



IOWA ADMINISTRATIVE BULLETIN

Published Biweekly

VOLUME XLIV
May 18, 2022

NUMBER 23
Pages 2677 to 2738

CONTENTS IN THIS ISSUE

Pages 2684 to 2738 include **ARC 6316C** to **ARC 6329C**

ALL AGENCIES

Agency identification numbers	2682
Citation of administrative rules	2679
Schedule for rule making	2680

CORRECTIONS DEPARTMENT[201]

Notice, Organization, procedures, institutions administration—five-year review of rules, amendments to chs 1, 20 ARC 6324C	2684
--	------

ECONOMIC DEVELOPMENT

AUTHORITY[261]

Filed, Economic development programs—funding, 7.6(1), 42.2(2), 42.3(1)“b,” 81.3(3), 220.4(1)“b,” 221.2, 221.4(1)“c” ARC 6319C	2713
Filed, Removal of discontinued programs, rescind chs 9, 11, 25, 28 to 30, 33, 53, 57, 58, 61 to 64, 67, 69, 74, 80, 103, 107, 109, 111, 311 to 314, 402 ARC 6320C	2715

HUMAN SERVICES DEPARTMENT[441]

Notice, Declaratory orders—five-year review of rules, 5.1, 5.5, 5.6, 5.9(2), 5.10, 5.11 ARC 6328C	2691
Notice, Food assistance program—change of name to supplemental nutrition assistance program (SNAP); family self-sufficiency grants program, amendments to ch 47 ARC 6327C	2694

Notice, Foster home insurance fund—auto damage by foster children, 158.3(1)“b” ARC 6329C	2697
Filed, Community mental health centers, amendments to ch 24 ARC 6321C	2717

NURSING BOARD[655]

PUBLIC HEALTH DEPARTMENT[641]“umbrella”

Filed, Telehealth—standards of practice for registered nurses and licensed practical nurses, 6.1, 6.4 ARC 6316C	2732
Filed, Telehealth—standards of practice for advanced registered nurse practitioners, 7.1, 7.9 ARC 6317C	2734

PUBLIC HEALTH DEPARTMENT[641]

Notice, Center for congenital and inherited disorders, 4.1(1), 4.2, 4.3, 4.7, 4.11 to 4.14 ARC 6322C	2698
Notice, AIDS drug assistance program (ADAP)—eligibility requirements, 11.43 ARC 6323C	2705
Notice, Limited radiologic technologist examination; permit holder continuing education, 42.9(2)“e”(3), 42.18(2) ARC 6325C	2707
Notice, Special supplemental nutrition program for women, infants, and children (WIC) online ordering project, 73.26 ARC 6326C	2709

PUBLIC HEARINGS

Summarized list	2681
---------------------------	------

REVENUE DEPARTMENT

Notice of electric and natural gas delivery
tax rate changes..... 2710

TREASURER OF STATE

Notice—Public funds interest rates 2711

USURY

Notice 2712

WORKERS' COMPENSATION DIVISION[876]

WORKFORCE DEVELOPMENT DEPARTMENT[871]"umbrella"

Filed, Payroll tax tables, 8.8 ARC 6318C..... 2737

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)

Telephone: 515.281.6048
Telephone: 515.281.3355

Email: Jack.Ewing@legis.iowa.gov
Email: 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
Dec. 22 '21	Jan. 12 '22	Feb. 1 '22	Feb. 16 '22	Feb. 18 '22	Mar. 9 '22	Apr. 13 '22	July 11 '22
Jan. 5	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	**May 11**	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	**June 22**	July 13	Aug. 17	Nov. 14
May 11	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
June 22	July 13	Aug. 2	Aug. 17	**Aug. 17**	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
Aug. 17	Sep. 7	Sep. 27	Oct. 12	Oct. 14	Nov. 2	Dec. 7	Mar. 6 '23
Sep. 2	Sep. 21	Oct. 11	Oct. 26	**Oct. 26**	Nov. 16	Dec. 21	Mar. 20 '23
Sep. 16	Oct. 5	Oct. 25	Nov. 9	**Nov. 9**	Nov. 30	Jan. 4 '23	Apr. 3 '23
Sep. 30	Oct. 19	Nov. 8	Nov. 23	Nov. 25	Dec. 14	Jan. 18 '23	Apr. 17 '23
Oct. 14	Nov. 2	Nov. 22	Dec. 7	**Dec. 7**	Dec. 28	Feb. 1 '23	May 1 '23
Oct. 26	Nov. 16	Dec. 6	Dec. 21	**Dec. 21**	Jan. 11 '23	Feb. 15 '23	May 15 '23
Nov. 9	Nov. 30	Dec. 20	Jan. 4 '23	**Jan. 4 '23**	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
Dec. 7	Dec. 28	Jan. 17 '23	Feb. 1 '23	Feb. 3 '23	Feb. 22 '23	Mar. 29 '23	June 26 '23
Dec. 21	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>
25	Friday, May 27, 2022	June 15, 2022
26	Friday, June 10, 2022	June 29, 2022
1	Wednesday, June 22, 2022	July 13, 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****

CORRECTIONS DEPARTMENT[201]

Organization,
procedures, institutions
administration—five-year
review of rules, amendments to
chs 1, 20
IAB 5/18/22 **ARC 6324C**

Via conference call
Contact Michael Savala
Email: michael.savala@iowa.gov

June 7, 2022
9 to 10 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

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

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.”

Other autonomous agencies are included alphabetically in SMALL CAPITALS at the left-hand margin.

ADMINISTRATIVE SERVICES DEPARTMENT[11]
 AGING, DEPARTMENT ON[17]
 AGRICULTURE AND LAND STEWARDSHIP DEPARTMENT[21]
 Soil Conservation and Water Quality Division[27]
 ATTORNEY GENERAL[61]
 AUDITOR OF STATE[81]
 BEEF CATTLE PRODUCERS ASSOCIATION, IOWA[101]
 BLIND, DEPARTMENT FOR THE[111]
 CAPITAL INVESTMENT BOARD, IOWA[123]
 CHIEF INFORMATION OFFICER, OFFICE OF THE[129]
 OMBUDSMAN[141]
 CIVIL RIGHTS COMMISSION[161]
 COMMERCE DEPARTMENT[181]
 Alcoholic Beverages Division[185]
 Banking Division[187]
 Credit Union Division[189]
 Insurance Division[191]
 Professional Licensing and Regulation Bureau[193]
 Accountancy Examining Board[193A]
 Architectural Examining Board[193B]
 Engineering and Land Surveying Examining Board[193C]
 Landscape Architectural Examining Board[193D]
 Real Estate Commission[193E]
 Real Estate Appraiser Examining Board[193F]
 Interior Design Examining Board[193G]
 Utilities Division[199]
 CORRECTIONS DEPARTMENT[201]
 Parole Board[205]
 CULTURAL AFFAIRS DEPARTMENT[221]
 Arts Division[222]
 Historical Division[223]
 EARLY CHILDHOOD IOWA STATE BOARD[249]
 ECONOMIC DEVELOPMENT AUTHORITY[261]
 City Development Board[263]
 IOWA FINANCE AUTHORITY[265]
 EDUCATION DEPARTMENT[281]
 Educational Examiners Board[282]
 College Student Aid Commission[283]
 Higher Education Loan Authority[284]
 Iowa Advance Funding Authority[285]
 Libraries and Information Services Division[286]
 Public Broadcasting Division[288]
 School Budget Review Committee[289]
 EGG COUNCIL, IOWA[301]
 ETHICS AND CAMPAIGN DISCLOSURE BOARD, IOWA[351]
 EXECUTIVE COUNCIL[361]
 FAIR BOARD[371]
 HUMAN RIGHTS DEPARTMENT[421]
 HUMAN SERVICES DEPARTMENT[441]
 INSPECTIONS AND APPEALS DEPARTMENT[481]
 Employment Appeal Board[486]
 Child Advocacy Board[489]
 Racing and Gaming Commission[491]
 State Public Defender[493]
 IOWA PUBLIC EMPLOYEES’ RETIREMENT SYSTEM[495]

IOWA PUBLIC INFORMATION BOARD[497]
LAW ENFORCEMENT ACADEMY[501]
LIVESTOCK HEALTH ADVISORY COUNCIL[521]
LOTTERY AUTHORITY, IOWA[531]
MANAGEMENT DEPARTMENT[541]
 Appeal Board, State[543]
 City Finance Committee[545]
 County Finance Committee[547]
NATURAL RESOURCES DEPARTMENT[561]
 Energy and Geological Resources Division[565]
 Environmental Protection Commission[567]
 Natural Resource Commission[571]
 Preserves, State Advisory Board for[575]
PETROLEUM UNDERGROUND STORAGE TANK FUND BOARD, IOWA COMPREHENSIVE[591]
PROPANE EDUCATION AND RESEARCH COUNCIL, IOWA[599]
PUBLIC DEFENSE DEPARTMENT[601]
HOMELAND SECURITY AND EMERGENCY MANAGEMENT DEPARTMENT[605]
PUBLIC EMPLOYMENT RELATIONS BOARD[621]
PUBLIC HEALTH DEPARTMENT[641]
 Professional Licensure Division[645]
 Dental Board[650]
 Medicine Board[653]
 Nursing Board[655]
 Pharmacy Board[657]
PUBLIC SAFETY DEPARTMENT[661]
RECORDS COMMISSION[671]
REGENTS BOARD[681]
 Archaeologist[685]
REVENUE DEPARTMENT[701]
SECRETARY OF STATE[721]
SHEEP AND WOOL PROMOTION BOARD, IOWA[741]
TELECOMMUNICATIONS AND TECHNOLOGY COMMISSION, IOWA[751]
TRANSPORTATION DEPARTMENT[761]
TREASURER OF STATE[781]
TURKEY MARKETING COUNCIL, IOWA[787]
UNIFORM STATE LAWS COMMISSION[791]
VETERANS AFFAIRS, IOWA DEPARTMENT OF[801]
VETERINARY MEDICINE BOARD[811]
VOLUNTEER SERVICE, IOWA COMMISSION ON[817]
VOTER REGISTRATION COMMISSION[821]
WORKFORCE DEVELOPMENT DEPARTMENT[871]
 Labor Services Division[875]
 Workers' Compensation Division[876]
 Workforce Development Board and Workforce Development Center Administration Division[877]

ARC 6324C**CORRECTIONS DEPARTMENT[201]****Notice of Intended Action****Proposing rule making related to five-year review of rules
and providing an opportunity for public comment**

The Corrections Department hereby proposes to amend Chapter 1, “Departmental Organization and Procedures,” and Chapter 20, “Institutions Administration,” Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is proposed under the authority provided in Iowa Code section 904.108.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code section 904.108.

Purpose and Summary

All of the Department’s rules were reviewed as part of the comprehensive five-year review required under Iowa Code section 17A.7. These proposed amendments are designed to eliminate outdated or redundant rules, update Iowa Administrative Code language and eliminate any rules that are inconsistent or incompatible with statutes or other rules.

The proposed amendments to Chapter 1 reflect updates to the Department’s internal structure, such as prison telephone numbers and staff job responsibilities.

The proposed amendments to Chapter 20 include:

- Removing advertising brochures and flyers from the list of authorized publications that can be received by an incarcerated individual;
- Replacing the words “moderate intensity family violence prevention program” with “participation in evidence-based programs” to refer to programs that certain incarcerated individuals must complete before visitation;
- Replacing the words “send a copy of the removal form to the incarcerated individual” with “notify the incarcerated individual of the completed removal” in reference to when an incarcerated individual requests a visitor be removed from the individual’s visiting list;
- Replacing the words “upon entrance to the institution” with “before the start of the visit” to reflect that both in-person and video visits occur;
- Clarifying that an incarcerated individual’s mail sent to and received from the Office of Ombudsman shall be delivered unopened;
- Clarifying the name of the Iowa Department of Corrections account where money orders and cashier’s checks from the public must be sent for deposit into an incarcerated individual’s account;
- Clarifying that publications may be purchased by a third party or an incarcerated individual;
- Clarifying that the warden’s designee may accept donations to the prison; and
- Changing the time frame from quarterly to annually for the Director to review incarcerated individual telephone commission expenditure requests with the Board of Corrections.

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.

CORRECTIONS DEPARTMENT[201](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 201—Chapter 7.

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 June 7, 2022. Comments should be directed to:

Michael Savala
Department of Corrections
Jessie Parker Building
510 East 12th Street
Des Moines, Iowa 50319
Email: michael.savala@iowa.gov

Public Hearing

If requested, a public hearing to hear requested oral presentations will be held on June 7, 2022, via conference call from 9 to 10 a.m. Persons who wish to participate in the conference call should contact Michael Savala before 4:30 p.m. on June 3, 2022, to facilitate an orderly hearing. A conference call number will be provided to participants prior to the hearing. The public hearing will be canceled without further notice if no oral presentation is requested.

Persons who wish to make oral comments at a 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 the Department and advise of specific needs.

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).

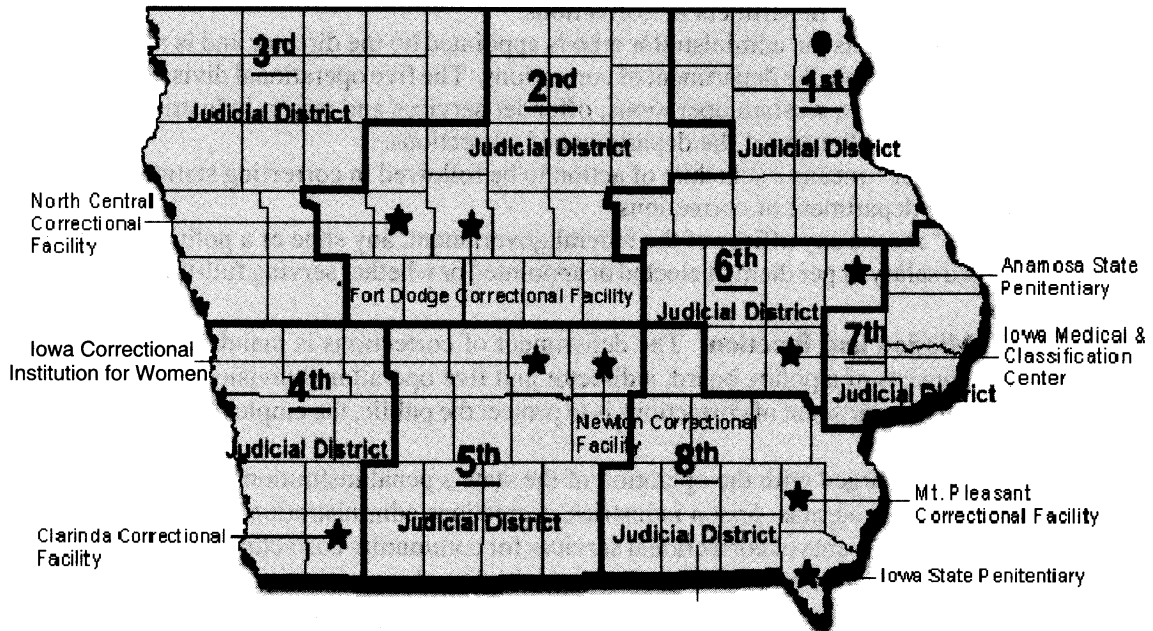
The following rule-making actions are proposed:

ITEM 1. Amend subrule 1.3(3) as follows:

1.3(3) Contact information. Contact information for correctional institutions and judicial district departments of correctional services and other offices located outside the principal headquarters is listed below and may also be found on the department's website, which is listed in rule 201—1.4(904). The following map provides a general overview of judicial district department of correctional services and correctional institution locations.

CORRECTIONS DEPARTMENT[201](cont'd)

Department of Corrections Institutions
and
Judicial District Departments of Correctional Services



Anamosa State Penitentiary
406 North High Street
Anamosa, IA 52205
(319)462-3504
(319)462-4962 Fax

Iowa Medical and Classification Center
2700 Coral Ridge Avenue
Coralville, IA 52241
(319)626-2391
(319)626-2141 Fax

Mt. Pleasant Correctional Facility
1200 East Washington
Mt. Pleasant, IA 52641
(319)385-9511
(319)385-8828 Fax

Iowa State Penitentiary
2111 330th Avenue, P.O. Box 316
Fort Madison, IA 52627
(319)372-5432
(319)372-6967 Fax

Newton Correctional Facility
307 S. 60th Avenue W, P.O. Box 218
Newton, IA 50208
(641)792-7552
(641)791-1683 Fax

Fort Dodge Correctional Facility
1550 L Street
Fort Dodge, IA 50501-5767
(515)574-4700
(515)574-4707 Fax

North Central Correctional Facility
313 Lanedale
Rockwell City, IA 50579
(712)297-7521
(712)297-7875 Fax

Iowa Correctional Institution for Women
420 Mill Street SW
Mitchellville, IA 50169
(515)967-4236 (515)725-5042
(515)967-5347 (515)725-5015 Fax

CORRECTIONS DEPARTMENT[201](cont'd)

Clarinda Correctional Facility
 2000 N. 16th Street
 Clarinda, IA 51362
 (712)542-5634/5635 (712)695-7140
 (712)542-4844 (712)695-7130 Fax

First Judicial District, DCS
 314 East Sixth Street, P.O. Box 4030
 Waterloo, IA 50704-4030
 (319)236-9626
 (319)291-3947 Fax

Second Judicial District, DCS
 509 Main Street, Suite 200
 Ames, IA 50010
 (515)232-1511
 (515)232-9453 Fax

Third Judicial District, DCS
 515 Water Street
 Sioux City, IA 51103
 (712)252-0590
 (712)252-0634 Fax

Fourth Judicial District, DCS
 810 South Tenth Street
 Council Bluffs, IA 51501
 (712)325-4943
 (712)325-0312 Fax

Fifth Judicial District, DCS
 1000 Washington Street
 Des Moines, IA 50314
 (515)242-6611
 (515)242-6656 Fax

Sixth Judicial District, DCS
 951 29th Ave. SW
 Cedar Rapids, IA 52404
 (319)398-3675
 (319)398-3684 Fax

Seventh Judicial District, DCS
 605 Main Street
 Davenport, IA 52803-5244
 (563)322-7986
 (563)324-2063 Fax

Eighth Judicial District, DCS
 1805 West Jefferson, P.O. Box 1060
 Fairfield, IA 52556-1060
 (641)472-4242
 (641)472-9966 Fax

ITEM 2. Amend rule 201—1.4(904) as follows:

201—1.4(904) Internet website. The department's Internet home page is located at www.doc.iowa.gov
doc.iowa.gov.

