



IOWA ADMINISTRATIVE BULLETIN

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PREFACE

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

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

The Bulletin may also contain public funds interest rates [12C.6]; workers' compensation rate filings [515A.6(7)]; usury rates [535.2(3)"a"]; and agricultural credit corporation maximum loan rates [535.12].

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

STEPHANIE A. HOFF, Administrative Code Editor

Telephone: (515)281-3355

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CITATION of Administrative Rules

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

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)

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 2013

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. 19 '12	Jan. 9 '13	Jan. 29 '13	Feb. 13 '13	Feb. 15 '13	Mar. 6 '13	Apr. 10 '13	July 8 '13
Jan. 4	Jan. 23	Feb. 12	Feb. 27	Mar. 1	Mar. 20	Apr. 24	July 22
Jan. 18	Feb. 6	Feb. 26	Mar. 13	Mar. 15	Apr. 3	May 8	Aug. 5
Feb. 1	Feb. 20	Mar. 12	Mar. 27	Mar. 29	Apr. 17	May 22	Aug. 19
Feb. 15	Mar. 6	Mar. 26	Apr. 10	Apr. 12	May 1	June 5	Sep. 2
Mar. 1	Mar. 20	Apr. 9	Apr. 24	Apr. 26	May 15	June 19	Sep. 16
Mar. 15	Apr. 3	Apr. 23	May 8	May 10	May 29	July 3	Sep. 30
Mar. 29	Apr. 17	May 7	May 22	***May 22***	June 12	July 17	Oct. 14
Apr. 12	May 1	May 21	June 5	June 7	June 26	July 31	Oct. 28
Apr. 26	May 15	June 4	June 19	***June 19***	July 10	Aug. 14	Nov. 11
May 10	May 29	June 18	July 3	July 5	July 24	Aug. 28	Nov. 25
May 22	June 12	July 2	July 17	July 19	Aug. 7	Sep. 11	Dec. 9
June 7	June 26	July 16	July 31	Aug. 2	Aug. 21	Sep. 25	Dec. 23
June 19	July 10	July 30	Aug. 14	Aug. 16	Sep. 4	Oct. 9	Jan. 6 '14
July 5	July 24	Aug. 13	Aug. 28	***Aug. 28***	Sep. 18	Oct. 23	Jan. 20 '14
July 19	Aug. 7	Aug. 27	Sep. 11	Sep. 13	Oct. 2	Nov. 6	Feb. 3 '14
Aug. 2	Aug. 21	Sep. 10	Sep. 25	Sep. 27	Oct. 16	Nov. 20	Feb. 17 '14
Aug. 16	Sep. 4	Sep. 24	Oct. 9	Oct. 11	Oct. 30	Dec. 4	Mar. 3 '14
Aug. 28	Sep. 18	Oct. 8	Oct. 23	***Oct. 23***	Nov. 13	Dec. 18	Mar. 17 '14
Sep. 13	Oct. 2	Oct. 22	Nov. 6	***Nov. 6***	Nov. 27	Jan. 1 '14	Mar. 31 '14
Sep. 27	Oct. 16	Nov. 5	Nov. 20	***Nov. 20***	Dec. 11	Jan. 15 '14	Apr. 14 '14
Oct. 11	Oct. 30	Nov. 19	Dec. 4	***Dec. 4***	Dec. 25	Jan. 29 '14	Apr. 28 '14
Oct. 23	Nov. 13	Dec. 3	Dec. 18	***Dec. 18***	Jan. 8 '14	Feb. 12 '14	May 12 '14
Nov. 6	Nov. 27	Dec. 17	Jan. 1 '14	Jan. 3 '14	Jan. 22 '14	Feb. 26 '14	May 26 '14
Nov. 20	Dec. 11	Dec. 31	Jan. 15 '14	Jan. 17 '14	Feb. 5 '14	Mar. 12 '14	June 9 '14
Dec. 4	Dec. 25	Jan. 14 '14	Jan. 29 '14	Jan. 31 '14	Feb. 19 '14	Mar. 26 '14	June 23 '14
Dec. 18	Jan. 8 '14	Jan. 28 '14	Feb. 12 '14	Feb. 14 '14	Mar. 5 '14	Apr. 9 '14	July 7 '14

PRINTING SCHEDULE FOR IAB

<u>ISSUE NUMBER</u>	<u>SUBMISSION DEADLINE</u>	<u>ISSUE DATE</u>
4	Friday, August 2, 2013	August 21, 2013
5	Friday, August 16, 2013	September 4, 2013
6	Wednesday, August 28, 2013	September 18, 2013

PLEASE NOTE:

Rules will not be accepted after **12 o'clock noon** on the Friday filing deadline days unless prior approval has been received from the Administrative Rules Coordinator's office.

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

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

The Administrative Rules Review Committee will hold its regular, statutory meeting on Tuesday, August 6, 2013, at 9:30 a.m. in Room 116, State Capitol, Des Moines, Iowa. The following rules will be reviewed:

AGING, DEPARTMENT ON[17]

Senior internship program—name change to older American community service employment program, amendments to ch 10 Notice **ARC 0833C** 7/10/13

AUDITOR OF STATE[81]

Periodic examination fee, 21.2 Notice **ARC 0849C** 7/24/13

EDUCATIONAL EXAMINERS BOARD[282]

EDUCATION DEPARTMENT[281]“umbrella”

Initiation of ethics complaint by executive director; standards of professional conduct and ethics, 11.4(1), 25.3 Filed **ARC 0853C** 7/24/13

Out-of-state applicants for Iowa licensure—provision of valid or expired license with application, 13.3, 13.17(1) Notice **ARC 0880C** 7/24/13

Out-of-state applicants who have attained national board certification, 13.3 Filed **ARC 0867C** 7/24/13

License expiration at end of holder’s birth month, 13.9(2), 22.1(3), 22.2(1), 23.2 Filed **ARC 0865C** 7/24/13

Military exchange license, 13.17(4) Filed **ARC 0868C** 7/24/13

Correction to all science endorsement title, 13.28(17)“i” Notice **ARC 0879C** 7/24/13

Coaching endorsement and authorization—concussion training, 13.28(29), 22.1 Filed **ARC 0866C** 7/24/13

Content specialist endorsement, 13.28(30) Filed **ARC 0875C** 7/24/13

Content and competencies for administrator Class B licensure, 18.9, 18.10 Filed **ARC 0872C** 7/24/13

Administrator Class E license, 18.12 Filed **ARC 0874C** 7/24/13

Renewal of administrator license, 19.7 Filed **ARC 0873C** 7/24/13

Substitute authorization—length of time licensee may serve in one classroom, 22.2 Notice **ARC 0878C** 7/24/13

Renewal of school business official authorization, 22.3(7) Filed **ARC 0869C** 7/24/13

School administration manager authorization, 22.6 Notice **ARC 0877C** 7/24/13

ENVIRONMENTAL PROTECTION COMMISSION[567]

NATURAL RESOURCES DEPARTMENT[561]“umbrella”

Underground storage tanks—leak detection at unstaffed facilities, 135.5(1)“e” Amended Notice **ARC 0836C** 7/24/13

HUMAN SERVICES DEPARTMENT[441]

Appeals and hearings, 7.1, 7.5(5), 7.7(4), 7.8 Filed **ARC 0819C** 7/10/13

Mental health and disability regional core services, amendments to ch 25 Notice **ARC 0885C** 7/24/13

Medicaid for employed people with disabilities—premiums, 75.1(39)“b” Filed Emergency After Notice **ARC 0820C** 7/10/13

Decrease in average statewide cost of nursing facility services and charges for nursing facility care, 75.23(3), 75.24(3)“b”(1) Filed Emergency After Notice **ARC 0821C** 7/10/13

Update of average statewide charges for institutional care, 75.24(3)“b” Filed Emergency After Notice **ARC 0822C** 7/10/13

Habilitation services—administration, case management, method of reimbursement, 77.25, 78.27, 78.33, 79.1, 88.65(3)“a” Notice **ARC 0847C**, also Filed Emergency **ARC 0848C** 7/24/13

Consumer-directed attendant care—transition from individual providers to agency providers or consumer choice option, 77.30(7), 77.33(15), 77.34(8), 77.37(21), 77.39(24), 77.41(2) Notice **ARC 0888C** 7/24/13

HCBS transportation services rate, 77.33(11)“f,” 77.37(24)“g,” 77.39(18)“f,” 77.41(6)“e,” 78.37(11), 78.41(11), 78.43(7), 78.46(5), 79.1(2) Notice **ARC 0887C** 7/24/13

Integrated health home services for members with serious mental illness or emotional disturbance, 77.47(1), 78.53(2), 79.1(2) Filed Emergency After Notice **ARC 0838C** 7/24/13

Reimbursement eliminated for elective, non-medically necessary cesarean sections, 78.1(1)“h” Notice **ARC 0845C**, also Filed Emergency **ARC 0846C** 7/24/13

Prior authorization required for skilled nursing care in hospital swing bed, 78.3(16) Notice **ARC 0843C**, also Filed Emergency **ARC 0844C** 7/24/13

Medicaid—reclassification of and coverage for devices and equipment, 78.10, 78.28, 79.1(4) Filed **ARC 0823C** 7/10/13

Medicaid—provider reimbursement rate increases, amendments to chs 78, 79, 83 Notice **ARC 0841C**, also Filed Emergency **ARC 0842C** 7/24/13

Reimbursement method for case management services, 79.1(1)“d,” 79.1(2) Notice **ARC 0839C**, also Filed Emergency **ARC 0840C** 7/24/13

Payment methodology for home health services and private duty nursing and personal care, 79.1(2), 79.1(26), 79.1(27) <u>Notice</u> ARC 0863C , also <u>Filed Emergency</u> ARC 0864C	7/24/13
Electronic health record incentive program, 79.16 <u>Filed</u> ARC 0824C	7/10/13
HAWK-I—eligibility, application, verification of income, amendments to ch 86 <u>Filed</u> ARC 0837C	7/24/13
IowaCare—suspension of enrollment beginning July 1, 2013, 92.5(6), 92.6(5), 92.14(1) <u>Notice</u> ARC 0861C , also <u>Filed Emergency</u> ARC 0862C	7/24/13
Payment methodology for federally qualified health centers; elimination of funding pool for laboratory and radiology services, 92.8, 92.9(3) <u>Notice</u> ARC 0886C	7/24/13
Elimination of purchase of service to set supervised apartment living rates; increase in child welfare emergency services juvenile shelter care reimbursement rates, 150.3(5)“p” <u>Notice</u> ARC 0859C , also <u>Filed Emergency</u> ARC 0860C	7/24/13
Increase in foster family daily reimbursement and adoption subsidy daily maintenance rates, 156.6 <u>Notice</u> ARC 0857C , also <u>Filed Emergency</u> ARC 0858C	7/24/13
Increase in maintenance rate and initial allowance for supervised apartment living, 156.8(2), 156.12(1) <u>Notice</u> ARC 0855C , also <u>Filed Emergency</u> ARC 0856C	7/24/13
Child care assistance sliding fee schedule, 170.4(2)“a” <u>Filed Emergency After Notice</u> ARC 0825C	7/10/13
Child care assistance—provider rate ceiling increase, 170.4(7)“a” <u>Notice</u> ARC 0852C , also <u>Filed Emergency</u> ARC 0854C	7/24/13
Preparation for adult living program—increase in youth stipend and provider rates, 187.12(2) <u>Notice</u> ARC 0850C , also <u>Filed Emergency</u> ARC 0851C	7/24/13

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INSURANCE DIVISION[191]

COMMERCE DEPARTMENT[181]“umbrella”

Exemption from form and rate filing requirements—update of reference, 20.11(1) <u>Notice</u> ARC 0892C	7/24/13
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Title plant certification, 9.7(10) <u>Filed</u> ARC 0826C	7/10/13
Military service member home ownership assistance program—home purchase financing, 27.3(2) <u>Filed</u> ARC 0827C	7/10/13

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MEDICINE BOARD[653]

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One-year term limit for board chairperson, 1.3(3) <u>Notice</u> ARC 0889C	7/24/13
Exemptions for physicians on full-time active duty, 8.4(1), 9.13(3), 11.1, 11.4(2) <u>Filed</u> ARC 0871C	7/24/13
Supervision of pharmacists who administer adult immunizations, rescind 13.3 <u>Notice</u> ARC 0890C	7/24/13
Standards of practice—physicians who prescribe or administer abortion-inducing drugs, 13.10 <u>Notice</u> ARC 0891C	7/24/13
Physician supervision of physician assistants, 21.4(2) <u>Filed</u> ARC 0870C	7/24/13

NATURAL RESOURCE COMMISSION[571]

NATURAL RESOURCES DEPARTMENT[561]“umbrella”

Waterfowl refuges, 52.1(3) <u>Filed</u> ARC 0828C	7/10/13
Year-round pigeon season, 100.2(1) <u>Filed</u> ARC 0829C	7/10/13
Antlerless-deer-only license quotas, 106.6(6) <u>Filed</u> ARC 0830C	7/10/13
River otters and bobcats—open areas, bag limits, season dates, reporting, 108.7 <u>Filed</u> ARC 0831C	7/10/13

NURSING BOARD[655]

PUBLIC HEALTH DEPARTMENT[641]“umbrella”

Licensure by examination—verification of English skills of an individual educated and licensed in another country, 3.4(4) <u>Notice</u> ARC 0876C	7/24/13
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PHARMACY BOARD[657]

PUBLIC HEALTH DEPARTMENT[641]“umbrella”

Licensure by license transfer, 2.9 <u>Notice</u> ARC 0884C	7/24/13
Vaccine and immunization administration by pharmacists, 8.33 <u>Notice</u> ARC 0883C	7/24/13
Pilot and demonstration research projects—extension or renewal of time, 8.40(3) <u>Notice</u> ARC 0882C	7/24/13

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PUBLIC HEALTH DEPARTMENT[641]"umbrella"

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Professional Licensing and Regulation Bureau[193]

COMMERCE DEPARTMENT[181]"umbrella"

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Iowa State University—facilities and grounds, contracting authority, update of titles and

contact information, amendments to ch 13 Notice **ARC 0818C**..... 7/10/13**WORKERS' COMPENSATION DIVISION[876]**

WORKFORCE DEVELOPMENT DEPARTMENT[871]"umbrella"

Payroll tax tables, 8.8 Filed Emergency **ARC 0835C**..... 7/10/13**ADMINISTRATIVE RULES REVIEW COMMITTEE MEMBERS**

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

Senator Mark Chelgren
819 Hutchinson
Ottumwa, Iowa 52501

Representative Dave J. Jacoby
2308 Northridge Drive
Coralville, Iowa 52241

Senator Thomas Courtney
2609 Clearview
Burlington, Iowa 52601

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

Senator Wally Horn
101 Stoney Point Road, SW
Cedar Rapids, Iowa 52404

Representative Dawn Pettengill
P.O. Box A
Mt. Auburn, Iowa 52313

Senator Pam Jochum
2368 Jackson Street
Dubuque, Iowa 52001

Representative Jeff Smith
1006 Brooks North Lane
Okoboji, Iowa 51355

Senator Roby Smith
2036 East 48th Street
Davenport, Iowa 52807

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AUDITOR OF STATE[81]

Periodic examination fee, 21.2 IAB 7/24/13 ARC 0849C	Room 116 State Capitol Bldg. Des Moines, Iowa	August 13, 2013 10 a.m.
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EDUCATIONAL EXAMINERS BOARD[282]

Out-of-state applicants—provision of valid or expired license with application, 13.3, 13.17(1) IAB 7/24/13 ARC 0880C	Room 3 Southwest, Third Floor Grimes State Office Bldg. Des Moines, Iowa	August 14, 2013 1 p.m.
Correction to all science endorsement title, 13.28(17) IAB 7/24/13 ARC 0879C	Room 3 Southwest, Third Floor Grimes State Office Bldg. Des Moines, Iowa	August 14, 2013 1 p.m.
Substitute authorization—length of time licensee may serve in one classroom, 22.2 IAB 7/24/13 ARC 0878C	Room 3 Southwest, Third Floor Grimes State Office Bldg. Des Moines, Iowa	August 14, 2013 1 p.m.
School administration manager authorization, 22.6 IAB 7/24/13 ARC 0877C	Room 3 Southwest, Third Floor Grimes State Office Bldg. Des Moines, Iowa	August 14, 2013 1 p.m.

ENVIRONMENTAL PROTECTION COMMISSION[567]

Underground storage tanks—leak detection at unstaffed facilities, 135.5(1) IAB 7/24/13 ARC 0836C [See ARC 0560C , IAB 1/9/13]	Conference Room 5W Wallace State Office Bldg. Des Moines, Iowa	August 13, 2013 1 p.m.
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INSURANCE DIVISION[191]

Form and rate filing exemption— update of reference, 20.11(1) IAB 7/24/13 ARC 0892C	Division Offices, Two Ruan Center 601 Locust St. Des Moines, Iowa	August 20, 2013 10 a.m.
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LABOR SERVICES DIVISION[875]

Boilers—control and safety device code adopted by reference, 91.1(6) IAB 7/10/13 ARC 0817C	Capitol View Room 1000 E. Grand Ave. Des Moines, Iowa	July 31, 2013 1:30 p.m. (If requested)
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MEDICINE BOARD[653]

One-year term limit for board chairperson, 1.3(3) IAB 7/24/13 ARC 0889C	Board Office, Suite C 400 SW 8th St. Des Moines, Iowa	August 13, 2013 1 p.m.
Standards of practice—physicians who prescribe or administer abortion-inducing drugs, 13.10 IAB 7/24/13 ARC 0891C	Board Office, Suite C 400 SW 8th St. Des Moines, Iowa	August 28, 2013 2 p.m.

PROFESSIONAL LICENSURE DIVISION[645]

Psychologists—licensure,
continuing education,
240.2(1), 240.3(4), 240.4(1),
240.10, 241.3(2)
IAB 7/10/13 **ARC 0834C**

Fifth Floor Board Conference Room
Lucas State Office Bldg.
Des Moines, Iowa

August 5, 2013
1 to 2 p.m.

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.

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AGRICULTURE AND LAND STEWARDSHIP DEPARTMENT[21]
 Agricultural Development Authority[25]
 Soil Conservation Division[27]
ATTORNEY GENERAL[61]
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 Real Estate Appraiser Examining Board[193F]
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Foster Care Review Board[489]
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State Public Defender[493]
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LIVESTOCK HEALTH ADVISORY COUNCIL[521]
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RECORDS COMMISSION[671]
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NOTICE OF FUNDS AVAILABILITY

FEMA DR-4126-IA

AGENCY	PROGRAM	ELIGIBLE APPLICANTS	TYPES OF PROJECTS
<p>Iowa Homeland Security and Emergency Management Department (HSEMD)</p>	<p>Hazard Mitigation Grant Program (HMGP)</p> <p>Authorized by §203 of the Robert T. Stafford Disaster Assistance and Emergency Relief Act (Stafford Act), 42 U.S.C. 5133, as amended by §102 of the Disaster Mitigation Act of 2000 (DMA)</p>	<ul style="list-style-type: none"> • State Agencies and Local Governments. • Federally recognized Indian Tribal governments, to include state recognized Indian Tribes, and Authorized Tribal Organizations. • Private Non Profit (PNP) Organizations or institutions which operate a PNP facility as defined in 44 Code of Federal Regulations (CFR), Section 206.221(e). • All applicants must be participating in the NFIP if they have been identified as having a Special Flood Hazard Area. The Community must not be on probation, suspended or withdrawn from the NFIP. • All Applicants for a project grant MUST have a FEMA-approved local hazard mitigation plan. <p>Application Process:</p> <ul style="list-style-type: none"> - Potential project & planning applicants must complete a Notice of Interest (NOI) Form located on the HSEMD website at: http://www.iowahomelandsecurity.org/grants/HMA.html. - NOI Form must be e-mailed to: hsemd.mitigation@iowa.gov. - NOIs will be selected for full application development based on funding availability, the State's priority, and an initial eligibility review. <p>Deadline to submit an NOI is September 30, 2013.</p> <p style="text-align: center;">For additional information please contact:</p> <p style="text-align: center;">Dan Schmitz 515-725-9369 Dennis Harper 515-725-9348</p> <p style="text-align: center;">Iowa Homeland Security and Emergency Management Department 7105 NW 70th Avenue Camp Dodge, Bldg. W4 Johnston, Iowa 50131</p>	<p>Eligible Project Types</p> <p>Projects may be of any nature that will result in protection to public or private property, including but not limited to:</p> <ul style="list-style-type: none"> • Acquisition or relocation of hazardprone property for conversion to open space in perpetuity • Construction of safe rooms (tornado and severe wind shelters) • Structural and non-structural retrofitting of existing buildings and facilities (including designs and feasibility studies when included as part of the construction project) for wildfire, seismic, wind or flood hazards (e.g., elevation, flood-proofing, storm shutters, hurricane clips) • Minor structural hazard control or protection projects that may include vegetation management, storm water management (e.g., culverts, floodgates, retention basins), or shoreline/landslide stabilization • Localized flood control projects, such as certain ring levees and floodwall systems, that are designed specifically to protect critical facilities and do not constitute a section of a larger flood control system • Development of multi-jurisdictional hazard mitigation plans and plan updates <p>Planning Application</p> <p>The outcome of a mitigation planning grant award must be a FEMA-approved hazard mitigation plan that complies with the requirements of 44 CFR Part 201. The planning grant deliverable can be a new hazard mitigation plan or an update of an already FEMA-approved hazard mitigation plan.</p>

ARC 0849C

AUDITOR OF STATE[81]**Notice of Intended Action**

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of 2012 Iowa Acts, chapter 1107, section 2, the Auditor of State hereby gives Notice of Intended Action to amend Chapter 21, “Filing Fees,” Iowa Administrative Code.

Proposed rule 81—21.2(11) establishes a periodic examination fee necessary to perform periodic examinations of cities with a population less than 2,000 which do not have budgeted annual expenditures of more than \$1 million for two consecutive years.

Any interested person may make written suggestions or comments on this proposed rule on or before August 13, 2013. All communications shall clearly indicate the author’s name and address and should make specific reference to this Notice. Such written materials should be directed to Chief of Staff, Office of Auditor of State, State Capitol Building, Des Moines, Iowa 50319-0001.

There will be a public hearing on August 13, 2013, at 10 a.m. in Room 116 of the State Capitol Building, at which time persons may present their views either orally or in writing. At the hearing, persons will be asked to give their names and addresses for the record and to confine their remarks to the subject of the proposed rule.

The maximum fiscal impact of the rule to eligible cities will be \$382,225, with an annual fiscal impact of no more than \$1,200 per year for any individual city. Eligible cities are not required to pay a periodic examination fee if they commission their own audits or examinations. If cities commission audits or examinations at the same frequency as in the past, the annual fiscal impact could be reduced by 4 percent to \$365,425.

The proposed rule is not subject to waiver because the fee is mandatory for all qualifying cities pursuant to 2012 Iowa Acts, chapter 1107, section 2.

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

This rule is intended to implement 2012 Iowa Acts, chapter 1107, section 2.

The following amendment is proposed.

Adopt the following **new** rule 81—21.2(11):

81—21.2(11) Periodic examination fee. A periodic examination fee, as provided for under 2012 Iowa Acts, chapter 1107, section 2, shall be paid annually by cities that do not otherwise have an audit or fiscal year examination conducted pursuant to Iowa Code section 11.6, subsection 1 or subsection 3, during a fiscal year.

21.2(1) The fee shall be remitted according to a fee schedule using four strata based on the budgeted expenditures of the original certified budget of the governmental subdivision for the fiscal year.

21.2(2) The designated strata and applicable fees are as follows:

Budgeted Expenditures in Thousands of Dollars	Fee Amount
Under 50	\$ 100
At least 50 but less than 300	\$ 475
At least 300 but less than 600	\$ 900
600 or more	\$1,200

AUDITOR OF STATE[81](cont'd)

21.2(3) The fee shall be remitted to the office of auditor of state on or before March 31 each year. This rule is intended to implement 2012 Iowa Acts, chapter 1107, section 2.

ARC 0880C**EDUCATIONAL EXAMINERS BOARD[282]****Notice of Intended Action**

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 272.2, the Board of Educational Examiners hereby gives Notice of Intended Action to amend Chapter 13, “Issuance of Teacher Licenses and Endorsements,” Iowa Administrative Code.

The proposed amendments would remove the requirement that out-of-state applicants for licensure in Iowa provide a current license from another state. The amendments would allow these candidates for licensure to provide an expired out-of-state license.

Any interested person may make written comments or suggestions on the proposed amendments before 4 p.m. on Friday, August 16, 2013. Written comments and suggestions should be addressed to Kim Cunningham, Board Secretary, Board of Educational Examiners, Grimes State Office Building, East 14th Street and Grand Avenue, Des Moines, Iowa 50319-0147, or sent by e-mail to kim.cunningham@iowa.gov, or by fax to (515)281-7669.

Any interested party or persons may present their views either orally or in writing at the public hearing that will be held Wednesday, August 14, 2013, at 1 p.m. in Room 3 Southwest, Third Floor, Grimes State Office Building, East 14th Street and Grand Avenue, Des Moines, Iowa.

At the hearing, persons will be asked to give their names and addresses for the record and to confine their remarks to the subject of the proposed amendments. Persons who wish to make oral presentations at the public hearing may contact the Executive Director, Board of Educational Examiners, at the above address, or at (515)281-5849, prior to the date of the public hearing.

Any person who intends to attend the public hearing and requires special accommodations for specific needs, such as a sign language interpreter, should contact the office of the Executive Director at (515)281-5849.

These amendments are subject to waiver pursuant to 282—Chapter 6.

After analysis and review of this rule making, there is no anticipated impact on jobs.

These amendments are intended to implement Iowa Code section 272.2(1)“a.”

The following amendments are proposed.

ITEM 1. Amend paragraph **13.3(2)“b”** as follows:

b. Submit a copy of a valid or expired regular teaching certificate or license exclusive of a temporary, emergency or substitute license or certificate, and

ITEM 2. Amend subrule 13.3(3) as follows:

13.3(3) *Requirements for applicants from out-of-state nontraditional teacher preparation programs.* An applicant who holds a valid license from another state and whose preparation was completed through a state-approved nontraditional teacher preparation program must:

a. No change.

b. Provide a valid or expired out-of-state teaching license based on a state-approved nontraditional teacher preparation program.

c. to *h.* No change.

