2022, as **ARC 6207C**. No public comments were received. No changes from the Notice have been made.

#### *Adoption of Rule Making*

This rule making was adopted by the Department on April 14, 2022.

#### *Fiscal Impact*

The fiscal impact cannot be determined. The federal regulations adopted by this rule making were subject to fiscal impact review by either the FMCSA or the PHMSA when the regulations were enacted and were determined not to be cost-prohibitive.

#### *Jobs Impact*

These amendments may have a slight impact on CDL holders and motor carrier operations. However, these amendments should not negatively impact jobs or employment opportunities because the regulations align the rules to federal regulations and clarify that an applicant seeking to add or remove a K (intrastate only) restriction is eligible to renew the applicant's CDL online. These amendments will bring uniformity and consistency to the industry, which should have a positive impact on employment.

#### *Waivers*

Various portions of the federal regulations and Iowa statutes allow some exceptions when the exceptions will not adversely impact the safe transportation of commodities on the nation's highways. Granting additional exceptions for drivers and the motor carrier industry in Iowa would adversely impact the safety of the traveling public in Iowa.

#### *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 June 8, 2022.

## TRANSPORTATION DEPARTMENT[761](cont'd)

The following rule-making actions are adopted:

ITEM 1. Amend paragraph **520.1(1)“a”** as follows:

*a. Motor carrier safety regulations.* The Iowa department of transportation adopts the Federal Motor Carrier Safety Regulations, 49 CFR Parts 385 and 390-399 (October 1, ~~2020~~ 2021).

ITEM 2. Amend paragraph **520.1(1)“b”** as follows:

*b. Hazardous materials regulations.* The Iowa department of transportation adopts the Federal Hazardous Materials Regulations, 49 CFR Parts 107, 171-173, 177, 178, and 180 (October 1, ~~2020~~ 2021).

ITEM 3. Amend rule 761—529.1(327B) as follows:

**761—529.1(327B) Motor carrier regulations.** The Iowa department of transportation adopts the Code of Federal Regulations, 49 CFR Parts 365-368 and 370-379, dated October 1, ~~2020~~ 2021, for regulating interstate for-hire carriers.

Copies of this publication are available from the state law library or at [www.fmcsa.dot.gov](http://www.fmcsa.dot.gov).

ITEM 4. Amend paragraph **605.25(8)“a,”** introductory paragraph, as follows:

*a.* An applicant who is otherwise eligible to renew a commercial driver’s license must meet the same eligibility requirements for renewing a noncommercial driver’s license listed in paragraph 605.25(7)“*a*” to renew the license electronically ~~and~~, except that numbered paragraph 605.25(7)“*a*”(9)“3” shall not apply if the applicant is adding or removing the K restriction from the license at the time of renewal. The applicant must also meet the following criteria:

ITEM 5. Amend paragraph **607.10(1)“d”** as follows:

*d.* The following portions of 49 CFR Part 383 (October 1, ~~2020~~ 2021):

- (1) Section 383.51, Disqualification of drivers.
- (2) Subpart E—Testing and Licensing Procedures.
- (3) Subpart G—Required Knowledge and Skills.
- (4) Subpart H—Tests.

ITEM 6. Amend subrule 607.16(2) as follows:

**607.16(2) Validity.**

*a.* A Class A commercial driver’s license allows a person to operate a combination of commercial motor vehicles as specified in Iowa Code ~~section 321.189(1)“*a*.”~~ sections 321.1(11) and 321.189(1)“*a*”(1). With the required endorsements and subject to the applicable restrictions, a Class A commercial driver’s license is valid to operate any vehicle. Before the department administers the skills test for a Class A commercial driver’s license to an applicant for the first time, the applicant must comply with the entry-level driver training requirements as provided in Iowa Code section 321.188.

*b.* A Class B commercial driver’s license allows a person to operate a commercial motor vehicle as specified in Iowa Code ~~section 321.189(1)“*b*.”~~ sections 321.1(11) and 321.189(1)“*a*”(2). With the required endorsements and subject to the applicable restrictions, a Class B commercial driver’s license is valid to operate any vehicle except a truck-tractor semitrailer combination as a chauffeur (Class D) or a vehicle requiring a Class A commercial driver’s license. Before the department administers the skills test for a Class B commercial driver’s license to an applicant for the first time, the applicant must comply with the entry-level driver training requirements as provided in Iowa Code section 321.188.

*c.* A Class C commercial driver’s license allows a person to operate a commercial motor vehicle as specified in Iowa Code ~~section 321.189(1)“*e*.”~~ sections 321.1(11) and 321.189(1)“*a*”(3) if the vehicle is designed to transport 16 or more passengers, including the driver, or is used in the transportation of hazardous materials as defined in 49 CFR Section 383.5. With the required endorsements and subject to the applicable restrictions, a Class C commercial driver’s license is valid to operate any vehicle except a vehicle requiring a Class A or Class B commercial driver’s license.

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*d. to h.* No change.

ITEM 7. Amend rule 761—607.31(321) as follows:

**761—607.31(321) Test results.**

**607.31(1) to 607.31(4)** No change.

**607.31(5)** *Downgrade or cancellation when retesting is required.*

a. When retesting is required under subrule 607.31(2) or 607.31(4), the department shall notify the person of the requirement to retake the applicable knowledge or skills test.

b. If the person fails to contact the department within 30 days after receipt of the notice, fails to appear for a scheduled retest, or fails the knowledge or skills test, the department shall, in accordance with the authority in 49 CFR Section 383.5 and Iowa Code section 321.201, take one of the following actions:

(1) Downgrade the person's commercial driver's license or commercial learner's permit if the person held valid noncommercial driving privileges prior to obtaining the license or permit.