ITEM 3. Amend paragraph **1.8(1)“b”** as follows:

b. The deputy director of institutional operations is also responsible for the following:

- (1) Classification.
- (2) Education.
- (3) Safety officers.
- (4) Records.
- (5) Transfers.
- (6) Security operations.
 1. Investigations.
 2. Reserved.

ITEM 4. Amend subrule 1.8(6) as follows:

1.8(6) The general counsel/~~inspector general~~ shall be responsible for the following:

- a.* Legal services.

CORRECTIONS DEPARTMENT[201](cont'd)

- b. Coordination of court orders.
- c. ~~Investigations~~ Public records.
- d. ~~EEO/AA~~ Civil rights.
- e. Administrative law judges.
- f. Jail inspections.
- g. ~~Legislative program.~~
- ~~h.~~ g. Administrative rules.

ITEM 5. Amend subrule 1.8(7) as follows:

1.8(7) The director of media and public relations shall be responsible for the following:

- a. Providing public information to constituency groups and the media.
- b. Facilitating internal communications in the department.
- c. Legislative program.

ITEM 6. Amend rule 201—20.1(904) as follows:

201—20.1(904) Application of rules. The rules in this chapter apply to all adult correctional institutions unless otherwise stated. The institutions covered by these rules are the Iowa state penitentiary, Fort Madison, the Anamosa state penitentiary, Anamosa, the Iowa correctional institution for women, Mitchellville, the Iowa medical and classification center, ~~Oakdale~~ Coralville, the Newton correctional facility, Newton, the Mt. Pleasant correctional facility, Mt. Pleasant, the Clarinda correctional facility, Clarinda, the north central correctional facility, Rockwell City, and the Fort Dodge correctional facility, Fort Dodge.

This rule is intended to implement Iowa Code section 904.102.

ITEM 7. Amend rule **201—20.2(904)**, definition of “Publication,” as follows:

“*Publication*” means a book, booklet, pamphlet, or similar document, or a single issue of a magazine, periodical, newsletter, newspaper, plus such other materials addressed to a specific incarcerated individual, such as ~~advertising brochures, flyers, and catalogs.~~

ITEM 8. Amend subparagraph **20.3(6)“d”(1)** as follows:

(1) Applicants may appeal to the warden or designee in writing. An appeal by an applicant who is the victim of a sex offense, or who is the victim’s family member, and is seeking to visit the perpetrator of the crime shall be reviewed in consultation with the department sex offender treatment director or the institution’s treatment director for ~~the moderate intensity family violence prevention program participation in evidence-based programs.~~

ITEM 9. Amend subrule 20.3(7) as follows:

20.3(7) Removal from visiting list. If an incarcerated individual wishes to have a visitor removed from the incarcerated individual’s visiting list, the incarcerated individual shall complete the Removal of Visitor form contained in department policy OP-MTV-04 and send it to the central visiting authority. Upon receipt of the removal request, the central visiting authority shall respond to the request within seven business days and ~~send a copy of the removal form to the incarcerated individual~~ notify the incarcerated individual of the completed removal. Once a visitor has been removed from a visiting list, six months must elapse before reapplication by the removed visitor.

ITEM 10. Amend subrule 20.3(9) as follows:

20.3(9) Identification. All visitors shall present proper identification ~~upon entrance to the institution before the start of the visit.~~ Photo identification is preferred, but any identification presented shall identify personal characteristics, such as color of hair and eyes, height, weight, and birth date.

- a. Signature cards may be required from visitors.
- b. All visitors may be required to be photographed for future identification purposes only.

ITEM 11. Amend subrule 20.3(10) as follows:

20.3(10) Special visitors.

a. *Law enforcement.* Division of criminal investigation agents, Federal Bureau of Investigation agents, and law enforcement officials shall present proof of identity upon entrance to the institution.

CORRECTIONS DEPARTMENT[201](cont'd)

b. Attorneys. Attorneys must complete an initial visitor application form to visit an incarcerated individual; however, this initial application shall apply to multiple visiting lists. After initial approval is established, attorneys must contact the central visiting authority at (319)385-9511 to be added to the visiting lists of additional incarcerated individuals. Background checks are not required, and attorneys shall not be counted as a friend on an incarcerated individual's visiting list as set forth in 20.3(3) "b."

Attorneys shall present proof of identity ~~upon entrance to the institution~~ before the start of the visit. The incarcerated individual must express a desire to visit with an attorney before the attorney will be admitted. Attorney visits shall be during normal visiting hours unless a special visit has been requested by the incarcerated individual and approved by the warden or designee prior to the visit.

An attorney testing positive by an electronic detection device may be required to visit without direct contact.

c. Ministers. Ministers must complete an initial visitor application form to visit an incarcerated individual; however, this initial application shall apply to multiple visiting lists. After initial approval is established, ministers must contact the central visiting authority at (319)385-9511 to be added to the visiting lists of additional incarcerated individuals. Background checks are required. Ministers shall not be counted as a friend on an incarcerated individual's visiting list as set forth in 20.3(3) "b."

Ministers shall present proof of identity ~~upon entrance to the institution~~ before the start of the visit. The incarcerated individual must express a desire to visit with a minister before the minister will be admitted. Minister visits shall be during normal visiting hours unless a special visit has been requested by the incarcerated individual and approved by the warden or designee prior to the visit.

A minister testing positive by an electronic detection device may be required to visit without direct contact.

ITEM 12. Amend paragraph **20.4(3)"a"** as follows:

a. Pursuant to Iowa Code chapter 2C, mail addressed to and received from the ombudsman office shall be delivered unopened.

ITEM 13. Amend rule 201—20.4(904) as follows:

201—20.4(2C,904) Mail. Constructive, unlimited correspondence with family, friends, and community sources will be encouraged and facilitated. Incarcerated individuals have the responsibility in the use of correspondence to be truthful and honest. Institutions have the responsibility to maintain a safe, secure, and orderly procedure for use of the mail by an incarcerated individual. Mail is additionally governed by the provisions of department of corrections policy OP-MTV-01.

20.4(1) to 20.4(3) No change.

This rule is intended to implement Iowa Code section 2C.14.

ITEM 14. Amend rule 201—20.5(904) as follows:

201—20.5(904) Money orders, cashier's checks, and electronic funds transfers for incarcerated individuals. An individual may deposit funds in an incarcerated individual's account by money order, cashier's check, or electronic funds transfer. Personal checks and cash will not be accepted. Only money orders and cashier's checks will be accepted for deposit into an incarcerated individual's account by mail. Money orders and cashier's checks must be made payable to the Iowa Department of Corrections ~~Incarcerated Individual~~ Offender Fiduciary Account (IDOC HFA OFA) and sent to: Fort Dodge Correctional Facility, 1550 L Street, Suite B, Fort Dodge, Iowa 50501, and must include the incarcerated individual's name and ID number and the sender's name and complete address. Funds will also be accepted via electronic funds transfers from authorized vendors. An incarcerated individual's suspected abuse of requests for money from the public may be cause for limits or restrictions on the amounts of money which can be received and from whom money can be received.

This rule is intended to implement Iowa Code section 904.506.

ITEM 15. Amend subrule 20.6(2) as follows:

20.6(2) Publications include any periodical, newspaper, book, pamphlet, magazine, newsletter, or similar material published by any individual, organization, company, or corporation, and made available

CORRECTIONS DEPARTMENT[201](cont'd)

for a commercial purpose. ~~All publications~~ Publications may be purchased by a third party or an incarcerated individual and shall be unused and sent directly from an approved publisher or bookstore which does mail order business. Any exceptions must be authorized by the warden. No publication will be denied solely on the basis of its appeal to a particular ethnic, racial, religious, or political group. The quantity of printed materials, as with other personal property, ~~will~~ shall be controlled for safety and security reasons.

ITEM 16. Amend paragraph **20.6(5)“k”** as follows:

k. Is a ~~pamphlet,~~ catalog, or other publication whose purpose is primarily or significantly to sell items or materials that are expressly prohibited inside any of the department institutions. The warden can make exceptions for materials that serve reentry efforts.

ITEM 17. Adopt the following new implementation sentence in rule **201—20.6(904)**:

This rule is intended to implement Iowa Code section 904.108(1) “*k.*”

ITEM 18. Adopt the following new implementation sentence in rule **201—20.7(904)**:

This rule is intended to implement Iowa Code section 904.108(1) “*k.*”

ITEM 19. Adopt the following new implementation sentence in rule **201—20.8(904)**:

This rule is intended to implement Iowa Code sections 904.108(1) “*k.*” and 904.512.

ITEM 20. Amend rule 201—20.9(904) as follows:

201—20.9(904) Donations. Donations of money, books, games, recreation equipment or other such gifts shall be made directly to the warden or the warden’s designee. The warden or the warden’s designee shall evaluate the donation in terms of the nature of the contribution to the institution program. The warden or the warden’s designee is responsible for accepting the donation and reporting the gift to the institutional deputy director on a monthly basis.

This rule is intended to implement Iowa Code section 904.113.

ITEM 21. Adopt the following new implementation sentence in rule **201—20.10(904)**:

This rule is intended to implement Iowa Code section 904.108(6).

ITEM 22. Adopt the following new implementation sentence in rule **201—20.12(904)**:

This rule is intended to implement Iowa Code section 904.108(2).

ITEM 23. Amend rule 201—20.15(910A) as follows:

201—20.15(910A 915) Victim notification.

20.15(1) to 20.15(7) No change.

This rule is intended to implement Iowa Code ~~section 910A.9~~ chapter 915.

ITEM 24. Amend subrule 20.20(4) as follows:

20.20(4) Review and approval of expenditures. The deputy director of operations and the financial manager of administration will review the proposals for ~~a quarterly~~ an annual presentation by the director to the corrections board for approval. The director will notify the chairpersons and ranking members of the justice system’s appropriations subcommittee of the proposals prior to the corrections board approval. All expenditures and encumbrances shall require prior approval from the corrections board and the deputy director of operations. Institutions shall not be allowed to encumber or expend funds without approval. Revenues generated by telephone commissions at each institution shall be used to determine the availability of funds for each project.

ARC 6328C**HUMAN SERVICES DEPARTMENT[441]****Notice of Intended Action****Proposing rule making related to declaratory orders
and providing an opportunity for public comment**

The Human Services Department hereby proposes to amend Chapter 5, “Declaratory Orders,” Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is proposed under the authority provided in Iowa Code section 17A.9.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code section 17A.9.

Purpose and Summary

This proposed rule making is part of the Department’s five-year rules review process. This rule making makes changes to contact information and nonsubstantive changes to verbiage for consistency throughout the agency’s rules.

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).

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 June 7, 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

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.

HUMAN SERVICES DEPARTMENT[441](cont'd)

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 441—5.1(17A) as follows:

441—5.1(17A) Petition for declaratory order. Any person may file a petition with the department for a declaratory order as to the applicability to specified circumstances of a statute, rule, or order within the primary jurisdiction of the department at the ~~Office~~ Bureau of Policy Analysis Coordination, Department of Human Services, Hoover State Office Building, Fifth Floor, 1305 East Walnut, Des Moines, Iowa 50319-0114, or at appeals@dhs.state.ia.us. ~~A petition is deemed filed when it is received by that office.~~ The date of receipt of a petition is the day it reaches the department's rules administrator. The department shall provide the petitioner with a file-stamped copy of the petition if the petitioner provides the department an extra copy for this purpose. The petition ~~must~~ shall be typewritten or legibly handwritten in ink and ~~should~~ shall substantially conform to the following form:

BEFORE THE DEPARTMENT OF HUMAN SERVICES

Petition by (Name of Petitioner) for a Declaratory Order on (Cite provisions of law involved).	}	PETITION FOR DECLARATORY ORDER
--	---	-----------------------------------

The petition ~~must~~ shall provide the following information:

1. A clear and concise statement of all relevant facts on which the order is requested. For public assistance policy rulings, the request should state facts such as the amount of income and resources of a person who may be affected by the policy.
2. A citation and the relevant language of the specific statutes, rules, or orders, whose applicability is questioned, and any other relevant law.
3. The questions petitioner wants answered, stated clearly and concisely.
4. The answers to the questions desired by the petitioner and a summary of the reasons urged by the petitioner in support of those answers. A request which seeks to change rather than to declare or determine policy will be denied.
5. The reasons for requesting the declaratory order and disclosure of the petitioner's interest in the outcome.
6. A statement indicating whether the petitioner is currently a party to another proceeding involving the questions at issue and whether, to the petitioner's knowledge, those questions have been decided by, are pending determination by, or are under investigation by, any governmental entity.
7. The names and addresses of other persons, or a description of any class of persons, known by the petitioner to be affected by, or interested in, the questions presented in the petition.
8. Any request by the petitioner for a meeting provided for by rule 441—5.7(17A).
9. The petitioner's state identification number, if applicable.

The petition ~~must~~ shall be dated and signed by the petitioner or the petitioner's representative. It ~~must~~ shall also include the name, mailing address, and telephone number of the petitioner and petitioner's representative and a statement indicating the person to whom communications concerning the petition should be directed.

HUMAN SERVICES DEPARTMENT[441](cont'd)

ITEM 2. Amend subrule 5.3(3) as follows:

5.3(3) Filing and form of petition for intervention. A petition for intervention shall be filed at the office bureau of policy analysis. ~~A petition is deemed filed when it is received by that office.~~ The date of receipt of a petition is the day it reaches the department's rules administrator. The department shall provide the petitioner with a file-stamped copy of the petition for intervention if the petitioner provides an extra copy for this purpose. A petition for intervention ~~must~~ shall be typewritten or legibly handwritten in ink and ~~should~~ shall substantially conform to the following form:

BEFORE THE DEPARTMENT OF HUMAN SERVICES

Petition by (Name of Original Petitioner) for a Declaratory Order on (Cite provisions of law cited in original petition).	}	PETITION FOR INTERVENTION
---	---	------------------------------

The petition for intervention ~~must~~ shall provide the following information:

1. Facts supporting the intervenor's standing and qualifications for intervention.
2. The answers urged by the intervenor to the question or questions presented and a summary of the reasons urged in support of those answers.
3. Reasons for requesting intervention and disclosure of the intervenor's interest in the outcome.
4. A statement indicating whether the intervenor is currently a party to any proceeding involving the questions at issue and whether, to the intervenor's knowledge, those questions have been decided by, are pending determination by, or are under investigation by, any governmental entity.
5. The names and addresses of any additional persons, or a description of any additional class of persons, known by the intervenor to be affected by, or interested in, the questions presented.
6. Whether the intervenor consents to be bound by the determination of the matters presented by the declaratory order proceeding.

The petition ~~must~~ shall be dated and signed by the intervenor or the intervenor's representative. It ~~must~~ shall also include the name, mailing address, and telephone number of the intervenor and the intervenor's representative, and a statement indicating the person to whom communications should be directed.

ITEM 3. Amend rule 441—5.5(17A) as follows:

441—5.5(17A) Inquiries. Inquiries concerning the status of a declaratory order proceeding may be made to the Rules Administrator, ~~Office Bureau of Policy Analysis Coordination~~, Department of Human Services, Hoover State Office Building, Fifth Floor, 1305 East Walnut, Des Moines, Iowa 50319-0114, or at appeals@dhs.state.ia.us.

ITEM 4. Amend rule 441—5.6(17A) as follows:

441—5.6(17A) Service and filing of petitions and other papers.

5.6(1) Service. Except where otherwise provided by law, every petition for declaratory order, petition for intervention, brief, or other paper filed in a proceeding for a declaratory order shall be served by ~~mailing~~ mail, email, or personal delivery upon each of the parties of record to the proceeding, and on all other persons identified as affected by or interested in the questions presented, simultaneously with their filing. The party filing a document is responsible for service on all parties and other affected or interested persons. All documents filed shall indicate all parties or other persons served and the date and method of service.

5.6(2) Filing. All petitions for declaratory orders, petitions for intervention, briefs, or other papers in a proceeding for a declaratory order shall be filed with the ~~Office Bureau of Policy Analysis Coordination~~, Department of Human Services, Hoover State Office Building, Fifth Floor, 1305 East Walnut, Des Moines, Iowa 50319-0114, or at appeals@dhs.state.ia.us. All documents are considered filed upon receipt by the department's rules administrator.