EDUCATIONAL EXAMINERS BOARD[282](cont'd)

ITEM 3. Amend subrule 13.17(1) as follows:

13.17(1) One-year teacher exchange license.

a. For an applicant applying under 13.3(2), a one-year nonrenewable exchange license may be issued to the applicant under the following conditions:

(1) and (2) No change.

(3) The applicant holds and submits a copy of a valid and current certificate or license in the state in which the preparation was completed or in which the applicant is currently teaching, exclusive of a temporary, emergency or substitute license or certificate;

1. ~~If the applicant's out-of-state license is expired, a one-year teacher exchange license may be issued and the lack of a valid and current out-of-state license will be listed as a deficiency; Reserved.~~

2. If the applicant submits verification that the applicant has applied for and will receive the applicant's first teaching license and is waiting for the processing or printing of a valid and current out-of-state license, a regional exchange license may be issued and the lack of a valid and current out-of-state license will be listed as a deficiency; and

(4) to (7) No change.

b. No change.

~~c. If the lack of a valid and current out-of-state license was listed as a deficiency, the one-year teacher exchange license shall not be converted or extended until a valid and current out-of-state license is presented to remove the deficiency.~~

ARC 0879C

EDUCATIONAL EXAMINERS BOARD[282]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1) "b."

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 272.2, the Board of Educational Examiners hereby gives Notice of Intended Action to amend Chapter 13, "Issuance of Teacher Licenses and Endorsements," Iowa Administrative Code.

Subule 13.28(17) was recently amended, in part to adjust the requirements for the "All science" endorsement. In the previous rule-making documents, the endorsement was mistakenly titled "All science. 9-12." It should be titled "All science. 5-12." This amendment corrects the title.

Any interested person may make written comments or suggestions on the proposed amendment before 4 p.m. on Friday, August 16, 2013. Written comments and suggestions should be addressed to Kim Cunningham, Board Secretary, Board of Educational Examiners, Grimes State Office Building, East 14th Street and Grand Avenue, Des Moines, Iowa 50319-0147, or sent by e-mail to kim.cunningham@iowa.gov, or by fax to (515)281-7669.

Any interested party or persons may present their views either orally or in writing at the public hearing that will be held Wednesday, August 14, 2013, at 1 p.m. in Room 3 Southwest, Third Floor, Grimes State Office Building, East 14th Street and Grand Avenue, Des Moines, Iowa.

At the hearing, persons will be asked to give their names and addresses for the record and to confine their remarks to the subject of the proposed amendment. Persons who wish to make oral presentations at the public hearing may contact the Executive Director, Board of Educational Examiners, at the above address, or at (515)281-5849, prior to the date of the public hearing.

Any person who intends to attend the public hearing and requires special accommodations for specific needs, such as a sign language interpreter, should contact the office of the Executive Director at (515)281-5849.

This amendment is subject to waiver pursuant to 282—Chapter 6.

EDUCATIONAL EXAMINERS BOARD[282](cont'd)

After analysis and review of this rule making, there is no anticipated impact on jobs.
This amendment is intended to implement Iowa Code section 272.2(1)“a.”
The following amendment is proposed.

Amend paragraph **13.28(17)“i”** as follows:

i. All science. 9 5-12.

(1) and (2) No change.

ARC 0878C

EDUCATIONAL EXAMINERS BOARD[282]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 272.2, the Board of Educational Examiners hereby gives Notice of Intended Action to amend Chapter 22, “Authorizations,” Iowa Administrative Code.

The proposed changes to the substitute authorization rule will create more precise guidelines for districts regarding the length of time a licensee with a substitute authorization may serve in one classroom.

Any interested person may make written comments or suggestions on the proposed amendment before 4 p.m. on Friday, August 16, 2013. Written comments and suggestions should be addressed to Kim Cunningham, Board Secretary, Board of Educational Examiners, Grimes State Office Building, East 14th Street and Grand Avenue, Des Moines, Iowa 50319-0147, or sent by e-mail to kim.cunningham@iowa.gov, or by fax to (515)281-7669.

Any interested party or persons may present their views either orally or in writing at the public hearing that will be held Wednesday, August 14, 2013, at 1 p.m. in Room 3 Southwest, Third Floor, Grimes State Office Building, East 14th Street and Grand Avenue, Des Moines, Iowa.

At the hearing, persons will be asked to give their names and addresses for the record and to confine their remarks to the subject of the proposed amendment. Persons who wish to make oral presentations at the public hearing may contact the Executive Director, Board of Educational Examiners, at the above address, or at (515)281-5849, prior to the date of the public hearing.

Any person who intends to attend the public hearing and requires special accommodations for specific needs, such as a sign language interpreter, should contact the office of the Executive Director at (515)281-5849.

This amendment is subject to waiver pursuant to 282—Chapter 6.

After analysis and review of this rule making, there is no anticipated impact on jobs.

This amendment is intended to implement Iowa Code section 272.2(1)“a.”

The following amendment is proposed.

Amend rule 282—22.2(272), introductory paragraph, as follows:

282—22.2(272) Substitute authorization. A substitute authorization allows an individual to substitute in a middle school, junior high school, or high school for no more than ~~five~~ 5 consecutive days and no more than 10 days in a 30-day period in one job assignment for a regularly assigned teacher who is absent. A school district administrator may file a written request with the board for an extension of the 10-day limit in one job assignment on the basis of documented need and benefit to the instructional program. The licensure committee will review the request and provide a written decision either approving or denying the request. An individual who holds a paraeducator certificate and completes the substitute authorization program is authorized to substitute only in the special education classroom in which the

EDUCATIONAL EXAMINERS BOARD[282](cont'd)

individual paraeducator is employed. This special education classroom may be on the preschool or elementary school level as well as the middle school, junior high school or high school level.

ARC 0877C

EDUCATIONAL EXAMINERS BOARD[282]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 272.2, the Board of Educational Examiners hereby gives Notice of Intended Action to amend Chapter 22, “Authorizations,” Iowa Administrative Code.

This rule is to accompany 281—Chapter 82, “Standards for School Administration Manager Programs,” adopted by the Department of Education. The proposed rule will require that anyone performing the duties of a School Administration Manager (SAM) hold the proper authorization from the Board of Educational Examiners.

Any interested person may make written comments or suggestions on the proposed amendment before 4 p.m. on Friday, August 16, 2013. Written comments and suggestions should be addressed to Kim Cunningham, Board Secretary, Board of Educational Examiners, Grimes State Office Building, East 14th Street and Grand Avenue, Des Moines, Iowa 50319-0147, or sent by e-mail to kim.cunningham@iowa.gov, or by fax to (515)281-7669.

Any interested party or persons may present their views either orally or in writing at the public hearing that will be held Wednesday, August 14, 2013, at 1 p.m. in Room 3 Southwest, Third Floor, Grimes State Office Building, East 14th Street and Grand Avenue, Des Moines, Iowa.

At the hearing, persons will be asked to give their names and addresses for the record and to confine their remarks to the subject of the proposed amendment. Persons who wish to make oral presentations at the public hearing may contact the Executive Director, Board of Educational Examiners, at the above address, or at (515)281-5849, prior to the date of the public hearing.

Any person who intends to attend the public hearing and requires special accommodations for specific needs, such as a sign language interpreter, should contact the office of the Executive Director at (515)281-5849.

This amendment is subject to waiver pursuant to 282—Chapter 6.

After analysis and review of this rule making, there is no anticipated impact on jobs.

This amendment is intended to implement Iowa Code section 272.2(1)“a.”

The following amendment is proposed.

Adopt the following **new** rule 282—22.6(272):

282—22.6(272) School administration manager authorization.

22.6(1) Application for authorization. Effective July 1, 2014, a person who is interested in a school administration manager authorization will be required to apply for an authorization. The following persons must obtain an authorization:

- a. A Model 1 SAM, a person who is hired to be a full-time SAM and who is authorized to assume the responsibilities of a SAM;
- b. A Model 2 SAM, a person whose position in the school is reconfigured to include the responsibilities of being a SAM and is authorized as a SAM; and
- c. A Model 3 SAM, a person who is a secretary/administrative assistant and is also authorized as a SAM.

EDUCATIONAL EXAMINERS BOARD[282](cont'd)

22.6(2) Responsibilities. A school administration manager authorization allows an individual to assist a school administrator in performing noninstructional, administrative-type duties.

22.6(3) Application process. Any person interested in the school administration manager authorization shall submit to the board of educational examiners an application which includes a written verification of employment from a school district administrator. Application materials are available from the office of the board of educational examiners, online at <http://www.boee.iowa.gov/>.

A person serving as a school administration manager prior to July 1, 2014, is eligible for the standard school administration manager authorization, subject to the Iowa division of criminal investigation and national criminal history background checks. The person will be assessed the background check fee. The school administration manager must have completed the school administration manager training and be listed on the Basic Educational Data Survey as a school administration manager by October 31, 2013. The application fee for such persons will be waived if the application is received prior to June 30, 2014.

22.6(4) Specific requirements for an initial school administration manager authorization. Applicants for an initial school administration manager authorization shall have completed the following requirements:

- a. *Education.* Applicants must hold a high school degree or general equivalency diploma.
- b. *Minimum age.* Applicants must have attained a minimum age of 18 years.
- c. *Iowa division of criminal investigation background check.* Applicants must have successfully completed an Iowa division of criminal investigation background check. The background check fee will be assessed to the applicant.
- d. *National criminal history background check.* Applicants must have successfully completed a national criminal history background check. The background check fee will be assessed to the applicant.

22.6(5) Specific requirements for a standard school administration manager authorization. The initial school administration manager authorization shall be converted to the standard school administration manager authorization provided the following requirements are met.

a. *Training.* A school administration manager shall attend an approved training program at the onset of the individual's hire as a school administration manager. The training for school administration managers is set forth in 281—subrule 82.7(2).

- b. *Competencies.* Applicants shall demonstrate completion of or competency in the following:
- (1) Each school administration manager shall demonstrate competence in technology appropriate to the school administration manager position. The school administration manager will:
 1. Become proficient in the use of the approved time-tracking software tool;
 2. Schedule the administrator's time using the approved software, update and reconcile the calendar daily, and attempt to pre-calendar the administrator at or above the administrator's goal; and
 3. Regularly schedule, review, and reflect with the administrator on the graphs and data provided through the software.

(2) Each school administration manager shall demonstrate appropriate personal skills. The school administration manager:

1. Is an effective communicator with all stakeholders, including but not limited to colleagues, community members, parents, and students;
 2. Works effectively with employees, students, and stakeholders;
 3. Maintains confidentiality when dealing with student, parent, and staff issues;
 4. Clearly understands the administrator's philosophy of behavior expectations and consequences;
- and
5. Maintains an environment of mutual respect, rapport, and fairness.

22.6(6) Validity.

- a. The initial school administration manager authorization shall be valid for three years.
- b. The standard school administration manager authorization shall be valid for five years.

22.6(7) Renewal.

a. The initial school administration manager authorization may be renewed once if the applicant has not previously had employment as a school administration manager but can at the time of application provide evidence of employment as a school administration manager.

EDUCATIONAL EXAMINERS BOARD[282](cont'd)

b. The standard school administration manager authorization may be renewed upon application and verification of successful completion of the following:

(1) Renewal activities. The applicant for renewal must complete three semester hours of credit through authorized SAM training or online training courses approved by the board of educational examiners in collaboration with the department of education.

(2) Child and dependent adult abuse mandatory reporter training. Every renewal applicant must submit documentation of completion of the child and dependent adult abuse mandatory reporter training approved by the state abuse education review panel. A waiver of this requirement may apply under any of the following appropriately documented conditions:

1. The person is engaged in active duty in the military service of this state or of the United States.
2. The person has previously renewed a license or another authorization issued by the board of educational examiners and, at that time, reported the completion, within the past five years, of child and dependent adult abuse mandatory reporter training approved by the state abuse education review panel.

22.6(8) Extension. A one-year extension of the school administration manager authorization may be issued if the applicant does not meet the renewal requirements. The applicant must secure the signature of the superintendent or designee before the extension will be issued.

22.6(9) Revocation and suspension. Criteria of professional practice and rules of the board of educational examiners shall be applicable to the holders of the school administration manager authorization.

22.6(10) Approval of courses. Each institution of higher education, private college or university, community college, area education agency and professional organization that wishes to offer the semester credit hours for the school administration manager authorization must submit course descriptions for each offering to the board of educational examiners for approval. After initial approval, any changes by agencies or institutions in course offerings shall be filed with the board of educational examiners.

ARC 0836C**ENVIRONMENTAL PROTECTION COMMISSION[567]****Amended Notice of Intended Action**

Pursuant to the authority of Iowa Code section 455B.474(3)“d,” the Environmental Protection Commission proposes to amend Chapter 135, “Technical Standards and Corrective Action Requirements for Owners and Operators of Underground Storage Tanks,” Iowa Administrative Code.

Notice of Intended Action to rescind paragraph 135.5(1)“e” and adopt a new paragraph 135.5(1)“e” in lieu thereof was published in the Iowa Administrative Bulletin on January 9, 2013, as **ARC 0560C**. The amendment was also Adopted and Filed Emergency and published as **ARC 0559C** on the same date. This Amended Notice of Intended Action proposes to rescind paragraph 135.5(1)“e” that was Adopted and Filed Emergency and published under Notice of Intended Action and to adopt a new paragraph 135.5(1)“e” in lieu thereof that changes certain leak detection and notification requirements applicable to unstaffed facilities operating underground storage tank (UST) systems with pressurized piping. “Unstaffed facilities” are those facilities that do not have an operator present on site at all times when the UST system is operating and available to dispense fuel to a customer.

Paragraph 135.5(1)“e” proposed herein allows current in-line leak detection methods to be used when the UST facility is unattended, with additional requirements to ensure that detected releases are addressed. The paragraph allows for immediate shutdown of the submersible pump when a release is detected. In the alternative, the paragraph allows for the restriction of the flow of product or the triggering of an audible or visual alarm when a leak is detected and either notification to or a daily visit by the facility’s operator or designee. Notification can occur either by immediate electronic communication of a release from the leak detection monitor or by signage at the site with a telephone number directing the customer to call the Class B operator or designee when a potential release is indicated.

ENVIRONMENTAL PROTECTION COMMISSION[567](cont'd)

This rule making is the result of working with stakeholders to identify leak detection methods that are both cost-effective and environmentally protective. The Notice of Intended Action published on January 9, 2013, as **ARC 0560C** had extended the deadline to January 1, 2014, for unstaffed facility owners to comply with the existing 135.5(1)“e” requirements and allowed time for the Department and stakeholders to work together to address concerns raised following emergency adoption of the existing paragraph.

The Department conducted four stakeholder meetings to discuss and receive suggestions for meeting the intent of the paragraph. The purpose of the meetings was to work with stakeholders to identify leak detection methods that are both cost-effective and environmentally protective. Based on extensive public comment, it was determined that an extensive revision to the paragraph would be required. Because of the extensive revision required, the rule making commenced in **ARC 0560C** is amended with this Amended Notice of Intended Action.

Consideration will be given to all written suggestions or comments on the proposed amendment received on or before August 13, 2013. Such written materials should be sent to Director Chuck Gipp, c/o Paul Nelson, Department of Natural Resources, Wallace State Office Building, 502 East 9th Street, Des Moines, Iowa 50319; fax (515)281-8895; or e-mail paul.nelson@dnr.iowa.gov.

Oral or written comments will also be accepted at a public hearing which will be held on August 13, 2013, at 1 p.m. in Conference Room 5W at the Wallace State Office Building, Des Moines, Iowa, at which time persons may present their views.

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.

After analysis and review of this rule making, a positive impact on jobs could exist as the new requirements will allow for compliance that is less financially burdensome to the regulated community.

This amendment is intended to implement Iowa Code sections 455B.474 and 455B.474A.

The following amendment is proposed.

Rescind paragraph **135.5(1)“e”** and adopt the following **new** paragraph in lieu thereof:

e. Any UST facility that uses pressurized piping and dispenses product in the absence of a Class A, B, or C operator shall comply with the following requirements:

(1) Employ automatic line leak detectors that do one or more of the following:

1. Shut down the submersible pump when a leak is detected.
2. Restrict the flow of product when a leak is detected.
3. Trigger an audible or visual alarm when a leak is detected.

(2) At facilities implementing 135.5(1)“e”(1)“2” or “3,” the facility’s operator shall be notified or shall conduct a visit through one of the following methods:

1. Notification of the Class B operator by immediate electronic communication.
2. Signage directing the customer to contact the Class B operator or a designated contact person.

The sign must be immediately visible to the customer and state that slow flow or an audible or visual alarm is an indication of a possible release. The sign must provide a 24-hour telephone number of the Class B operator or designee and direct the customer to stop dispensing product.

3. Daily visit to the site by a Class A, B, or C operator or designee. Visits shall include observation of every automatic line leak detector for shutdown, alarm, or restricted flow conditions. Methods of observing for restricted flow conditions may include dispensing product into a proper container or personal vehicle, observing a customer dispense product into a vehicle, or another method approved by the department. Owners and operators shall maintain an onsite log of site visits to demonstrate compliance with this provision. The log shall include the name of the observer and method used to observe the status of the automatic line leak detectors.

(3) All UST facilities subject to 135.5(1)“e” must comply with its provisions by July 1, 2014.

ARC 0885C**HUMAN SERVICES DEPARTMENT[441]****Notice of Intended Action**

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code chapter 331 and 2012 Iowa Acts, chapter 1120, section 15, the Department of Human Services proposes to amend Chapter 25, “Disability Services Management,” Iowa Administrative Code.

The proposed amendments define core services that mental health and disability services (MHDS) regions must offer to eligible individuals. Access standards and provider practice standards for these services are also defined. The proposed amendments are not definitive of all possible services an MHDS region may provide. An MHDS region may provide other services, and the proposed amendments identify the requirements an MHDS region must meet when its ability to provide other services is determined.

2012 Iowa Acts, chapter 1120, section 15, requires that the Department define regional core services. The proposed amendments provide that MHDS regions must identify and contract with core service providers to ensure adequate access to service providers and that regions must also incorporate this information into their regional service system management plans.

Any interested person may make written comments on the proposed amendments on or before August 13, 2013. Comments should be directed to Harry Rossander, Bureau of Policy Coordination, Department of Human Services, Hoover State Office Building, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980 or by e-mail to policyanalysis@dhs.state.ia.us.

These amendments do not provide for waivers in specified situations because requests for the waiver of any rule may be submitted under the Department’s general rule on exceptions at 441—1.8(17A,217).

After analysis and review of this rule making, it has been determined that there will be a positive impact on private sector jobs. MHDS regions will be able to assess the workforce needs for their MHDS region including adequately trained and qualified professionals.

These amendments are intended to implement Iowa Code chapter 331 and 2012 Iowa Acts, chapter 1120, section 15.

The following amendments are proposed.

ITEM 1. Amend **441—Chapter 25**, Preamble, as follows:

PREAMBLE

This chapter provides for definitions of regional core services, access and practice standards, reporting of county expenditures, development and submission of management plans, data collection, and applications for funding as they relate to county service systems for people with mental illness, chronic mental illness, intellectual disabilities, developmental disabilities, or brain injury.

ITEM 2. Adopt the following new Division I title in **441—Chapter 25**:

DIVISION I
REGIONAL CORE SERVICES

HUMAN SERVICES DEPARTMENT[441](cont'd)

ITEM 3. Adopt the following new rules 441—25.1(331) to 441—25.4(331):

441—25.1(331) Definitions.

“Assertive community treatment” means a program of comprehensive outpatient services provided in the community directed toward the amelioration of symptoms and the rehabilitation of behavioral, functional, and social deficits of individuals with severe and persistent mental disorders and individuals with complex symptomatology who require multiple mental health and supportive services to live in the community consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.

“Assessment and evaluation” means the clinical review by a mental health professional of the current functioning of the individual using the service in regard to the individual’s situation, needs, strengths, abilities, desires and goals to determine the appropriate level of care.

“Case management” means service provided by a case manager who assists individuals in gaining access to needed medical, social, educational, and other services through assessment, development of a care plan, referral, monitoring and follow-up using a strengths-based service approach that helps individuals achieve specific desired outcomes leading to a healthy self-reliance and interdependence with their community.

“Case manager” means a person who has completed specified and required training to provide case management through the medical assistance program or the Iowa Behavioral Health Care Plan.

“Community-based crisis intervention service” means a program designed to stabilize an acute crisis episode and to restore an individual and family to their pre-crisis level of functioning. Crisis services are available 24 hours a day, 365 days a year, including telephone and walk-in crisis service and crisis care coordination.

“Crisis care coordination” means a service provided during an acute crisis episode that facilitates working together to organize a plan and service transition programing, including working agreements with inpatient behavioral health units and other community programs. The service shall include referrals to mental health services and other supports necessary to maintain community-based living capacity, including case management as defined herein.

“Crisis evaluation” means the process used with an individual to collect information related to the individual’s history and needs, strengths, and abilities in order to determine appropriate services or referral during an acute crisis episode.

“Day habilitation” means services that assist or support the individual in developing or maintaining life skills and community integration. Services shall enable or enhance the individual’s functioning, physical and emotional health and development, language and communication development, cognitive functioning, socialization and community integration, functional skill development, behavior management, responsibility and self-direction, daily living activities, self-advocacy skills, or mobility.

“Emergency service” means the same as defined in rule 441—88.21(249A).

“Evidence-based services” means using interventions that have been rigorously tested, have yielded consistent, replicable results, and have proven safe, beneficial and effective and have established standards for fidelity of the practice.

“Family psychoeducation” means services including the provision of emotional support, education, resources during periods of crisis, and problem-solving skills consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.

“Family support” means services provided by a family support peer specialist that assist the family of an individual to live successfully in the family or community including, but not limited to, education and information, individual advocacy, family support groups, and crisis response.

“Family support peer specialist” means a parent, primary caregiver, foster parent or family member of an individual who has successfully completed standardized training to provide family support through the medical assistance program or the Iowa Behavioral Health Care Plan.

“Group supported employment” means the job and training activities in business and industry settings for groups of no more than eight workers with disabilities. Group settings include enclaves,

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mobile crews, and other business-based workgroups employing small groups of workers with disabilities in integrated, sustained, paid employment.

“Health homes” means a service model that facilitates access to an interdisciplinary array of medical care, behavioral health care, and community-based social services and supports for both children and adults with chronic conditions. Services may include comprehensive care management; care coordination and health promotion; comprehensive transitional care from inpatient to other settings, including appropriate follow-up; individual and family support, which includes authorized representatives; referral to community and social support services, if relevant; and the use of health information technology to link services, as feasible and appropriate.

“Home and vehicle modification” means a service that provides physical modifications to the home or vehicle that directly address the medical health or remedial needs of the individual that are necessary to provide for the health, welfare, and safety of the member and to increase or maintain independence.

“Home health aide services” means unskilled medical services which provide direct personal care. This service may include assistance with activities of daily living, such as helping the recipient to bathe, get in and out of bed, care for hair and teeth, exercise, and take medications specifically ordered by the physician.

“Illness management and recovery” means a broad set of strategies designed to help individuals with serious mental illness collaborate with professionals, reduce the individuals’ susceptibility to the illness, and cope effectively with the individuals’ symptoms consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.

“Individual” means any person seeking or receiving services in a regional service system.

“Individual supported employment” means services including ongoing supports needed by an individual to acquire and maintain a job in the integrated workforce at or above the state’s minimum wage. The outcome of this service is sustained paid employment that meets personal and career goals.

“Job development” means services that assist individuals in preparing for, securing and maintaining gainful, competitive employment. Employment shall be integrated into normalized work settings, shall provide pay of at least minimum wage, and shall be based on the individual’s skills, preferences, abilities, and talents. Services assist individuals seeking employment to develop or re-establish skills, attitudes, personal characteristics, interpersonal skills, work behaviors, and functional capacities to achieve positive employment outcomes.

“Medication management” means services provided directly to or on behalf of the individual by a licensed professional as authorized by Iowa law including, but not limited to, monitoring effectiveness of and compliance with a medication regimen; coordination with care providers; investigating potentially negative or unintended psychopharmacologic or medical interactions; reviewing laboratory reports; and activities pursuant to licensed prescriber orders.

“Medication prescribing” means services with the individual present provided by an appropriately licensed professional as authorized by Iowa law including, but not limited to, determining how the medication is affecting the individual; determining any drug interactions or adverse drug effects on the individual; determining the proper dosage level; and prescribing medication for the individual for the period of time before the individual is seen again.

“Mental health outpatient therapy” means the same as defined in Iowa Code section 230A.106(2)“a.”

“Mental health professional” means the same as defined in Iowa Code section 228.1(6).

“Peer support services” means a program provided by a peer support specialist including but not limited to education and information, individual advocacy, family support groups, crisis response, and respite to assist individuals in achieving stability in the community.

“Peer support specialist” means an individual who has experienced a severe and persistent mental illness and who has successfully completed standardized training to provide peer support services through the medical assistance program or the Iowa Behavioral Health Care Plan.

“Permanent supportive housing” means voluntary, flexible supports to help individuals with psychiatric disabilities choose, get, and keep housing that is decent, safe, affordable, and integrated into the community. Tenants have access to an array of services that help them keep their housing, such as

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case management, assistance with daily activities, conflict resolution, and crisis response consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.

“Personal emergency response system” means an electronic device connected to a 24-hour staffed system which allows the individual to access assistance in the event of an emergency.

“Prevocational services” means services that focus on developing generalized skills that prepare an individual for employment. Prevocational training topics include but are not limited to attendance, safety skills, following directions, and staying on task.

“Reasonably close proximity” means a distance of 100 miles or less or a driving distance of two hours or less from the county seat or county seats of the region.

“Respite services” mean a brief period of rest and support for individuals and their families provided in a variety of settings. The intent is to provide a safe environment with staff assistance for individuals who lack an adequate support system to address current issues related to a disability. Respite may be provided for a defined period of time; respite is either planned or provided in response to a crisis.

“Routine care” means the same as defined in rule 441—88.21(249A).

“Rural” means any area that is not defined as urban.