(2) Cancel the person's commercial driver's license or commercial learner's permit pursuant to 761—subrule 615.7(3) if the applicant did not hold valid noncommercial driving privileges prior to obtaining the license or permit.

c. When a person's commercial driver's license or commercial learner's permit has been downgraded or canceled under this subrule, the person must comply with all applicable retesting requirements in order to regain the license or permit, in addition to any other applicable requirements for licensure.

This rule is intended to implement Iowa Code sections 321.180, 321.186, 321.187, ~~and~~ 321.188 and 321.201.

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EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 5/4/22.

**ARC 6306C**

**TRANSPORTATION DEPARTMENT[761]**

**Adopted and Filed**

**Rule making related to emergency contact information**

The Transportation Department hereby amends Chapter 601, "Application for License," and Chapter 630, "Nonoperator's Identification," Iowa Administrative Code.

*Legal Authority for Rule Making*

This rule making is adopted under the authority provided in Iowa Code sections 307.12 and 321.197.

*State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code section 321.197.

*Purpose and Summary*

This rule making updates Chapters 601 and 630 to conform the rules with 2021 Iowa Acts, House File 435, which amended Iowa Code section 321.197. House File 435 required the Department to request emergency contact information from every customer during a driver's license or nonoperator's identification card transaction. The legislation also gave customers the option of providing the Department with emergency contact information outside of during a driver's license or nonoperator's identification card transaction.

## TRANSPORTATION DEPARTMENT[761](cont'd)

These amendments outline the process for customers to submit emergency contact information to the Department to be used by law enforcement in the event of an accident or other emergency. Submission of emergency contact information is voluntary and is not a mandatory condition of processing a driver's license or nonoperator's identification card transaction. These amendments allow the customer to submit information for up to two emergency contacts and require one of the emergency contacts to be the customer's parent, guardian, or custodian if the customer is an unemancipated minor. Additionally, the amendments lay out the steps that a customer can take to change the customer's emergency contact information or to request to opt out of being listed as an emergency contact for another person.

*Public Comment and Changes to Rule Making*

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on February 23, 2022, as **ARC 6200C**. No public comments were received. No changes from the Notice have been made.

*Adoption of Rule Making*

This rule making was adopted by the Department on April 14, 2022.

*Fiscal Impact*

This rule making has no fiscal impact to the State of Iowa beyond any impact anticipated by the legislation.

*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 761—Chapter 11.

*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 June 8, 2022.

The following rule-making actions are adopted:

ITEM 1. Adopt the following **new** rule 761—601.3(321):

**761—601.3(321) Emergency contact information.** Pursuant to Iowa Code section 321.197, a person may voluntarily provide the department with emergency contact information.

**601.3(1) Form and submission.**

*a.* Emergency contact information provided to the department shall meet the requirements and be used in the circumstances set forth in Iowa Code section 321.197(2)“*b.*”

*b.* Emergency contact information may be provided to the department through any of the following methods:

## TRANSPORTATION DEPARTMENT[761](cont'd)

(1) By submitting Form 430305 via mail to the Motor Vehicle Division, Iowa Department of Transportation, P.O. Box 9204, Des Moines, Iowa 50306-9204; by email at [emergencyinfo.contact@iowadot.us](mailto:emergencyinfo.contact@iowadot.us); or on the department's website at [www.iowadot.gov](http://www.iowadot.gov).

(2) In person at a driver's license service center.

(3) In person at a county treasurer's office that issues driver's licenses under Iowa Code chapter 321M.

*c.* Pursuant to Iowa Code section 321.197(2)"*c*," an unemancipated person under 18 years of age choosing to provide emergency contact information shall include a parent, guardian or custodian as an emergency contact.

*d.* The department shall not require submission of emergency contact information as a condition of issuing, renewing or replacing a driver's license.

*e.* In accordance with Iowa Code section 321.197(2)"*b*," the department will not verify the emergency contact information provided.

**601.3(2) Disclosure and use.** Information provided to the department under subrule 601.3(1) shall be provided to and used by law enforcement in accordance with the provisions of Iowa Code section 321.197.

**601.3(3) Modifications.**

*a.* A person may request changes to the person's emergency contact information by entering those changes on the department's website or by submitting Form 430305 to the department using any of the methods provided in paragraph 601.3(1)"*b*."

*b.* A person may request to be removed from being listed as an emergency contact by submitting Form 430306 to the department via mail at Motor Vehicle Division, Iowa Department of Transportation, P.O. Box 9204, Des Moines, Iowa 50306-9204, or by email at [emergencyinfo.contact@iowadot.us](mailto:emergencyinfo.contact@iowadot.us). Any person removed from being listed as an emergency contact shall not be re-added as a potential emergency contact unless such person follows the opt-in process in paragraph 601.3(3)"*c*."

*c.* A person who requested to be removed from being listed as an emergency contact under paragraph 601.3(3)"*b*" may request to again be listed as a person's emergency contact by submitting Form 430306 to the department via mail at Motor Vehicle Division, Iowa Department of Transportation, P.O. Box 9204, Des Moines, Iowa 50306-9204, or by email at [emergencyinfo.contact@iowadot.us](mailto:emergencyinfo.contact@iowadot.us).

This rule is intended to implement Iowa Code section 321.197.

ITEM 2. Amend subrule 630.2(2) as follows:

**630.2(2)** The applicant shall present proof of identity, date of birth, social security number, Iowa residency, current residential address and lawful status as required by rule 761—601.5(321). Submission If applicable, submission of a parent's, guardian's or custodian's consent is also required in accordance with rule 761—601.6(321). The applicant or a current cardholder may provide the department with emergency contact information in accordance with rule 761—601.3(321).

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