HUMAN SERVICES DEPARTMENT[441](cont'd)

ITEM 5. Amend subrule 5.9(2) as follows:

5.9(2) Action on refusal. A refusal to issue a declaratory order ~~must~~ shall indicate the specific grounds for the refusal and constitutes final department action on the petition.

ITEM 6. Amend rule 441—5.10(17A) as follows:

441—5.10(17A) Contents of declaratory order—effective date. In addition to the ruling itself, a declaratory order ~~must~~ shall contain the date of its issuance, the name of petitioner and all intervenors, the specific statutes, rules, or orders involved, the particular facts upon which it is based, and the reasons for its conclusion.

A declaratory order is effective on the date of issuance.

ITEM 7. Amend rule 441—5.11(17A) as follows:

441—5.11(17A) Copies of orders. A copy of all orders issued in response to a petition for a declaratory order shall be mailed promptly to the original petitioner and all intervenors. An email response may be sent to the petitioner and other parties upon agreement of the petitioner and each party as applicable.

ARC 6327C

HUMAN SERVICES DEPARTMENT[441]

Notice of Intended Action

Proposing rule making related to food program terminology and family self-sufficiency grants program and providing an opportunity for public comment

The Human Services Department hereby proposes to amend Chapter 47, “Diversion Initiatives,” Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is proposed under the authority provided in Iowa Code chapter 239B and section 234.6.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code chapter 239B and section 234.6 and 7 CFR Part 273.

Purpose and Summary

As part of the Department’s five-year rules review process, this proposed rule making updates the name of Iowa’s food assistance program in Division I of Chapter 47. The formal name of Iowa’s program has been changed from the Food Assistance Program to the Supplemental Nutrition Assistance Program (SNAP) to be consistent with the name of the federal program and to alleviate confusion around food benefits that are available.

Division II of Chapter 47 relates to the Family Self-Sufficiency Grants Program. This proposed rule making clarifies that the Bureau of Refugee Services can provide PROMISE JOBS services to refugees who have not yet obtained United States citizenship. A family self-sufficiency grant shall be authorized for removing an identified barrier to self-sufficiency that will enable a PROMISE JOBS participant to either obtain new employment or retain existing employment. This proposed rule making also clarifies the duties of the Department’s division administrator relating to issuing payments and approving local plans for family self-sufficiency grants.

Fiscal Impact

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

HUMAN SERVICES DEPARTMENT[441](cont'd)

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 June 7, 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

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. Amend **441—Chapter 47**, Division I preamble, as follows:

PREAMBLE

These rules implement the Iowa promoting awareness of the benefits of a healthy marriage program. This program uses federal funds from the Temporary Assistance to Needy Families (TANF) block grant to provide information to certain households about the benefits of a healthy and stable marriage. Eligibility for this program also establishes categorical eligibility for the Iowa ~~food assistance program~~ supplemental nutrition assistance program (SNAP) under 441—Chapter 65.

ITEM 2. Amend rule 441—47.1(234), introductory paragraph, as follows:

441—47.1(234) Eligibility criteria. Eligibility for the promoting awareness of the benefits of a healthy marriage program is always determined in conjunction with determination of eligibility for ~~food assistance~~ SNAP under 441—Chapter 65.

ITEM 3. Amend subrule 47.1(1) as follows:

47.1(1) Application. There is no separate application for the program. Eligibility for the program is determined whenever the department determines a household’s eligibility for ~~food assistance~~ SNAP.

HUMAN SERVICES DEPARTMENT[441](cont'd)

ITEM 4. Amend subrules 47.1(4) and 47.1(5) as follows:

47.1(4) *Otherwise eligible for food assistance SNAP.* The household must meet all eligibility criteria for ~~food assistance~~ SNAP except as provided in this rule. A household that includes a member who is currently disqualified from ~~food assistance~~ SNAP due to an intentional program violation is not eligible for the program.

47.1(5) *Minimum food assistance SNAP benefit.* The household must be eligible for a monthly ~~food assistance~~ SNAP benefit greater than zero. Households with a monthly ~~food assistance~~ SNAP benefit of zero are not eligible for the program.

ITEM 5. Amend paragraph **47.2(2)“b”** as follows:

b. The household's ~~food assistance~~ SNAP certification period under 441—Chapter 65 ends.

ITEM 6. Amend rule **441—47.21(239B)**, definition of “Bureau of refugee services,” as follows:

“*Bureau of refugee services*” or “*BRS*” means a unit of the department of human services that provides PROMISE JOBS services to refugees who have not obtained United States citizenship.

ITEM 7. Amend subrule 47.22(2) as follows:

47.22(2) The program shall be available for use by the bureau of refugee services (BRS) for PROMISE JOBS participants who are refugees who have not obtained United States citizenship, as delineated in the PROMISE JOBS agreement.

ITEM 8. Amend rule 441—47.24(239B), introductory paragraph, as follows:

441—47.24(239B) Assistance available in family self-sufficiency grants. Family self-sufficiency grants shall be authorized for removing an identified barrier to self-sufficiency when it can be reasonably anticipated that the assistance will enable PROMISE JOBS participant families to obtain or retain employment ~~or obtain employment~~ in the two full calendar months following the date of authorization of payment. For example, if a payment is authorized on August 20, it should be anticipated that the participant can find employment in September or October.

ITEM 9. Amend subrule 47.24(2) as follows:

47.24(2) Types of assistance. The department, in conjunction with IWD and BRS, shall determine those barriers to self-sufficiency which can be considered for family self-sufficiency grants such as, but not limited to, auto maintenance or repair, licensing fees, child care, and referral to other resources, including those necessary to address questions of domestic violence. The IWD service delivery areas and BRS shall have the opportunity to adjust the list of approvable barriers to self-sufficiency based on local resources and circumstances. These adjustments shall be approved by the department division administrator and the appropriate responsible administrator prior to implementation.

ITEM 10. Amend subrule 47.24(5) as follows:

47.24(5) Supplanting. Family self-sufficiency grants shall not be used for services already available through the department, PROMISE JOBS, or other local resources at no cost.

ITEM 11. Amend subrule 47.24(7) as follows:

47.24(7) Issuing payments. Family self-sufficiency grants are PROMISE JOBS benefits and shall be authorized through the PROMISE JOBS expense allowance system. ~~Warrants Payments~~ may be issued to the participants or to a vendor for support services provided to the family. The department division administrator in conjunction with the appropriate responsible administrator shall have discretion in determining method of payment. The IWD service delivery area or BRS shall have the opportunity to adjust these payment options in an individual case based on circumstances and needs of the family with the approval of the department division administrator and the appropriate responsible administrator prior to implementation.

ITEM 12. Amend paragraph **47.25(1)“d”** as follows:

d. Demonstration of how removing the barrier is related to obtaining or retaining ~~or obtaining~~ employment, meeting the criteria from rule 441—47.24(239B).

HUMAN SERVICES DEPARTMENT[441](cont'd)

ITEM 13. Amend rule 441—47.26(239B), introductory paragraph, as follows:

441—47.26(239B) Approved local plans for family self-sufficiency grants. Each IWD service delivery area shall create and provide to IWD the written policies and procedures for administering family self-sufficiency grants. BRS shall create and provide to the department the written policy and procedures for administering family self-sufficiency grants. The plan shall be reviewed for required elements and quality of service to ensure that it meets the purpose of the program and approved by the department division administrator and the ~~IWD division~~ appropriate responsible administrator. The written policies and procedures shall be available to the public at county offices, PROMISE JOBS offices, and at IWD. At a minimum, these policies and procedures shall contain or address the following:

ITEM 14. Amend paragraph **47.26(1)“b”** as follows:

b. How determinations will be made that the service or assistance requested meets the program’s objective of helping the family obtain or retain employment ~~or obtain employment~~.

ARC 6329C

HUMAN SERVICES DEPARTMENT[441]

Notice of Intended Action

Proposing rule making related to the foster home insurance fund and providing an opportunity for public comment

The Human Services Department hereby proposes to amend Chapter 158, “Foster Home Insurance Fund,” Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is proposed under the authority provided in Iowa Code section 237.3.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code section 237.3.

Purpose and Summary

Chapter 158 was reviewed as part of the Department’s five-year rules review project. This proposed rule making updates the insurance coverage under the Foster Home Insurance Fund to include auto damage by foster children as a covered expense. This rule making does not change the premium or the total costs the Department currently pays.

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).

HUMAN SERVICES DEPARTMENT[441](cont'd)

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 June 7, 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

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 paragraph **158.3(1)“b”** as follows:

b. Compensation to licensed foster families for personal or real property damage and auto physical damage as a result of the activities of the family foster care child. Coverage also extends to third-party property damages caused by actions of the foster child.

ARC 6322C

PUBLIC HEALTH DEPARTMENT[641]

Notice of Intended Action

**Proposing rule making related to congenital and inherited disorders
and providing an opportunity for public comment**

The Public Health Department hereby proposes to amend Chapter 4, “Center for Congenital and Inherited Disorders,” Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is proposed under the authority provided in Iowa Code section 136A.8 and 2022 Iowa Acts, Senate File 2345.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code chapter 136A and 2022 Iowa Acts, Senate File 2345.

PUBLIC HEALTH DEPARTMENT[641](cont'd)

Purpose and Summary

The proposed amendments will accomplish the following:

- Add definitions of “Iowa newborn screening panel,” “Iowa newborn screening program,” and “federal recommended uniform screening panel” (pursuant to 2022 Iowa Acts, Senate File 2345).
- Rescind language requiring State Board of Health approval to add disorders to or remove disorders from the newborn screening panel.
- Provide a fax number for the submission of refusal forms.
- Indicate that collection of the newborn screening specimen shall not delay critical care to the newborn.
- Describe who is responsible for informing the parent or guardian of the newborn screening procedure.
- Establish a cap on the amount that a facility or provider can charge for the newborn screening panel.
- Require a physician or other health care professional who undertakes primary pediatric care of a newborn delivered in Iowa to be available on an emergency basis to follow up on time-critical newborn screening results for newborns in the physician’s or health care professional’s care.
- Remove language indicating the newborn screening fee and describe the authority given to the State Hygienic Laboratory (SHL) to establish the newborn screening fee, pursuant to Senate File 2345.
- Move responsibility for reporting on the number of refusals of newborn screening from the SHL to the short-term follow-up program.
- Update language in subrule 4.3(7) regarding the release of newborn and maternal prenatal screening data to build consistency with Department data-sharing policies, HIPAA regulations, and the Common Rule; and allow an agent of a state or federal agency to receive the same information as the state or federal agency.
- Replace the term “written” with “informed” to allow researchers to obtain consent from a parent/guardian for use of the infant’s residual dried blood spot specimen by means other than written, e.g., telephonic or electronic “in-app” consent.
- Move references to the Iowa maternal prenatal screening program funding to the Iowa maternal prenatal screening program fee section.
- Remove language regarding income guidelines of 185 percent of the federal poverty level for the medical formula and medical foods program to allow the fiscal administrator (University of Iowa Hospitals and Clinics) of the program to place individuals on the sliding fee schedule according to the fiscal administrator’s established guidelines and policy.
- Expand the list of disorders or conditions for which the Iowa Registry for Congenital and Inherited Disorders (IRCID) may conduct surveillance to include surveillance of pregnancy outcomes in order to understand the effects of emerging and reemerging threats on pregnant women and their infants.
- Describe the authority given through Senate File 2345 to the Congenital and Inherited Disorders Advisory Committee (CIDAC) to review newborn screening conditions on the federal recommended uniform screening panel (U.S. Department of Health and Human Services Recommended Uniform Screening Panel (RUSP)) for addition to Iowa’s newborn screening panel.
- Establish timelines for CIDAC’s review and consideration of RUSP conditions (within 12 months of the addition of the condition to the RUSP) and for the Department to add the condition(s) to the state newborn screening panel (within 18 months of CIDAC’s recommendation).
- Add a description of CIDAC membership pursuant to Senate File 2345.

Fiscal Impact

This rule making may have a fiscal impact to the State of Iowa. There will be additional expenses for laboratory equipment and infrastructure to support the testing including test supplies, education materials and training provided to expecting parents and providers. 2022 Iowa Acts, Senate File 2345, gives authority to the SHL to establish a newborn screening fee schedule in a manner sufficient to support the newborn screening system of care.

PUBLIC HEALTH DEPARTMENT[641](cont'd)

The costs of the additional jobs, equipment, supplies, trainings and educational materials are dependent on the type of disorders added to the newborn screening panel; each disorder comes with its specific testing methodology and expertise requirements, so costs are unknown until such time as the capacity of the current system and the administration, laboratory, clinical, and follow-up needs for expansion of the panel for the specific disorder(s) can be as assessed.

Jobs Impact

The addition of disorders to the newborn screening panel as required by 2022 Iowa Acts, Senate File 2345, will create additional jobs for those with expertise in the disorder(s) added, such as laboratory scientists, bioinformaticians, medical geneticists, genetic counselors, and follow-up nurses.

Waivers

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

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 June 7, 2022. Comments should be directed to:

Kimberly Piper
Department of Public Health
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319
Email: kimberly.piper@idph.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 actions are proposed:

ITEM 1. Amend subrule 4.1(1) as follows:

4.1(1) *Advisory committee.* The center for congenital and inherited disorders advisory committee represents the interests of the people of Iowa and assists in the development of programs that ensure the availability of and access to quality genetic and genomic health care services by all residents. The advisory committee advises the director of the department of public health regarding issues related to genetics and hereditary and congenital disorders and makes recommendations about the design and implementation of the center's programs.

PUBLIC HEALTH DEPARTMENT[641](cont'd)

ITEM 2. Adopt the following new definitions of “Federal recommended uniform screening panel,” “Iowa newborn screening panel” and “Iowa newborn screening program” in rule **641—4.2(136A)**:

“*Federal recommended uniform screening panel*” means the list of disorders for which the U.S. Department of Health and Human Services recommends states screen as part of their state newborn screening panels.

“*Iowa newborn screening panel*” or “*newborn screening panel*” means the list of disorders for which the department screens Iowa newborns.

“*Iowa newborn screening program*” or “*INSP*” means a program that provides screening of live-born Iowa newborns for the disorders listed on the Iowa newborn screening panel.

ITEM 3. Amend rule **641—4.2(136A)**, definitions of “Committee” and “Specialty genetics provider,” as follows:

“*Committee Advisory committee*” means the congenital and inherited disorders advisory committee (CIDAC).

“*Specialty genetics provider*” means a medical geneticist, genetic nurse, or genetic counselor.

ITEM 4. Amend paragraphs **4.3(1)“a”** and “**b”** as follows:

a. All newborns and infants born in the state of Iowa shall be screened for all congenital and inherited disorders on the Iowa newborn screening panel as specified by the center ~~and approved by the state board of health.~~

b. As new disorders are recognized and new technologies and tests become available, the center shall follow protocols developed by the department in regard to the addition of disorders to or the deletion of disorders from the screening panel. ~~The state board of health shall provide final approval for the addition of disorders to or the deletion of disorders from the screening panel.~~

ITEM 5. Amend subrules 4.3(2) and 4.3(3) as follows:

4.3(2) *Newborn blood spot screening procedure for facilities and providers.*

a. *Educating parent or guardian.* Before a specimen from an infant is obtained, the prenatal care provider, the attending health care provider, or a representative of either shall inform a parent or guardian ~~shall be informed~~ of the type of specimen, how it is obtained, the nature of the disorders for which the infant is being screened, the consequences of treatment and nontreatment, and the retention, use and disposition of residual specimens.

b. *Refusal of screening.* Should a parent or guardian refuse the screening, said refusal shall be documented in the infant’s medical record, and the parent or guardian shall sign the refusal of screening form. The birthing facility or attending health care provider shall submit the signed refusal of screening form to the central laboratory or its designee within six days of the refusal. The birthing facility or attending health care provider may submit refusal forms via the courier service established for the transportation of newborn screening specimen collection forms or via secure facsimile to (319)384-5116.

c. *Collection of specimens.* A filter paper blood specimen shall be collected from the infant between 24 to 48 hours after the infant’s birth. A specimen shall not be collected from an infant less than 24 hours after birth except as follows:

(1) A blood specimen must be collected before any initial transfusion, even if the infant is less than 24 hours old.

(2) A blood specimen must be collected before the infant leaves the hospital, whether by discharge or by transfer to another hospital, even if the infant is less than 24 hours old, unless collection of the blood specimen would delay critical care to the infant.

d. *Submission of specimens.* All specimens shall be delivered via courier service or, if courier service is not available, forwarded by first-class mail or other appropriate means within 24 hours after collection to the SHL.

e. ~~*Informed consent for the release of residual specimens for research use*~~ *Newborn screening panel fee.* ~~Rescinded ARC 2929C, IAB 2/1/17, effective 3/8/17.~~ The facility or health care provider

PUBLIC HEALTH DEPARTMENT[641](cont'd)

collecting and submitting the newborn screening specimen shall charge a fee for the newborn screening panel that does not exceed the newborn screening fee listed in the fee schedule established by the SHL.

4.3(3) Primary health care provider responsibility.

a. The attending health care provider shall ensure that infants under the provider's care are screened.

b. Procedures for specimen collection for newborn blood spot screening shall be followed in accordance with 4.3(2).

c. A physician or other health care professional who undertakes primary pediatric care of an infant delivered in Iowa shall arrange for the newborn screening if a newborn screening result is not in the infant's medical record.

d. A primary health care provider, or the provider's designee, who undertakes primary pediatric care of an infant delivered in Iowa shall be available on an emergency basis to follow up on time-critical newborn screening results for the infant in the provider's care.