“Strengths-based case management” means a service that focuses on possibilities rather than problems and strives to identify and develop strengths to assist individuals reach their goals leading to a healthy self-reliance and interdependence with their community. Identifiable strengths and resources include family, cultural, spiritual, and other types of social and community-based assets and networks.

“Supported community living services” means services as defined in Iowa Code section 225C.21(1).

“Supported employment” means an approach to helping individuals participate as much as possible in competitive work in integrated work settings that are consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals. Services are targeted for individuals with significant disabilities for whom competitive employment has not traditionally occurred; or for whom competitive employment has been interrupted or intermittent as a result of a significant disability including either individual or group supported employment, or both, consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.

“Telephone crisis service” means a program that operates a crisis hotline either directly or through a contract. The service shall be available 24 hours a day and seven days a week including, but not limited to, relief of distress in pre-crisis and crisis situations, reduction of the risk of escalation, arrangements for emergency on-site responses when necessary, and referral of callers to appropriate services.

“Trauma-focused services” means services provided by caregivers and professionals that recognize when an individual who has been exposed to violence is in need of help to recover from adverse impacts; recognize and understand the impact that exposure to violence has on victims’ physical, psychological, and psychosocial development and well-being; and respond by helping in ways that reflect awareness of adverse impacts and consistently support the individual’s recovery.

“Trauma-informed care” means services that are based on an understanding of the vulnerabilities or triggers of those who have expressed violence, that recognize the role violence has played in the lives of those individuals, that are supportive of recovery, and that avoid retraumatization including trauma-focused services and trauma-specific treatment.

“Trauma-specific treatment” means services provided by a mental health professional using therapies that are free from the use of coercion, restraints, seclusion and isolation; and designed specifically to promote recovery from the adverse impacts of violence exposure on physical, psychological, psychosocial development, health and well-being.

“Urban” means a county that has a total population of 50,000 or more residents or includes a city with a population of 20,000 or more.

“Urgent nonemergency need” means the same as defined in rule 441—88.21(249A).

“Walk-in crisis service” means a program that provides unscheduled face-to-face support and intervention at an identified location or locations. The service may be provided directly by the program or through a contract with another mental health provider.

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441—25.2(331) Core service domains.

25.2(1) The region shall ensure that the following services are available in the region:

- a. Assessment and evaluation.
- b. Case management.
- c. Crisis evaluation.
- d. Day habilitation.
- e. Family support.
- f. Health homes.
- g. Home and vehicle modification.
- h. Home health aide.
- i. Job development.
- j. Medication prescribing and management.
- k. Mental health inpatient treatment.
- l. Mental health outpatient treatment.
- m. Peer support.
- n. Personal emergency response system.
- o. Prevocational services.
- p. Respite.
- q. Supported employment.
- r. Supportive community living.
- s. Twenty-four-hour access to crisis response.

Regions may fund or provide other services in addition to the required core services consistent with requirements set forth in subrules 25.2(2) and 25.2(3).

25.2(2) A regional service system shall consider the scope of services included in addition to the required core services. Each service included shall be described and projection of need and the funding necessary to meet the need shall be included.

25.2(3) A regional service system may provide funding for other appropriate services or other support. In considering whether to provide such funding, a region may consider the following criteria:

- a. Applying a person-centered planning process to identify the need for the services or other support.
- b. The efficacy of the services or other support is recognized as an evidence-based practice, is deemed to be an emerging and promising practice, or providing the services is part of a demonstration and will supply evidence as to the effectiveness of the services.
- c. A determination that the services or other support provides an effective alternative to existing services that have been shown by the evidence base to be ineffective, to not yield the desired outcome, or to not support the principles outlined in *Olmstead v. L.C.*, 527 U.S. 581.

441—25.3(331) Access standards. The region shall include:

25.3(1) A sufficient provider network which shall include:

- a. A community mental health center or federally qualified health center that provides psychiatric and outpatient mental health services in the region.
- b. A hospital with an inpatient psychiatric unit or state mental health institute located in or within reasonably close proximity that has the capacity to provide inpatient services to the applicant.

25.3(2) Crisis services shall be available 24 hours per day, seven days per week, 365 days per year for mental health and disability-related emergencies.

25.3(3) The region shall provide the following treatment services:

- a. Outpatient.
 - (1) Emergency: During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact.
 - (2) Urgent: Outpatient services shall be provided to an individual within one hour of presentation or 24 hours of telephone contact.

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(3) Routine: Outpatient services shall be provided to an individual within four weeks of request for appointment.

(4) Distance: Outpatient services shall be offered within 30 miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community.

b. Inpatient.

(1) An individual in need of emergency inpatient services shall receive treatment within 24 hours.

(2) Inpatient services shall be available within reasonably close proximity to the region.

c. Assessment and evaluation. An individual who has received inpatient services shall be assessed and evaluated within four weeks.

25.3(4) A region shall provide the following basic crisis response:

a. Twenty-four-hour access to crisis response, 24 hours per day, seven days per week, 365 days per year.

b. Crisis evaluation within 24 hours.

25.3(5) Support for community living. The first appointment shall occur within four weeks of the individual's request of support for community living.

25.3(6) Support for employment. The initial referral shall take place within 60 days of the individual's request of support for employment.

25.3(7) Recovery services. An individual receiving recovery services shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.

25.3(8) Service coordination:

a. An individual receiving service coordination shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.

b. An individual shall receive service coordination within 10 days of the initial request for such service or being discharged from an inpatient facility.

25.3(9) The following limitations apply to home and vehicle modification for an individual receiving mental health and disability services:

a. A lifetime limit equal to that established for the home- and community-based services waiver for individuals with intellectual disabilities in the medical assistance program.

b. A provider reimbursement payment will be no lower than that provided through the home- and community-based services waiver for individuals with intellectual disabilities in the medical assistance program.

441—25.4(331) Practices. A region shall ensure that access is available to providers of core services that demonstrate the following competencies:

25.4(1) Regions shall have service providers that are trained to provide effective services to individuals with two or more of the following co-occurring conditions:

a. Mental illness.

b. Intellectual disability.

c. Developmental disability.

d. Brain injury.

e. Substance use disorder.

Training for serving individuals with co-occurring conditions provided by the region shall be training identified by the Substance Abuse and Mental Health Services Administration, the Dartmouth Psychiatric Research Center or other generally recognized professional organization specified in the regional service system management plan.

25.4(2) Regions shall have service providers that are trained to provide effective trauma-informed care. Trauma-informed care training provided by the region shall be recognized by the National Center for Trauma-Informed Care or other generally recognized professional organization specified in the regional service system management plan.

25.4(3) Regions must have evidence-based practices that the applicant has independently verified as meeting established fidelity to evidence-based service models including, but not limited to, assertive community treatment or strengths-based case management; integrated treatment of co-occurring

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substance abuse and mental health disorders; supported employment; family psychoeducation; illness management and recovery; and permanent supportive housing.

These rules are intended to implement Iowa Code chapter 331 and 2012 Iowa Acts, chapter 1120, section 15.

ARC 0847C

HUMAN SERVICES DEPARTMENT[441]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 249A.4 and 2013 Iowa Acts, Senate File 446, section 12, the Department of Human Services proposes to amend Chapter 77, “Conditions of Participation for Providers of Medical and Remedial Care,” Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” Chapter 79, “Other Policies Relating to Providers of Medical and Remedial Care,” and Chapter 88, “Managed Health Care Providers,” Iowa Administrative Code.

These amendments transfer administrative responsibility for Medicaid habilitation to the contractor for the Iowa Plan for Behavioral Health and integrate targeted case management into integrated health homes for members with chronic mental illness. Additionally, these amendments change the reimbursement method for case management services under habilitation waivers.

Habilitation services are currently administered separately from all other behavioral health care. As a result, the amount, scope, and duration of these services are not effectively aligned with other behavioral and physical health care services. On average, individuals with serious mental illness die 25 years earlier than the general public (based on a 16-state pilot study on mental health performance measures). Providing coordinated physical and behavioral health care should improve access to all services to achieve the best outcomes for individuals. In addition, expenditures for habilitation services have increased 120 percent in the past five years, with no definitive improvement in overall quality of life outcomes.

The transitions implemented by these amendments will not affect individuals who need habilitation services. Individuals served will still receive their habilitation services. They may experience a change in their care coordination with the shift of habilitation case management to integrated health homes. The goal will be to improve measurable outcomes for individuals and their families.

A portion of habilitation case management services are currently managed by Magellan. Other case management for habilitation is managed by the Iowa Medicaid Enterprise (IME). Habilitation case management managed by IME will be transitioned to Magellan as a result of these amendments. Habilitation case management will continue with little change until the transition of case management to care coordination through integrated health homes is complete.

As a result of these amendments, habilitation service providers will see little change:

- Magellan will be contracting with habilitation providers, using the same provider requirements in place today. Providers should contact Magellan for information about contracting.
- Magellan will use the current rates set for habilitation providers until standardized rates are developed for habilitation services. Similar to what was done with behavioral health intervention services, Magellan will create a workgroup to collaborate with providers during the next six months to develop a standardized reimbursement rate for habilitation services.
- Magellan will honor all prior authorizations approved before July 1, 2013. After that date, authorizations will be submitted to and approved by Magellan.
- IME will continue to implement habilitation HCBS quality assurance requirements, such as the provider self-assessment and incident reporting.

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These amendments were also Adopted and Filed Emergency and are published herein as **ARC 0848C**. The purpose of this Notice is to solicit comment on that submission, the subject matter of which is incorporated by reference.

Any interested person may make written comments on the proposed amendments on or before August 13, 2013. Comments should be directed to Harry Rossander, Bureau of Policy Coordination, Department of Human Services, Hoover State Office Building, Fifth Floor, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980 or by e-mail to policyanalysis@dhs.state.ia.us.

These amendments do not provide for waivers in specified situations because requests for waiver of any rule may be submitted under the Department's general rule on exceptions at 441—1.8(17A,217).

These amendments will have an impact on private sector jobs. Case management for habilitation members will be phased out as integrated health homes are phased in. However, the integrated health home will be responsible for the care coordination for the member and will be hiring individuals to fulfill that role.

These amendments are intended to implement Iowa Code section 249A.4.

ARC 0888C**HUMAN SERVICES DEPARTMENT[441]****Notice of Intended Action**

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1) "b."

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 249A.4 and 2013 Iowa Acts, Senate File 446, section 12, the Department of Human Services proposes to amend Chapter 77, "Conditions of Participation for Providers of Medical and Remedial Care," Iowa Administrative Code.

Pursuant to 2013 Iowa Acts, Senate File 446, these proposed amendments are being implemented as part of the Department's cost-savings and cost containment strategy. These changes will transition the provision of service provided by individual providers of personal care under the consumer-directed attendant care (CDAC) option to agency-provided personal care services and will retain the consumer choice option for those individuals able and desiring to self-direct services.

The Department intends to eliminate individual CDAC providers from the list of enrolled Medicaid providers effective July 1, 2014. Members will have the option to use an enrolled agency provider of CDAC to meet their personal care services needs or to use the consumer choice option (CCO) to self-direct services. Starting October 1, 2013, all annual service plans developed and authorized shall not include individual CDAC provider services. Members will be required to transition to use either an enrolled CDAC agency or CCO. All members using individual CDAC providers will be transitioned to use an agency CDAC provider or CCO by July 1, 2014.

The proposed amendments will increase the unit reimbursement rate for CDAC service from the individual CDAC rate to the agency CDAC rate. The individual CDAC service will be eliminated in July 2014. Current individual CDAC providers could be hired by a CDAC agency to provide services to members or could become direct employees through the CCO program. Individual employees hired through an agency or CCO will benefit by having state, federal and employment-related taxes managed by an agency or the CCO financial management services provider. Workers' compensation insurance will be paid by the agency or the state of Iowa for those using CCO. Providers' having workers' compensation insurance will decrease the risk to the member using personal care services, as currently individual CDAC providers are responsible for purchasing workers' compensation insurance. When using CCO, members will have the ability to manage an individual budget and may be able to purchase more services than they currently receive. They may also purchase optional service components not available through

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a waiver program to meet their service needs. With either agency-provided services or the use of CCO, members may be able to attract a higher quality staff through offering better pay and benefits to their employee(s).

Any interested person may make written comments on the proposed amendments on or before August 13, 2013. Comments should be directed to Harry Rossander, Bureau of Policy Coordination, Department of Human Services, Hoover State Office Building, Fifth Floor, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may also be sent by facsimile to (515)281-4980 or by e-mail to policyanalysis@dhs.state.ia.us.

These amendments do not provide for waiver in specified situations because requests for waiver of any rule may be submitted under the Department's general rule on exceptions at 441—1.8(17A,217).

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

These amendments are intended to implement Iowa Code section 249A.4.

The following amendments are proposed.

ITEM 1. Adopt the following **new** paragraph **77.30(7)“i”**:

i. Notwithstanding paragraph 77.30(7)“a,” individuals may not provide consumer-directed attendant care services pursuant to paragraph 77.30(7)“a” under new service plans or annually renewed service plans approved on or after October 1, 2013. Effective July 1, 2014, individuals may not provide consumer-directed attendant care services pursuant to paragraph 77.30(7)“a” under service plans approved prior to October 1, 2013.

ITEM 2. Adopt the following **new** paragraph **77.33(15)“i”**:

i. Notwithstanding paragraph 77.33(15)“a,” individuals may not provide consumer-directed attendant care services pursuant to paragraph 77.33(15)“a” under new service plans or annually renewed service plans approved on or after October 1, 2013. Effective July 1, 2014, individuals may not provide consumer-directed attendant care services pursuant to paragraph 77.33(15)“a” under service plans approved prior to October 1, 2013.

ITEM 3. Adopt the following **new** paragraph **77.34(8)“i”**:

i. Notwithstanding paragraph 77.34(8)“a,” individuals may not provide consumer-directed attendant care services pursuant to paragraph 77.34(8)“a” under new service plans or annually renewed service plans approved on or after October 1, 2013. Effective July 1, 2014, individuals may not provide consumer-directed attendant care services pursuant to paragraph 77.34(8)“a” under service plans approved prior to October 1, 2013.

ITEM 4. Adopt the following **new** paragraph **77.37(21)“i”**:

i. Notwithstanding paragraph 77.37(21)“a,” individuals may not provide consumer-directed attendant care services pursuant to paragraph 77.37(21)“a” under new service plans or annually renewed service plans approved on or after October 1, 2013. Effective July 1, 2014, individuals may not provide consumer-directed attendant care services pursuant to paragraph 77.37(21)“a” under service plans approved prior to October 1, 2013.

ITEM 5. Adopt the following **new** paragraph **77.39(24)“i”**:

i. Notwithstanding paragraph 77.39(24)“a,” individuals may not provide consumer-directed attendant care services pursuant to paragraph 77.39(24)“a” under new service plans or annually renewed service plans approved on or after October 1, 2013. Effective July 1, 2014, individuals may not provide consumer-directed attendant care services pursuant to paragraph 77.39(24)“a” under service plans approved prior to October 1, 2013.

ITEM 6. Adopt the following **new** paragraph **77.41(2)“i”**:

i. Notwithstanding paragraph 77.41(2)“a,” individuals may not provide consumer-directed attendant care services pursuant to paragraph 77.41(2)“a” under new service plans or annually renewed service plans approved on or after October 1, 2013. Effective July 1, 2014, individuals may not provide consumer-directed attendant care services pursuant to paragraph 77.41(2)“a” under service plans approved prior to October 1, 2013.

ARC 0887C

HUMAN SERVICES DEPARTMENT[441]**Notice of Intended Action**

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 249A.4 and 2013 Iowa Acts, Senate File 446, section 13, the Department of Human Services (DHS) proposes to amend Chapter 77, “Conditions of Participation for Providers of Medical and Remedial Care,” Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” and Chapter 79, “Other Policies Relating to Providers of Medical and Remedial Care,” Iowa Administrative Code.

These amendments require HCBS transportation payment to be the same as the payment negotiated by the Medicaid nonemergency medical transportation broker. For those providers that do not have a contracted rate, the rate paid would be the average broker rate paid per trip or per mile for the member’s DHS region.

Current HCBS transportation rates may be paid at a different amount than the nonemergency medical transportation broker. The rates are difficult to determine due to different methodologies within current rules. Rules currently state that the rate paid is the fee schedule or county contract rate. Therefore, this change provides consistency for the provider, the member and the state.

Any interested person may make written comments on the proposed amendments on or before August 13, 2013. Comments should be directed to Harry Rossander, Bureau of Policy Coordination, Department of Human Services, Hoover State Office Building, Fifth Floor, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980 or by e-mail to policyanalysis@dhs.state.ia.us.

These amendments do not provide for waiver in specified situations because requests for waiver of any rule may be submitted under the Department’s general rule on exceptions at 441—1.8(17A,217).

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

These amendments are intended to implement Iowa Code section 249A.4.

The following amendments are proposed.

ITEM 1. Adopt the following **new** paragraph **77.33(11)“f”**:

f. Transportation providers contracting with the nonemergency medical transportation contractor.

ITEM 2. Adopt the following **new** paragraph **77.37(24)“g”**:

g. Transportation providers contracting with the nonemergency medical transportation contractor.

ITEM 3. Adopt the following **new** paragraph **77.39(18)“f”**:

f. Transportation providers contracting with the nonemergency medical transportation contractor.

ITEM 4. Adopt the following **new** paragraph **77.41(6)“e”**:

e. Transportation providers contracting with the nonemergency medical transportation contractor.

ITEM 5. Amend subrule 78.37(11) as follows:

78.37(11) Transportation. Transportation services may be provided for members to conduct business errands and essential shopping, to receive medical services when not reimbursed through nonemergency medical transportation, and to reduce social isolation. A unit of service is one mile of transportation, or one one-way trip, or a unit established by an area agency on aging.

ITEM 6. Amend subrule 78.41(11) as follows:

78.41(11) Transportation. Transportation services may be provided for members to conduct business errands and essential shopping, to receive medical services when not reimbursed through nonemergency medical transportation, to travel to and from work or day programs, and to reduce social

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isolation. A unit of service is one mile of transportation, or one one-way trip, or a unit established by an area agency on aging. Transportation may not be reimbursed simultaneously with HCBS intellectual disability waiver supported community living service.

ITEM 7. Amend subrule 78.43(7) as follows:

78.43(7) Transportation. Transportation services may be provided for members to conduct business errands and essential shopping, to receive medical services when not reimbursed through nonemergency medical transportation, to travel to and from work or day programs, and to reduce social isolation. A unit of service is one mile of transportation, or one one-way trip, or a unit established by an area agency on aging. Transportation may not be reimbursed simultaneously with HCBS brain injury waiver supported community living service.

ITEM 8. Amend subrule 78.46(5) as follows:

78.46(5) Transportation. Transportation services may be provided for members to conduct business errands and essential shopping, to receive medical services when not reimbursed through Medicaid as nonemergency medical transportation, to travel to and from work or day programs, and to reduce social isolation. A unit of service is one mile of transportation, or one one-way trip, or a unit established by an area agency on aging.

ITEM 9. Amend subrule **79.1(2)**, provider category “HCBS waiver service providers,” numbered paragraph “11,” as follows:

Provider category	Basis of reimbursement	Upper limit
11. Transportation	Fee schedule	Effective 7/1/13 <u>10/1/13</u> : <u>County contract rate</u> <u>The provider's nonemergency medical transportation contract rate</u> or, in the absence of a <u>nonemergency medical transportation contract rate</u> , <u>provider's rate in effect 6/30/13 plus 3%, converted to a mile or one-way trip unit rate the average nonemergency medical transportation contract rate paid per mile or per trip within the member's DHS region.</u>

ARC 0845C

HUMAN SERVICES DEPARTMENT[441]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 249A.4 and 2013 Iowa Acts, Senate File 446, the Department of Human Services proposes to amend Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” Iowa Administrative Code.

This amendment excludes coverage of and payment for elective, non-medically necessary cesarean section (C-section) deliveries.

The Iowa Medicaid Enterprise (IME) currently reimburses hospitals and physicians for C-section deliveries, regardless of the medical necessity. This amendment eliminates reimbursement to hospitals and physicians for C-sections that were not medically necessary. This amendment aligns with similar

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initiatives undertaken by the Iowa HealthCare Collaborative, as well as by various individual hospitals and hospital systems.

This amendment was also Adopted and Filed Emergency and is published herein as **ARC 0846C**. The purpose of this Notice is to solicit comment on that submission, the subject matter of which is incorporated by reference.

Any interested person may make written comments on the proposed amendment on or before August 13, 2013. Comments should be directed to Harry Rossander, Bureau of Policy Coordination, Department of Human Services, Hoover State Office Building, Fifth Floor, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980 or by e-mail to policyanalysis@dhs.state.ia.us.

This amendment does not provide for waiver in specified situations because requests for waiver of any rule may be submitted under the Department's general rule on exceptions at 441—1.8(17A,217).

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

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

ARC 0843C**HUMAN SERVICES DEPARTMENT[441]****Notice of Intended Action**

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 249A.4 and 2013 Iowa Acts, Senate File 446, the Department of Human Services proposes to amend Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” Iowa Administrative Code.

This amendment requires prior authorization (PA) for initial admission to or continued stay in a certified hospital “swing bed” for a member who no longer requires acute (inpatient) hospital care and who would otherwise meet a nursing facility or skilled level of care (LOC).

This amendment will reduce the number of swing-bed admissions, which are considerably more costly than comparable admissions in a freestanding skilled nursing facility. Freestanding skilled nursing facilities would experience a potential corresponding increase in admissions for members who previously would have been admitted to a hospital swing bed.

As part of the hospital's discharge planning process for members requiring ongoing skilled nursing care, the hospital must complete and return to the Iowa Medicaid Enterprise (IME) an LOC determination form describing the member's LOC needs. The hospital must also contact skilled nursing facilities within a 30-mile radius of the hospital to determine if any of those facilities have available beds and are otherwise able to meet the member's LOC needs. Initial or ongoing swing-bed admissions will only be approved if the hospital certifies that there are no available skilled nursing beds in a freestanding facility to meet the member's LOC needs within the 30-mile radius of the hospital. For the purpose of this requirement, an “appropriate” nursing facility bed is a bed in a Medicaid-participating freestanding nursing facility that provides the LOC required for the member's medical condition and corresponding LOC needs. A Medicaid member who has been admitted to a swing bed must be discharged to an appropriate nursing facility bed within 72 hours of an appropriate nursing facility bed becoming available. Preadmission screening and resident review (PASRR) rules still apply for members being transferred to a nursing facility. There will be some members, such as those with ventilators or other comparable care needs, whose LOC needs cannot be met in freestanding skilled nursing facilities. In such cases, the swing-bed stay would be appropriate.

HUMAN SERVICES DEPARTMENT[441](cont'd)

This amendment was also Adopted and Filed Emergency and is published herein as **ARC 0844C**. The purpose of this Notice is to solicit comment on that submission, the subject matter of which is incorporated by reference.

Any interested person may make written comments on the proposed amendment on or before August 13, 2013. Comments should be directed to Harry Rossander, Bureau of Policy Coordination, Department of Human Services, Hoover State Office Building, Fifth Floor, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980 or by e-mail to policyanalysis@dhs.state.ia.us.

This amendment does not provide for waiver in specified situations because requests for waiver of any rule may be submitted under the Department's general rule on exceptions at 441—1.8(17A,217).

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

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

ARC 0841C**HUMAN SERVICES DEPARTMENT[441]****Notice of Intended Action**

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 249A.4 and 2013 Iowa Acts, Senate File 446, section 29, the Department of Human Services proposes to amend Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” Chapter 79, “Other Policies Relating to Providers of Medical and Remedial Care,” and Chapter 83, “Medicaid Waiver Services,” Iowa Administrative Code.

These amendments implement Medicaid provider reimbursement rate increases in accordance with 2013 Iowa Acts, Senate File 446, section 29.

These amendments were also Adopted and Filed Emergency and are published herein as **ARC 0842C**. The purpose of this Notice is to solicit comment on that submission, the subject matter of which is incorporated by reference.

Any interested person may make written comments on the proposed amendments on or before August 13, 2013. Comments should be directed to Harry Rossander, Bureau of Policy Coordination, Department of Human Services, Hoover State Office Building, Fifth Floor, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980 or by e-mail to policyanalysis@dhs.state.ia.us.

These amendments do not provide for waiver in specified situations because requests for waiver of any rule may be submitted under the Department's general rule on exceptions at 441—1.8(17A,217).

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

These amendments are intended to implement Iowa Code section 249A.4.

ARC 0839C**HUMAN SERVICES DEPARTMENT[441]****Notice of Intended Action**

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 249A.4 and 2013 Iowa Acts, Senate File 446, section 12, the Department of Human Services proposes to amend Chapter 79, “Other Policies Relating to Providers of Medical and Remedial Care,” Iowa Administrative Code.

These amendments change the reimbursement method for case management services under the Medicaid state plan, habilitation, home- and community-based services for individuals with a brain injury and for the elderly.

Case management is currently cost-based reimbursed. Since FY 2012 and annualized for FY 2013, the reimbursement has increased by 15.8 percent. Due to the requirement in legislation for cost containment strategies, the Department is limiting the administrative costs to 23 percent of direct service costs for FY 2014. During FY 2014, the Department will work with stakeholders to determine the rate methodology for FY 2015.

These amendments were also Adopted and Filed Emergency and are published herein as **ARC 0840C**. The purpose of this Notice is to solicit comment on that submission, the subject matter of which is incorporated by reference.

Any interested person may make written comments on the proposed amendments on or before August 13, 2013. Comments should be directed to Harry Rossander, Bureau of Policy Coordination, Department of Human Services, Hoover State Office Building, Fifth Floor, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980 or by e-mail to policyanalysis@dhs.state.ia.us.

These amendments do not provide for waiver in specified situations because requests for waiver of any rule may be submitted under the Department’s general rule on exceptions at 441—1.8(17A,217).

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

These amendments are intended to implement Iowa Code section 249A.4.

ARC 0863C**HUMAN SERVICES DEPARTMENT[441]****Notice of Intended Action**

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 249A.4 and 2013 Iowa Acts, Senate File 446, section 29, the Department of Human Services proposes to amend Chapter 79, “Other Policies Relating to Providers of Medical and Remedial Care,” Iowa Administrative Code.