ITEM 6. Amend subparagraph **4.3(4)“d”(1)** as follows:

(1) The infant is discharged ~~or transferred to another facility~~ before the infant is 24 hours old.

ITEM 7. Rescind paragraphs **4.3(5)“i”** to **“k.”**

ITEM 8. Reletter paragraphs **4.3(5)“a”** to **“h”** as **4.3(5)“b”** to **“i.”**

ITEM 9. Adopt the following new paragraph **4.3(5)“a”**:

a. Establish the newborn screening fee schedule pursuant to Iowa Code section 136.3A(6) as enacted by 2022 Iowa Acts, Senate File 2345, section 2.

ITEM 10. Rescind subparagraph **4.3(5)“h”(5)**.

ITEM 11. Renumber subparagraphs **4.3(5)“h”(6)** and **(7)** as **4.3(5)“h”(5)** and **(6)**.

ITEM 12. Renumber subparagraph **4.3(6)“b”(3)** as **4.3(6)“b”(4)**.

ITEM 13. Adopt the following new subparagraph **4.3(6)“b”(3)**:

(3) Number of refusals for screening,

ITEM 14. Amend subparagraphs **4.3(7)“b”(3)** and **(4)** as follows:

(3) A representative or agent of a state or federal agency, to the extent that the information is necessary to perform a legally authorized function of that agency or the department. The state or federal agency and its agents will be subject to confidentiality regulations which are the same as or more stringent than those in the state of Iowa.

(4) A researcher, upon documentation of ~~parental consent obtained by the researcher, and only to the extent that the information is necessary to perform research authorized by the department permission for the use of data from the Iowa newborn screening program for research purposes subject to conditions the department may impose to ensure the use of the data is limited to such research purposes. No data shall be furnished from the Iowa newborn screening program for research purposes until the department has prepared in writing the conditions under which the data may be used and has received an agreement signed by a responsible agent of a research organization agreeing to meet and conform to such conditions.~~

ITEM 15. Amend paragraph **4.3(8)“c”** as follows:

c. Research. A residual newborn screening specimen may be released for research purposes only if ~~written~~ informed consent has been received by the researcher from a parent or guardian of the child, or the individual adult upon whom the screening was performed, and each of the following conditions is satisfied:

(1) to (4) No change.

ITEM 16. Amend subparagraph **4.3(9)“a”(2)** as follows:

(2) Refusal. Should a parent or guardian refuse the screening, said refusal shall be documented in the infant's medical record, and the parent or guardian shall sign the refusal of screening form. The birthing facility or attending health care provider shall submit the signed refusal form to the central laboratory within six days of the refusal. The birthing facility or attending health care provider may

PUBLIC HEALTH DEPARTMENT[641](cont'd)

submit refusal forms via the courier service established for the transportation of newborn screening specimen collection forms or via secure facsimile to (319)384-5116.

ITEM 17. Amend subrule 4.3(10) as follows:

4.3(10) INSP and IMPSP fees.

~~a. The department shall annually review and determine the fee to be charged for all activities associated with the INSP and the IMPSP. The review and fee determination shall be completed at least one month prior to the beginning of the fiscal year. The newborn screening fee is \$122. In consultation with the department, the SHL shall establish the newborn screening fee schedule in a manner sufficient to support the newborn screening system of care including, but not limited to, laboratory screening costs, short-term and long-term follow-up program costs, the newborn screening developmental fund, and the cost of the department's newborn screening data system.~~

~~b. The department SHL shall include as part of the INSP fee an amount determined by the committee and department to fund the provision of special medical formula and foods for eligible individuals with inherited diseases of amino acids and organic acids who are identified through the programs.~~

~~c. Funds collected through newborn screening fees shall be used for newborn screening program activities only.~~

~~d. Funds collected through maternal prenatal screening fees shall be used for maternal prenatal screening activities only.~~

~~e. d.~~ In order to support newborn and maternal prenatal screening activities, the department shall authorize the expenditure and exchange of newborn screening and maternal prenatal screening developmental funds between the SHL (as designated fiscal agent) and the department.

~~f. e.~~ Upon department approval of proposed budgets, a portion of INSP and IMPSP fees shall be distributed to the department to support activities of the INSP and the IMPSP at the center for congenital and inherited disorders (CCID).

ITEM 18. Amend paragraph 4.3(11)“d” as follows:

~~d. Provisions of special medical formula and foods through this funding allocation shall be available to an individual only after the individual has shown that all benefits from third-party payers including, but not limited to, health insurers, health maintenance organizations, Medicare, Medicaid, WIC Women, Infants, and Children (WIC) and other government assistance programs have been exhausted. In addition, a full fee and a sliding fee scale shall be established and used for those persons able to pay all or part of the cost. Income and resources shall be considered in the application of the sliding fee scale. Individuals whose income is at or above 185 percent of the federal poverty level shall be charged a fee for the provision of special medical formula and foods. Placement of individuals on the sliding fee scale shall be determined and reviewed at least annually.~~

ITEM 19. Amend rule 641—4.7(136A), introductory paragraph, as follows:

641—4.7(136A) Iowa registry for congenital and inherited disorders (IRCID). This program provides active statewide surveillance for congenital and inherited disorders. These disorders may include birth defects, neuromuscular disorders, metabolic or other inherited disorders, and all stillbirths. The program also may also conduct active statewide surveillance of pregnancy outcomes to understand the effects of emerging and reemerging threats on pregnant women and their infants and conduct active statewide surveillance of live births without a reportable congenital or inherited disorder to serve as controls for epidemiological surveys. Surveillance activities for specific congenital and inherited disorders will be conducted for the period of time that adequate financial support is available.

ITEM 20. Amend paragraph 4.7(1)“a” as follows:

~~a. Birth defects shall be defined as any major structural abnormality or metabolic heritable disorder that may adversely affect a child's health and development. The abnormality or disorder must be diagnosed or its signs and symptoms must be recognized within the first two years of life.~~

PUBLIC HEALTH DEPARTMENT[641](cont'd)

ITEM 21. Reletter paragraphs **4.7(1)“d”** and **“e”** as **4.7(1)“c”** and **“d.”**

ITEM 22. Reletter paragraph **4.7(2)“d”** as **4.7(2)“c.”**

ITEM 23. Amend paragraph **4.7(3)“b”** as follows:

b. The IRCID shall use the birth defects, neuromuscular disorders, metabolic or other inherited disorders, and stillbirth coding schemes developed by the Centers for Disease Control and Prevention (CDC).

ITEM 24. Amend paragraph **4.7(6)“e”** as follows:

e. Researchers, in accordance with the following:

(1) All proposals for research using the IRCID data to be conducted by persons other than program staff shall first be submitted to and accepted by the researcher's institutional review board. Proposals shall then be reviewed and approved by the department and ~~the IRCID's internal advisory committee~~ CIDAC before research can commence.

(2) The IRCID shall submit to ~~the IRCID's internal advisory committee~~ CIDAC for approval a protocol describing any research conducted by the IRCID in which the IRCID deems it necessary to contact case subjects and controls.

ITEM 25. Amend rules 641—4.11(136A) and 641—4.12(136A) as follows:

~~**641—4.11(136A) Purpose.** CIDAC represents the interests of the people of Iowa and assists in the development of programs that ensure the availability of and access to quality genetic and genomic health care services by all residents. The committee advises the director regarding issues related to genetics and hereditary and congenital disorders. A congenital and inherited disorders advisory committee (CIDAC or advisory committee) is established to assist the center for congenital and inherited disorders and the department in the development of programs that ensure the availability of and access to quality genetic and genomic health care services for all Iowans.~~

~~**641—4.12(136A) Duties of the advisory committee.** CIDAC shall perform the following duties:~~

~~**4.12(1)** Make recommendations about the design and implementation of the center's programs, including but not limited to:~~

~~*a.* The Iowa newborn screening program; including management of the Iowa newborn screening panel.~~

~~(1) The advisory committee shall assist the center for congenital and inherited disorders and the department in designating the conditions to be included in the newborn screening and in regularly evaluating the effectiveness and appropriateness of the newborn screening.~~

~~(2) Beginning July 1, 2022, the advisory committee shall ensure that all conditions included in the federal recommended uniform screening panel as of January 1, 2022, are included in the newborn screening.~~

~~(3) Within 12 months of the addition of a new condition to the federal recommended uniform screening panel, the advisory committee shall consider and make a recommendation to the department regarding inclusion of the new condition in the newborn screening panel, including the current newborn screening capacity to screen for the new condition and the resources necessary to screen for the new condition going forward.~~

~~(4) If the advisory committee recommends inclusion of a new condition, the department shall include the new condition in the newborn screening panel within 18 months of receipt of the recommendation;~~

~~*b.* The regional genetics consultation service;~~

~~*c.* The maternal prenatal screening program;~~

~~*d.* The neuromuscular and related genetic disorders program; and~~

~~*e.* The Iowa registry for congenital and inherited disorders.~~

~~**4.12(2)** Support the development of special projects and conferences regarding genetic and genomic health care services and issues.~~

PUBLIC HEALTH DEPARTMENT[641](cont'd)

4.12(3) Advocate for quality genetic and genomic health care services for all residents in the state of Iowa.

ITEM 26. Amend rule 641—4.13(136A) as follows:

641—4.13(136A) Membership. The members of the advisory committee shall be appointed by the director and shall include persons with relevant expertise and interest including parent representatives. Membership will be comprised of representatives of professional groups, agencies, legislators, parents, consumers, and professional health care providers.

4.13(1) CIDAC ~~shall be comprised of regular, ex officio, and honorary members~~ membership.

a. to e. No change.

4.13(2) No change.

4.13(3) The director will appoint regular and honorary advisory committee members for three fiscal years. Reappointment of regular and honorary members shall be at the discretion of the director.

ITEM 27. Amend subrule 4.14(1) as follows:

4.14(1) Meetings of the advisory committee will be held as necessary and at the call of the director or the chairperson. There shall be a minimum of four meetings per year.

ITEM 28. Amend subparagraph **4.14(6)“b”(1)** as follows:

(1) A designee of similar standing must be able to reasonably fulfill the member’s role on the advisory committee in discussions.

ARC 6323C

PUBLIC HEALTH DEPARTMENT[641]

Notice of Intended Action

Proposing rule making related to AIDS drug assistance program eligibility requirements and providing an opportunity for public comment

The Public Health Department hereby proposes to amend Chapter 11, “Human Immunodeficiency Virus (HIV) Infection and Acquired Immune Deficiency Syndrome (AIDS),” Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is proposed under the authority provided in Iowa Code chapter 141A.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code section 141A.3(1).

Purpose and Summary

The proposed amendments increase the eligibility for the AIDS Drug Assistance Program (ADAP) from 400 percent of the federal poverty level (FPL) to 500 percent of the FPL for medication and insurance assistance. The proposed amendments also modify the requirements for medication assistance to account for some health plans that do not allow the ADAP to assist with insurance costs or that are not cost effective for the ADAP to support.

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.

PUBLIC HEALTH DEPARTMENT[641](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 the Department's waiver provisions contained in 641—Chapter 178.

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 June 7, 2022. Comments should be directed to:

Randy Mayer
Department of Public Health
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319
Email: randall.mayer@idph.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:

Amend rule 641—11.43(141A) as follows:

641—11.43(141A) Eligibility requirements.

11.43(1) An applicant is eligible to participate in the ADAP medication assistance program if the applicant:

- a. Applies for enrollment in ADAP on a form provided by the department;
- b. Has no health insurance to cover the cost of the drugs that are or may become available from ADAP, or has insurance that is determined by the department to be incompatible with or cost-ineffective for the ADAP insurance assistance program;
- c. Is currently being prescribed a drug on the ADAP formulary;
- d. Has an annual income that is less than or equal to ~~400~~ 500 percent of the poverty level as determined by the most recent federal poverty guidelines published annually by the U.S. Department of Health and Human Services for the size of the household;
- e. Has a medical diagnosis of HIV infection or AIDS or is an unborn infant or an infant under 18 months of age who has an HIV-infected mother; and
- f. Is a resident of Iowa.

11.43(2) An applicant is eligible to participate in the ADAP health insurance assistance program if the applicant:

- a. Applies for enrollment in ADAP on a form provided by the department;

PUBLIC HEALTH DEPARTMENT[641](cont'd)

- b.* Has creditable health insurance coverage or meets the enrollment qualifications for an ADAP-sponsored health plan;
- c.* Is currently being prescribed a drug on the ADAP formulary;
- d.* Has an annual income that is less than or equal to ~~400~~ 500 percent of the poverty level as determined by the most recent federal poverty guidelines published annually by the U.S. Department of Health and Human Services for the size of the household;
- e.* Has a medical diagnosis of HIV infection or AIDS or is an unborn infant or an infant under 18 months of age who has an HIV-infected mother; and
- f.* Is a resident of Iowa.

ARC 6325C

PUBLIC HEALTH DEPARTMENT[641]

Notice of Intended Action

Proposing rule making related to certification examinations for limited radiologic technologists and continuing education requirements and providing an opportunity for public comment

The Public Health Department hereby proposes to amend Chapter 42, "Permit to Operate Ionizing Radiation Producing Machines or Administer Radioactive Materials," Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is proposed under the authority provided in Iowa Code sections 136C.3 and 136C.12.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code chapter 136C.

Purpose and Summary

The proposed amendments address changes made in the American Registry of Radiologic Technologists (ARRT) policies and procedures. The ARRT is recognized by national accreditation entities and regulatory bodies, including the Department, as the national certification entity for radiologic technologists, nuclear medicine technologists, radiation therapists, and radiologist assistants. The ARRT also provides the examination for limited radiologic technologists approved by the Department as eligible to take the examination. The Department tries to align rules with ARRT requirements whenever possible to reduce duplication, conflicting requirements, and burden on the regulated community.

The amendment to subparagraph 42.9(2)"e"(3) removes the requirement for limited radiologic technologists to pay a fee to the Department for the limited radiography examination administered by the ARRT through an agreement with the Department. The ARRT is now charging this fee directly to the applicant; consequently, applicants will not need to pay the Department a fee for this service.

The amendments to paragraphs 42.18(2)"b" and 42.18(2)"c" change the continuing education (CE) limitation for repeating certain CE courses. The ARRT made the change to allow a CE course to be repeated in future biennia; therefore, the Department is removing its restriction because of the conflict with ARRT requirements.

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.

PUBLIC HEALTH DEPARTMENT[641](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 the Department's waiver provisions contained in 641—Chapter 178.

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 June 7, 2022. Comments should be directed to:

Angela Leek
Department of Public Health
Bureau of Radiological Health
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319
Email: radhealthia@idph.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 actions are proposed:

ITEM 1. Amend subparagraph **42.9(2)“e”(3)** as follows:

(3) Each individual making application to take an examination as a limited radiologic technologist in 42.9(2)“e”(1)“1” or “3” must submit an application and nonrefundable to the department each time the individual takes the examination. The individual must also submit the examination fee of \$200 to the department directly to the ARRT each time the individual takes the examination.

ITEM 2. Amend paragraph **42.18(2)“b”** as follows:

b. Continuing education activities ~~that are lecture presentations~~ may not be repeated for credit in the same biennium but may be repeated across different biennia.

ITEM 3. Rescind paragraph **42.18(2)“c.”**

ARC 6326C**PUBLIC HEALTH DEPARTMENT[641]****Notice of Intended Action****Proposing rule making related to WIC online ordering project
and providing an opportunity for public comment**

The Public Health Department hereby proposes to amend Chapter 73, “Special Supplemental Nutrition Program for Women, Infants, and Children (WIC),” Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is proposed under the authority provided in Iowa Code section 135.11.

State or Federal Law Implemented

This rule making implements, in whole or in part, 20 U.S.C. Section 1786 and Iowa Code section 135.11.

Purpose and Summary

This proposed amendment will ensure that Iowa can move forward with the federal WIC Online Ordering Pilot Project by allowing a WIC participant, vendor, or contract agency to participate in the project.

Fiscal Impact

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

Jobs Impact

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

Waivers

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

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 June 7, 2022. Comments should be directed to:

Jill Lange
Department of Public Health
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319
Email: jill.lange@idph.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

PUBLIC HEALTH DEPARTMENT[641](cont'd)

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:

Adopt the following **new** rule 641—73.26(135):

641—73.26(135) WIC online ordering project. Notwithstanding any conflicting provision of law to the contrary, a participant, vendor, or contract agency may participate in the WIC online ordering project, provided that such participation conforms to the terms and conditions of the Iowa WIC Policy and Procedure Manual as modified to incorporate the WIC online ordering project.

REVENUE DEPARTMENT[701]

Notice of Electric and Natural Gas Delivery Tax Rate Changes

Pursuant to the authority of Iowa Code sections 437A.4 and 437A.5, the Director of Revenue hereby gives notice of the changes to the electric and natural gas delivery tax rates. These rates will be used in conjunction with the number of kilowatt hours of electricity and the number of therms of natural gas delivered to consumers in calendar year 2021 by each taxpayer, for replacement taxes payable in the 2022-2023 fiscal year.