These amendments change the payment methodology for home health services to the Medicare low utilization payment amount (LUPA) methodology, with state geographic wage adjustments. The Department will update the rates every two years. The rates for private duty nursing and personal care home health services will be based on an hourly interim rate subject to cost settlement and subject to a

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limit calculated by the Department and approved by the Centers for Medicare and Medicaid Services (CMS).

Payments to Medicaid home health services providers and private duty nursing and personal care providers will be impacted for services provided to Medicaid members. These amendments will change the reimbursement for home health services to a visit rate established by Medicare. These amendments will not require any additional costing information. Private duty nursing and personal care will remain at an hourly rate. The interim rate will be cost-settled up to a cap established by the Department.

These amendments were also Adopted and Filed Emergency and are published herein as **ARC 0864C**. The purpose of this Notice is to solicit comment on that submission, the subject matter of which is incorporated by reference.

Any interested person may make written comments on the proposed amendments on or before August 13, 2013. Comments should be directed to Harry Rossander, Bureau of Policy Coordination, Department of Human Services, Hoover State Office Building, Fifth Floor, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980 or by e-mail to policyanalysis@dhs.state.ia.us.

These amendments do not provide for waiver in specified situations because requests for waiver of any rule may be submitted under the Department's general rule on exceptions at 441—1.8(17A,217).

After analysis and review of this rule making, no specific impact on private sector jobs has been found. These amendments will allow more agencies the ability to continue to provide services rather than discontinue being a provider of home health services. These amendments should maintain current employment in the state.

These amendments are intended to implement Iowa Code section 249A.4.

ARC 0861C

HUMAN SERVICES DEPARTMENT[441]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 249A.4, the Department of Human Services proposes to amend Chapter 92, “IowaCare,” Iowa Administrative Code.

These amendments codify policies regarding a suspension of enrollment in IowaCare implemented on July 1, 2013, based on funding for state fiscal year 2013-2014 and pursuant to the amended terms of the waiver of Title XIX requirements allowing federal funding for the IowaCare program.

The IowaCare program has experienced steady growth in enrollment since the implementation of the statewide expansion of the provider network on January 1, 2012. IowaCare providers are concerned about having the capacity to meet future enrollment growth and have expressed the need to cap enrollment in order to maintain quality of care. In addition, enrollment growth exhausted initially appropriated funding and required supplemental appropriations in state fiscal years 2011-2012 and 2012-2013. An enrollment cap will also assist in the phasing out of IowaCare, which is scheduled to sunset on December 31, 2013, and in transitioning current enrollees into the new health care coverage structure that will be effective January 1, 2014. For these reasons, the Department submitted a request to the federal Centers for Medicare and Medicaid Services (CMS) to amend the IowaCare 1115 waiver to cap program enrollment as of July 1, 2013. Public notice of the intent to submit the waiver amendment was published in September 2012, and the waiver amendment request was submitted to CMS in October 2012. The Department's budget request and state appropriation for the 2013-2014 state fiscal year were based on the cap.

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CMS notified the Department of its approval of the amendment on June 17, 2013. Therefore, these rules are being amended to implement the enrollment cap in accordance with the waiver amendment and the Department's state appropriation for 2013-2014.

These amendments will codify the limit set by the amended waiver on the number of members allowed to participate in the program and specify how new members will be added within the enrollment cap. The program accepted applications through June 30, 2013. The enrollment cap will be established at the number of enrolled members in the program when all applications filed prior to July 1, 2013, have been processed. Enrolled members will be allowed to renew coverage if their enrollment period expires after July 1, 2013.

These amendments were also Adopted and Filed Emergency and are published herein as **ARC 0862C**. The purpose of this Notice is to solicit comment on that submission, the subject matter of which is incorporated by reference.

Any interested person may make written comments on the proposed amendments on or before August 13, 2013. Comments should be directed to Harry Rossander, Bureau of Policy Coordination, Department of Human Services, Hoover State Office Building, Fifth Floor, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980 or by e-mail to policyanalysis@dhs.state.ia.us.

These amendments do not provide for waivers in specified situations because the federal waiver does not provide for exceptions to the enrollment cap and because waivers would cause state expenditures to exceed the funding appropriated. Requests for waiver of any rule may be submitted under the Department's general rule on exceptions at 441—1.8(17A,217).

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

These amendments are intended to implement Iowa Code section 217.6 and chapter 249J.

ARC 0886C

HUMAN SERVICES DEPARTMENT[441]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 217.6 and 2013 Iowa Acts, Senate File 446, section 29, the Department of Human Services proposes to amend Chapter 92, “IowaCare,” Iowa Administrative Code.

These proposed amendments reflect the change in the payment methodology for federally qualified health centers (FQHCs) from fee for service to an encounter payment and eliminate the FQHC funding pool for laboratory and radiology services in accordance with the Department's appropriation bill (2013 Iowa Acts, Senate File 446). These services will now be included in the encounter payment. These changes will address a shortfall in the funding pool for laboratory and radiology services by making funding more flexible.

Any interested person may make written comments on the proposed amendments on or before August 13, 2013. Comments should be directed to Harry Rossander, Bureau of Policy Coordination, Department of Human Services, Hoover State Office Building, Fifth Floor, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980 or by e-mail to policyanalysis@dhs.state.ia.us.

These amendments do not provide for waiver in specified situations because the same payment methodology should apply to all FQHCs and because the amendments provide a benefit by not limiting coverage of laboratory and radiology services to the former funding pool. Requests for waiver of any rule may be submitted under the Department's general rule on exceptions at 441—1.8(17A,217).

HUMAN SERVICES DEPARTMENT[441](cont'd)

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

These amendments are intended to implement Iowa Code section 217.6 and chapter 249J.

The following amendments are proposed.

ITEM 1. Amend subrule 92.8(1), introductory paragraph, as follows:

92.8(1) Provider network. Except as provided in subrules 92.8(3) through ~~92.8(5)~~ 92.8(7), IowaCare members shall have medical assistance only for services provided to the member by:

ITEM 2. Amend subrule 92.8(7) as follows:

92.8(7) Services from nonparticipating providers.

a. to c. No change.

d. ~~Laboratory test tests and radiology pool services. A funding pool is established to provide payment~~ Payment will be made to federally qualified health centers, as part of the per-IowaCare-patient-encounter payment made pursuant to 92.9(3)“b,” for medically necessary laboratory tests and radiology services provided to enrolled IowaCare members when authorized by a the federally qualified health center that has been designated by the department as part of the IowaCare regional provider network. Payment from the pool shall be subject to the following conditions and limitations:

(1) ~~Payment may be made only for laboratory tests or radiology services which the participating federally qualified health center does not otherwise have the means to provide on-site.~~

(2) ~~Each participating federally qualified health center shall designate no more than four laboratory testing facilities and no more than four radiology facilities to which the center will refer IowaCare patients for these services. The designated providers must participate in the Iowa medical assistance program. Payment shall be made only to the designated providers.~~

(3) ~~The designated provider must obtain a referral from the participating federally qualified health center for the services and must include information regarding the referral on the claim form.~~

(4) ~~All other medical assistance policies for coverage of laboratory and radiology services shall apply, including requirements for prior authorization.~~

(5) ~~Payment is limited to the amount of available funds designated for the laboratory test and radiology pool. If the amount appropriated for the pool is exhausted, laboratory tests and radiology services ordered by a participating federally qualified health center shall be provided or coordinated by the center.~~

ITEM 3. Amend subrule 92.9(3) as follows:

92.9(3) Payment for nonhospital services provided by IowaCare network. Effective ~~July 1, 2010~~ January 1, 2013, IowaCare network providers shall be paid for nonhospital services at the Medicaid fee schedule amounts ~~in effect on November 30, 2009, which are posted on the department’s Web site at http://www.ime.state.ia.us/Reports_Publications/FeeSchedules.html, with the following exceptions:~~

a. No change.

b. ~~Physician services~~ Services provided to IowaCare members in by a federally qualified health center, including any medically necessary laboratory tests and radiology services authorized by the federally qualified health center, shall be reimbursed based on the Medicaid physician fee schedule in effect on the date of service, limited to the amount appropriated for the fiscal year. on the basis of a per-IowaCare-patient-encounter payment calculated for each participating federally qualified health center as follows:

(1) The initial encounter rates will be based on the total fees paid to the federally qualified health center under the IowaCare program for dates of service from July 1, 2012, through December 31, 2012 (the “initial rate period”), plus the total fees paid to third parties for laboratory and diagnostic services referred out from the particular federally qualified health center during the initial rate period. The rates shall exclude any fees charged by or through the University of Iowa Hospitals and Clinics or Broadlawns Medical Center or through any other federally qualified health center.

(2) The initial encounter rates will be reevaluated on or after April 15, 2013. If the reevaluation results in changes in the initial encounter rate, the department will mass-adjust all of the federally

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qualified health center's claims submitted for dates of service from January 1, 2013, through March 31, 2013.

(3) After the first quarter of calendar year 2013, the department shall establish a new encounter rate for the federally qualified health center following the end of the prior quarter, based on claims submitted for the prior quarter.

(4) The department shall reevaluate each new encounter rate 45 days after the start of each quarter to consider adjustments based on laboratory and diagnostic claims received with dates of service from the prior quarter submitted within the prior 45 days. If the reevaluation results in changes in the current encounter rate, the department will change the current encounter rate retroactively for the quarter and mass-adjust any claims submitted for the current quarter.

(5) Upon expiration or termination of the IowaCare medical home agreement, the department will reevaluate the encounter rate paid to the federally qualified health center in the final whole or partial quarter by taking into consideration any laboratory and diagnostic claims submitted within 45 days of the expiration or termination of the agreement with dates of service from that final quarter. If the reevaluation results in changes in that final quarter's encounter rate, the department will change the encounter rate for the final quarter and mass-adjust any prior claims submitted for that final quarter.

c. No change.

ARC 0859C

HUMAN SERVICES DEPARTMENT[441]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 234.6 and 2013 Iowa Acts, Senate File 446, section 29, the Department of Human Services proposes to amend Chapter 150, “Purchase of Service,” Iowa Administrative Code.

This amendment changes how supervised apartment living (SAL) rates are established. SAL rates will no longer be established by purchase of service but will instead be established by competitive performance-based contracts. Contractors with the Department that provide child welfare emergency services (CWES) juvenile shelter care will have their state fiscal year 2013 rates increased by 5 percent for state fiscal year 2014.

This amendment was also Adopted and Filed Emergency and is published herein as **ARC 0860C**. The purpose of this Notice is to solicit comment on that submission, the subject matter of which is incorporated by reference.

Any interested person may make written comments on the proposed amendment on or before August 13, 2013. Comments should be directed to Harry Rossander, Bureau of Policy Coordination, Department of Human Services, Hoover State Office Building, Fifth Floor, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980 or by e-mail to policyanalysis@dhs.state.ia.us.

This amendment does not provide for waivers in specified situations because the legislation does not specifically allow for waivers. Requests for waiver of any rule may be submitted under the Department's general rule on exceptions at 441—1.8(17A,217).

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

This amendment is intended to implement Iowa Code section 234.6.

ARC 0857C**HUMAN SERVICES DEPARTMENT[441]****Notice of Intended Action**

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 234.6 and 2013 Iowa Acts, Senate File 446, sections 18, 19 and 185, the Department of Human Services proposes to amend Chapter 156, “Payments for Foster Care,” Iowa Administrative Code.

These amendments provide an increase to the foster family daily reimbursement and adoption subsidy daily maintenance rates effective July 1, 2013.

These changes will ensure that foster parents and adoptive parents receive the financial support that is required for the children placed in their care. Many of the children in family foster care and the children that are adopted have numerous special needs that require a variety of supportive services.

These amendments were also Adopted and Filed Emergency and are published herein as **ARC 0858C**. The purpose of this Notice is to solicit comment on that submission, the subject matter of which is incorporated by reference.

Any interested person may make written comments on the proposed amendments on or before August 13, 2013. Comments should be directed to Harry Rossander, Bureau of Policy Coordination, Department of Human Services, Hoover State Office Building, Fifth Floor, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980 or by e-mail to policyanalysis@dhs.state.ia.us.

These amendments do not provide for waivers in specified situations because the legislation does not specifically allow for waivers. Requests for waiver of any rule may be submitted under the Department’s general rule on exceptions at 441—1.8(17A,217).

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

These amendments are intended to implement Iowa Code section 234.6 and 2013 Iowa Acts, Senate File 446, sections 18 and 19.

ARC 0855C**HUMAN SERVICES DEPARTMENT[441]****Notice of Intended Action**

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 234.6 and 2013 Iowa Acts, Senate File 446, section 29, the Department of Human Services proposes to amend Chapter 156, “Payments for Foster Care,” Iowa Administrative Code.

These amendments increase by 5 percent the monthly maintenance rate and initial allowance for youth placed in the supervised apartment living (SAL) program.

These amendments were also Adopted and Filed Emergency and are published herein as **ARC 0856C**. The purpose of this Notice is to solicit comment on that submission, the subject matter of which is incorporated by reference.

HUMAN SERVICES DEPARTMENT[441](cont'd)

Any interested person may make written comments on the proposed amendments on or before August 13, 2013. Comments should be directed to Harry Rossander, Bureau of Policy Coordination, Department of Human Services, Hoover State Office Building, Fifth Floor, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980 or by e-mail to policyanalysis@dhs.state.ia.us.

These amendments do not provide for waivers in specified situations because the legislation does not specifically allow for waivers. Requests for waiver of any rule may be submitted under the Department's general rule on exceptions at 441—1.8(17A,217).

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

These amendments are intended to implement Iowa Code section 234.6 and 2013 Iowa Acts, Senate File 446, section 29.

ARC 0852C**HUMAN SERVICES DEPARTMENT[441]****Notice of Intended Action**

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 234.6 and 2013 Iowa Acts, Senate File 446, section 29, the Department of Human Services proposes to amend Chapter 170, “Child Care Services,” Iowa Administrative Code.

This amendment increases the provider rate ceilings for child care assistance to reflect a 4 percent increase over current rates as directed by the Legislature.

This amendment was also Adopted and Filed Emergency and is published herein as **ARC 0854C**. The purpose of this Notice is to solicit comment on that submission, the subject matter of which is incorporated by reference.

Any interested person may make written comments on the proposed amendment on or before August 13, 2013. Comments should be directed to Harry Rossander, Bureau of Policy Coordination, Department of Human Services, Hoover State Office Building, Fifth Floor, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980 or by e-mail to policyanalysis@dhs.state.ia.us.

This amendment does not provide for waivers in specified situations because the legislation does not specifically allow for waivers. Requests for waiver of any rule may be submitted under the Department's general rule on exceptions at 441—1.8(17A,217).

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

This amendment is intended to implement Iowa Code section 234.6 and 2013 Iowa Acts, Senate File 446, section 29.

ARC 0850C**HUMAN SERVICES DEPARTMENT[441]****Notice of Intended Action**

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 234.6 and 2013 Iowa Acts, Senate File 446, section 29, the Department of Human Services proposes to amend Chapter 187, “Aftercare Services and Supports,” Iowa Administrative Code.

This amendment increases youth stipend and provider rates. Contractors and subcontractors with the Department that provide preparation for adult living (PAL) services will have their state fiscal year 2013 rates increased by 5 percent for state fiscal year 2014.

This amendment was also Adopted and Filed Emergency and is published herein as **ARC 0851C**. The purpose of this Notice is to solicit comment on that submission, the subject matter of which is incorporated by reference.

Any interested person may make written comments on the proposed amendment on or before August 13, 2013. Comments should be directed to Harry Rossander, Bureau of Policy Coordination, Department of Human Services, Hoover State Office Building, Fifth Floor, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980 or by e-mail to policyanalysis@dhs.state.ia.us.

This amendment does not provide for waivers in specified situations because the legislation does not specifically allow for waivers. Requests for waiver of any rule may be submitted under the Department’s general rule on exceptions at 441—1.8(17A,217).

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

This amendment is intended to implement Iowa Code section 234.6.

ARC 0892C**INSURANCE DIVISION[191]****Notice of Intended Action**

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code subsection 515.102(2), the Insurance Division hereby proposes to amend Chapter 20, “Property and Casualty Insurance,” Iowa Administrative Code.

The rules in Chapter 20 provide duties and procedures for insurance companies required to file rates or forms with the Insurance Division for property and casualty insurance. The proposed amendment changes an Iowa Code section reference in rule 191—20.11(515). The Division intends that persons and entities shall comply with the rules beginning October 23, 2013.

Any interested person may make suggestions or comments on this proposed amendment on or before August 20, 2013. Such materials should be directed to Rosanne Mead, Assistant Insurance Commissioner, Iowa Insurance Division, Two Ruan Center, 601 Locust Street, Des Moines, Iowa 50319; fax (515)281-3059.

INSURANCE DIVISION[191](cont'd)

Also, there will be a public hearing on August 20, 2013, at 10 a.m. at the offices of the Iowa Insurance Division, Two Ruan Center, 601 Locust Street, Des Moines, Iowa, at which time persons may present their views either orally or in writing. At the hearing, persons will be asked to give their names and addresses for the record and to confine their remarks to the subject of the amendment.

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

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

This amendment is intended to implement Iowa Code subsection 515.102(2).

The following amendment is proposed.

Amend subrule 20.11(1) as follows:

20.11(1) The following lines of insurance shall be exempt from the form filing requirements of Iowa Code section ~~515.109~~ 515.102:

Aircraft hull and aviation liability

Difference-in-conditions

Kidnap-ransom

Manuscript policies and endorsements issued to not more than two insureds in Iowa

Political risk

Reinsurance

Terrorism

War risk

Weather insurance

ARC 0889C

MEDICINE BOARD[653]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 147.76, the Board of Medicine hereby proposes to amend Chapter 1, “Administrative and Regulatory Authority,” Iowa Administrative Code.

The purpose of Chapter 1 is to establish the administrative and regulatory authority of the Board of Medicine. The proposed amendment proposes a one-year term limit for Board chairpersons.

The Board approved this Notice of Intended Action during a regularly scheduled meeting on June 28, 2013.

Any interested person may present written comments on the proposed amendment not later than 4:30 p.m. on August 13, 2013. Such written materials should be sent to Mark Bowden, Executive Director, Board of Medicine, 400 S.W. Eighth Street, Suite C, Des Moines, Iowa 50309-4686; or sent by e-mail to mark.bowden@iowa.gov.

There will be a public hearing on August 13, 2013, at 1 p.m. at the Board’s office, at which time persons may present their views either orally or in writing. The Board’s office is located at 400 S.W. Eighth Street, Suite C, Des Moines, Iowa.

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

This amendment is intended to implement Iowa Code chapters 147 and 148.

The following amendment is proposed.

Amend subrule 1.3(3) as follows:

1.3(3) Elects a chairperson, vice chairperson and a secretary from its membership at the last regular board meeting prior to May 1 or at another date in April scheduled by the board. No member shall be

MEDICINE BOARD[653](cont'd)

elected to the office of chairperson more than once, and no member who has held the office of chairperson, or acted as chairperson, for more than six months of a term to which some other person was elected chairperson shall be elected to the office of the chairperson.

ARC 0890C

MEDICINE BOARD[653]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 147.76, the Board of Medicine hereby proposes to amend Chapter 13, “Standards of Practice and Principles of Medical Ethics,” Iowa Administrative Code.

The purpose of Chapter 13 is to establish standards of medical practice for medical physicians and osteopathic physicians. The proposed amendment rescinds 653—13.3(147), a rule that was made moot by a revision to Iowa Code chapter 155A to authorize vaccine administration by pharmacists. New Iowa Code section 155A.44, promulgated by 2013 Iowa Acts, Senate File 353, became effective July 1, 2013.

The Board approved this Notice of Intended Action during a regularly scheduled meeting on June 28, 2013.

Any interested person may present written comments on the proposed amendment not later than 4:30 p.m. on August 13, 2013. Such written materials should be sent to Mark Bowden, Executive Director, Board of Medicine, 400 S.W. Eighth Street, Suite C, Des Moines, Iowa 50309-4686; or sent by e-mail to mark.bowden@iowa.gov. No public hearing is scheduled for this amendment.

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

This amendment is intended to implement Iowa Code chapters 147, 148 and 272C.

The following amendment is proposed.

Rescind and reserve rule **653—13.3(147)**.

ARC 0891C

MEDICINE BOARD[653]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 147.76, the Board of Medicine hereby proposes to amend Chapter 13, “Standards of Practice and Principles of Medical Ethics,” Iowa Administrative Code.

The purpose of Chapter 13 is to establish standards of medical practice for medical physicians and osteopathic physicians. The proposed amendment establishes the standards of practice for physicians who prescribe or administer abortion-inducing drugs.

The Board approved this Notice of Intended Action during a regularly scheduled meeting on June 28, 2013.

Any interested person may present written comments on the proposed amendment not later than 4:30 p.m. on August 28, 2013. Such written materials should be sent to Mark Bowden, Executive Director,

MEDICINE BOARD[653](cont'd)

Board of Medicine, 400 S.W. Eighth Street, Suite C, Des Moines, Iowa 50309-4686; or sent by e-mail to mark.bowden@iowa.gov.

There will be a public hearing on August 28, 2013, at 2 p.m. in the Board office, at which time persons may present their views either orally or in writing. The Board office is located at 400 S.W. Eighth Street Suite C, Des Moines, Iowa.

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

This amendment is intended to implement Iowa Code chapters 147, 148 and 272C.

The following amendment is proposed.

Adopt the following **new** rule 653—13.10(147,148,272C):

653—13.10(147,148,272C) Standards of practice—physicians who prescribe or administer abortion-inducing drugs.

13.10(1) Definition. As used in this rule:

“*Abortion-inducing drug*” means a drug, medicine, mixture, or preparation, when it is prescribed or administered with the intent to terminate the pregnancy of a woman known to be pregnant.

13.10(2) Physical examination required. A physician shall not induce an abortion by providing an abortion-inducing drug unless the physician has first performed a physical examination of the woman to determine, and document in the woman’s medical record, the gestational age and intrauterine location of the pregnancy.

13.10(3) Physician’s physical presence required. When inducing an abortion by providing an abortion-inducing drug, a physician must be physically present with the woman at the time the abortion-inducing drug is provided.

13.10(4) Follow-up appointment required. If an abortion is induced by an abortion-inducing drug, the physician inducing the abortion must schedule a follow-up appointment with the woman at the same facility where the abortion-inducing drug was provided, 12 to 18 days after the woman’s use of an abortion-inducing drug to confirm the termination of the pregnancy and evaluate the woman’s medical condition. The physician shall use all reasonable efforts to ensure that the woman is aware of the follow-up appointment and that she returns for the appointment.

13.10(5) Parental notification regarding pregnant minors. A physician shall not induce an abortion by providing an abortion-inducing drug to a pregnant minor prior to compliance with the requirements of Iowa Code chapter 135L and rules 641—89.12(135L) and 641—89.21(135L) adopted by the public health department.

ARC 0876C

NURSING BOARD[655]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code sections 17A.3 and 147.76, the Board of Nursing hereby gives Notice of Intended Action to amend Chapter 3, “Licensure to Practice—Registered Nurse/Licensed Practical Nurse,” Iowa Administrative Code.

The proposed amendment adds an additional testing option to verify English skills of an individual educated and licensed in another country.

Any interested person may make written comments or suggestions on or before August 13, 2013. Such written materials should be directed to the Executive Director, Iowa Board of Nursing, RiverPoint Business Park, 400 S.W. 8th Street, Suite B, Des Moines, Iowa 50309-4685. Persons who wish to convey

NURSING BOARD[655](cont'd)

their views orally should contact the Executive Director at (515)281-3256 or in the Board office at 400 S.W. 8th Street by appointment.

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

This amendment is intended to implement Iowa Code sections 147.36 and 152.7.

The following amendment is proposed.

Amend subrule 3.4(4) as follows:

3.4(4) Application—individuals educated and licensed in another country.

a. The board shall:

(1) Provide information about licensure application to applicants and others upon request.

(2) Determine eligibility of each applicant upon receipt of:

1. to 7. No change.

8. Verification of ability to read, write, speak and understand the English language as determined by the results of the ~~Test of English as a Foreign Language (TOEFL)~~ or the International English Language Testing System (IELTS), Pearson Test of English Academic (PTE), or Test of English as a Foreign Language (TOEFL) for licensed practical nurse and registered nurse applicants. Applicants shall be exempt from the ~~TOEFL or IELTS~~, PTE or TOEFL examination when the native language is English; nursing education was completed in a college, university or professional school located in Australia, Canada (except Quebec), Ireland, New Zealand or the United Kingdom; language of instruction in the nursing program was English; and language of the textbooks in the nursing program was English.

b. The applicant shall:

(1) to (6) No change.

(7) Complete ~~TOEFL or IELTS~~, PTE or TOEFL requirements for licensed practical nurse and registered nurse applicants.

(8) to (11) No change.

ARC 0884C

PHARMACY BOARD[657]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 147.76, the Board of Pharmacy hereby gives Notice of Intended Action to amend Chapter 2, “Pharmacist Licenses,” Iowa Administrative Code.

The amendment was approved at the June 26, 2013, regular meeting of the Board of Pharmacy.

The proposed amendment provides that a license to practice pharmacy that has been issued by a state or U.S. territory with which Iowa has a reciprocal agreement for license transfer may be used as the basis for a license transfer to practice pharmacy in Iowa. Rule 657—2.9(147,155A) currently requires that a license transfer shall only be based on a license by examination. The proposed amendment further requires that the license upon which a transfer is based must be in good standing at the time of the application for license transfer and at the time the license transfer is finalized.

Requests for waiver or variance of the discretionary provisions of Board rules will be considered pursuant to 657—Chapter 34.

Any interested person may present written comments, data, views, and arguments on the proposed amendment not later than 4:30 p.m. on August 13, 2013. Such written materials may be sent to Terry Witkowski, Executive Officer, Board of Pharmacy, 400 S.W. Eighth Street, Suite E, Des Moines, Iowa 50309-4688; or by e-mail to terry.witkowski@iowa.gov.

PHARMACY BOARD[657](cont'd)

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

This amendment is intended to implement Iowa Code sections 147.44, 147.49, 147.53, and 155A.7.

The following amendment is proposed.