2021 ELECTRIC DELIVERY TAX RATES BY SERVICE AREA RATE CHANGES ONLY

CO. #	MUNICIPAL ELECTRICS	DELIVERY TAX RATE
3209	Atlantic Municipal Utilities	0.00015473
3211	Bancroft Municipal Utilities	0.00090096
3213	Bellevue Municipal Utilities	0.00007813
3228	Bigelow Municipal Electric Utility	0.00048654
3216	Buffalo Municipal Electric System	0.00000225
3230	City of Fredericksburg	0.00000566
3258	Grand Junction Municipal Utilities	0.00000542
3267	Hopkinton Municipal Utilities	0.00000918
3109	Lenox Mun. Light & Power	0.00057374
3112	Manning Municipal Electric	0.00025068
3346	West Liberty Municipal Electric Util.	0.00000734
CO. #	IOUs—ELECTRIC	DELIVERY TAX RATE
7206	Amana Society Service Co.	0.00060538
7289	MidAmerican Energy	0.00249144

REVENUE DEPARTMENT(cont'd)

CO. #	RECs	DELIVERY TAX RATE
4218	Butler County REC	0.00065438
4287	Consumers Energy	0.00136700
4251	Federated Rural Electric	0.00033479
4254	Freeborn-Mower Electric Coop	0.00165241
4259	Grundy County REC	0.00070157
4265	Harrison County REC	0.00062909
4290	Midland Power Coop	0.00094536
4313	Pleasant Hill Community Line	0.00022723
4336	United Electric Coop	0.00123613
4353	Wright County REC	0.00040495

**2021 NATURAL GAS DELIVERY TAX RATES BY SERVICE AREA
RATE CHANGES ONLY**

CO. #	MUNICIPAL GAS	DELIVERY TAX RATE
5281	Manilla Municipal Gas	0.00043741
5283	Manning Municipal Natural Gas	0.00010889
5306	Osage Municipal Gas	0.00002456
5344	West Bend Municipal Utilities	0.00002771

CO. #	IOUs—GAS	DELIVERY TAX RATE
5204	Allerton Gas	0.02238996
5335	United Cities Gas	0.00677422

TREASURER OF STATE

Notice—Public Funds Interest Rates

In compliance with Iowa Code chapter 74A and section 12C.6, the committee composed of Treasurer of State Michael L. Fitzgerald, Superintendent of Credit Unions Katie Averill, Superintendent of Banking Jeff Plagge, and Auditor of State Rob Sand has established today the following rates of interest for public obligations and special assessments. The usury rate for May is 4.25%.

INTEREST RATES FOR PUBLIC OBLIGATIONS AND ASSESSMENTS

- 74A.2 Unpaid Warrants Maximum 6.0%
- 74A.4 Special Assessments Maximum 9.0%

RECOMMENDED Rates for Public Obligations (74A.3) and School District Warrants (74A.7). A rate equal to 75% of the Federal Reserve monthly published indices for U.S. Government securities of

TREASURER OF STATE(cont'd)

comparable maturities. All Financial Institutions as defined by Iowa Code section 12C.1 are eligible for public fund deposits as defined by Iowa Code section 12C.6A.

The rate of interest has been determined by a committee of the state of Iowa to be the minimum interest rate that shall be paid on public funds deposited in approved financial institutions. To be eligible to accept deposits of public funds of the state of Iowa, a financial institution shall demonstrate a commitment to serve the needs of the local community in which it is chartered to do business. These needs include credit services as well as deposit services. All such financial institutions are required to provide the committee with a written description of their commitment to provide credit services in the community. This statement is available for examination by citizens.

New official state interest rates, effective May 10, 2022, setting the minimums that may be paid by Iowa depositories on public funds are listed below.

TIME DEPOSITS		
7-31 days	.....	Minimum .05%
32-89 days	.....	Minimum .05%
90-179 days	.....	Minimum .05%
180-364 days	.....	Minimum .05%
One year to 397 days	.....	Minimum .05%
More than 397 days	.....	Minimum .10%

These are minimum rates only. All time deposits are four-tenths of a percent below average rates. Public body treasurers and their depositories may negotiate a higher rate according to money market rates and conditions.

Inquiries may be sent to Michael L. Fitzgerald, Treasurer of State, State Capitol, Des Moines, Iowa 50319.

USURY

In accordance with the provisions of Iowa Code section 535.2, subsection 3, paragraph “a,” the Superintendent of Banking has determined that the maximum lawful rate of interest shall be:

June 1, 2021 — June 30, 2021	3.75%
July 1, 2021 — July 31, 2021	3.50%
August 1, 2021 — August 31, 2021	3.50%
September 1, 2021 — September 30, 2021	3.25%
October 1, 2021 — October 31, 2021	3.25%
November 1, 2021 — November 30, 2021	3.25%
December 1, 2021 — December 31, 2021	3.50%
January 1, 2022 — January 31, 2022	3.50%
February 1, 2022 — February 28, 2022	3.50%
March 1, 2022 — March 31, 2022	3.75%
April 1, 2022 — April 30, 2022	4.00%
May 1, 2022 — May 31, 2022	4.25%
June 1, 2022 — June 30, 2022	4.75%

ARC 6319C

ECONOMIC DEVELOPMENT AUTHORITY[261]

Adopted and Filed

Rule making related to program funding and requirements

The Economic Development Authority (IEDA) hereby amends Chapter 7, “Iowa Jobs Training Program,” Chapter 42, “Iowa Tourism Grant Program,” Chapter 81, “Renewable Chemical Production Tax Credit Program,” Chapter 220, “Rural Housing Needs Assessment Grant Program,” and Chapter 221, “Rural Innovation Grant Program,” Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is adopted under the authority provided in Iowa Code section 15.106A.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code chapter 260F; Iowa Code sections 15.108 and 15.320; 2021 Iowa Acts, House File 699; and 2019 Iowa Acts, Senate File 608.

Purpose and Summary

The IEDA is adopting the following corrective and clarifying amendments:

- Amend subrule 7.6(1) relating to the Iowa Jobs Training Program to be consistent with Iowa Code section 260F.6.
- Amend subrule 42.2(2) relating to the Iowa Tourism Grant Program to allow the IEDA to set a maximum and minimum award level based on funding available in each fiscal year.
- Clarify in paragraph 42.3(1)“b” that other state sources of funds cannot be considered local match for the Iowa Tourism Grant Program.
- Amend subrule 81.3(3) relating to the Renewable Chemical Production Tax Credit Program to be consistent with Iowa Code section 15.317.
- Replace the phrase “20,000 or fewer” with “20,000 or less” in Chapters 220 and 221. These chapters relate to the Rural Housing Needs Assessment Grant Program (Chapter 220) and the Rural Innovation Grant Program (Chapter 221).

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 6202C**. No public comments were received. No changes from the Notice have been made.

Adoption of Rule Making

This rule making was adopted by the Authority Board on April 22, 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.

ECONOMIC DEVELOPMENT AUTHORITY[261](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 IEDA for a waiver of the discretionary provisions, if any, pursuant to 261—Chapter 199.

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 22, 2022.

The following rule-making actions are adopted:

ITEM 1. Amend subrule 7.6(1) as follows:

7.6(1) A community college consortium of two or more businesses as defined in 261—7.3(260F) is eligible for a maximum award of ~~\$50,000~~ \$100,000 per training project.

ITEM 2. Amend subrule 42.2(2) as follows:

42.2(2) The authority will establish a maximum grant award is \$5,000 per application and a minimum grant award per application for each fiscal year in which funding is available. The minimum grant award is \$500 per application.

ITEM 3. Amend paragraph **42.3(1)“b”** as follows:

b. The applicant shall demonstrate an amount of local match equal to at least 25 percent of the amount of grant funds to be received by the applicant under the program. The local match shall be in the form of cash. Other state sources of funds shall not qualify as local match. The local match must be spent on eligible expenses as described in rule 261—42.6(15).

ITEM 4. Amend subrule 81.3(3) as follows:

81.3(3) *Type of business.* The business may not be an entity providing professional services, health care services, or medical treatments ~~or~~ and may not be an entity engaged primarily in retail operations.

ITEM 5. Amend paragraph **220.4(1)“b”** as follows:

b. An applicant that is an incorporated city must have a population of 20,000 or ~~fewer~~ less and shall not be contiguous to a city with a population of 40,000 or greater. An applicant that is a county shall be one of the 88 least populous counties in the state. An applicant that is a community designee shall have entered an agreement pursuant to Iowa Code chapter 28E with an incorporated city or county meeting the population criteria in this paragraph.

ITEM 6. Amend rule **261—221.2(88GA,SF608)**, definition of “Project,” as follows:

“*Project*” means a program or activity undertaken in and for the benefit of a community in Iowa with a population of 20,000 or ~~fewer~~ less and not contiguous to a city with a population of 40,000 or greater.

ITEM 7. Amend paragraph **221.4(1)“c”** as follows:

c. The applicant must serve a city that has a population of 20,000 or ~~fewer~~ less and that is not contiguous to a city with a population of 40,000 or greater.

[Filed 4/25/22, effective 6/22/22]

[Published 5/18/22]

EDITOR’S NOTE: For replacement pages for IAC, see IAC Supplement 5/18/22.

ARC 6320C

ECONOMIC DEVELOPMENT AUTHORITY[261]

Adopted and Filed

Rule making related to discontinued programs

The Economic Development Authority (IEDA) hereby rescinds Chapter 9, “Workforce Training and Economic Development Funds,” Chapter 11, “Certified School to Career Program,” Chapter 25, “Housing Fund,” Chapter 28, “Local Housing Assistance Program,” Chapter 29, “Homeless Shelter Operation Grants Program,” Chapter 30, “Job Opportunities for Persons with Disabilities Program,” Chapter 33, “Iowa Wine and Beer Promotion Grant Program,” Chapter 53, “Community Economic Betterment Account (CEBA) Program,” Chapter 57, “Value-Added Agricultural Products and Processes Financial Assistance Program (VAAPFAP),” Chapter 58, “New Jobs and Income Program,” Chapter 61, “Physical Infrastructure Assistance Program (PIAP),” Chapter 62, “Cogeneration Pilot Program,” Chapter 63, “University-Based Research Utilization Program,” Chapter 64, “New Capital Investment Program,” Chapter 67, “Life Science Enterprises,” Chapter 69, “Loan and Credit Guarantee Program,” Chapter 74, “Grow Iowa Values Financial Assistance Program,” Chapter 80, “Iowa Small Business Loan Program,” Chapter 103, “Information Technology Training Program,” Chapter 107, “Targeted Industries Networking Fund,” Chapter 109, “Targeted Industries Career Awareness Fund,” Chapter 111, “Supply Chain Development Program,” Chapter 311, “Renewable Fuel Infrastructure Board—Organization,” Chapter 312, “Renewable Fuel Infrastructure Program for Retail Motor Fuel Sites,” Chapter 313, “Renewable Fuel Infrastructure Program for Biodiesel Terminal Grants,” Chapter 314, “Renewable Fuel Infrastructure Program Administration,” and Chapter 402, “Energy Efficiency Community Grant Program,” Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is adopted under the authority provided in Iowa Code section 15.106A.

State or Federal Law Implemented

This rule making implements, in whole or in part, 1998 Iowa Acts, Senate File 2296; 2003 Iowa Acts, House Files 391 and 692; 2005 Iowa Acts, House Files 868 and 882; 2008 Iowa Acts, Senate File 2136; 2009 Iowa Acts, Senate File 344; 2011 Iowa Acts, House Files 590 and 648; 2012 Iowa Acts, House File 2473; 2013 Iowa Acts, House File 604; and 2020 Iowa Acts, House File 2536.

Purpose and Summary

The IEDA is rescinding rule chapters relating to programs that have been repealed, transferred to other agencies, or otherwise discontinued.

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 6203C**. No public comments were received. No changes from the Notice have been made.

Adoption of Rule Making

This rule making was adopted by the Authority Board on April 22, 2022.

Fiscal Impact

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

ECONOMIC DEVELOPMENT AUTHORITY[261](cont'd)

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 IEDA for a waiver of the discretionary provisions, if any, pursuant to 261—Chapter 199.

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 22, 2022.

The following rule-making actions are adopted:

ECONOMIC DEVELOPMENT AUTHORITY[261](cont'd)

- ITEM 1. Rescind and reserve **261—Chapter 9.**
- ITEM 2. Rescind and reserve **261—Chapter 11.**
- ITEM 3. Rescind and reserve **261—Chapter 25.**
- ITEM 4. Rescind and reserve **261—Chapter 28.**
- ITEM 5. Rescind and reserve **261—Chapter 29.**
- ITEM 6. Rescind and reserve **261—Chapter 30.**
- ITEM 7. Rescind and reserve **261—Chapter 33.**
- ITEM 8. Rescind and reserve **261—Chapter 53.**
- ITEM 9. Rescind and reserve **261—Chapter 57.**
- ITEM 10. Rescind and reserve **261—Chapter 58.**
- ITEM 11. Rescind and reserve **261—Chapter 61.**
- ITEM 12. Rescind and reserve **261—Chapter 62.**
- ITEM 13. Rescind and reserve **261—Chapter 63.**
- ITEM 14. Rescind and reserve **261—Chapter 64.**
- ITEM 15. Rescind and reserve **261—Chapter 67.**
- ITEM 16. Rescind and reserve **261—Chapter 69.**
- ITEM 17. Rescind and reserve **261—Chapter 74.**
- ITEM 18. Rescind and reserve **261—Chapter 80.**
- ITEM 19. Rescind and reserve **261—Chapter 103.**
- ITEM 20. Rescind and reserve **261—Chapter 107.**
- ITEM 21. Rescind and reserve **261—Chapter 109.**
- ITEM 22. Rescind and reserve **261—Chapter 111.**
- ITEM 23. Rescind and reserve **261—Chapter 311.**
- ITEM 24. Rescind and reserve **261—Chapter 312.**
- ITEM 25. Rescind and reserve **261—Chapter 313.**
- ITEM 26. Rescind and reserve **261—Chapter 314.**
- ITEM 27. Rescind and reserve **261—Chapter 402.**

[Filed 4/25/22, effective 6/22/22]

[Published 5/18/22]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 5/18/22.

ARC 6321C**HUMAN SERVICES DEPARTMENT[441]****Adopted and Filed****Rule making related to community mental health centers**

The Human Services Department hereby amends Chapter 24, "Accreditation of Providers of Services to Persons with Mental Illness, Intellectual Disabilities, or Developmental Disabilities," Iowa Administrative Code.

HUMAN SERVICES DEPARTMENT[441](cont'd)

Legal Authority for Rule Making

This rule making is adopted under the authority provided in Iowa Code sections 230A.101 and 230A.105.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code chapter 230A.

Purpose and Summary

The purpose of these amendments is to establish a set of standards to be met by all designated community mental health centers (CMHCs). These amendments also define the process that the Department will use to designate at least one CMHC for addressing the mental health needs of the county or counties comprising a catchment area in accordance with Iowa Code chapter 230A, identify the target populations and core services to be served by CMHCs, and identify a formal accreditation review process for CMHCs.

These amendments update language in Division I to reflect current practices and add a new Division III specific to CMHCs.

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 6211C**. The Department received 14 comments from four respondents on the proposed amendments. The comments and corresponding responses from the Department are divided into five topic areas as follows:

Standards for Services—Performance Indicators

Comment 1: One respondent commented that paragraph 24.4(14)“b” should be revised to provide for better clarity and understanding of intent.

Response 1: The Department’s intention in proposing these changes is to align with other accreditation, oversight, and funding entities that require a distinct treatment plan. No changes have been made based on this comment.

Comment 2: Regarding performance indicators in paragraph 24.4(14)“b,” two respondents suggested that stricken subparagraph 24.4(14)“b”(5) should be reinstated. The respondents commented that retaining the subparagraph would clarify that a distinct service plan document is optional as service plan documentation, would enable flexibility as to where the contents are located or documented and in what form (whether a distinct separate document or incorporated otherwise), and would provide flexibility that would be particularly helpful for outpatient psychotherapy and counseling services for which this is a new requirement.

Response 2: The Department’s intention in proposing these changes is to align with other accreditation, oversight, and funding entities that require a distinct treatment plan. No changes have been made based on this comment.

Accreditation

Comment 1: Two respondents commented that for the CMHC designation in subrule 24.51(3), applicants should not be restricted to those CMHCs with a three-year accreditation and, as such, subparagraph 24.51(3)“a”(2) should be removed. The respondents stated that it is unclear if the Department intends to exclude the CMHC designation for organizations on an initial 270-day accreditation, one-year accreditation, and probational 180-day accreditation as found in subrule 24.5(5) and stated that by limiting this designation to those who have a three-year accreditation, there could be major disruption to the State’s community mental health infrastructure.

Response 1: It is the Department’s intention that an applicant for designation as a CMHC under subrule 24.51(3) shall have a three-year accreditation in outpatient psychotherapy and evaluation. A three-year accreditation ensures that the provider’s accreditation to deliver outpatient psychotherapy and

HUMAN SERVICES DEPARTMENT[441](cont'd)

evaluation services has been reviewed and is in substantial compliance with accreditation standards. No changes have been made based on this comment.

Community Support Services (CSS) in General

Comment 1: One respondent commented that in regard to subrule 24.54(5) pertaining to CSS, the service and standards outlined in subrule 24.54(5) may be provided by the agency through a variety of funding mechanisms and may or may not include the CSS as identified by Iowa Medicaid and related managed care organizations (MCOs), such as, but not limited to, federal grant moneys, such as certified community behavioral health clinics (CCBHC).

Response 1: In accordance with Iowa Code section 230A.106(2)“e,” CSS is a required core service to be offered by a CMHC. The Iowa Code requires the Department to implement rules for the core services listed. No changes have been made based on this comment.