Amend rule 657—2.9(147,155A) as follows:

657—2.9(147,155A) Licensure by license transfer/reciprocity. An applicant for license transfer/reciprocity must be a pharmacist licensed by examination in a state or territory of the United States with which Iowa has a reciprocal agreement, and the license by examination upon which the transfer is based must be in good standing at the time of the application and license transfer. All candidates shall take and pass the MPJE, Iowa Edition, as provided in subrule 2.1(1). Any candidate who fails to pass the examination shall be eligible for reexamination as provided in rule 657—2.6(147).

2.9(1) to 2.9(5) No change.

ARC 0883C

PHARMACY BOARD[657]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 147.76 and 2013 Iowa Acts, Senate File 353, the Board of Pharmacy hereby gives Notice of Intended Action to amend Chapter 8, “Universal Practice Standards,” Iowa Administrative Code.

The amendment was approved at the June 26, 2013, regular meeting of the Board of Pharmacy.

The proposed amendment rescinds current rule 657—8.33(147,155A) and adopts new rule 657—8.33(155A). The proposed rule establishes training and continuing education requirements for pharmacists engaged in the administration of vaccines and immunizations, identifies the vaccines and immunizations that a qualified pharmacist may administer to patients within specified age categories, and requires compliance with and utilization of the United States Centers for Disease Control and Prevention’s (CDC) protocol for the administration of vaccines and immunizations.

The proposed rule also requires the pharmacist, prior to administering a vaccine or immunization on the approved adult vaccination schedule of the CDC Advisory Committee on Immunization Practices, a vaccine or immunization recommended by the CDC for international travel, or a vaccine or immunization to be administered pursuant to a prescription or medication order for an individual patient, to consult with the statewide immunization registration or health information network. The proposed rule requires the pharmacist to report the administration of a vaccine or immunization described in this paragraph to the statewide immunization registry or health information network and to the patient’s primary health care provider, if known, within 30 days of the administration.

Requests for waiver or variance of the discretionary provisions of Board rules will be considered pursuant to 657—Chapter 34.

Any interested person may present written comments, data, views, and arguments on the proposed amendment not later than 4:30 p.m. on August 13, 2013. Such written materials may be sent to Terry Witkowski, Executive Officer, Board of Pharmacy, 400 S.W. Eighth Street, Suite E, Des Moines, Iowa 50309-4688; or by e-mail to terry.witkowski@iowa.gov.

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

This amendment is intended to implement Iowa Code sections 155A.3 and 155A.4 and 2013 Iowa Acts, Senate File 353.

The following amendment is proposed.

PHARMACY BOARD[657](cont'd)

Rescind rule 657—8.33(147,155A) and adopt the following new rule in lieu thereof:

657—8.33(155A) Vaccine and immunization administration by pharmacists. An authorized pharmacist may administer vaccines and immunizations pursuant to protocols established by the CDC in compliance with the requirements of this rule.

8.33(1) Definitions. For the purposes of this rule, the following definitions shall apply:

“ACIP” means the CDC Advisory Committee on Immunization Practices.

“ACPE” means the Accreditation Council for Pharmacy Education.

“Authorized pharmacist” means an Iowa-licensed pharmacist who has met the requirements identified in subrule 8.33(2).

“CDC” means the United States Centers for Disease Control and Prevention.

“Immunization” shall have the same meaning as, and shall be interchangeable with, the term “vaccine.”

“Protocol” means a standing order for a vaccine or immunization to be administered by an authorized pharmacist.

“Vaccine” means a specially prepared antigen which, upon administration to a person, will result in immunity.

8.33(2) Authorized pharmacist training and continuing education. An authorized pharmacist shall document successful completion of the requirements in paragraph 8.33(2)“a” and shall maintain competency by completing and maintaining documentation of the continuing education requirements in paragraph 8.33(2)“b.”

a. Initial qualification. Successful completion of an organized course of study in a college or school of pharmacy or an ACPE-accredited continuing education program on vaccine administration that:

(1) Requires documentation by the pharmacist of current certification in the American Heart Association or the Red Cross Basic Cardiac Life Support Protocol for health care providers.

(2) Is an evidence-based course that includes study material and hands-on training and techniques for administering vaccines, requires testing with a passing score, complies with current CDC guidelines, and provides instruction and experiential training in the following content areas:

1. Standards for immunization practices;
2. Basic immunology and vaccine protection;
3. Vaccine-preventable diseases;
4. Recommended immunization schedules;
5. Vaccine storage and management;
6. Informed consent;
7. Physiology and techniques for vaccine administration;
8. Pre- and post-vaccine assessment and counseling;
9. Immunization record management; and

10. Management of adverse events, including identification, appropriate response, documentation, and reporting.

b. Continuing education. During any pharmacist license renewal period, an authorized pharmacist who engages in the administration of vaccines shall complete and document at least one hour of continuing education related to vaccines and immunizations.

8.33(3) Protocol requirements. A pharmacist may administer vaccines pursuant to CDC protocols. Links to CDC protocols shall be provided on the board’s Web site at www.iowa.gov/ibpe. A protocol:

a. Shall be signed by a licensed Iowa prescriber practicing within the local provider service area.

b. Shall expire no later than one year from the effective date of the signed protocol.

c. Shall be effective for patients who wish to receive a vaccine administered by an authorized pharmacist, who meet the CDC recommended criteria, and who have no contraindications as published by the CDC.

PHARMACY BOARD[657](cont'd)

8.33(4) *Influenza and other emergency vaccines.* An authorized pharmacist shall only administer via protocol, to patients six years of age and older, influenza vaccines and other emergency vaccines in response to a public health emergency.

8.33(5) *Other adult vaccines.* An authorized pharmacist shall only administer via protocol, to patients 18 years of age and older, the following vaccines:

- a. A vaccine on the ACIP-approved adult vaccination schedule.
- b. A vaccine recommended by the CDC for international travel.
- c. A Tdap (tetanus, diphtheria, acellular pertussis) vaccination in a booster application.

8.33(6) *Vaccines administered via prescription.* An authorized pharmacist may administer any vaccine pursuant to a prescription or medication order for an individual patient.

8.33(7) *Verification and reporting.* An authorized pharmacist shall:

a. Prior to administering a vaccine identified in subrule 8.33(5) or subrule 8.33(6), consult the statewide immunization registry or health information network.

b. Within 30 days following administration of a vaccine identified in subrule 8.33(5) or subrule 8.33(6), report the vaccine administration to the statewide immunization registry or health information network and to the patient's primary health care provider, if known.

ARC 0882C

PHARMACY BOARD[657]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of 2011 Iowa Acts, chapter 63, section 36, as amended by 2012 Iowa Acts, chapter 1113, section 31, and as further amended by 2013 Iowa Acts, Senate File 446, section 128, the Board of Pharmacy hereby gives Notice of Intended Action to amend Chapter 8, “Universal Practice Standards,” Iowa Administrative Code.

The amendment was approved at the June 26, 2013, regular meeting of the Board of Pharmacy.

The proposed amendment provides that the Board may extend or renew for additional time a pilot or demonstration research project initially approved for a period not to exceed 18 months.

Since the provisions of rule 657—8.40(155A,84GA,ch63) implement legislative action providing for the establishment of projects that amount to a waiver of specific Iowa Code requirements, the Board will not consider waiver or variance of any provisions of this rule beyond approving a project request or request for extension of a project period pursuant to the rule.

Any interested person may present written comments, data, views, and arguments on the proposed amendment not later than 4:30 p.m. on August 13, 2013. Such written materials may be sent to Terry Witkowski, Executive Officer, Board of Pharmacy, 400 S.W. Eighth Street, Suite E, Des Moines, Iowa 50309-4688; or by e-mail to terry.witkowski@iowa.gov.

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

This amendment is intended to implement 2013 Iowa Acts, Senate File 446, section 128.

The following amendment is proposed.

Amend subrule 8.40(3) as follows:

8.40(3) *Board approval of a project.* Board approval of a project may include the grant of an exception to or a waiver of rules adopted under the Act or under any law relating to the authority of prescription verification and the ability of a pharmacist to provide enhanced patient care in the practice of pharmacy. Project approval, including exception to or waiver of board rules, shall initially be for a specified period of time not exceeding 18 months from commencement of the project. The board may

PHARMACY BOARD[657](cont'd)

approve the extension or renewal of a project following consideration of a petition that clearly identifies the project, that includes a report similar to the final project report described in paragraph 8.40(6) "a," that describes and explains any proposed changes to the originally approved and implemented project, and that justifies the need for extending or renewing the term of the project.

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 JoAnn Johnson, Superintendent of Banking James M. Schipper, and Auditor of State Mary Mosiman have established today the following rates of interest for public obligations and special assessments. The usury rate for July is 4.00%.

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 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 July 9, 2013, 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. The one year and less 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.

ARC 0848C

HUMAN SERVICES DEPARTMENT[441]**Adopted and Filed Emergency**

Pursuant to the authority of Iowa Code section 249A.4 and 2013 Iowa Acts, Senate File 446, section 12, the Department of Human Services amends Chapter 77, “Conditions of Participation for Providers of Medical and Remedial Care,” Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” Chapter 79, “Other Policies Relating to Providers of Medical and Remedial Care,” and Chapter 88, “Managed Health Care Providers,” Iowa Administrative Code.

These amendments transfer administrative responsibility for Medicaid habilitation to the contractor for the Iowa Plan for Behavioral Health and integrate targeted case management into integrated health homes for members with chronic mental illness. Additionally, these amendments change the reimbursement method for case management services under habilitation waivers.

Habilitation services are currently administered separately from all other behavioral health care. As a result, the amount, scope, and duration of these services are not effectively aligned with other behavioral and physical health care services. On average, individuals with serious mental illness die 25 years earlier than the general public (based on a 16-state pilot study on mental health performance measures). Providing coordinated physical and behavioral health care should improve access to all services to achieve the best outcomes for individuals. In addition, expenditures for habilitation services have increased 120 percent in the past five years, with no definitive improvement in overall quality of life outcomes.

The transitions implemented by these amendments will not affect individuals who need habilitation services. Individuals served will still receive their habilitation services. They may experience a change in their care coordination with the shift of habilitation case management to integrated health homes. The goal will be to improve measurable outcomes for individuals and their families.

A portion of habilitation case management services are currently managed by Magellan. Other case management for habilitation is managed by the Iowa Medicaid Enterprise (IME). Habilitation case management managed by IME will be transitioned to Magellan as a result of these amendments. Habilitation case management will continue with little change until the transition of case management to care coordination through integrated health homes is complete.

As a result of these amendments, habilitation service providers will see little change:

- Magellan will be contracting with habilitation providers, using the same provider requirements in place today. Providers should contact Magellan for information about contracting.
- Magellan will use the current rates set for habilitation providers until standardized rates are developed for habilitation services. Similar to what was done with behavioral health intervention services, Magellan will create a workgroup to collaborate with providers during the next six months to develop a standardized reimbursement rate for habilitation services.
- Magellan will honor all prior authorizations approved before July 1, 2013. After that date, authorizations will be submitted to and approved by Magellan.
- IME will continue to implement habilitation HCBS quality assurance requirements, such as the provider self-assessment and incident reporting.

The Council on Human Services adopted these amendments on June 26, 2013.

Pursuant to Iowa Code section 17A.4(3), the Department finds that notice and public participation are unnecessary and impracticable because the Legislature provided a specific grant of emergency rule-making authority for these cost-saving measures, to be effective July 1, 2013 (2013 Iowa Acts, Senate File 446, section 12(19)“a”(1) and (9)).

Pursuant to Iowa Code section 17A.5(2)“b”(1), the Department further finds that the normal effective date of these amendments, 35 days after publication, should be waived and the amendments made effective July 1, 2013, because the Legislature provided a specific grant of emergency rule-making authority for these cost-saving measures, to be effective July 1, 2013 (2013 Iowa Acts, Senate File 446, section 12(19)“a”(1) and (9)).

HUMAN SERVICES DEPARTMENT[441](cont'd)

These amendments are also published herein under Notice of Intended Action as **ARC 0847C** to allow for public comment.

These amendments do not provide for waiver in specified situations because the legislative directive does not allow for waivers and because cost containment would not be achieved with waivers. Further, the Department and the Iowa Plan for Behavioral Health contractor have established procedures for considering exceptions to policy. Requests for waiver of any rule may be submitted under the Department's general rule on exceptions at 441—1.8(17A,217).

These amendments will have an impact on private sector jobs. Case management for habilitation members will be phased out as integrated health homes are phased in. However, the integrated health home will be responsible for the care coordination for the member and will be hiring individuals to fulfill that role.

These amendments are intended to implement Iowa Code section 249A.4 and 2013 Iowa Acts, Senate File 446, section 12(19)“a”(1) and (9).

These amendments became effective July 1, 2013.

The following amendments are adopted.

ITEM 1. Amend rule 441—77.25(249A), introductory paragraph, as follows:

441—77.25(249A) Home- and community-based habilitation services. To be eligible to participate in the Medicaid program as an approved provider of home- and community-based habilitation services, a provider shall be an enrolled provider of habilitation with the Iowa Plan for Behavioral Health and meet the general requirements in subrules 77.25(2), 77.25(3), and 77.25(4) and shall meet the requirements in the subrules applicable to the individual services being provided.

ITEM 2. Amend subrule 77.25(10) as follows:

77.25(10) Provider enrollment. A prospective provider that meets the criteria in this rule ~~shall be enrolled~~ and the provider criteria of the Iowa Plan for Behavioral Health contractor must be enrolled through the Iowa Plan for Behavioral Health contractor as an approved provider of a specific component of home- and community-based habilitation services. Enrollment carries no assurance that the approved provider will receive funding. The Iowa Medicaid enterprise will enroll providers with Medicaid only when the provider is enrolled in the Iowa Plan for Behavioral Health. Payment for services will be made to a provider only upon department approval of the provider and of the service the provider is authorized to provide when the provider is enrolled in the Iowa Plan for Behavioral Health and the provider is authorized to provide the services. This includes payments made by the Iowa Medicaid enterprise for services provided to members who are not eligible to enroll in the Iowa Plan for Behavioral Health.

a. ~~The Iowa Medicaid enterprise~~ Iowa Plan for Behavioral Health contractor shall review compliance with standards for initial enrollment. Review of a provider may occur at any time.

b. ~~The department or the Iowa Plan for Behavioral Health contractor~~ may request any information from the prospective service provider that is pertinent to arriving at an enrollment decision. This information may include:

- (1) Current accreditations.
- (2) Evaluations.
- (3) Inspection reports.
- (4) Reviews by regulatory and licensing agencies and associations.

ITEM 3. Amend rule 441—78.27(249A), introductory paragraph, as follows:

441—78.27(249A) Home- and community-based habilitation services. Payment for habilitation services will only be made to providers enrolled to provide habilitation through the Iowa Plan for Behavioral Health.

ITEM 4. Adopt the following **new** definitions of “Care coordinator” and “Integrated health home” in subrule **78.27(1)**:

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

HUMAN SERVICES DEPARTMENT[441](cont'd)

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

ITEM 5. Amend subrule 78.27(2) as follows:

78.27(2) Member eligibility. To be eligible to receive home- and community-based habilitation services, a member shall meet the following criteria:

a. to c. No change.

d. *Needs assessment.* The member’s case manager or integrated health home care coordinator has completed an assessment of the member’s need for service, and, based on that assessment, the Iowa Medicaid enterprise medical services unit or the Iowa Plan for Behavioral Health contractor has determined that the member is in need of home- and community-based habilitation services. A member who is not eligible for ~~Medicaid case management services under 441—Chapter 90~~ integrated health home services shall receive Medicaid case management under 441—Chapter 90 as a home- and community-based habilitation service. The designated case manager or integrated health home care coordinator shall:

(1) and (2) No change.

e. *Plan for service.* The department or the Iowa Plan for Behavioral Health contractor has approved the member’s plan for home- and community-based habilitation services. A Home- and community-based habilitation services included in a comprehensive service plan or treatment plan that has been validated through ISIS or in a treatment plan that has been authorized by the Iowa Plan for Behavioral Health contractor shall be considered approved by the department. Home- and community-based habilitation services provided before ~~department~~ approval of a member’s eligibility for the program cannot be reimbursed.

(1) to (3) No change.

f. *Iowa Plan for Behavioral Health eligibility.* Members eligible to enroll in the Iowa Plan for Behavioral Health shall be eligible to receive home- and community-based habilitation services only through the Iowa Plan for Behavioral Health.

ITEM 6. Amend subrule 78.27(3) as follows:

78.27(3) Application for services. The member, case manager or integrated health home care coordinator shall apply for habilitation services on behalf of a member by contacting the Iowa Plan for Behavioral Health contractor or by entering a program request for habilitation services in ISIS for members who are not eligible to enroll in the Iowa Plan for Behavioral Health for any reason. The department or the Iowa Plan for Behavioral Health contractor shall issue a notice of decision to the applicant when financial eligibility, determination of needs-based eligibility, and approval of the comprehensive service plan or treatment plan have been completed.

ITEM 7. Amend subrule 78.27(4) as follows:

78.27(4) Comprehensive service plan. Individualized, planned, and appropriate services shall be guided by a member-specific comprehensive service plan or treatment plan developed with the member in collaboration with an interdisciplinary team, as appropriate. Medically necessary services shall be planned for and provided at the locations where the member lives, learns, works, and socializes.

a. *Development.* A comprehensive service plan or treatment plan shall be developed for each member receiving home- and community-based habilitation services based on the member’s current assessment and shall be reviewed on an annual basis.

(1) The case manager or the integrated health home care coordinator shall establish an interdisciplinary team for the member. The team shall include the case manager or integrated health home care coordinator and the member and, if applicable, the member’s legal representative, the member’s family, the member’s service providers, and others directly involved.

(2) With the interdisciplinary team, the case manager or integrated health home care coordinator shall identify the member’s services based on the member’s needs, the availability of services, and the member’s choice of services and providers.

(3) to (8) No change.

HUMAN SERVICES DEPARTMENT[441](cont'd)

(9) The initial comprehensive service plan or treatment plan and annual updates to the comprehensive service plan or treatment plan must be approved by the Iowa Plan for Behavioral Health contractor, or by the Iowa Medicaid enterprise for members who are not eligible to enroll in the Iowa Plan for Behavioral Health, in the individualized services information system before services are implemented. Services provided before the approval date are not payable. The written case comprehensive service plan or treatment plan must be completed, signed and dated by the case manager, integrated health home care coordinator, or service worker within 30 calendar days after plan approval.

(10) Any changes to the comprehensive service plan or treatment plan must be approved by the Iowa Plan for Behavioral Health contractor, or by the Iowa Medicaid enterprise for members not eligible to enroll in the Iowa Plan for Behavioral Health, in the individualized services information system before the implementation of services. Services provided before the approval date are not payable.

b. No change.

c. *Rights restrictions.* Any rights restrictions must be implemented in accordance with 441—subrule 77.25(4). The comprehensive service plan or treatment plan shall include documentation of:

(1) to (3) No change.

d. *Emergency plan.* The comprehensive service plan or treatment plan shall include a plan for emergencies and identification of the supports available to the member in an emergency. Emergency plans shall be developed as follows:

(1) The member's interdisciplinary team shall identify in the comprehensive service plan or treatment plan any health and safety issues applicable to the individual member based on information gathered before the team meeting, including a risk assessment.

(2) and (3) No change.

e. *Plan approval.*

(1) A treatment plan that has been validated and authorized by the Iowa Plan for Behavioral Health contractor shall be considered approved.

(2) Services For members who are not Iowa Plan-eligible, services shall be entered into ISIS based on the comprehensive service plan. A comprehensive service plan or treatment plan that has been validated and authorized through ISIS shall be considered approved by the department. Services must be authorized in ISIS as specified in paragraph 78.27(2) "e."

ITEM 8. Amend paragraph **78.27(6)“b”** as follows:

b. ~~*Exclusion*~~ *Exclusions.*

(1) Payment shall not be made for case management provided to a member who is enrolled for integrated health home services under rule 441—78.53(249A) except during the transition to the integrated health homes.

(2) Payment shall not be made for case management provided to a member who is eligible for case management services under 441—Chapter 90.

ITEM 9. Amend subrule 78.27(11) as follows:

78.27(11) Adverse service actions.

a. *Denial.* Services shall be denied when the department or the Iowa Plan for Behavioral Health contractor determines that:

(1) ~~Rescinded IAB 12/29/10, effective 1/1/11.~~

(2) (1) The member is not eligible for or in need of home- and community-based habilitation services.

(3) (2) The service is not identified in the member's comprehensive service plan or treatment plan.

(4) (3) Needed services are not available or received from qualifying providers, or no qualifying providers are available.

(5) (4) The member's service needs exceed the unit or reimbursement maximums for a service as set forth in 441—subrule 79.1(2).

(6) (5) Completion or receipt of required documents for the program has not occurred.

HUMAN SERVICES DEPARTMENT[441](cont'd)

b. Reduction. A particular home- and community-based habilitation service may be reduced when the department or the Iowa Plan for Behavioral Health contractor determines that continued provision of service at its current level is not necessary.

c. Termination. A particular home- and community-based habilitation service may be terminated when the department or the Iowa Plan for Behavioral Health contractor determines that:

(1) to (4) No change.

(5) The member has received care in a medical institution for 30 consecutive days in any one stay. When a member has been an inpatient in a medical institution for 30 consecutive days, the department or the Iowa Plan for Behavioral Health contractor will issue a notice of decision to inform the member of the service termination. If the member returns home before the effective date of the notice of decision and the member's condition has not substantially changed, the decision shall be rescinded, and eligibility for home- and community-based habilitation services shall continue.

(6) to (9) No change.

d. Appeal rights.

(1) The Iowa Plan for Behavioral Health contractor shall give notice of any adverse action and the right to appeal in accordance with 441—Chapter 7.

(2) The department shall give notice of any adverse action and the right to appeal in accordance with 441—Chapter 7. The member is entitled to have a review of the determination of needs-based eligibility by the Iowa Medicaid enterprise medical services unit by sending a letter requesting a review to the medical services unit. If dissatisfied with that decision, the member may file an appeal with the department.

ITEM 10. Amend rule 441—78.33(249A) as follows:

441—78.33(249A) Case management services.

78.33(1) Payment will be approved for targeted case management services that are provided pursuant to 441—Chapter 90 to:

1- *a.* Members who are 18 years of age or over and have a primary diagnosis of mental retardation, developmental disabilities, or chronic mental illness as defined in rule 441—90.1(249A).

2- *b.* Members who are under 18 years of age and are receiving services under the HCBS intellectual disability waiver or children's mental health waiver.

78.33(2) Notwithstanding subrule 78.33(1), payment shall not be made for targeted case management services for members who are enrolled in the Iowa Plan for Behavioral Health to receive habilitation pursuant to rule 441—78.27(249A) and are enrolled in an integrated health home as described in rule 441—78.53(249A). Members enrolled in the Iowa Plan for Behavioral Health for habilitation and an integrated health home shall receive care coordination in lieu of case management.

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

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ITEM 11. Amend subrule **79.1(2)**, provider category “Home- and community-based habilitation services,” as follows:

Provider category	Basis of reimbursement	Upper limit
Home- and community-based habilitation services:		
1. Case management	Fee schedule with cost settlement. See 79.1(1)“d.” See 79.1(24)“d”	Retrospective cost-settled rate.
2. Home-based habilitation	Retrospective cost-related. See 79.1(24)“d”	Effective 7/1/13: \$11.68 per 15-minute unit, not to exceed \$6,083 per month, or \$200 per day.
3. Day habilitation	Retrospective cost-related. See 79.1(24)“d”	Effective 7/1/13: \$3.30 per 15-minute unit or \$64.29 per day.
4. Prevocational habilitation	Retrospective cost-related. See 79.1(24)“d”	Effective 7/1/13: \$13.47 per hour or \$48.22 per day.
5. Supported employment:		
Activities to obtain a job:		
Job development	Fee schedule See 79.1(24)“d”	\$909 per unit (job placement). Maximum of two units per 12 months.
Employer development	Fee schedule See 79.1(24)“d”	\$909 per unit (job placement). Maximum of two units per 12 months.
Enhanced job search	Retrospective cost-related. See 79.1(24)“d”	Effective 7/1/13: Maximum of \$8.75 per 15-minute unit and 104 units per 12 months.
Supports to maintain employment	Retrospective cost-related. See 79.1(24)“d”	Effective 7/1/13: \$1.55 per 15-minute unit for services in an enclave setting; \$4.95 per 15-minute unit for personal care; and \$8.75 per 15-minute unit for all other services. Total not to exceed \$2,883.71 per month. Maximum of 160 units per week.

ITEM 12. Amend subrule 79.1(24) as follows:

79.1(24) Reimbursement for home- and community-based habilitation services. Reimbursement for case management, job development, and employer development services provided prior to July 1, 2013, is based on a fee schedule developed using the methodology described in paragraph 79.1(1)“d.” Reimbursement for home-based habilitation, day habilitation, prevocational habilitation, enhanced job search and supports to maintain employment services provided prior to July 1, 2013, is based on a retrospective cost-related rate calculated using the methodology in ~~this subrule.~~ paragraphs 79.1(24)“b” and “c.” Reimbursement for all home- and community-based habilitation services provided on or after July 1, 2013, shall be as provided in paragraph 79.1(24)“d.” All rates are subject to the upper limits established in subrule 79.1(2).

a. No change.

b. *Submission of cost reports.* ~~The~~ For services provided prior to July 1, 2013, the department shall determine reasonable and proper costs of operation for home-based habilitation, day habilitation, prevocational habilitation, and supported employment based on cost reports submitted by the provider on Form 470-4425, Financial and Statistical Report for HCBS Habilitation Services.

(1) to (5) No change.

HUMAN SERVICES DEPARTMENT[441](cont'd)

(6) If a provider fails to submit a cost report for services provided through June 30, 2013, that meets the requirement requirements of this paragraph, 79.1(24)“b,” the department Iowa Medicaid enterprise or the Iowa Plan for Behavioral Health contractor shall reduce payment the provider’s rate to 76 percent of the current rate. The reduced rate shall be paid until the provider’s cost report has been received by the Iowa Medicaid enterprise’s provider cost audit and rate setting unit pursuant to subparagraph 79.1(24)“b”(4) but for not longer than three months, after which time no further payments will be made.

(7) No change.

c. *Rate determination based on cost reports. Reimbursement* For services provided prior to July 1, 2013, reimbursement shall be made using a unit rate that is calculated retrospectively for each provider, considering reasonable and proper costs of operation.