Comment 2: Two respondents commented that subrule 24.54(5) sets forth requirements for CSS and requires clarifications, particularly clarifications for CSS educational requirements. Noting that numbered paragraph 24.54(5)“b”(1)“3” requires that qualifications for CSS staff include a “bachelor’s degree with 30 semester hours or equivalent quarter hours in a human services field, including but not limited to psychology, social work, mental health counseling, marriage and family therapy, nursing, education, occupational therapy, and recreational therapy,” the respondents stated that this educational requirement was not present for supported community living (SCL) providers and that it is unclear why CSS providers would have this heightened educational requirement. The respondents requested the proposed numbered paragraph 24.54(5)“b”(1)“3” setting forth heightened educational attainment for CSS be removed from the rules and stated that they question the “need to artificially increase minimum requirements for staff, which could exacerbate workforce shortages and further limit services available to the community.”

Response 2: The advisory stakeholder group that assisted with drafting these CMHC rules recommended qualifications to include a bachelor’s degree to be consistent with MCO requirements. CSS and SCL are not equivalent services. No changes have been made based on this comment.

CSS—Functional Impairment Language

Comment 1: One respondent requested revisions to the definition of “community support services” in rule 441—24.50(230A). The respondent stated that the CSS worker goes into the homes and upon seeing evidence of functional deficiencies can integrate these deficiencies into the treatment plan and that, as such, the use of the word “impairment” is more restrictive upon this role and potentially could be argued to fall outside the scope of practice for a CSS. The respondent suggested the following change to the introductory paragraph of the definition and elsewhere within this rule when in reference to CSS: Replacement of the words “and functional impairment” with the words “based upon their functional assessment.” The definition’s introductory paragraph would then read:

“‘Community support services’ or ‘CSS’ means services that support individuals with a mental illness based upon their functional assessment to live and work in the community of their choice through assisting with:”

Response 1: The rules do not require the CSS provider to determine the individual’s functional impairment or complete a functional assessment. The scope of the CSS provider’s role is identified in subparagraph 24.54(5)“b”(2) and includes monitoring of mental health symptoms and communication with other providers. Determination of diagnosis and functional impairments is completed by a qualified mental health professional. The Department has added a definition of “functional impairment” to rule 441—24.50(230A). No other changes have been made based on this comment.

Comment 2: One respondent commented that the introductory paragraph of subrule 24.54(5) should be changed to read as follows (the words “and functional impairments” are replaced with “based upon their functional impairment”):

“**24.54(5) Community support services (CSS).** The purpose of CSS is to support individuals as they live and work in the community and address mental health symptoms based upon their functional assessment that negatively affect integration and stability in the community.”

Response 2: To be eligible for CSS, an individual is required to have a diagnosis of a mental illness and identified functional impairment completed by a qualified mental health professional. The

HUMAN SERVICES DEPARTMENT[441](cont'd)

Department has added a definition of “functional impairment.” No other changes have been made based on this comment.

Comment 3: One respondent commented that the performance benchmark in subparagraph 24.54(5)“a”(2) should be changed to read as follows (the words “and functional impairment” are removed):

“(2) CSS is provided to individuals in the target population with mental illness.”

Response 3: To be eligible for CSS, an individual is required to have a diagnosis of a mental illness and identified functional impairment completed by a qualified mental health professional. The Department has added a definition for “functional impairment.” No other changes have been made based on this comment.

Comment 4: Two respondents commented that subrule 24.54(5) sets forth requirements for CSS and requires clarification regarding functional impairment determination. The respondents stated that “functional impairment” is an undefined term, which creates uncertainty in interpretation. They recommended that functional impairments referenced in subrule 24.54(5) either be defined or included within a clarifying statement to authorize trained CSS staff to make this determination as opposed to requiring an assessment done by another provider, which they said may limit services available to the community.

Response 4: The Department agrees and has added a definition of “functional impairment” to rule 441—24.50(230A). The definition reads as follows:

“*Functional impairment,*’ for the purpose of this division, means difficulties that substantially interfere with or limit functioning in one or more major life activities, such as basic daily living (including but not limited to eating, bathing, dressing); instrumental living skills (including but not limited to maintaining a household, managing money, community involvement, taking prescribed medication); and functioning in social, family, vocational and educational contexts.”

CMHC Core Services—Unfunded Mandate

Comment 1: One respondent commented that admission screening for voluntary patients to a state mental health institute in subrule 24.54(4), consultation services in subrule 24.54(6), education services in subrule 24.54(7), and coordination with unaffiliated agencies in subrule 24.54(8) are important services that could be performed by the CMHCs, but that each service also represents an unfunded mandate. The respondent stated that the inclusion as required core services and supports without funding or a payor source for the services adds an additional financial burden upon the CMHCs and that such a mandate should also include a source of payment for the services.

Response 1: The services are included in Iowa Code chapter 230A, and the Department was directed to adopt rules to implement Iowa Code chapter 230A. No changes have been made based on this comment.

Comment 2: Two respondents commented that subrule 24.54(4) requires “admission screening for voluntary patients to a state mental health institute.” The respondents stated that this includes both screening and evaluation to individuals requesting admission as well as the adoption of policies and procedures that define this process and includes referrals to other services pending placement if not immediately available. The respondents indicated that while they agree that admission screening activities in subrule 24.54(4) are prudent, they urge the Department to develop accompanying payment mechanisms for the provision of such services under the Iowa Medicaid fee schedule. The respondents stated that without reimbursement, these represent an unfunded mandate that would be impossible to implement and contribute to the unsustainability of CMHCs as a whole.

Response 2: The services are included in Iowa Code chapter 230A, and the Department was directed to adopt rules to implement Iowa Code chapter 230A. No changes have been made based on this comment.

Comment 3: Two respondents commented that subrule 24.54(6) requires that “consultation services shall be provided in accordance with Iowa Code section 230A.106(2).” The respondents indicated that while they agree that consultation services activities in subrule 24.54(6) are prudent, they urge the Department to develop accompanying payment mechanisms for the provision of such services under the Iowa Medicaid fee schedule. The respondents stated that without reimbursement, these represent

HUMAN SERVICES DEPARTMENT[441](cont'd)

an unfunded mandate that would be impossible to implement and contribute to the unsustainability of CMHCs as a whole.

Response 3: The services are included in Iowa Code chapter 230A, and the Department was directed to adopt rules to implement Iowa Code chapter 230A. No changes have been made based on this comment.

Comment 4: Two respondents commented that subrule 24.54(7) requires that “education services shall be provided in accordance with Iowa Code section 230A.106(2) ‘g.’” The respondents indicated that while they agree that education services activities in subrule 24.54(7) are prudent, they urge the Department to develop accompanying payment mechanisms for the provision of such services under the Iowa Medicaid fee schedule. The respondents stated that without reimbursement, these represent an unfunded mandate that would be impossible to implement and contribute to the unsustainability of CMHCs as a whole.

Response 4: The services are included in Iowa Code chapter 230A, and the Department was directed to adopt rules to implement Iowa Code chapter 230A. No changes have been made based on this comment.

Comment 5: Two respondents commented that subrule 24.54(8) regarding coordination with unaffiliated agencies requires that “coordination shall be provided in accordance with Iowa Code section 230A.106(3).” The respondents indicated that while they agree that these coordination activities in subrule 24.54(8) are prudent, they urge the Department to develop accompanying payment mechanisms for the provision of such services under the Iowa Medicaid fee schedule. The respondents stated that without reimbursement, these represent an unfunded mandate that would be impossible to implement and contribute to the unsustainability of CMHCs as a whole.

Response 5: The services are included in Iowa Code chapter 230A, and the Department was directed to adopt rules to implement Iowa Code chapter 230A. No changes have been made based on this comment.

Adoption of Rule Making

This rule making was adopted by the Mental Health and Disability Services Commission on April 21, 2022.

Fiscal Impact

Some CMHCs may have increased expenditures in adding required services, but the extent to which that may occur is unknown. It is possible that, as a result of this rule making, some providers currently designated as CMHCs may not continue to be designated, either by choice or due to inability to meet the CMHC requirements. It is also possible that new providers will apply and be designated for areas of the state currently not served by a CMHC and be allowed to bill using the CMHC fee schedule for fee-for-service clients. Although this could potentially change the amount CMHCs are reimbursed through the Medicaid program, the overall impact is not expected to be significant.

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

HUMAN SERVICES DEPARTMENT[441](cont'd)

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 rule ~~441—24.1(225C)~~, definitions of “Accreditation,” “Commission,” “Community mental health center,” “Deemed status” and “Division,” as follows:

“*Accreditation*” means the decision made by the ~~commission~~ division that the organization has met the applicable standards.

“*Commission*” means the mental health and disability services commission (~~MH/DS~~ MHDS commission) as established and defined in Iowa Code section 225C.5.

“*Community mental health center*” or “*CMHC*” means an organization providing mental health services that is established pursuant to Iowa Code chapters 225C and 230A and accredited in accordance with Division III of this chapter.

“*Deemed status*” means acceptance by the ~~commission~~ division of accreditation or licensure of a program or service by another accrediting body in lieu of accreditation based on review and evaluation by the division.

“*Division*” means the division of ~~behavioral, developmental, and protective services for families, adults, and children~~ mental health and disability services, community, of the department of human services.

ITEM 2. Amend subparagraph ~~24.3(2)~~“b”(2) as follows:

(2) The annual and long-range budgeting process involves appropriate governing and managing levels of leadership and reflects the organization's mission and values. An independent auditor or other person as provided by law performs an annual financial audit. Designated CMHCs shall submit their annual financial audit to the department.

ITEM 3. Amend paragraph ~~24.4(14)~~“b” as follows:

b. Performance indicators.

(1) Individuals using the service are prepared for their role as partners in the therapeutic process at intake where they define their situations and evaluate those factors that affect their situations.

(2) Individuals using the service establish desired problem resolution at intake during the initial assessment.

(3) Psychiatric services other than psychopharmacological services are available from the organization as needed by the individual using the service.

(4) Psychopharmacological services are available from the organization as needed.

~~(5) Staff document mutually agreed-upon treatment goals during or after each session. A distinct service plan document is not required.~~

~~(6) Staff document mutually agreed-upon supports and interventions during or after each session. A distinct service plan document is not required.~~

~~(7) Staff document in the progress notes the individual's status at each visit and the reasons for continuing or discontinuing services. A distinct discharge summary document is not required.~~

~~(8) (5)~~ Any assignment of activities to occur between sessions is documented in the following session's documentation.

~~(9) (6)~~ Individuals using the service who have a chronic mental illness participate in developing a detailed psychiatric crisis intervention plan that includes natural supports and self-help methods.

~~(10) (7)~~ The record documents that the organization follows up on individuals who miss appointments.

(8) Treatment planning is based on the assessment.

HUMAN SERVICES DEPARTMENT[441](cont'd)

(9) Individuals using the service participate with the organizational staff in identifying the assessed needs to be addressed.

(10) The treatment plan identifies measurable goals, desired outcomes and time frames for achieving them.

(11) The treatment plan includes interventions and supports to be provided.

(12) Individuals using the service review their progress in resolving problems and achieving goals on a frequent and regular basis with organizational staff. The treatment plan is revised as appropriate to the individual's needs and priorities.

(13) Individuals using the service participate in transition/discharge planning that includes linkages to family, provider, and community resources and services.

(14) Significantly involved others of individuals using the service are involved in the planning and provision of services, as appropriate and as desired by the individual.

ITEM 4. Amend rule 441—24.5(225C) as follows:

441—24.5(225C) Accreditation. The ~~commission~~ division administrator shall make all decisions involving issuance, denial, or revocation of accreditation. This accreditation shall delineate all categories of service the organization is accredited to provide. Although an organization may have more than one facility or service site, the ~~commission~~ division administrator shall issue only one accreditation notice to the organization, except as provided in paragraph 24.5(5)“f.”

24.5(1) Organizations eligible for accreditation. The ~~commission~~ division administrator accredits the following organizations:

- a. Case management providers.
- b. Community mental health centers.
- c. Supported community living providers.
- d. Mental health service providers.
- e. Crisis response providers.

24.5(2) Application and renewal procedures. An applicant for accreditation shall submit Form 470-3005, Application for Accreditation, to the ~~Division of Behavioral, Developmental, and Protective Services~~ Division of Mental Health and Disability Services, Community, Department of Human Services, Fifth Floor, Hoover State Office Building, 1305 East Walnut, Des Moines, Iowa 50319-0114.

a. to c. No change.

24.5(3) Application review. Upon receipt of an application, Form 470-3005, the division shall review the materials submitted to determine whether the application is complete and request any additional material as needed. Survey reviews shall commence only after the organization has submitted all application material.

a. to j. No change.

k. Quality assurance staff shall review and approve the corrective action and improvement plan before making an accreditation recommendation to the ~~commission~~ division administrator.

l. The division shall offer technical assistance to organizations applying for first-time accreditation. Following accreditation, any organization may request technical assistance from the division to bring into conformity those areas found in noncompliance with this chapter's requirements. If multiple deficiencies are noted during a survey, ~~the commission may also require that~~ technical assistance may be provided to an organization, as staff time permits, to assist in implementation of an organization's corrective action plan. Renewal applicants may be provided technical assistance as needed, if staff time permits.

24.5(4) Performance outcome determinations. There are three major areas addressed in these standards: policies and procedures, organizational activities, and services, as set forth in rules 441—24.2(225C), 441—24.3(225C), and 441—24.4(225C). Each rule contains standards, with a performance benchmark and performance indicators for each standard. Each of the applicable standards for the three areas (policy and procedures, organizational activities, and services) shall be reviewed.

a. No change.

HUMAN SERVICES DEPARTMENT[441](cont'd)

b. In the overall rating, the performance rating for policy and procedures shall count as 15 percent of the total, organizational activities as 15 percent of the total, and services as 70 percent of the total.

(1) and (2) No change.

(3) Each service has a separate weighting according to the total number of indicators applicable for that service, with a possible score of 70, as follows:

Service	Number of indicators	Value of each indicator
Case management	51 <u>50</u>	1.37 <u>1.4</u>
Day treatment	48 <u>47</u>	1.46 <u>1.49</u>
Intensive psychiatric rehabilitation	51 <u>50</u>	1.37 <u>1.4</u>
Supported community living	45 <u>44</u>	1.55 <u>1.59</u>
Partial hospitalization	48 <u>47</u>	1.46 <u>1.49</u>
Outpatient psychotherapy and counseling	35 <u>38</u>	2.00 <u>1.84</u>
Emergency	8	8.75
Evaluation	4	17.50

c. No change.

24.5(5) Accreditation decisions. The division shall prepare all documents with a final recommendation regarding accreditation to be presented at the commission meeting the division administrator. ~~The division shall mail to all commission members summary reports of the on-site service review or desk review and a final recommendation concerning accreditation on each application to be processed at the next commission meeting.~~

If the ~~commission~~ division administrator approves accreditation, Form 470-3006, Notice of Action-Approval, shall be issued which states the duration of the accreditation and the services that the organization is accredited to provide. If the ~~commission~~ division administrator denies or revokes accreditation, Form 470-3008, Notice of Action-Denial, shall be issued which states the reasons for the denial.

a. *Initial 270-day accreditation.* This type of accreditation may be granted to a new organization. The ~~commission~~ division administrator shall base the accreditation decision on a report by the division that:

- (1) The organization has an approved policies and procedures manual that includes job descriptions.
- (2) Staff assigned to the positions meet the qualifications in the standards and the policies and procedures of the organization.

b. *Three-year accreditation.* An organization or service is eligible for this type of accreditation if it has achieved an 80 percent or higher performance compliance level. The organization may be required to develop and submit a plan of corrective action and improvement that may be monitored either by written report or an on-site review.

c. *One-year accreditation.* An organization is eligible for this type of accreditation when multiple and substantial deficiencies exist in specific areas causing compliance levels with performance benchmarks and indicators to fall between 70 percent and 79 percent, or when previously required corrective action plans have not been implemented or completed. The organization must submit a corrective action plan to correct and improve specific deficiencies and overall levels of functioning. Quality assurance staff shall monitor this plan through on-site reviews, written reports and the provision of technical assistance.

d. *Probational 180-day accreditation.* An organization is eligible for probational 180-day accreditation instead of denial when the overall compliance level is from 60 to 69 percent, and pervasive and serious deficiencies exist; or when corrective action plans previously required as a result of a one-year accreditation have not been implemented or completed. The ~~commission~~ division administrator may downgrade organizations with a one-year or three-year accreditation to the probational 180-day accreditation when one or more complaints are founded.

HUMAN SERVICES DEPARTMENT[441](cont'd)

All deficiencies must be corrected by the time of the follow-up on-site survey at the conclusion of the provisional period. After this survey, the organization shall meet the standards for accreditation for a one-year accreditation, or the ~~commission~~ division administrator shall deny accreditation.

e. Add-on service accreditation. When the on-site review of the add-on service results in a score comparable to the overall organization's score at the time of the most recent accreditation, the organization shall have the add-on accreditation date coincide with the overall accreditation date of the organization. If the add-on service on-site review results in a lower score and lower accreditation decision, division staff shall conduct another on-site review for that add-on service when the add-on service accreditation expires.

f. Special terms.

(1) When an organization subcontracts with more than one agency, the length of accreditation shall be determined individually.

(2) The accreditation period for services that have deemed status according to rule 441—24.6(225C) shall coincide with the period awarded by the national accrediting body or the certification for ~~home- and~~ home- and community-based services.