(1) to (3) No change.

d. *Reimbursement for services provided on or after July 1, 2013.*

(1) For dates of services July 1, 2013, through December 31, 2013, providers shall be reimbursed by the Iowa Plan for Behavioral Health contractor at the fee schedule or interim rate for the service and the provider in effect on June 30, 2013, with no retrospective adjustment or cost settlement. However, if a provider fails to submit a cost report for services provided prior to July 1, 2013, that meets the requirements of paragraph 79.1(24)“b,” the Iowa Plan for Behavioral Health contractor shall reduce the provider’s reimbursement rate to 76 percent of the rate in effect on June 30, 2013. The reduced rate shall be paid until acceptable cost reports for all services provided prior to July 1, 2013, have been received.

(2) For dates of services on or after January 1, 2014, providers shall be reimbursed by the Iowa Plan for Behavioral Health contractor at the rate negotiated by the provider and the contractor. However, if a provider fails to submit a cost report for services provided prior to July 1, 2013, that meets the requirements of paragraph 79.1(24)“b,” the Iowa Plan for Behavioral Health contractor shall reduce the provider’s reimbursement rate to 76 percent of the negotiated rate. The reduced rate shall be paid until acceptable cost reports for all services provided prior to July 1, 2013, have been received.

ITEM 13. Adopt the following new subparagraph **88.65(3)“a”(18)**:

(18) Home- and community based habilitation services as described at rule 441—78.27(249A).

[Filed Emergency 6/26/13, effective 7/1/13]

[Published 7/24/13]

EDITOR’S NOTE: For replacement pages for IAC, see IAC Supplement 7/24/13.

ARC 0838C

HUMAN SERVICES DEPARTMENT[441]

Adopted and Filed Emergency After Notice

Pursuant to the authority of Iowa Code section 249A.4, the Department of Human Services amends Chapter 77, “Conditions of Participation for Providers of Medical and Remedial Care,” Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” and Chapter 79, “Other Policies Relating to Providers of Medical and Remedial Care,” Iowa Administrative Code.

These amendments implement the integrated health home (IHH) for members with a serious mental illness (SMI) or a serious emotional disturbance (SED), as defined in the state plan. This is phase 2 of a planned implementation meeting federal guidelines for this program. These amendments add the information required to define eligibility, modify the payment matrix to ensure accuracy, and ensure that health home providers collaborate with case managers or social workers for individuals with chronic conditions. These amendments ensure that individuals with SMI or SED will have all care coordinated within their integrated health home provider and that children with SED are served by integrated health home providers trained in a system of care model.

These amendments will improve the health of the Medicaid members with SMI or SED, with a focus on integrating mental, behavioral, and physical health; improving transitions of care; and lowering avoidable emergency room visits and hospital readmissions. In addition, these amendments will increase

HUMAN SERVICES DEPARTMENT[441](cont'd)

reimbursement to Medicaid providers that enhance their services to meet Department standards. Finally, the Department will be better able to serve these populations while achieving short-term budget savings with overall long-term budget neutrality.

Notice of Intended Action on these amendments was published as **ARC 0667C** in the Iowa Administrative Bulletin on April 3, 2013. An Amended Notice of Intended Action was published as **ARC 0748C** in the Iowa Administrative Bulletin on May 15, 2013. The Amended Notice of Intended Action was the result of a request for oral presentation received by the Department from an association of 25 or more persons.

The Department received 39 comments regarding these amendments through e-mail, facsimile, and public hearings. Comments from citizens centered on seven primary concerns about how these amendments could impact individuals or service providers. Those concerns and Department responses related to those concerns are as follows:

Concern #1: Magellan will cut costs, and this vulnerable population will be unsafe.

Department response: Integrated health homes will be required to achieve performance and outcome standards that result in individuals' experiencing recovery and living safe, healthy, successful lives in their homes and communities. Training, guidance, and coaching will be provided to ensure that the integrated health home staff have the skills and expertise to achieve these requirements. Iowa Medicaid is committed to keeping individuals safe.

Concern #2: I will lose my current targeted case manager.

Department response: After a transition period, individuals assigned to an integrated health home will not be permitted to access the Medicaid service "targeted case management." They will instead receive all of their care coordination through the integrated health home. Individuals will not lose their waiver services when the individuals are served by an integrated health home. This includes habilitation services. The integrated health home will be responsible for coordinating those waiver services.

Concern #3: The case loads for integrated health homes will be too high to support this vulnerable population.

Department response: Staffing ratios of an integrated health home will vary depending on the needs of the individual. However, for individuals with the greatest needs, including individuals now receiving targeted case management and case management through habilitation, the staffing ratios will be similar to the staffing ratios that the individuals have experienced in the past.

Concern #4: Integrated health home resources will not have the right experience or level of education to support this population.

Department response: An integrated health home is composed of a team of health care professionals. Access to care coordinators, nurse care managers, peer support specialists/family support specialists, and medical doctors and doctors of osteopathy will improve efficiencies. Case managers in the integrated health home will have similar job requirements as targeted case managers have today.

Concern #5: Will the new amendments allow members to choose either an integrated health home or targeted case management, and how is the transition expected to occur?

Department response: After a six-month transition period, all care coordination will be the responsibility of the integrated health home. While individuals will continue to receive all needed care coordination, this will occur through the integrated health home and not through the specific Medicaid service called "targeted case management."

Concern #6: Who will support members who lose Medicaid eligibility for short spans if the members no longer have a targeted case manager?

Department response: The integrated health home is responsible, just as a targeted case manager would be, for assisting a member in obtaining and maintaining Medicaid eligibility.

Concern #7: Can you clarify how these changes will impact members who receive both habilitation services as well as services through another HCBS waiver program?

Department response: Individuals who receive both habilitation and services through another HCBS waiver (e.g., intellectual disabilities waiver, physical disabilities waiver, or brain injury waiver, etc.) will not be eligible for the integrated health home and will continue to receive targeted case management services. Effective July 1, 2013, these individuals will receive services through the HCBS waiver, and

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not through Magellan targeted case management or through habilitation targeted case management. The exception to this is individuals who receive services through the children's mental health waiver. In counties where the integrated health homes are operating, case coordination will be provided through the integrated health homes.

The Department also received supporting comments in either verbal or written format from 18 individuals primarily from Johnson, Linn and Polk Counties. Some of those supporting statements were recorded as follows:

Supporting comment #1 from clients in the integrated health home (IHH) pilot: Helps cope with crisis. Great peer support, guidance and understanding. IHH helped save her life. Mental health and physical health go together, cannot be separated. Feels like living life and that people care. Helped to find apartment. Has pet that helps. Has freedom now.

Supporting comment #2: Targeted case management (TCM) is a great benefit. As case managers move to IHH will be an even greater benefit. Will allow for more collaboration with nurses and peer support. Spoke of a personal connection with family member who used IHH. Resulted in overall improvement of physical health. Day-to-day collaboration was key.

Supporting comment #3: The Office of Consumer Affairs supports the IHH amendments. Research has shown mentally ill people die 25 years earlier than average. This organization works with mentally ill people helping find them resources and support. The commenter was a peer support specialist herself in prior years. IHH is a gift. She credits IHH with getting her job, being out in the community and having overall good mental health. Amendments will provide change to the system and improve services.

Supporting comment #4: The concept of health homes is a key and field-tested approach within the Affordable Care Act for effective, efficient coordination of health care.

There are no changes to these amendments as the result of comments received by the Department. These amendments are identical to those published under Notice of Intended Action.

The Council on Human Services adopted these amendments on June 26, 2013.

Pursuant to Iowa Code section 17A.5(2)"b"(2), the Department finds that the normal effective date of these amendments, 35 days after publication, should be waived and the amendments made effective July 1, 2013. The normal effective date can be waived because the amendments confer a benefit on the public. Members are not required to participate. Enrollment with an integrated health home is completely voluntary, and the member may opt out at any time. An enrolled member will receive the benefit of enhanced attention to coordination of care.

These amendments do not provide for waivers in specified situations because health home services are optional and confer a benefit on eligible individuals who elect to receive them. Waivers of particular provisions may be requested under the Department's general rule on exceptions at 441—1.8(17A,217).

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

These amendments are intended to implement Iowa Code section 249A.4.

These amendments became effective July 1, 2013.

The following amendments are adopted.

ITEM 1. Amend subrule 77.47(1) as follows:

77.47(1) Qualifications. A designated provider of health home services must be a Medicaid-enrolled entity or provider that is determined through the provider enrollment process to have the systems and infrastructure in place to provide health home services.

a. and *b.* No change.

c. Collaboration with case managers. Health homes providing services to members eligible pursuant to 441—subparagraph 78.53(2)"a"(1) or (2) must collaborate, at least quarterly, with targeted case managers, other case managers, or DHS service workers for each member receiving case management services. Strategies to prevent duplication of coordination efforts by the health home and case managers or service workers must be developed by the health home and documented upon request. Documentation may include but is not limited to records of joint staffing meetings where a member's medical needs, current activities, and waiver services needs are reviewed and appropriately updated.

HUMAN SERVICES DEPARTMENT[441](cont'd)

d. Provision of integrated health home services. Health homes providing services to members eligible pursuant to 441—subparagraph 78.53(2)“a”(3) or (4) must be integrated health homes that:

(1) Consist of a team of health care professionals trained in providing health home services to members with a serious mental illness (SMI) and to members with a serious emotional disturbance (SED);

(2) Have a direct agreement with the Iowa Medicaid managed behavioral health organization to provide health home services for members with SMI or SED;

(3) Coordinate all community and social support services needs for members enrolled in the health home; and

(4) Follow a system of care model in providing health home services to members with SED, including collaboration with the child welfare, public health, juvenile justice, and education systems.

ITEM 2. Amend subrule 78.53(2) as follows:

78.53(2) Members eligible for health home services.

a. Subject to the authority of the Secretary of the United States Department of Health and Human Services pursuant to 42 U.S.C. §1396w-4(h)(1)(B) to establish higher levels for the number or severity of chronic or mental health conditions for purposes of determining eligibility for receipt of health home services, payment shall be made only for health home services provided to a Medicaid member who:

(1) ~~has~~ Has at least two chronic conditions ~~or~~;

(2) ~~has~~ Has one chronic condition and is at risk of having a second chronic condition;

(3) Has a serious mental illness; or

(4) Has a serious emotional disturbance.

b. For purposes of this rule, the term “chronic condition” means:

~~a.~~ (1) A mental health disorder.

~~b.~~ (2) A substance use disorder.

~~c.~~ (3) Asthma.

~~d.~~ (4) Diabetes.

~~e.~~ (5) Heart disease.

~~f.~~ (6) Being overweight, as evidenced by:

~~(1)~~ 1. Having a body mass index (BMI) over 25 for an adult, or

~~(2)~~ 2. Weighing over the 85th percentile for the pediatric population.

~~g.~~ (7) Hypertension.

c. For purposes of this rule, the term “serious mental illness” means:

(1) A psychotic disorder;

(2) Schizophrenia;

(3) Schizoaffective disorder;

(4) Major depression;

(5) Bipolar disorder;

(6) Delusional disorder; or

(7) Obsessive-compulsive disorder.

d. For purposes of this rule, the term “serious emotional disturbance” means a diagnosable mental, behavioral, or emotional disorder (not including substance use disorders, learning disorders, or intellectual disorders) that is of sufficient duration to meet diagnostic criteria specified in the most current Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association and that results in a functional impairment. For this purpose, the term “functional impairment” means episodic, recurrent, or continuous difficulties that substantially interfere with or limit a person from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills and that substantially interfere with or limit the person’s role or functioning in family, school, or community activities, not including difficulties resulting from temporary and expected responses to stressful events in a person’s environment.

HUMAN SERVICES DEPARTMENT[441](cont'd)

ITEM 3. Amend subrule **79.1(2)**, provider category “Health home services provider,” as follows:

Provider category	Basis of reimbursement	Upper limit
Health home services provider	Fee schedule based on <u>the member’s qualifying health condition(s)</u> . number of member’s chronic conditions (not including conditions for which member is only at risk). Submission of the per-member per-month (PMPM) claim from the provider confirms that health home services are being provided.	Monthly fee schedule amount.

[Filed Emergency After Notice 6/26/13, effective 7/1/13]

[Published 7/24/13]

EDITOR’S NOTE: For replacement pages for IAC, see IAC Supplement 7/24/13.

ARC 0846C

HUMAN SERVICES DEPARTMENT[441]

Adopted and Filed Emergency

Pursuant to the authority of Iowa Code section 249A.4 and 2013 Iowa Acts, Senate File 446, section 12, the Department of Human Services amends Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” Iowa Administrative Code.

This amendment excludes coverage of and payment for elective, non-medically necessary cesarean section (C-section) deliveries.

The Iowa Medicaid Enterprise (IME) currently reimburses hospitals and physicians for C-section deliveries, regardless of the medical necessity. This amendment eliminates reimbursement to hospitals and physicians for C-sections that were not medically necessary. This amendment aligns with similar initiatives undertaken by the Iowa HealthCare Collaborative, as well as by various individual hospitals and hospital systems.

The Council on Human Services adopted this amendment on June 26, 2013.

Pursuant to Iowa Code section 17A.4(3), the Department finds that notice and public participation are impracticable because the Legislature provided a specific grant of emergency rule-making authority for this cost-saving measure.

Pursuant to Iowa Code section 17A.5(2)“b”(1), the Department further finds that the normal effective date of this amendment, 35 days after publication, should be waived and the amendment made effective July 1, 2013, because the amendment is in accordance with legislative intent for specific cost-saving measures.

This amendment is also published herein under Notice of Intended Action as **ARC 0845C** to allow for public comment.

This amendment does not provide for waiver in specified situations because requests for waiver of any rule may be submitted under the Department’s general rule on exceptions at 441—1.8(17A,217).

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

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

This amendment became effective July 1, 2013.

The following amendment is adopted.

HUMAN SERVICES DEPARTMENT[441](cont'd)

Adopt the following **new** paragraph **78.1(1)“h”**:

h. Elective, non-medically necessary cesarean section (C-section) deliveries.

[Filed Emergency 6/26/13, effective 7/1/13]

[Published 7/24/13]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/24/13.

ARC 0844C

HUMAN SERVICES DEPARTMENT[441]

Adopted and Filed Emergency

Pursuant to the authority of Iowa Code section 249A.4 and 2013 Iowa Acts, Senate File 446, section 12, the Department of Human Services amends Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” Iowa Administrative Code.

This amendment requires prior authorization (PA) for initial admission to or continued stay in a certified hospital “swing bed” for a member who no longer requires acute (inpatient) hospital care and who would otherwise meet a nursing facility or skilled level of care (LOC).

This amendment will reduce the number of swing-bed admissions, which are considerably more costly than comparable admissions in a freestanding skilled nursing facility. Freestanding skilled nursing facilities would experience a potential corresponding increase in admissions for members who previously would have been admitted to a hospital swing bed.

As part of the hospital’s discharge planning process for members requiring ongoing skilled nursing care, the hospital must complete and return to the Iowa Medicaid Enterprise (IME) an LOC determination form describing the member’s LOC needs. The hospital must also contact skilled nursing facilities within a 30-mile radius of the hospital to determine if any of those facilities have available beds and are otherwise able to meet the member’s LOC needs. Initial or ongoing swing-bed admissions will only be approved if the hospital certifies that there are no available skilled nursing beds in a freestanding facility to meet the member’s LOC needs within the 30-mile radius of the hospital. For the purpose of this requirement, an “appropriate” nursing facility bed is a bed in a Medicaid-participating freestanding nursing facility that provides the LOC required for the member’s medical condition and corresponding LOC needs. A Medicaid member who has been admitted to a swing bed must be discharged to an appropriate nursing facility bed within 72 hours of an appropriate nursing facility bed becoming available. Preadmission screening and resident review (PASRR) rules still apply for members being transferred to a nursing facility. There will be some members, such as those with ventilators or other comparable care needs, whose LOC needs cannot be met in freestanding skilled nursing facilities. In such cases, the swing-bed stay would be appropriate.

The Council on Human Services adopted this amendment on June 26, 2013.

Pursuant to Iowa Code section 17A.4(3), the Department finds that notice and public participation are impracticable because the Legislature provided a specific grant of emergency rule-making authority for this cost-saving measure.

Pursuant to Iowa Code section 17A.5(2)“b,” the Department further finds that the normal effective date of this amendment, 35 days after publication, should be waived and the amendment made effective July 1, 2013, because the amendment is in accordance with legislative intent for specific cost-saving measures.

This amendment is also published herein under Notice of Intended Action as **ARC 0843C** to allow for public comment.

This amendment does not provide for waiver in specified situations because requests for waiver of any rule may be submitted under the Department’s general rule on exceptions at 441—1.8(17A,217).

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

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

This amendment became effective July 1, 2013.

HUMAN SERVICES DEPARTMENT[441](cont'd)

The following amendment is adopted.

Amend subrule 78.3(16) as follows:

78.3(16) Skilled nursing care in “swing beds.”

a. Payment will be made for medically necessary skilled nursing care when provided by a hospital participating in the swing-bed program certified by the department of inspections and appeals and approved by the U.S. Department of Health and Human Services. Payment shall be at an amount equal to the sum of the direct care rate component limit for Medicare-certified hospital-based nursing facilities pursuant to 441—subparagraph 81.6(16) “f”(3) and the non-direct care rate component limit for Medicare-certified hospital-based nursing facilities pursuant to 441—subparagraph 81.6(16) “f”(3), with the rate component limits being revised July 1, 2001, and every second year thereafter. Swing-bed placement is only intended to be short-term in nature.

b. Any payment for skilled nursing care provided in a hospital with a certified swing-bed program, for either initial admission or continued stay, will require prior authorization, subject to the following requirements:

- (1) The hospital has fewer than 100 beds, excluding beds for newborns and intensive care.
 - (2) The hospital has an existing certification for a swing-bed program, pursuant to paragraph 78.3(16) “a.”
 - (3) The member is being admitted for nursing facility or skilled level of care (if the member has Medicare and skilled coverage has been exhausted).
 - (4) As part of the discharge planning process for a member requiring ongoing skilled nursing care, the hospital must:
 1. Complete a level of care (LOC) determination describing a member’s LOC needs, using Form 470-5156, Swing Bed Certification.
 2. Contact skilled nursing facilities within a 30-mile radius of the hospital regarding available beds to meet the member’s LOC needs.
 3. Certify that no freestanding skilled nursing facility beds are available for the member within a 30-mile radius of the hospital, which will be able to appropriately meet the member’s needs.
 - (5) Swing-bed admissions will only be approved when there is no appropriate freestanding nursing facility bed available within a 30-mile radius, as documented by the hospital seeking the swing-bed admission. For the purpose of these criteria, an “appropriate” nursing facility bed is a bed in a Medicaid-participating freestanding nursing facility that provides the LOC required for the member’s medical condition and corresponding LOC needs.
 - (6) A Medicaid member who has been admitted to a swing bed must be discharged to an appropriate nursing facility bed within a 30-mile radius of the swing-bed hospital within 72 hours of an appropriate nursing facility bed becoming available.
- Preadmission screening and resident review (PASRR) rules still apply for members being transferred to a nursing facility.

[Filed Emergency 6/26/13, effective 7/1/13]

[Published 7/24/13]

EDITOR’S NOTE: For replacement pages for IAC, see IAC Supplement 7/24/13.

ARC 0842C

HUMAN SERVICES DEPARTMENT[441]

Adopted and Filed Emergency

Pursuant to the authority of Iowa Code section 249A.4 and 2013 Iowa Acts, Senate File 446, section 29, the Department of Human Services amends Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” Chapter 79, “Other Policies Relating to Providers of Medical and Remedial Care,” and Chapter 83, “Medicaid Waiver Services,” Iowa Administrative Code.

HUMAN SERVICES DEPARTMENT[441](cont'd)

These amendments implement Medicaid provider reimbursement rate increases in accordance with 2013 Iowa Acts, Senate File 446, section 29.

The Council on Human Services adopted these amendments on June 26, 2013.

Pursuant to Iowa Code section 17A.4(3), the Department finds that notice and public participation are impracticable because the Legislature authorized the Department to adopt these amendments to be effective July 1, 2013.

Pursuant to Iowa Code section 17A.5(2)“b”(1), the Department further finds that the normal effective date of these amendments, 35 days after publication, should be waived and the amendments made effective July 1, 2013, because the amendments are in accordance with legislative intent pursuant to 2013 Iowa Acts, Senate File 446, section 29.

These amendments are also published herein under Notice of Intended Action as **ARC 0841C** to allow for public comment.

These amendments do not provide for waiver in specified situations because requests for waiver of any rule may be submitted under the Department’s general rule on exceptions at 441—1.8(17A,217).

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

These amendments are intended to implement Iowa Code section 249A.4.

These amendments became effective July 1, 2013.

The following amendments are adopted.

ITEM 1. Amend subparagraph **78.34(9)“g”(1)** as follows:

(1) Payment of up to ~~\$6,060~~ \$6,366.64 per year may be made to certified providers upon satisfactory completion of the service.

ITEM 2. Amend paragraph **78.41(2)“i”** as follows:

i. Payment for respite services shall not exceed ~~\$7,050~~ \$7,262 per the member’s waiver year.

ITEM 3. Amend paragraph **78.43(5)“g”** as follows:

g. Service payment shall be made to the enrolled home or vehicle modification provider. If applicable, payment will be forwarded to the subcontracting agency by the enrolled home or vehicle modification provider following completion of the approved modifications. Payment of up to ~~\$6,060~~ \$6,366.64 per year may be made to certified providers upon satisfactory completion of the service. The case manager or service worker may encumber a portion of the cost of a modification every month within the monthly dollar cap allowed for the member until the entire cost of the modification is encumbered within a consecutive 12-month period.

ITEM 4. Amend paragraph **78.46(2)“g”** as follows:

g. Service payment shall be made to the enrolled home or vehicle modification provider. If applicable, payment will be forwarded to the subcontracting agency by the enrolled home or vehicle modification provider following completion of the approved modifications. Payment of up to ~~\$6,060~~ \$6,366.64 per year may be made to certified providers upon satisfactory completion of the service. The case manager or service worker shall encumber a portion of the cost of a modification every month within the monthly dollar cap allowed for the member until the entire cost of the modification is encumbered within a consecutive 12-month period.

HUMAN SERVICES DEPARTMENT[441](cont'd)

ITEM 5. Amend subrule 79.1(2) as follows:

79.1(2) Basis of reimbursement of specific provider categories.

Provider category	Basis of reimbursement	Upper limit
Advanced registered nurse practitioners	Fee schedule	Fee schedule in effect 11/30/09 less 5% 6/30/13 plus 1%.
Ambulance	Fee schedule	Ground ambulance: Fee schedule in effect 11/30/09 less 5% 6/30/13 plus 10%. Air ambulance: Fee schedule in effect 11/30/09 less 5% 6/30/13 plus 10%.
Ambulatory surgical centers	Base rate fee schedule as determined by Medicare. See 79.1(3)	Fee schedule in effect 11/30/09 less 5% 6/30/13 plus 1%.
Area education agencies	No change.	No change.
Assertive community treatment	Fee schedule	\$50.57 \$51.08 per day for each day on which a team meeting is held. Maximum of 5 days per week.
Audiologists	Fee schedule	Fee schedule in effect 11/30/09 less 5% 6/30/13 plus 1%.
Behavioral health intervention	Fee schedule as determined by the Iowa Plan for Behavioral Health	Fee schedule in effect 7/1/11 7/1/13.
Behavioral health services	Fee schedule	Fee schedule in effect 11/30/09 less 5% 6/30/13 plus 1%.
Birth centers	Fee schedule	Fee schedule in effect 11/30/09 less 5% 6/30/13 plus 1%.
Chiropractors	Fee schedule	Fee schedule in effect 11/30/09 less 5% 6/30/13 plus 1%.
Clinics	No change.	No change.
Community mental health centers and providers of mental health services to county residents pursuant to a waiver approved under Iowa Code section 225C.7(3)	No change.	No change.
Dentists	Fee schedule	Fee schedule in effect 11/30/09 less 2.5% 6/30/13 plus 1%.
Durable medical equipment, prosthetic devices and medical supply dealers	Fee schedule. See 79.1(4)	Fee schedule in effect 11/30/09 less 5% 6/30/13 plus 1%.
Family planning clinics	Fee schedule	Fee schedule in effect 4/31/10 6/30/13 plus 1%.
Federally qualified health centers	No change.	No change.
HCBS waiver service providers, including:		Except as noted, limits apply to all waivers that cover the named provider.

HUMAN SERVICES DEPARTMENT[441](cont'd)

Provider category	Basis of reimbursement	Upper limit
1. Adult day care	Fee schedule	<p>Effective 7/1/13, for AIDS/HIV, brain injury, elderly, and ill and handicapped waivers: Provider's rate in effect 6/30/12 plus 2% 6/30/13 plus 3%, converted to a 15-minute, half-day, full-day, or extended-day rate. If no 6/30/12 6/30/13 rate: Veterans Administration contract rate or \$1.41 \$1.45 per 15-minute unit, \$22.56 \$23.24 per half day, \$44.94 \$46.26 per full day, or \$67.35 \$69.37 per extended day if no Veterans Administration contract.</p> <p>Effective 7/1/13, for intellectual disability waiver: County contract rate or, in the absence of a contract rate, provider's rate in effect 6/30/12 plus 2% 6/30/13 plus 3%, converted to a 15-minute, half-day, full-day, or extended-day rate. If no 6/30/12 6/30/13 rate, \$1.88 \$1.94 per 15-minute unit, \$30.06 \$30.96 per half day, \$60.00 \$61.80 per full day, or \$76.50 \$78.80 per extended day.</p>
2. Emergency response system:		
Personal response system	Fee schedule	<p>Effective 4/1/13 7/1/13, provider's rate in effect 6/30/12 plus 2% 6/30/13 plus 3%. If no 6/30/12 6/30/13 rate: Initial one-time fee: \$50.52 \$52.04. Ongoing monthly fee: \$39.29 \$40.47.</p>
Portable locator system	Fee schedule	<p>Effective 4/1/13 7/1/13, provider's rate in effect 6/30/12 plus 2% 6/30/13 plus 3%. If no 6/30/12 6/30/13 rate: One equipment purchase: \$313.84 \$323.26. Initial one-time fee: \$50.52 \$52.04. Ongoing monthly fee: \$39.29 \$40.47.</p>

HUMAN SERVICES DEPARTMENT[441](cont'd)

Provider category	Basis of reimbursement	Upper limit
3. Home health aides	Retrospective cost-related	For AIDS/HIV, elderly, and health and disability waivers effective 4/1/13 7/1/13: Lesser of maximum Medicare rate in effect 11/30/09 <u>plus 2%</u> 6/30/13 <u>plus 3%</u> or maximum Medicaid rate in effect 6/30/12 <u>plus 2%</u> 6/30/13 <u>plus 3%</u> .
4. Homemakers	Fee schedule	For intellectual disability waiver effective 4/1/13 7/1/13: Lesser of maximum Medicare rate in effect 11/30/09 <u>plus 2%</u> 6/30/13 <u>plus 3%</u> or maximum Medicaid rate in effect 6/30/12 <u>plus 2%</u> 6/30/13 <u>plus 3%</u> , converted to an hourly rate. Effective 7/1/13, provider's rate in effect 6/30/12 <u>plus 2%</u> 6/30/13 <u>plus 3%</u> , converted to a 15-minute rate. If no 6/30/12 6/30/13 rate: \$5.05 <u>\$5.20</u> per 15-minute unit.
5. Nursing care	For elderly and intellectual disability waivers: Fee schedule as determined by Medicare.	For elderly waiver effective 4/1/13 7/1/13, provider's rate in effect 6/30/12 <u>plus 2%</u> 6/30/13 <u>plus 3%</u> . If no 6/30/12 6/30/13 rate: \$84.58 <u>\$87.12</u> per visit. For intellectual disability waiver effective 4/1/13 7/1/13: Lesser of maximum Medicare rate in effect 11/30/09 <u>plus 2%</u> 6/30/13 <u>plus 3%</u> or maximum Medicaid rate in effect 6/30/12 <u>plus 2%</u> 6/30/13 <u>plus 3%</u> , converted to an hourly rate.
6. Respite care when provided by: Home health agency: Specialized respite	For AIDS/HIV and health and disability waivers: Agency's financial and statistical cost report and Medicare percentage rate per visit. Cost-based rate for nursing services provided by a home health agency	For AIDS/HIV and health and disability waivers effective 4/1/13 7/1/13, provider's rate in effect 6/30/12 <u>plus 2%</u> 6/30/13 <u>plus 3%</u> . If no 6/30/12 6/30/13 rate: \$84.58 <u>\$87.12</u> per visit. Effective 7/1/13, provider's rate in effect 6/30/12 <u>plus 2%</u> 6/30/13 <u>plus 3%</u> , converted to a 15-minute rate. If no 6/30/12 6/30/13 rate: Lesser of maximum Medicare rate in effect 11/30/09 <u>plus 2%</u> 6/30/13 <u>plus 3%</u> , converted to a 15-minute rate, or maximum Medicaid rate in effect 6/30/12 <u>plus 2%</u> 6/30/13 <u>plus 3%</u> , converted to a 15-minute rate, not to exceed \$302.88 <u>\$311.97</u> per day.

HUMAN SERVICES DEPARTMENT[441](cont'd)

Provider category	Basis of reimbursement	Upper limit
Basic individual respite	Cost-based rate for home health aide services provided by a home health agency	Effective 7/1/13, provider's rate in effect 6/30/12 plus 2% <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no 6/30/12 <u>6/30/13</u> rate: Lesser of maximum Medicare rate in effect 11/30/09 plus 2% <u>6/30/13 plus 3%</u> , converted to a 15-minute rate, or maximum Medicaid rate in effect 6/30/12 plus 2% <u>6/30/13 plus 3%</u> , converted to a 15-minute rate, not to exceed \$302.88 <u>\$311.97</u> per day.
Group respite	Fee schedule	Effective 7/1/13, provider's rate in effect 6/30/12 plus 2% <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no 6/30/12 <u>6/30/13</u> rate: \$3.35 <u>\$3.45</u> per 15-minute unit, not to exceed \$302.88 <u>\$311.97</u> per day.
Home care agency:		
Specialized respite	Fee schedule	Effective 7/1/13, provider's rate in effect 6/30/12 plus 2% <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no 6/30/12 <u>6/30/13</u> rate: \$8.61 <u>\$8.87</u> per 15-minute unit, not to exceed \$302.88 <u>\$311.97</u> per day.
Basic individual respite	Fee schedule	Effective 7/1/13, provider's rate in effect 6/30/12 plus 2% <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no 6/30/12 <u>6/30/13</u> rate: \$4.59 <u>\$4.73</u> per 15-minute unit, not to exceed \$302.88 <u>\$311.97</u> per day.
Group respite	Fee schedule	Effective 7/1/13, provider's rate in effect 6/30/12 plus 2% <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no 6/30/12 <u>6/30/13</u> rate: \$3.35 <u>\$3.45</u> per 15-minute unit, not to exceed \$302.88 <u>\$311.97</u> per day.
Nonfacility care:		
Specialized respite	Fee schedule	Effective 7/1/13, provider's rate in effect 6/30/12 plus 2% <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no 6/30/12 <u>6/30/13</u> rate: \$8.61 <u>\$8.87</u> per 15-minute unit, not to exceed \$302.88 <u>\$311.97</u> per day.
Basic individual respite	Fee schedule	Effective 7/1/13, provider's rate in effect 6/30/12 plus 2% <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no 6/30/12 <u>6/30/13</u> rate: \$4.59 <u>\$4.73</u> per 15-minute unit, not to exceed \$302.88 <u>\$311.97</u> per day.

HUMAN SERVICES DEPARTMENT[441](cont'd)

Provider category	Basis of reimbursement	Upper limit
Group respite	Fee schedule	Effective 7/1/13, provider's rate in effect 6/30/12 plus 2% <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no 6/30/12 <u>6/30/13</u> rate: \$3.35 <u>\$3.45</u> per 15-minute unit, not to exceed \$302.88 <u>\$311.97</u> per day.
Facility care:		
Hospital or nursing facility providing skilled care	Fee schedule	Effective 7/1/13, provider's rate in effect 6/30/12 plus 2% <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no 6/30/12 <u>6/30/13</u> rate: \$3.35 <u>\$3.45</u> per 15-minute unit, not to exceed the facility's daily Medicaid rate for skilled nursing level of care.
Nursing facility	Fee schedule	Effective 7/1/13, provider's rate in effect 6/30/12 plus 2% <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no 6/30/12 <u>6/30/13</u> rate: \$3.35 <u>\$3.45</u> per 15-minute unit, not to exceed the facility's daily Medicaid rate.
Camps	Fee schedule	Effective 7/1/13, provider's rate in effect 6/30/12 plus 2% <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no 6/30/12 <u>6/30/13</u> rate: \$3.35 <u>\$3.45</u> per 15-minute unit, not to exceed \$302.88 <u>\$311.97</u> per day.
Adult day care	Fee schedule	Effective 7/1/13, provider's rate in effect 6/30/12 plus 2% <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no 6/30/12 <u>6/30/13</u> rate: \$3.35 <u>\$3.45</u> per 15-minute unit, not to exceed rate for regular adult day care services.
Intermediate care facility for persons with an intellectual disability	Fee schedule	Effective 7/1/13, provider's rate in effect 6/30/12 plus 2% <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no 6/30/12 <u>6/30/13</u> rate: \$3.35 <u>\$3.45</u> per 15-minute unit, not to exceed the facility's daily Medicaid rate.
Residential care facilities for persons with an intellectual disability	Fee schedule	Effective 7/1/13, provider's rate in effect 6/30/12 plus 2% <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no 6/30/12 <u>6/30/13</u> rate: \$3.35 <u>\$3.45</u> per 15-minute unit, not to exceed contractual daily rate.

HUMAN SERVICES DEPARTMENT[441](cont'd)

Provider category	Basis of reimbursement	Upper limit
Foster group care	Fee schedule	Effective 7/1/13, provider's rate in effect 6/30/12 plus 2% <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no 6/30/12 <u>6/30/13</u> rate: \$3.35 <u>\$3.45</u> per 15-minute unit, not to exceed daily rate for child welfare services.
Child care facilities	Fee schedule	Effective 7/1/13, provider's rate in effect 6/30/12 plus 2% <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no 6/30/12 <u>6/30/13</u> rate: \$3.35 <u>\$3.45</u> per 15-minute unit, not to exceed contractual daily rate.
7. Chore service	Fee schedule	Effective 7/1/13, provider's rate in effect 6/30/12 plus 2% <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no 6/30/12 <u>6/30/13</u> rate: \$3.93 <u>\$4.05</u> per 15-minute unit.
8. Home-delivered meals	Fee schedule	Effective 4/1/13 <u>7/1/13</u> , provider's rate in effect 6/30/12 plus 2% <u>6/30/13 plus 3%</u> . If no 6/30/12 <u>6/30/13</u> rate: \$7.86 <u>\$8.10</u> per meal. Maximum of 14 meals per week.
9. Home and vehicle modification	Fee schedule. See 79.1(17)	For elderly waiver effective 4/1/13 <u>7/1/13</u> : \$1,030.20 <u>\$1,061.11</u> lifetime maximum. For intellectual disability waiver effective 4/1/13 <u>7/1/13</u> : \$5,151 <u>\$5,305.53</u> lifetime maximum. For brain injury, health and disability, and physical disability waivers effective 4/1/13 <u>7/1/13</u> : \$6,181.20 <u>\$6,366.64</u> per year.
10. Mental health outreach providers	Fee schedule	Effective 4/1/13 <u>7/1/13</u> , provider's rate in effect 6/30/12 plus 2% <u>6/30/13 plus 3%</u> . If no 6/30/12 <u>6/30/13</u> rate: On-site Medicaid reimbursement rate for center or provider. Maximum of 1,440 units per year.
11. Transportation	Fee schedule	Effective 7/1/13: County contract rate or, in the absence of a contract rate, provider's rate in effect 6/30/12 plus 2% <u>6/30/13 plus 3%</u> , converted to a mile or one-way trip unit rate.

HUMAN SERVICES DEPARTMENT[441](cont'd)

Provider category	Basis of reimbursement	Upper limit
12. Nutritional counseling	Fee schedule	Effective 7/1/13 for non-county contract: Provider's rate in effect 6/30/12 <u>plus 2% 6/30/13</u> <u>plus 3%</u> , converted to a 15-minute rate. If no 6/30/12 <u>6/30/13</u> rate: \$8.42 <u>\$8.67</u> per 15-minute unit.
13. Assistive devices	Fee schedule. See 79.1(17)	Effective 4/1/13 <u>7/1/13</u> : \$112.25 <u>\$115.62</u> per unit.
14. Senior companion	Fee schedule	Effective 7/1/13 for non-county contract: Provider's rate in effect 6/30/12 <u>plus 2% 6/30/13</u> <u>plus 3%</u> , converted to a 15-minute rate. If no 6/30/12 <u>6/30/13</u> rate: \$1.82 <u>\$1.87</u> per 15-minute unit.
15. Consumer-directed attendant care provided by:		
Agency (other than an elderly waiver assisted living program)	Fee agreed upon by member and provider	Effective 7/1/13, provider's rate in effect 6/30/12 <u>plus 2% 6/30/13</u> <u>plus 3%</u> , converted to a 15-minute rate. If no 6/30/12 <u>6/30/13</u> rate: \$5.15 <u>\$5.30</u> per 15-minute unit, not to exceed \$119.05 <u>\$122.62</u> per day.
Assisted living program (for elderly waiver only)	Fee agreed upon by member and provider	Effective 7/1/13, provider's rate in effect 6/30/12 <u>plus 2% 6/30/13</u> <u>plus 3%</u> , converted to a 15-minute rate. If no 6/30/12 <u>6/30/13</u> rate: \$5.15 <u>\$5.30</u> per 15-minute unit, not to exceed \$119.05 <u>\$122.62</u> per day.
Individual	Fee agreed upon by member and provider	Effective 7/1/13, \$3.44 <u>\$3.54</u> per 15-minute unit, not to exceed \$80.13 <u>\$82.53</u> per day.
16. Counseling:		
Individual	Fee schedule	Effective 7/1/13, provider's rate in effect 6/30/12 <u>plus 2% 6/30/13</u> <u>plus 3%</u> , converted to a 15-minute rate. If no 6/30/12 <u>6/30/13</u> rate: \$11.04 <u>\$11.34</u> per 15-minute unit.
Group	Fee schedule	Effective 7/1/13, provider's rate in effect 6/30/12 <u>plus 2% 6/30/13</u> <u>plus 3%</u> , converted to a 15-minute rate. If no 6/30/12 <u>6/30/13</u> rate: \$11.00 <u>\$11.33</u> per 15-minute unit. Rate is divided by six, or, if the number of persons who comprise the group exceeds six, the actual number of persons who comprise the group.
17. Case management	No change.	No change.

HUMAN SERVICES DEPARTMENT[441](cont'd)

Provider category	Basis of reimbursement	Upper limit
18. Supported community living	Retrospectively limited prospective rates. See 79.1(15)	For intellectual disability and brain injury waiver effective 7/1/13: \$8.92 <u>\$9.19</u> per 15-minute unit, not to exceed the maximum daily ICF/ID rate per day in effect 6/30/12 <u>plus 2%</u> plus 3%.
19. Supported employment:		
Activities to obtain a job:		
Job development	Fee schedule	Effective 4/1/13 <u>7/1/13</u> , provider's rate in effect 6/30/12 <u>plus 2%</u> <u>6/30/13</u> plus 3%. If no 6/30/12 <u>6/30/13</u> rate: \$927.48 <u>\$955.00</u> per unit (job placement). Maximum of two units per 12 months.
Employer development	Fee schedule	Effective 4/1/13 <u>7/1/13</u> , provider's rate in effect 6/30/12 <u>plus 2%</u> <u>6/30/13</u> plus 3%. If no 6/30/12 <u>6/30/13</u> rate: \$927.48 <u>\$955.00</u> per unit (job placement). Maximum of two units per 12 months.
Enhanced job search	Retrospectively limited prospective rates. See 79.1(15)	Effective 7/1/13: \$8.92 <u>\$9.19</u> per 15-minute <u>minute</u> unit. Maximum of 104 units per 12 months.
Supports to maintain employment	Retrospectively limited prospective rates. See 79.1(15)	Effective 7/1/13: \$8.92 <u>\$9.19</u> per 15-minute unit for all activities other than personal care and services in an enclave setting. \$5.05 <u>\$5.20</u> per 15-minute unit for personal care. \$1.58 <u>\$1.63</u> per 15-minute unit for services in an enclave setting. \$2,941.38 <u>\$3,029.62</u> per month for total service. Maximum of 160 units per week.
20. Specialized medical equipment	Fee schedule. See 79.1(17)	Effective 4/1/13 <u>7/1/13</u> , \$6,181.20 <u>\$6,366.64</u> per year.
21. Behavioral programming	Fee schedule	Effective 4/1/13 <u>7/1/13</u> , provider's rate in effect 6/30/12 <u>plus 2%</u> <u>6/30/13</u> plus 3%. If no 6/30/12 <u>6/30/13</u> rate: \$11.01 <u>\$11.34</u> per 15 minutes.
22. Family counseling and training	Fee schedule	Effective 7/1/13, provider's rate in effect 6/30/12 <u>plus 2%</u> <u>6/30/13</u> plus 3%, converted to a 15-minute rate. If no 6/30/12 <u>6/30/13</u> rate: \$11.00 <u>\$11.33</u> per 15-minute unit.

HUMAN SERVICES DEPARTMENT[441](cont'd)

Provider category	Basis of reimbursement	Upper limit
23. Prevocational services	Fee schedule	County contract rate or, in absence of a contract rate, effective 7/1/13: Lesser of provider's rate in effect 6/30/12 <u>plus 2%</u> 6/30/13 <u>plus 3%</u> , \$49.18 <u>\$50.66</u> per day or \$13.47 <u>\$13.87</u> per hour.
24. Interim medical monitoring and treatment:		
Home health agency (provided by home health aide)	Cost-based rate for home health aide services provided by a home health agency	Effective 7/1/13: Lesser of maximum Medicare rate in effect 11/30/09 <u>plus 2%</u> 6/30/13 <u>plus 3%</u> , converted to a 15-minute rate, or maximum Medicaid rate in effect 6/30/12 <u>plus 2%</u> 6/30/13 <u>plus 3%</u> , converted to a 15-minute rate.
Home health agency (provided by nurse)	Cost-based rate for nursing services provided by a home health agency	Effective 7/1/13: Lesser of maximum Medicare rate in effect 11/30/09 <u>plus 2%</u> 6/30/13 <u>plus 3%</u> , converted to a 15-minute rate, or maximum Medicaid rate in effect 6/30/12 <u>plus 2%</u> 6/30/13 <u>plus 3%</u> , converted to a 15-minute rate.
Child development home or center	Fee schedule	Effective 7/1/13, provider's rate in effect 6/30/12 <u>plus 2%</u> 6/30/13 <u>plus 3%</u> , converted to a 15-minute rate. If no 6/30/12 6/30/13 rate: \$3.35 <u>\$3.45</u> per 15-minute unit.
Supported community living provider	Retrospectively limited prospective rate. See 79.1(15)	Effective 7/1/13, provider's rate in effect 6/30/12 <u>plus 2%</u> 6/30/13 <u>plus 3%</u> , converted to a 15-minute rate. If no 6/30/12 6/30/13 rate: \$8.92 <u>\$9.19</u> per 15-minute unit, not to exceed the maximum ICF/ID rate per day in effect 6/30/12 <u>plus 2%</u> <u>plus 3%</u> .
25. Residential-based supported community living	Retrospectively limited prospective rates. See 79.1(15)	Effective 11/13 7/1/13: Not to exceed the maximum ICF/ID rate per day in effect 6/30/12 <u>plus 2%</u> <u>plus 3%</u> .
26. Day habilitation	Fee schedule	Effective 7/1/13: County contract rate converted to a 15-minute or daily rate or, in the absence of a contract rate, provider's rate in effect 6/30/12 <u>plus 2%</u> 6/30/13 <u>plus 3%</u> , converted to a 15-minute or daily rate. If no 6/30/12 6/30/13 rate: \$3.37 <u>\$3.47</u> per 15-minute unit or \$65.58 <u>\$67.55</u> per day.
27. Environmental modifications and adaptive devices	Fee schedule. See 79.1(17)	Effective 11/13 7/1/13, \$6,181.20 <u>\$6,366.64</u> per year.

HUMAN SERVICES DEPARTMENT[441](cont'd)

Provider category	Basis of reimbursement	Upper limit
28. Family and community support services	Retrospectively limited prospective rates. See 79.1(15)	Effective 7/1/13, provider's rate in effect 6/30/12 plus 2% <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no 6/30/12 <u>6/30/13</u> rate: \$8.92 <u>\$9.19</u> per 15-minute unit.
29. In-home family therapy	Fee schedule	Effective 7/1/13, provider's rate in effect 6/30/12 plus 2% <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no 6/30/12 <u>6/30/13</u> rate: \$23.88 <u>\$24.60</u> per 15-minute unit.
30. Financial management services	Fee schedule	Effective 4/1/13 <u>7/1/13</u> , provider's rate in effect 6/30/12 plus 2% <u>6/30/13 plus 3%</u> . If no 6/30/12 <u>6/30/13</u> rate: \$66.96 <u>\$68.97</u> per enrolled member per month.
31. Independent support broker	Rate negotiated by member	Effective 4/1/13 <u>7/1/13</u> , provider's rate in effect 6/30/12 plus 2% <u>6/30/13 plus 3%</u> . If no 6/30/12 <u>6/30/13</u> rate: \$15.45 <u>\$15.91</u> per hour.
32. Self-directed personal care	No change.	No change.
33. Self-directed community supports and employment	No change.	No change.
34. Individual-directed goods and services	No change.	No change.
35. Assisted living on-call service providers (elderly waiver only)	Fee agreed upon by member and provider.	\$25.00 <u>\$25.75</u> per day.
Health home services provider	No change.	No change.
Hearing aid dispensers	Fee schedule plus product acquisition cost	Fee schedule in effect 11/30/09 less 5% <u>6/30/13 plus 1%</u> .
Home- and community-based habilitation services:		
1. Case management	No change.	No change.
2. Home-based habilitation	No change.	No change.
3. Day habilitation	No change.	No change.
4. Prevocational habilitation	No change.	No change.
5. Supported employment:		
Activities to obtain a job:	No change.	No change.
Home health agencies	No change.	No change.
Hospices	No change.	No change.
Hospitals (Critical access)	No change.	No change.
Hospitals (Inpatient)	Prospective reimbursement. See 79.1(5)	Reimbursement rate in effect 11/30/09 less 5% <u>6/30/13 plus 1%</u> .
Hospitals (Outpatient)	Prospective reimbursement or hospital outpatient fee schedule. See 79.1(16) "c"	Ambulatory payment classification rate or hospital outpatient fee schedule rate in effect 11/30/09 less 5% <u>6/30/13 plus 1%</u> .

HUMAN SERVICES DEPARTMENT[441](cont'd)

Provider category	Basis of reimbursement	Upper limit
Independent laboratories	No change.	No change.
Indian health service 638 facilities	1. No change. 2. No change.	1. No change. 2. No change.
Infant and toddler program providers	No change.	No change.
Intermediate care facilities for the mentally retarded	No change.	No change.
Lead inspection agency	Fee schedule	Fee schedule in effect 11/30/09 less 5% 6/30/13 plus 1%.
Local education agency services providers	No change.	No change.
Maternal health centers	Reasonable cost per procedure on a prospective basis as determined by the department based on financial and statistical data submitted annually by the provider group	Fee schedule in effect 11/30/09 less 5% 6/30/13 plus 1%.
Nursing facilities:		
1. Nursing facility care	No change.	No change.
2. Hospital-based, Medicare-certified nursing care	No change.	No change.
Occupational therapists	Fee schedule	Fee schedule in effect 11/30/09 less 5% 6/30/13 plus 1%.
Opticians	Fee schedule. Fixed fee for lenses and frames; other optical materials at product acquisition cost	Fee schedule in effect 11/30/09 less 5% 6/30/13 plus 1%.
Optometrists	Fee schedule. Fixed fee for lenses and frames; other optical materials at product acquisition cost	Fee schedule in effect 11/30/09 less 5% 6/30/13 plus 1%.
Orthopedic shoe dealers	Fee schedule	Fee schedule in effect 11/30/09 less 5% 6/30/13 plus 1%.
Pharmaceutical case management	No change.	No change.
Pharmacy administration of influenza vaccine to children	Physician fee schedule for immunization administration	Fee schedule in effect 11/30/09 less 5% 6/30/13 plus 1%.
Physical therapists	Fee schedule	Fee schedule in effect 11/30/09 less 5% 6/30/13 plus 1%.
Physicians (doctors of medicine or osteopathy)	Fee schedule. See 79.1(7) "a"	Fee schedule in effect 11/30/09 less 5% 6/30/13 plus 1%.
Anesthesia services	Fee schedule	Fee schedule in effect 11/30/09 less 5% 6/30/13 plus 1%.
Physician-administered drugs	Fee schedule	Fee schedule in effect 6/30/12 less 2% 6/30/13 plus 1%.
Qualified primary care services furnished in 2013 or 2014	No change.	No change.
Podiatrists	Fee schedule	Fee schedule in effect 11/30/09 less 5% 6/30/13 plus 1%.
Prescribed drugs	No change.	No change.
Psychiatric medical institutions for children:		
1. Inpatient	No change.	No change.

HUMAN SERVICES DEPARTMENT[441](cont'd)

Provider category	Basis of reimbursement	Upper limit
2. Outpatient day treatment	Fee schedule	Effective 8/1/11: Fee schedule in effect 11/30/09 <u>6/30/13</u> plus 1%.
Psychologists	Fee schedule	Fee schedule in effect 11/30/09 <u>6/30/13</u> plus 1%.
Public health agencies	Fee schedule	Fee schedule rate <u>in effect 6/30/13</u> plus 1%.
Rehabilitation agencies	Fee schedule	Medicare fee schedule less 5% <u>6/30/13 plus 1%</u> ; refer to 79.1(21).
Remedial services	No change.	No change.
Rural health clinics	No change.	No change.
Screening centers	Fee schedule	Reimbursement rate for center Fee schedule in effect 11/30/09 <u>6/30/13</u> plus 1%.
Speech-language pathologists	Fee schedule	Medicare fee schedule Fee schedule in effect <u>6/30/13</u> plus 1%.
State-operated institutions	No change.	No change.
Targeted case management providers	No change.	No change.

ITEM 6. Amend subparagraph **79.1(5)“y”(2)** as follows:

(2) Allocation to fund for direct medical education. The total state fiscal year annual amount of funding that is allocated to the graduate medical education and disproportionate share fund for direct medical education related to inpatient services is ~~\$8,210,006~~ \$7,594,294.03. If a hospital fails to qualify for direct medical education payments from the fund because the hospital does not report direct medical education costs that qualify for payment as medical education costs under the Medicare program in the most recent cost report submitted before the start of the state fiscal year for which payments are being made, the amount of money that would have been paid to that hospital shall be removed from the fund.

ITEM 7. Amend subparagraph **79.1(5)“y”(5)** as follows:

(5) Allocation to fund for indirect medical education. The total state fiscal year annual amount of funding that is allocated to the graduate medical education and disproportionate share fund for indirect medical education related to inpatient services is ~~\$14,415,396~~ \$13,450,285.14. If a hospital fails to qualify for indirect medical education payments from the fund because the hospital does not report direct medical education costs that qualify for payment as medical education costs under the Medicare program in the most recent cost report submitted before the start of the state fiscal year for which payments are being made, the amount of money that would have been paid to that hospital shall be removed from the fund.

ITEM 8. Amend subparagraph **79.1(5)“y”(8)** as follows:

(8) Allocation to fund for disproportionate share. The total state fiscal year annual amount of funding that is allocated to the graduate medical education and disproportionate share fund for disproportionate share payments is ~~\$6,890,959~~ \$6,959,868.59. If a hospital fails to qualify for disproportionate share payments from the fund due to closure or for any other reason, the amount of money that would have been paid to that hospital shall be removed from the fund.

ITEM 9. Amend subparagraph **79.1(8)“d”(1)** as follows:

(1) The average actual acquisition cost (AAC), determined pursuant to paragraph 79.1(8)“g k,” plus the professional dispensing fee determined pursuant to paragraph 79.1(8)“j.”