(3) New or add-on services that meet the requirements for accreditation shall receive an initial 270-day accreditation for that individual service. The term of accreditation shall be determined individually. At the time of recertification of the new add-on service, recommendation may be made to coincide with the term of accreditation for the other services of that organization that are accredited by the ~~commission~~ division administrator.

(4) An organization must notify the division when there are changes in its ownership, structure, management, or service delivery.

g. Extensions. The division may grant an extension to the period of accreditation if there has been a delay in the accreditation process that is beyond the control of the organization, or the division, ~~or the commission~~; or the organization has requested an extension to permit the organization to prepare and obtain approval of a corrective action plan. The division shall establish the length of the extension on a case-by-case basis.

h. Denial of accreditation or revocation. ~~An emergency commission meeting may be called to consider denial or revocation of accreditation.~~

(1) Accreditation shall be denied when there are pervasive and serious deficiencies that put individuals at immediate risk or when the overall compliance level falls to 59 percent or below. Under such circumstances no corrective action report shall be required.

(2) When one or more complaints are received, quality assurance staff shall complete an investigation and submit a report to the ~~commission~~ division administrator. If any of the complaints are substantiated and the ~~commission~~ division administrator determines that there is a pervasive or serious deficiency, the ~~commission~~ division administrator may deny accreditation.

(3) An organization whose accreditation has been denied or revoked shall not be approved for any service for at least six months from the notice of decision denying or revoking accreditation.

(4) If the organization disagrees with any action or failure to act in regard to the notice of decision to deny accreditation to the organization, the organization has the right to appeal in accordance with 441—Chapter 7.

24.5(6) and 24.5(7) No change.

ITEM 5. Amend rule 441—24.6(225C) as follows:

441—24.6(225C) Deemed status (all services). The ~~commission~~ division shall grant deemed status to organizations accredited by a recognized national, not-for-profit, accrediting body when the ~~commission~~ division determines the accreditation is for similar services. The ~~commission~~ division may also grant deemed status for supported community living services to organizations that are certified under the Medicaid home- and community-based services (HCBS) ~~mental-retardation~~ intellectual disability waiver.

24.6(1) National accrediting bodies.

a. The national accrediting bodies currently recognized as meeting division criteria for possible deeming are:

HUMAN SERVICES DEPARTMENT[441](cont'd)

- ~~1. (1)~~ ~~The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) (TJC).~~
- ~~2. (2)~~ ~~The Commission on Accreditation of Rehabilitation Facilities (CARF).~~
- ~~3. (3)~~ ~~The Council on Quality and Leadership in Supports for People with Disabilities (The Council).~~
4. (4) The Council on Accreditation of Services for Families and Children (COA).

b. The accreditation credentials of these national bodies must specify the type of organization, programs, and services that these bodies accredit and include targeted population groups, if appropriate.

c. Deemed status means that the division is accepting an outside body's review, assessment, and accreditation of an organization's functioning and services. Therefore, the accrediting body doing the review must be assessing categories of organizations and types of programs and services corresponding to those described under this chapter. An organization that has deemed status must adhere to and be accountable for the rules in this chapter.

d. When an organization that is nationally accredited requests deemed status for services not covered by the national body's standards but covered under this chapter, the division shall accredit those services. Division staff shall provide technical assistance to organizations with deemed status as ~~time permits.~~

24.6(2) *Application for deemed status.*

a. To apply for deemed status, the organization shall submit Form 470-3332, Application and Letter of Agreement, ~~and copies;~~ copy of the latest survey report ~~and;~~ documentation related to any corrective action required; accreditation certificate; documentation of specific programming policies and procedures for populations being served; and credentials for staff providing services to populations served.

b. The division shall not accept an application for deemed status once the division has begun an on-site visit. The organization shall complete the accreditation process.

24.6(3) *Requirements for deemed status.* To be eligible for deemed status, the organization shall:

a. Be currently accredited:

(1) ~~by~~ By a recognized national accrediting body for services as defined in subrule 24.6(1); or

~~*b.* (2) Be currently accredited for~~ For supported community living under the Medicaid HCBS ~~mental retardation~~ intellectual disability waiver pursuant to 441—subrule 77.37(14). If individuals with mental illness are served, the organization must submit verification of the training and ~~credentials~~ experience of the staff to show that its staff can meet the needs of the individuals served.

~~*c.* Require the supported community living staff to have the same supervisor as the HCBS/MR program.~~

~~*d.* *b.* Require staff for the program being deemed to have the necessary training and credentials needed to meet the needs of the person~~ experience to meet the needs of the population served.

~~*e.* *c.* Require staff to meet the incident reporting requirements in subrule 24.4(5).~~

24.6(4) *Granting of deemed status.* When the ~~commission~~ division grants deemed status, the accreditation period shall coincide with the period awarded by the national accrediting body or the certification for home- and community-based services. However, under no circumstances shall the ~~commission~~ division award accreditation for longer than ~~three~~ five years.

24.6(5) *Reservations.* When deemed status is granted, the ~~commission and the division~~ division reserves rights to the following:

a. to *d.* No change.

24.6(6) *Continuation of deemed status.*

a. No change.

b. HCBS staff shall furnish to the division copies of the letter notifying a provider of a forthcoming recertification for organizations deemed for supported community living under the HCBS ~~mental retardation~~ intellectual disability waiver.

HUMAN SERVICES DEPARTMENT[441](cont'd)

c. and d. No change.

ITEM 6. Amend rule 441—24.7(225C) as follows:

441—24.7(225C) Complaint process (all services). The division shall receive and record complaints by individuals using the services, employees, any interested people, and the public relating to or alleging violations of applicable requirements of the Iowa Code or administrative rules.

24.7(1) Submittal of complaint. The complaint may be ~~delivered personally~~ submitted in person; or by mail to the Division of ~~Behavioral, Developmental, and Protective Services~~ Mental Health and Disability Services, Community, Department of Human Services, Hoover State Office Building, Fifth Floor, 1305 East Walnut, Des Moines, Iowa 50319-0114; electronically through the department's website; by email to division staff; or by telephone ~~(515)281-5874~~.

a. The division shall assist individuals in making a complaint as needed or requested.

b. The information received should specifically state the basis of the complaint. The division shall keep the name of the complainant confidential to the extent allowed by law.

24.7(2) Review of complaint. Upon receipt of a complaint, the division shall make a preliminary desk review of the complaint to determine an appropriate response. That response may include notifying the person who submitted the complaint that there is no basis for a review, referring the complaint to another investigative body, or making a determination to do a full investigation. The complainant may submit a written request for a report of the findings and actions taken by the division as a result of the complaint.

24.7(3) Investigation of complaint. If the division concludes that the complaint is reasonable, has merit, and is based on a violation of rules in this chapter, it may make an investigation of the organization. The division may investigate complaints by an office desk audit or by an on-site investigation. The division shall give priority for on-site investigations to instances when individuals using the service are in immediate jeopardy.

a. If a decision is made to conduct an on-site investigation, the on-site review does not require advance notice to the organization. The division shall notify the chief executive officer and board chairperson of the organization involved before or at the commencement of the on-site investigation that the division has received a complaint.

b. The division shall give the organization an opportunity to informally present a position regarding allegations in the complaint. The organization may submit the position in writing within five working days following the on-site visit or present it in a personal conference with division staff.

c. The division shall submit a written report by certified mail to the chief ~~administrative~~ executive officer of the organization and the chairperson of the board of directors within 20 working days after completion of the investigation.

d. The report shall indicate whether the complaint was or was not substantiated, the basis for the substantiation or nonsubstantiation, decision and the specific rules violated, and a recommendation for corrective action with time lines specified in the report.

e. If the complaint is substantiated, the division may take actions deemed appropriate, which may include requiring a corrective action plan, shortening the term of accreditation or suspending or revoking an organization's accreditation, depending on the severity of the substantiated complaint.

f. When the division suspends, shortens or revokes an organization's accreditation as the result of a substantiated complaint, the organization will be notified by certified mail of the findings and actions taken by the division.

e. g. The date of delivery shown by the certified mail stub shall constitute the date of official notice.

~~**24.7(4) Review by commission.** When individuals receiving services are in immediate jeopardy, the commission may call an emergency meeting to make a decision on possible revocation or denial of accreditation.~~

~~a. To the extent allowed by Iowa Code section 21.5, the commission may review the complaint and investigation report in a closed meeting. The action taken by the commission shall be voted upon in the reconvened public meeting and entered into the official record of commission minutes.~~

HUMAN SERVICES DEPARTMENT[441](cont'd)

~~b.—If the complaint is substantiated, the commission make take actions deemed appropriate, which may include shortening the term of accreditation, requiring a corrective action plan, or suspending or revoking an organization's accreditation, depending on the severity of the substantiated complaint.~~

~~c.—The division shall inform the complainant and the organization by certified mail of the findings and actions taken by the commission. The date of delivery shown by the certified mail stub shall constitute the date of official notice.~~

~~24.7(5)~~ **24.7(4)** *Corrective action plan.* When the ~~commission~~ division acts to suspend or revoke accreditation, there will be no corrective action plan. In other instances, if the complaint is substantiated, the organization shall submit a corrective action plan to the division within 20 calendar days after receiving the ~~commission's~~ division's decision. This plan must respond to violations cited and ~~commission~~ the division's requirements and include time lines, internal monitoring systems, and performance improvement planning.

Failure of the organization to respond within 20 calendar days with an acceptable corrective action plan that addresses the organization's plan of correction following a substantiated investigation or complaint may of itself constitute the basis for revocation or suspension of accreditation. The ~~commission~~ division shall determine the appropriate action based on the information submitted. The division shall notify the organization in writing of any action ~~the commission takes~~ taken.

ITEM 7. Amend rule ~~441—24.40(225C)~~, implementation sentence, as follows:

These rules are intended to implement Iowa Code ~~section~~ sections 331.397 and ~~2014 Iowa Acts, House File 2379~~ 225C.19A and chapter 230A.

ITEM 8. Reserve rules ~~441—24.41~~ to ~~441—24.49~~.

ITEM 9. Adopt the following new 441—Chapter 24 Division III heading:

DIVISION III
COMMUNITY MENTAL HEALTH CENTERS

ITEM 10. Adopt the following new 441—Chapter 24 Division III preamble:

PREAMBLE

The department of human services in consultation with the mental health and disability services commission has established this set of standards to be met by all designated community mental health centers (CMHCs). CMHCs are to provide an organized set of services to adequately meet the mental health needs of individuals in their catchment area. It is the department's responsibility to designate at least one community mental health center for addressing the mental health needs of the county or counties comprising a catchment area in accordance with Iowa Code chapter 230A.

ITEM 11. Adopt the following new rules 441—24.50(230A) to 441—24.55(230A):

441—24.50(230A) Definitions.

"*Catchment area*" means the same as defined in Iowa Code section 230A.102(2).

"*Community mental health center self-assessment*" means the form completed and submitted to the department by a new organization as part of the initial application to be designated as a CMHC. Designated CMHCs complete the form annually and submit it to the department as part of the accreditation and CMHC monitoring process.

"*Community support services*" or "*CSS*" means services that support individuals with a mental illness and functional impairment to live and work in the community of their choice through assisting with:

1. Monitoring of mental health symptoms and functioning/reality orientation;
2. Transportation;
3. Supportive relationship;
4. Communication with other providers;
5. Ensuring individual attends appointments/obtains medications;
6. Crisis intervention/developing crisis plan; and
7. Coordination and development of natural support systems for mental health support.

HUMAN SERVICES DEPARTMENT[441](cont'd)

“*Functional impairment*,” for the purpose of this division, means difficulties that substantially interfere with or limit functioning in one or more major life activities, such as basic daily living (including but not limited to eating, bathing, dressing); instrumental living skills (including but not limited to maintaining a household, managing money, community involvement, taking prescribed medication); and functioning in social, family and vocational/educational contexts.

“*Psychosocial rehabilitation services*” means services that promote recovery, full community integration, and improved quality of life for persons who have been diagnosed with any mental health condition that seriously impairs their ability to lead meaningful lives. Psychosocial rehabilitation services are collaborative, person-directed and individualized. The service focuses on helping individuals develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning, and social environments of their choice.

“*Target population*” means the same as defined in Iowa Code section 230A.105.

441—24.51(230A) Community mental health center designation.

24.51(1) Application. An organization seeking designation as a community mental health center or a designated community mental health center seeking to expand its designated catchment area shall submit the following to the department:

- a. Form 470-3005, Accreditation Application, if requesting accreditation for a CMHC core service(s) other than outpatient psychotherapy and evaluation.
- b. Form 470-5691, Community Mental Health Center Designation, signed by the organization’s chief executive officer and the chairperson of the governing body.
- c. Form 470-5692, Community Mental Health Center Self-Assessment.

24.51(2) Exceptional circumstances. Designation for more than one CMHC in a county shall require a determination of exceptional circumstances by the department.

a. Applicants requesting designation for a county that is part of another CMHC’s catchment area shall submit information supporting their designation request including, but not limited to, the following:

- (1) Evidence that the target population does not have access to the required core services with minimal or no service denials.
- (2) Ability to staff core services within the capacity of the catchment area’s workforce.
- (3) Mental health and disability services (MHDS) region(s) letter of support that includes the catchment area’s ability to financially support more than one CMHC.
- (4) Notification to the existing CMHC of intention to apply for designation.
- (5) Evidence of collaboration and coordination with existing CMHC.

b. Paragraph 24.51(2)“a” and numbered paragraph “2” in rule 441—24.52(230A) do not apply to CMHCs designated as described in Iowa Code section 230A.104(2)“c.”

24.51(3) Designation. The department shall review information submitted by the applicant in accordance with subrule 24.51(1), subrule 24.51(2), and paragraph 24.51(3)“a” as well as input from MHDS regions, neighboring CMHCs, and mental health service providers to determine if there will be a recommendation for designation. Recommendations for designation shall be submitted by the department to the MHDS commission for approval.

- a. Applicants shall submit the following:
- (1) MHDS region(s) letter of support.
 - (2) Evidence of active three-year accreditation for outpatient and evaluation services under this chapter.
 - (3) Formal agreement with appropriately accredited provider if the applicant is not directly providing the service for the following:
 1. Day treatment, partial hospitalization, or psychosocial rehabilitation services, and
 2. Emergency or 24-hour crisis response.
 - (4) Form 470-5692, Community Mental Health Center Self-Assessment, that demonstrates the applicant’s ability to:

1. Provide core services in accordance with rule 441—24.54(230A).

HUMAN SERVICES DEPARTMENT[441](cont'd)

2. Meet service access standards according to 441—subparagraph 25.4(2)“a”(1) and 441—paragraphs 25.4(3)“a” and “c.”

3. Serve all ages of the target population with minimal to no service denials.

4. Make referrals for services provided outside the organization.

b. The department shall notify the applicant in writing of the result of the review. If the department recommends designation, the applicant shall attend the MHDS commission meeting at which the department presents the request to the commission.

c. CMHCs designated in accordance with Iowa Code chapter 230A prior to January 1, 2021, or designated as a CMHC by a county prior to October 1, 2010, will maintain their designation provided they meet the requirements set forth in rule 441—24.55(230A).

d. Non-CMHC agencies designated as described in Iowa Code section 230A.107(2) may apply to be designated as a CMHC. The organization shall submit all required application materials in this subrule at least six months prior to the expiration of the organization’s current accreditation under this chapter.

24.51(4) *Withdrawal of designation.* Community mental health centers seeking to withdraw their designation for part or all of their catchment area shall submit to the department Form 470-5691, Community Mental Health Center Designation, signed by the organization’s chief executive officer and the chairperson of the governing body. The form shall include:

a. Current catchment area and catchment area requesting withdrawal of designation.

b. Reason for withdrawal request.

c. Date withdrawal is to occur.

d. Continuity of care plan including but not limited to communication and coordination with:

(1) Individuals served.

(2) Community mental health centers and mental health service providers serving neighboring and current catchment area.

(3) MHDS region(s).

(4) General public.

24.51(5) *Agreement.* The board of directors of a designated CMHC shall enter into an agreement with the department in accordance with Iowa Code section 230A.103(3).

24.51(6) *Appeal procedure.* An appeal to a designation determination may be filed in accordance with rule 441—24.8(225C).

24.51(7) *Exception to policy.* Requests for exceptions to policy shall be submitted in accordance with rule 441—24.9(225C).

24.51(8) *Denial of designation or revocation.* The department may deny or revoke the provider’s designation at any time for any of the following reasons:

a. The provider has failed to provide information requested pursuant to subrule 24.51(1).

b. The provider does not meet criteria pursuant to subrule 24.51(3).

c. The provider refuses to allow the department to conduct a site visit pursuant to subrule 24.5(3).

d. The provider has failed to implement the corrective actions submitted and approved by the department pursuant to subrule 24.55(2).

e. The provider’s accreditation was discontinued or revoked pursuant to paragraph 24.5(5)“h.”

441—24.52(230A) Standards for policies and procedures. Policies and procedures manuals shall include policy guidelines and administrative procedures for:

1. Core services and supports,

2. Serving the target population with minimal to no service denials,

3. Addressing the standards in rule 441—24.2(225), and

4. Ensuring an individual’s ability to access services regardless of ability to pay. The CMHC shall assist individuals with applying for health insurance and MHDS regional assistance when necessary to ensure access to services.

441—24.53(230A) Standards for organizational activities. The organization shall meet all requirements in rule 441—24.3(225C) and the standards identified in this rule.

HUMAN SERVICES DEPARTMENT[441](cont'd)

24.53(1) A CMHC organized as a nonprofit corporation shall be governed by a board of directors consistent with the requirements identified in Iowa Code section 230A.110(3) “b.”

24.53(2) A CMHC organized as a for-profit corporation shall have a policy structure that incorporates the representation identified in Iowa Code section 230A.110(3) “b.”

441—24.54(230A) Standards for core services and supports.

24.54(1) *Outpatient services.* Outpatient services include outpatient psychotherapy and counseling services and evaluation. These services are to be provided directly by the CMHC.

a. Outpatient psychotherapy and counseling services shall be provided in accordance with subrule 24.4(14) and shall include treatment modalities and evidence-based practices for children, adults, older adults, individuals with co-occurring conditions, and individuals discharged from inpatient settings. Clinical eligibility is determined at the time of initial assessment and annually thereafter in accordance with subrule 24.4(2).

b. Evaluation services shall be provided in accordance with subrule 24.4(16).

24.54(2) *Twenty-four-hour emergency services.* The organization shall provide or enter into a formal agreement with an accredited provider for at least one of the following:

a. Emergency services provided in accordance with subrule 24.4(15).

b. Twenty-four-hour crisis response provided in accordance with rule 441—24.33(225C).

24.54(3) *Day treatment, partial hospitalization, or psychosocial rehabilitation services.* The organization shall provide or enter into a formal agreement with an accredited provider for at least one of the following:

a. Day treatment provided in accordance with subrule 24.4(10), or

b. Partial hospitalization provided in accordance with subrule 24.4(13), or

c. Psychosocial rehabilitation services. This shall include at least one of the following:

(1) Assertive community treatment (ACT) provided in accordance with 441—subrule 25.6(2) and rule 441—77.38(249A).

(2) Intensive psychiatric rehabilitation services provided in accordance with subrule 24.4(11).

24.54(4) *Admission screening for voluntary patients to a state mental health institute.*

a. Screening and evaluation shall be made available to individuals requesting admission to a state mental health institute.

b. The organization shall have policies and procedures that define the process to assist an individual seeking voluntary admission to a state mental health institute and to refer the individual to other services if treatment at the mental health institute is not immediately available.

24.54(5) *Community support services (CSS).* The purpose of CSS is to support individuals as they live and work in the community and address mental health symptoms and functional impairments that negatively affect integration and stability in the community.

a. Performance benchmark.

(1) Qualified staff provide CSS.

(2) CSS is provided to individuals in the target population with a mental illness and functional impairment.

b. Performance indicators.

(1) The following staff qualifications shall be met:

1. Have knowledge and experience in working with the target population.

2. Have the ability to create relationships with the individuals served that balance support of the mental illness and the need to allow for maximum individual independence.

3. Have a bachelor’s degree with 30 semester hours or equivalent quarter hours in a human services field, including but not limited to psychology, social work, mental health counseling, marriage and family therapy, nursing, education, occupational therapy, and recreational therapy.

4. Complete a minimum of 12 hours of training within the first year of employment and annually in mental health conditions, including but not limited to the following topics:

- Mental health diagnoses, symptomology, and treatment;
- Crisis management, intervention, and de-escalation;

HUMAN SERVICES DEPARTMENT[441](cont'd)

- Psychiatric medications, common medications, and potential side effects;
- Other diagnoses or conditions present in the population served; and
- Individual person-centered service plan, crisis plan, and behavioral support plan implementation.

(2) The following service components are provided:

1. Monitoring of mental health symptoms and functioning/reality orientation.
2. Transportation.
3. Supportive relationship.
4. Communication with other providers.
5. Ensuring individuals attend appointments and obtain medications.
6. Crisis intervention and developing a crisis plan.
7. Coordination and development of natural support systems for mental health support.

24.54(6) *Consultation services.* Consultation services shall be provided in accordance with Iowa Code section 230A.106(2)“f.”

24.54(7) *Education services.* Education services shall be provided in accordance with Iowa Code section 230A.106(2)“g.”

24.54(8) *Coordination with unaffiliated agencies.* Coordination shall be provided in accordance with Iowa Code section 230A.106(3).

441—24.55(230A) Accreditation of community mental health centers.

24.55(1) The provider shall be accredited as a provider of outpatient psychotherapy and counseling pursuant to subrule 24.4(14) and evaluation pursuant to subrule 24.4(16) and meet the standards of rule 441—24.3(225C).

24.55(2) The provider shall meet the standards in rules 441—24.52(230A), 441—24.53(230A), and 441—24.54(230A). Corrective action is required when any indicator under community mental health designation standards is not met.

24.55(3) The provider shall annually submit Form 470-5692, Community Mental Health Center Self-Assessment, to the department.

[Filed 4/27/22, effective 7/1/22]

[Published 5/18/22]

EDITOR’S NOTE: For replacement pages for IAC, see IAC Supplement 5/18/22.

ARC 6316C

NURSING BOARD[655]

Adopted and Filed

Rule making related to standards of practice for telehealth for registered nurses (RNs) and licensed practical nurses (LPNs)

The Board of Nursing hereby amends Chapter 6, “Nursing Practice for Registered Nurses/Licensed Practical Nurses,” Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is adopted under the authority provided in Iowa Code section 147.76.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code chapter 152.

NURSING BOARD[655](cont'd)

Purpose and Summary

In light of the proliferation of telehealth services, the Board is adopting new amendments governing minimum standards of practice for registered nurses (RNs) and licensed practical nurses (LPNs) who provide health care services through telehealth. These amendments provide when an Iowa license is required, instruct that the licensee will be held to the same standard of care as is applicable to in-person settings, instruct that RNs and LPNs may only provide services through telehealth that are within the licensee's scope of practice, require the use of Health Insurance Portability and Accountability Act (HIPAA)-compliant technology, and require adequate recordkeeping of telehealth encounters.

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 6208C**. A public hearing was held on March 15, 2022, at 9 a.m. at the Board's office, 400 S.W. Eighth Street, Suite B, Des Moines, Iowa. 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 Board on April 6, 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 655—Chapter 15.

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 22, 2022.

The following rule-making actions are adopted:

ITEM 1. Adopt the following **new** definitions of "Asynchronous store-and-forward transmission," "Licensee" and "Telehealth" in rule **655—6.1(152)**:

"*Asynchronous store-and-forward transmission*" means the collection of a patient's relevant health information and the subsequent transmission of the data from an originating site to a health care provider at a distant site without the presence of the patient.

"*Licensee*" means an individual licensed by the board as a registered nurse or licensed practical nurse.

"*Telehealth*" means the practice of nursing using electronic audiovisual communications and information technologies or other means, including interactive audio with asynchronous

NURSING BOARD[655](cont'd)

store-and-forward transmission, between a licensee in one location and a patient in another location with or without an intervening health care provider. Telehealth includes asynchronous store-and-forward technologies, remote monitoring, and real-time interactive services, including teleradiology and telepathology. Telehealth, for the purposes of this rule, shall not include the provision of nursing services only through an audio-only telephone, email messages, facsimile transmissions, or U.S. mail or other parcel service, or any combination thereof.

ITEM 2. Adopt the following new rule 655—6.4(152):

655—6.4(152) Telehealth.

6.4(1) Telehealth permitted. A licensee may, in accordance with all applicable laws and rules, provide health care services to a patient through telehealth.

6.4(2) License required. A registered nurse or licensed practical nurse who provides services through telehealth to a patient physically located in Iowa must hold an active license issued by the board or have an active privilege to practice in Iowa pursuant to the nurse licensure compact.

6.4(3) Standard of care. A licensee who provides services through telehealth shall be held to the same standard of care as is applicable to in-person settings. A licensee shall not perform any service via telehealth unless the same standard of care can be achieved as if the service was performed in person.

6.4(4) Scope of practice. A licensee who provides services through telehealth shall ensure the services provided are consistent with the licensee's scope of practice, education, training, and experience.

6.4(5) Technology. A licensee providing services through telehealth shall utilize technology that is secure and compliant with the Health Insurance Portability and Accountability Act (HIPAA). The technology must be of sufficient quality, size, resolution, and clarity such that the licensee can safely and effectively provide the telehealth services and abide by the applicable standard of care.

6.4(6) Records. A licensee who provides services through telehealth shall maintain a record of the care provided to the patient. Such records shall comply with all applicable laws, rules, and standards of care for recordkeeping, confidentiality, and disclosure of a patient's medical record.

[Filed 4/20/22, effective 6/22/22]

[Published 5/18/22]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 5/18/22.

ARC 6317C

NURSING BOARD[655]

Adopted and Filed

**Rule making related to standards of practice for telehealth
for advanced registered nurse practitioners (ARNPs)**

The Board of Nursing hereby amends Chapter 7, "Advanced Registered Nurse Practitioners," Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is adopted under the authority provided in Iowa Code section 147.76.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code chapter 152.

NURSING BOARD[655](cont'd)

Purpose and Summary

In light of the proliferation of telehealth services, the Board is adopting amendments governing minimum standards of practice for advanced registered nurse practitioners (ARNPs) who provide health care services through telehealth. These amendments provide when an Iowa license is required, instruct that the licensee will be held to the same standard of care as is applicable to in-person settings, instruct when a provider-patient relationship must first be established, require the use of Health Insurance Portability and Accountability Act (HIPAA)-compliant technology, authorize the issuance of prescriptions via telehealth provided such issuance is consistent with the standard of care, require adequate recordkeeping of telehealth encounters, and require referrals for follow-up care when required by the standard of care. These amendments have been reviewed and approved by the Board's ARNP Advisory Committee, which is a committee comprised of 11 ARNPs who work in various settings throughout the state.

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 6205C**. A public hearing was held on March 15, 2022, at 10 a.m. at the Board's Office, 400 S.W. Eighth Street, Suite B, Des Moines, Iowa. 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 Board on April 6, 2022.

Fiscal Impact

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

Jobs Impact

Although a precise jobs impact is unclear, these amendments have the potential for creating additional jobs, because the amendments clarify that ARNPs may provide health care services, consistent with ARNPs' scopes of practice and population foci, through telehealth.

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 655—Chapter 15.

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 22, 2022.

The following rule-making actions are adopted:

NURSING BOARD[655](cont'd)

ITEM 1. Adopt the following **new** definitions of “Asynchronous store-and-forward transmission,” “Cross-coverage,” “Licensee,” “On call” and “Telehealth” in rule **655—7.1(17A,124,147,152)**:

“*Asynchronous store-and-forward transmission*” means the collection of a patient’s relevant health information and the subsequent transmission of the data from an originating site to a health care provider at a distant site without the presence of the patient.

“*Cross-coverage*” means a licensee who engages in a remote evaluation of a patient, without in-person contact, at the request of another licensed health care provider who has established a proper practitioner-patient relationship with the patient.

“*Licensee*” means an individual licensed by the board as an advanced registered nurse practitioner.

“*On call*” means a licensee is available, where necessary, to attend to the urgent and follow-up needs of a patient for whom the licensee has temporarily assumed responsibility, as designated by the patient’s primary care licensee or other health care provider of record.

“*Telehealth*” means the practice of nursing using electronic audiovisual communications and information technologies or other means, including interactive audio with asynchronous store-and-forward transmission, between a licensee in one location and a patient in another location with or without an intervening health care provider. Telehealth includes asynchronous store-and-forward technologies, remote monitoring, and real-time interactive services, including teleradiology and telepathology. Telehealth, for the purposes of this rule, shall not include the provision of nursing services only through an audio-only telephone, email messages, facsimile transmissions, or U.S. mail or other parcel service, or any combination thereof.

ITEM 2. Adopt the following **new** rule 655—7.9(152):

655—7.9(152) Standards of practice for telehealth.

7.9(1) *Telehealth permitted.* A licensee may, in accordance with all applicable laws and rules, provide health care services to a patient through telehealth.

7.9(2) *License required.* An advanced registered nurse practitioner who provides services through telehealth to a patient physically located in Iowa must be licensed by the board. A licensee who provides services through telehealth to a patient physically located in another state shall be subject to the laws and jurisdiction of the state where the patient is physically located.

7.9(3) *Standard of care.*

a. A licensee who provides services through telehealth shall be held to the same standard of care as is applicable to in-person settings. A licensee shall not perform any service via telehealth unless the same standard of care can be achieved as if the service was performed in person.

b. Prior to initiating contact with a patient for the purpose of providing services to the patient using telehealth, a licensee shall:

- (1) Review the patient’s history and all relevant medical records; and
- (2) Determine as to each unique patient encounter whether the licensee will be able to provide the same standard of care using telehealth as would be provided if the services were provided in person.

7.9(4) *Scope of practice.* A licensee who provides services through telehealth must practice within the licensee’s respective population foci and ensure the services provided are consistent with the licensee’s scope of practice, education, training, and experience.

7.9(5) *Practitioner-patient relationship.*

a. Prior to providing services through telehealth, the licensee shall first establish a practitioner-patient relationship. A practitioner-patient relationship is established when:

- (1) The person with a health-related matter seeks assistance from the licensee;
- (2) The licensee agrees to provide services; and
- (3) The person agrees to be treated, or the person’s legal guardian or legal representative agrees to the person’s being treated, by the licensee regardless of whether there has been a previous in-person encounter between the licensee and the person.

b. A practitioner-patient relationship can be established through an in-person encounter, consultation with another licensee or health care provider, or telehealth encounter.

NURSING BOARD[655](cont'd)

c. Notwithstanding paragraphs 7.9(5) “a” and “b,” services may be provided through telehealth without first establishing a practitioner-patient relationship in the following settings or circumstances:

- (1) Institutional settings;
- (2) Licensed or certified nursing facilities, residential care facilities, intermediate care facilities, assisted living facilities, and hospice settings;
- (3) In response to an emergency or disaster;
- (4) Informal consultations with another health care provider performed by a licensee outside of the context of a contractual relationship, or on an irregular or infrequent basis, without the expectation or exchange of direct or indirect compensation;
- (5) Episodic consultations by a specialist located in another jurisdiction who provides consultation services upon request to a licensee;
- (6) A substitute licensee acting on behalf and at the designation of an absent licensee or other health care provider in the same specialty on an on-call or cross-coverage basis; or
- (7) When a sexually transmitted disease has been diagnosed in a patient, a licensee prescribes or dispenses antibiotics to the patient’s named sexual partner(s) for the treatment of the sexually transmitted disease as recommended by the U.S. Centers for Disease Control and Prevention.

7.9(6) Consent to telehealth. Prior to providing services via telehealth, the licensee shall obtain consent from the patient, or the patient’s legal guardian or legal representative, to receive services via telehealth.

7.9(7) Technology. A licensee providing services through telehealth shall utilize technology that is secure and compliant with the Health Insurance Portability and Accountability Act (HIPAA). The technology must be of sufficient quality, size, resolution, and clarity such that the licensee can safely and effectively provide the telehealth services and abide by the applicable standard of care.

7.9(8) Prescriptions. A licensee providing services through telehealth may issue a prescription to a patient as long as the issuance of such prescription is consistent with the standard of care applicable to the in-person setting.

7.9(9) Records. A licensee who provides services through telehealth shall maintain a record of the care provided to the patient. Such records shall comply with all applicable laws, rules, standards of care for recordkeeping, confidentiality, and disclosure of a patient’s medical record.

7.9(10) Follow-up care. A licensee who provides services through telehealth shall refer a patient for follow-up care when required by the standard of care.

[Filed 4/20/22, effective 6/22/22]

[Published 5/18/22]

EDITOR’S NOTE: For replacement pages for IAC, see IAC Supplement 5/18/22.

ARC 6318C

WORKERS’ COMPENSATION DIVISION[876]

Adopted and Filed

Rule making related to payroll tax tables

The Workers’ Compensation Commissioner hereby amends Chapter 8, “Substantive and Interpretive Rules,” Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is adopted under the authority provided in Iowa Code section 86.8.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code section 85.61.

WORKERS' COMPENSATION DIVISION[876](cont'd)

Purpose and Summary

The purpose of this rule making is to update references to the tables that determine payroll taxes.

Public Comment and Changes to Rule Making

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on March 9, 2022, as **ARC 6221C**. No public comments were received. No changes from the Notice have been made.

Adoption of Rule Making

This rule making was adopted by the Commissioner on April 13, 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

This amendment does not include a waiver provision because rule 876—12.4(17A) provides the specific situations for waiver of Workers' Compensation Division rules.

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 22, 2022.

The following rule-making action is adopted:

Amend rule 876—8.8(85,17A) as follows:

876—8.8(85,17A) Payroll tax tables. Tables for determining payroll taxes to be used for the period July 1, ~~2021~~ 2022, through June 30, ~~2022~~ 2023, are the tables in effect on July 1, ~~2021~~ 2022, for computation of:

1. Federal income tax withholding according to the percentage method of withholding for weekly payroll period. (Federal Income Tax Withholding Methods, Publication 15-T [2021].)
2. Iowa individual income tax withholding formula. (Iowa Department of Revenue [Effective January 1, ~~2021~~ 2022].)
3. Social Security and Medicare withholding (FICA) at the rate of 7.65 percent. (Internal Revenue Service, Circular E, Employer's Tax Guide, Publication 15 [~~2020~~ 2021].)

This rule is intended to implement Iowa Code section 85.61(6).

[Filed 4/20/22, effective 6/22/22]

[Published 5/18/22]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 5/18/22.