HUMAN SERVICES DEPARTMENT[441](cont'd)

ITEM 10. Amend paragraph 79.1(8)“j” as follows:

j. ~~Effective February 1, 2013, or upon federal approval, whichever is later, professional dispensing fees shall be amounts determined by the department based on a survey of Iowa Medicaid retail pharmacy providers’ costs of dispensing drugs to Medicaid beneficiaries. For services rendered on or after February 1, 2013, and after federal approval, the professional dispensing fee for all drugs shall be \$10.02. Contingent on federal approval, the professional dispensing fee for services rendered on or after July 1, 2013, shall be increased to \$10.12. Future dispensing fees shall be amounts determined by the department based on a survey of Iowa Medicaid retail pharmacy providers’ costs of dispensing drugs to Medicaid beneficiaries, performed every two years beginning in state fiscal year 2014-2015.~~

ITEM 11. Amend subparagraph 79.1(16)“v”(2) as follows:

(2) Allocation to fund for direct medical education. The total annual state fiscal year funding that is allocated to the graduate medical education and disproportionate share fund for direct medical education related to outpatient services is ~~\$2,776,336~~ \$2,766,718.25. If a hospital fails to qualify for direct medical education payments from the fund because the hospital does not report direct medical education costs that qualify for payment as medical education costs under the Medicare program in the most recent cost report submitted before the start of the state fiscal year for which payments are being made, the amount of money that would have been paid to that hospital shall be removed from the fund.

ITEM 12. Adopt the following new rule 441—79.17(249A):

441—79.17(249A) 2013 reimbursement rate increases. To the extent required by 2013 Iowa Acts, Senate File 446, section 29(8), any increase in a provider’s reimbursement rate in accordance with 2013 Iowa Acts, Senate File 446, section 29, shall be used to increase compensation and costs of employment, including benefits, for nonadministrative staff.

ITEM 13. Amend paragraph 83.2(2)“b,” introductory paragraphs, as follows:

b. Except as provided below, the total monthly cost of the health and disability waiver services shall not exceed the established aggregate monthly cost for level of care as follows:

Skilled level of care	Nursing level of care	ICF/ID
\$2,684 <u>\$2,765</u>	\$922 <u>\$950</u>	\$3,267 <u>\$3,365</u>

ITEM 14. Amend subparagraph 83.22(2)“c”(2) as follows:

(2) Services must be the least costly available to meet the service needs of the member. The total monthly cost of the elderly waiver services exclusive of case management services shall not exceed the established monthly cost of the level of care. Aggregate monthly costs are limited as follows:

Skilled level of care	Nursing level of care
\$2,684 <u>\$2,765</u>	\$1,300 <u>\$1,339</u>

ITEM 15. Amend paragraph 83.42(2)“b” as follows:

b. The total monthly cost of the AIDS/HIV waiver services shall not exceed the established aggregate monthly cost for level of care. The monthly cost of AIDS/HIV waiver services cannot exceed the established limit of ~~\$1,786~~ \$1,840.

ITEM 16. Amend paragraph 83.82(2)“d” as follows:

d. The total cost of brain injury waiver services shall not exceed ~~\$2,868~~ \$2,954 per month. If more than ~~\$505~~ \$520 is paid for home and vehicle modification services, the service worker shall encumber up to ~~\$505~~ \$520 per month within the monthly dollar cap allowed for the ~~consumer~~ member until the total amount of the modification is reached within a 12-month period.

ITEM 17. Amend paragraph 83.102(2)“b” as follows:

b. The total cost of physical disability waiver services shall not exceed ~~\$672~~ \$692 per month. If more than ~~\$505~~ \$520 is paid for home and vehicle modification services, the service worker shall

HUMAN SERVICES DEPARTMENT[441](cont'd)

encumber up to ~~\$505~~ \$520 per month within the monthly dollar cap allowed for the ~~consumer~~ member until the total amount of the modification is reached within a 12-month period.

ITEM 18. Amend paragraph **83.122(6)“b”** as follows:

b. The total cost of children’s mental health waiver services needed to meet the member’s needs may not exceed ~~\$1,910~~ \$1,967 per month.

[Filed Emergency 6/26/13, effective 7/1/13]

[Published 7/24/13]

EDITOR’S NOTE: For replacement pages for IAC, see IAC Supplement 7/24/13.

ARC 0840C

HUMAN SERVICES DEPARTMENT[441]

Adopted and Filed Emergency

Pursuant to the authority of Iowa Code section 249A.4 and 2013 Iowa Acts, Senate File 446, section 12, the Department of Human Services amends Chapter 79, “Other Policies Relating to Providers of Medical and Remedial Care,” Iowa Administrative Code.

These amendments change the reimbursement method for case management services under the Medicaid state plan, habilitation, home- and community-based services for individuals with a brain injury and for the elderly.

Case management is currently cost-based reimbursed. Since FY 2012 and annualized for FY 2013, the reimbursement has increased by 15.8 percent. Due to the requirement in legislation for cost containment strategies, the Department is limiting the administrative costs to 23 percent of direct service costs for FY 2014. During FY 2014, the Department will work with stakeholders to determine the rate methodology for FY 2015.

The Council on Human Services adopted these amendments on June 26, 2013.

Pursuant to Iowa Code section 17A.4(3), the Department finds that notice and public participation are impracticable because the Legislature provided a specific grant of emergency rule-making authority for this cost-saving measure.

Pursuant to Iowa Code section 17A.5(2)“b”(1), the Department further finds that the normal effective date of these amendments, 35 days after publication, should be waived and the amendments made effective July 1, 2013, because the amendments are in accordance with legislative intent for specific cost-saving measures.

These amendments are also published herein under Notice of Intended Action as **ARC 0839C** to allow for public comment.

These amendments do not provide for waiver in specified situations because requests for waiver of any rule may be submitted under the Department’s general rule on exceptions at 441—1.8(17A,217).

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

These amendments are intended to implement Iowa Code section 249A.4.

These amendments became effective July 1, 2013.

The following amendments are adopted.

ITEM 1. Amend paragraph **79.1(1)“d”** as follows:

d. Fee for service with cost settlement. Providers of case management services shall be reimbursed on the basis of a payment rate for a 15-minute unit of service based on reasonable and proper costs for service provision. The fee will be determined by the department with advice and consultation from the appropriate professional group and will reflect the amount of resources involved in service provision.

(1) Providers are reimbursed throughout each fiscal year on the basis of a projected unit rate for each participating provider. The projected rate is based on reasonable and proper costs of operation, pursuant to federally accepted reimbursement principles (generally Medicare or OMB A-87 principles).

HUMAN SERVICES DEPARTMENT[441](cont'd)

(2) Payments are subject to annual retrospective cost settlement based on submission of actual costs of operation and service utilization data by the provider on Form 470-0664, Financial and Statistical Report. The cost settlement represents the difference between the amount received by the provider during the year for covered services and the amount supported by the actual costs of doing business, determined in accordance with an accepted method of cost appointment.

(3) The methodology for determining the reasonable and proper cost for service provision assumes the following:

1. The indirect administrative costs shall be limited to ~~20~~ 23 percent of other costs. Other costs include: professional staff – direct salaries, other – direct salaries, benefits and payroll taxes associated with direct salaries, mileage and auto rental, agency vehicle expense, automobile insurance, and other related transportation.

2. Mileage shall be reimbursed at a rate no greater than the state employee rate.

3. The rates a provider may charge are subject to limits established at 79.1(2).

4. Costs of operation shall include only those costs that pertain to the provision of services which are authorized under rule 441—90.3(249A).

ITEM 2. Amend subrule **79.1(2)**, provider category “HCBS waiver services,” paragraph “17,” as follows:

Provider category	Basis of reimbursement	Upper limit
17. Case management	Fee schedule <u>for service with cost settlement. See 79.1(1)“d.”</u>	For brain injury waiver and elderly <u>waivers: Retrospective cost-settled rate. For elderly waiver: Quarterly revision of reimbursement rate as necessary to maintain projected expenditures within the amounts budgeted under the appropriations made for the medical assistance program for the fiscal year.</u>

[Filed Emergency 6/26/13, effective 7/1/13]

[Published 7/24/13]

EDITOR’S NOTE: For replacement pages for IAC, see IAC Supplement 7/24/13.

ARC 0864C

HUMAN SERVICES DEPARTMENT[441]

Adopted and Filed Emergency

Pursuant to the authority of Iowa Code section 249A.4 and 2013 Iowa Acts, Senate File 446, section 29, the Department of Human Services amends Chapter 79, “Other Policies Relating to Providers of Medical and Remedial Care,” Iowa Administrative Code.

These amendments change the payment methodology for home health services to the Medicare low utilization payment amount (LUPA) methodology, with state geographic wage adjustments. The Department will update the rates every two years. The rates for private duty nursing and personal care home health services will be based on an hourly interim rate subject to cost settlement and subject to a limit calculated by the Department and approved by the Centers for Medicare and Medicaid Services (CMS).

Payments to Medicaid home health services providers and private duty nursing and personal care providers will be impacted for services provided to Medicaid members. These amendments will change the reimbursement for home health services to a visit rate established by Medicare. These amendments will not require any additional costing information. Private duty nursing and personal care will remain at an hourly rate. The interim rate will be cost-settled up to a cap established by the Department.

HUMAN SERVICES DEPARTMENT[441](cont'd)

The Council on Human Services adopted these amendments on June 26, 2013.

Pursuant to Iowa Code section 17A.4(3), the Department finds that notice and public participation are impracticable because the Legislature provided a specific grant of emergency rule-making authority for this cost-saving measure.

Pursuant to Iowa Code section 17A.5(2)“b”(1), the Department further finds that the normal effective date of these amendments, 35 days after publication, should be waived and the amendments made effective July 1, 2013, because the amendments are in accordance with legislative intent for specific cost-saving measures.

These amendments are also published herein under Notice of Intended Action as **ARC 0863C** to allow for public comment.

These amendments do not provide for waiver in specified situations because requests for waiver of any rule may be submitted under the Department’s general rule on exceptions at 441—1.8(17A,217).

After analysis and review of this rule making, no specific impact on private sector jobs has been found. These amendments will allow more agencies the ability to continue to provide services rather than discontinue being a provider of home health services. These amendments should maintain current employment in the state.

These amendments are intended to implement Iowa Code section 249A.4.

These amendments became effective July 1, 2013.

The following amendments are adopted.

ITEM 1. Amend subrule **79.1(2)**, provider category “Home health agencies,” as follows:

Provider category	Basis of reimbursement	Upper limit
Home health agencies		
1. Skilled nursing, physical therapy, occupational therapy, <u>speech therapy</u> , home health aide, and medical social services; home health care for maternity patients and children	Retrospective cost-related Fee schedule. See 79.1(26)	Lesser of maximum Medicare rate in effect 6/30/12 or maximum Medicaid rate in effect 6/30/12 plus 2%. Effective 7/1/13: Medicare LUPA rates in effect on July 1, 2013, updated July 1 every two years.
2. Private duty nursing and personal care for persons aged 20 or under	Interim fee schedule with retrospective cost-related settlement Retrospective cost-related. See 79.1(27)	Medicaid rate in effect 6/30/12 plus 2%. Effective 7/1/13: Actual and allowable cost not to exceed a maximum of 110% of statewide average.
3. Administration of vaccines	Physician fee schedule	Physician fee schedule rate.

ITEM 2. Adopt the following **new** subrule 79.1(26):

79.1(26) Home health services.

a. Services included under the home health services program are reimbursed on low utilization payment amount (LUPA) methodology, with state geographic adjustments.

b. Medicare LUPA per-visit rates in effect on July 1, 2013, are the basis for establishing the LUPA methodology for the initial reimbursement schedule.

c. The Medicare LUPA per-visit rates shall be increased July 1 every two years to reflect the most recent Medicare LUPA rates.

d. Home health services subject to this methodology are skilled nursing, home health aide, physical therapy, occupational therapy, speech therapy, and medical social services provided by Medicare-certified home health agencies.

HUMAN SERVICES DEPARTMENT[441](cont'd)

ITEM 3. Adopt the following **new** subrule 79.1(27):

79.1(27) Reimbursement for early periodic screening, diagnosis, and treatment private duty nursing and personal care services.

a. Rate determination based on cost reports. Reimbursement shall be made using an hourly rate that is calculated retrospectively for each provider, considering reasonable and proper costs of operation not to exceed the upper limit as provided in subrule 79.1(2).

(1) Interim rates. Providers shall be reimbursed through a prospective interim rate equal to the previous year's retrospectively calculated hourly rate. Pending determination of private duty nursing and personal care service provider costs, the provider may bill for and shall be reimbursed at an hourly rate that the provider and the Iowa Medicaid enterprise (IME) may reasonably expect to produce total payments to the provider for the provider's fiscal year that are consistent with Medicaid's obligation to reimburse that provider's reasonable costs.

(2) Audit of cost reports. Cost reports as filed shall be subject to review or audit or both by the Iowa Medicaid enterprise to determine the actual cost of services in accordance with generally accepted accounting principles, Medicare cost principles published in Centers for Medicare and Medicaid Services Publication §15-1, and the Office of Management and Budget Circular A-87, Attachment B, subject to the exceptions and limitations in the department's administrative rules.

(3) Retroactive adjustment. When the reasonable and proper costs of operation are determined, a retroactive adjustment shall be made. The retroactive adjustment represents the difference between the amount that the provider received during the year for covered services through an interim rate and the reasonable and proper costs of operation determined in accordance with this subrule.

b. Financial and statistical report submission and reporting requirements.

(1) The provider shall submit the complete Financial and Statistical Report, Form 1728-94, in an electronic format approved by the department to the IME provider cost audit and rate setting unit within five months of the end of the provider's fiscal year.

(2) The submission of the financial and statistical report must include a working trial balance that corresponds to the data contained on the financial and statistical report and the Medicare cost report. Financial and statistical reports submitted without a working trial balance and the Medicare cost report will be considered incomplete.

(3) A provider may obtain a 30-day extension for submitting the financial and statistical report by sending a letter to the IME provider cost audit and rate setting unit. The extension request must be received by the IME provider cost audit and rate setting unit before the original due date. No extensions will be granted beyond 30 days.

(4) Providers shall submit a completed financial and statistical report to the IME provider cost audit and rate setting unit in an electronic format that can be opened using the extension .xls or .xlsx. The supplemental documentation shall be submitted in a generally accepted business format. The report and required supplemental information shall be e-mailed to costaudit@dhs.state.ia.us on or before the last day of the fifth month after the end of the provider's fiscal year. One signed copy of the certification page of the Medicaid and Medicare cost reports shall be mailed to the IME Provider Cost Audit and Rate Setting Unit, P.O. Box 36450, Des Moines, Iowa 50315, no later than the due date of the required electronic submissions.

(5) If a provider fails to submit a cost report that meets the requirement of subparagraph 79.1(27) "b"(4), the department shall reduce payment to 75 percent of the current rate(s).

1. The reduced rate(s) shall be effective the first day of the sixth month following the provider's fiscal year end and shall remain in effect until the first day of the month after the delinquent report is received by the IME provider cost audit and rate setting unit.

2. The reduced rate(s) shall be paid for no longer than three months, after which time no further payments will be made until the first day of the month after the delinquent report is received by the IME provider cost audit and rate setting unit.

(6) Financial information shall be based on the provider's financial records. When the records are not kept on an accrual basis of accounting, the provider shall make the adjustments necessary to convert

HUMAN SERVICES DEPARTMENT[441](cont'd)

the information to an accrual basis for reporting and provide documentation detailing these adjustments. Failure to maintain records to support the cost report may result in the following, but not limited to:

1. Recoupment of Medicaid payments.
2. Penalties.
3. Sanctions pursuant to rule 441—79.3(249A).

(7) The department, in its sole discretion, may on its own initiative reopen a review of a financial and statistical report at any time. No other entity or person has the right to request that the department or its contractor reopen a review of a financial and statistical report, or to submit an amended financial and statistical report for review by the department, after the provider is notified of its reimbursement rates following review of a financial and statistical report.

(8) A projected cost report shall be submitted when a home health agency enters the program or adds private duty nursing and personal care services. A prospective interim rate shall be established using the projected cost report. The effective date of the rate shall be the day the provider becomes certified as a Medicaid provider or the day the new service is added.

(9) A provider of services under multiple programs shall submit a cost allocation schedule that was used during the preparation of the financial and statistical report.

(10) Costs reported under private duty nursing and personal care shall not be reported as reimbursable costs under any other funding source. Costs incurred for other services shall not be reported as reimbursable costs under private duty nursing and personal care services.

(11) When a provider continues to include as an item of cost an item or items which had in a prior period been removed by an adjustment by the department or its contractor, in the total program costs, the contractor shall recommend to the department that the reimbursement rates be reduced to 75 percent of the current reimbursement rate for the entire quarter beginning the first day of the sixth month after the provider's fiscal year end. The department may, after considering the seriousness of the exception, make the reduction.

(12) Nothing in this subrule relieves a provider of its obligation to immediately inform the department that it has retained Medicaid funds to which it is not entitled as a result of any cost report process. A provider must notify the Iowa Medicaid enterprise when the provider notes that funds are incorrectly paid or when an overpayment has been detected.

c. Terminated home health agencies.

(1) A participating home health agency contemplating termination of private duty nursing and personal care services shall provide the department of human services with at least 60 days' prior notice. The person responsible for the termination is responsible for submission of a final financial and statistical report through the date of the termination. The final home health cost report shall meet the reporting requirements in paragraph 79.1(27) "b."

(2) For facilities that terminate activity with the Iowa Medicaid enterprise, a financial and statistical report from the beginning of the fiscal year to the date of termination will be required, regardless if termination is voluntary, involuntary or due to a change in ownership. All documentation in paragraph 79.1(27) "a" shall be submitted 45 days after the date of termination, by the terminated (closed) entity. If no report is received within 45 days, the Iowa Medicaid enterprise will begin the process to recoup all funds for dates of service beginning from the last filed cost report to the date of termination.

[Filed Emergency 6/27/13, effective 7/1/13]

[Published 7/24/13]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/24/13.

ARC 0862C**HUMAN SERVICES DEPARTMENT[441]****Adopted and Filed Emergency**

Pursuant to the authority of Iowa Code section 249A.4, the Department of Human Services amends Chapter 92, "IowaCare," Iowa Administrative Code.

These amendments codify policies regarding a suspension of enrollment in IowaCare implemented on July 1, 2013, based on funding for state fiscal year 2013-2014 and pursuant to the amended terms of the waiver of Title XIX requirements allowing federal funding for the IowaCare program.

The IowaCare program has experienced steady growth in enrollment since the implementation of the statewide expansion of the provider network on January 1, 2012. IowaCare providers are concerned about having the capacity to meet future enrollment growth and have expressed the need to cap enrollment in order to maintain quality of care. In addition, enrollment growth exhausted initially appropriated funding and required supplemental appropriations in state fiscal years 2011-2012 and 2012-2013. An enrollment cap will also assist in the phasing out of IowaCare, which is scheduled to sunset on December 31, 2013, and in transitioning current enrollees into the new healthcare coverage structure that will be effective January 1, 2014. For these reasons, the Department submitted a request to the federal Centers for Medicare and Medicaid Services (CMS) to amend the IowaCare 1115 waiver to cap program enrollment as of July 1, 2013. Public notice of the intent to submit the waiver amendment was published in September 2012, and the waiver amendment request was submitted to CMS in October 2012. The Department's budget request and state appropriation for the 2013-2014 state fiscal year were based on the cap.

CMS notified the Department of its approval of the amendment on June 17, 2013. Therefore, these rules are being amended to implement the enrollment cap in accordance with the waiver amendment and the Department's state appropriation for 2013-2014.

These amendments codify the limit set by the amended waiver on the number of members allowed to participate in the program and specify how new members will be added within the enrollment cap. The program accepted applications through June 30, 2013. The enrollment cap will be established at the number of enrolled members in the program when all applications filed prior to July 1, 2013, have been processed. Enrolled members will be allowed to renew coverage if their enrollment period expires after July 1, 2013.

The Council on Human Services adopted these amendments on June 26, 2013.

Pursuant to Iowa Code section 17A.4(3), the Department finds that notice and public participation are unnecessary because current rules provide that the IowaCare program shall be administered in accordance with the waiver of Title XIX requirements allowing federal funding of the program (preamble to Chapter 92) and provide for suspension of enrollment based on available funding (subrule 92.2(6) and rule 441—92.14(249A,249J)). The amendments implement the recently amended terms of the waiver regarding a suspension of enrollment implemented on July 1, 2013. Delaying these changes for public comment would only delay implementation of these policies. Further, public notice and opportunity for comment regarding the enrollment cap was provided through notice of the Department's intent to request an amendment of the federal waiver, as part of the Department's budget-setting process, and in the legislative appropriations process. The timing of the recent federal approval of the waiver amendment does not allow for further notice and public comment.

Pursuant to Iowa Code section 17A.5(2)"b"(2), the Department further finds that the normal effective date of these amendments, 35 days after publication, should be waived and the amendment made effective July 1, 2013, because the amendments confer a benefit on the public. These amendments confer a benefit on the public by providing notice of the enrollment suspension implemented pursuant to current rules and of the provisions of the amended federal waiver regarding that suspension, including the lifting of the suspension within the cap imposed on enrollment. Further, the suspension and enrollment cap confer a benefit on the public by complying with the amended requirements for federal funding and avoiding deficit spending in violation of the Iowa Constitution.

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These amendments are also published herein under Notice of Intended Action as **ARC 0861C** to allow for public comment.

These amendments do not provide for waivers in specified situations because the federal waiver does not provide for exceptions to the enrollment cap and because waivers would cause state expenditures to exceed the funding appropriated. Requests for waiver of any rule may be submitted under the Department's general rule on exceptions at 441—1.8(17A,217).

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

These amendments are intended to implement Iowa Code section 217.6 and chapter 249J.

These amendments became effective July 1, 2013.

The following amendments are adopted.

ITEM 1. Amend subrule 92.5(6) as follows:

92.5(6) *Disregard of changes.*

a. A person found to be income-eligible upon application or recertification of eligibility shall remain income-eligible for 12 months regardless of any change in income or household size.

b. Persons income-eligible on June 30, 2013, shall remain income-eligible through December 31, 2013, regardless of any change in income or household size.

ITEM 2. Adopt the following **new** subrule 92.6(5):

92.6(5) *Extension of certifications from June 30, 2013.* Any certification period in effect June 30, 2013, shall continue until December 31, 2013.

ITEM 3. Amend subrule 92.14(1) as follows:

92.14(1) *Suspension of enrollment.*

a. To ensure equitable treatment, applications shall be approved on a first-come, first-served basis and enrollment will be suspended when the likely costs of caring for those already enrolled will exhaust the available funding during the year. "First-come, first-served" status is determined by the date the application is approved for eligibility and entered into the computer system.

b. As required by the waiver of Title XIX requirements allowing for federal funding of the IowaCare program, and based on available funding for the 2013-2014 state fiscal year, enrollment of new members in IowaCare will be suspended for applications filed on or after July 1, 2013.

[Filed Emergency 6/27/13, effective 7/1/13]

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EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/24/13.

ARC 0860C

HUMAN SERVICES DEPARTMENT[441]

Adopted and Filed Emergency

Pursuant to the authority of Iowa Code section 234.6 and 2013 Iowa Acts, Senate File 446, section 29, the Department of Human Services amends Chapter 150, "Purchase of Service," Iowa Administrative Code.

This amendment changes how supervised apartment living (SAL) rates are established. SAL rates will no longer be established by purchase of service but will instead be established by competitive performance-based contracts. Contractors with the Department that provide child welfare emergency services (CWES) juvenile shelter care will have their state fiscal year 2013 rates increased by 5 percent for state fiscal year 2014.

The Council on Human Services adopted this amendment on June 26, 2013.

Pursuant to Iowa Code section 17A.4(3), the Department finds that notice and public participation are unnecessary because the Legislature established new provider rates.

Pursuant to Iowa Code section 17A.5(2)"b"(2), the Department further finds that the normal effective date of this amendment, 35 days after publication, should be waived and the amendment made effective

HUMAN SERVICES DEPARTMENT[441](cont'd)

July 1, 2013, because the amendment confers a benefit on the public. Provider payment rates were increased for child welfare services.

This amendment is also published herein under Notice of Intended Action as **ARC 0859C** to allow for public comment.

This amendment does not provide for waivers in specified situations because the legislation does not specifically allow for waivers. Requests for waiver of any rule may be submitted under the Department's general rule on exceptions at 441—1.8(17A,217).

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

This amendment is intended to implement Iowa Code section 234.6.

This amendment became effective July 1, 2013.

The following amendment is adopted.

Amend paragraph **150.3(5)“p”** as follows:

p. Rate limits. Interruptions in service programs will not affect the rate. If an agency assumes the delivery of service from another agency, the rate shall remain the same as for the former agency.

(1) The combined service and maintenance reimbursement rate paid to a shelter care provider shall be based on the financial and statistical report submitted to the department. For the fiscal year beginning July 1, ~~2008~~ 2013, the maximum reimbursement rate shall be ~~\$92.36~~ \$96.98 per day, based on a 365-day year. If the department reimburses the provider at less than the maximum rate, the department shall adjust the provider's reimbursement rate to the provider's actual and allowable cost plus the inflation factor or to the maximum reimbursement rate, whichever is less.

~~(2) For the fiscal year beginning July 1, 2010, the reimbursement rates for supervised apartment living service providers shall be increased by 1.31 percent over the rates in effect on June 30, 2010.~~

~~(3)~~ (2) The initial reimbursement rate for any new service shall be based upon actual and allowable costs. A new service does not include a new building or location or other changes in method of service delivery for a service currently provided under the contract.

1. For shelter care, if the provider is currently offering shelter care under social services contract, the only time the provider shall be considered to be offering a new service is if the provider adds a service other than shelter care.

2. For supervised apartment living, the only time a provider shall be considered to be offering a new service is when the agency adds a cluster site or a scattered site for the first time. If, for example, the agency has a supervised apartment living cluster site, the addition of a new site does not constitute a new service.

3. If the department defines, in administrative rule, a new service as a social service that may be purchased, this shall constitute a new service for purposes of establishment of a rate. Once the rate for the new service is established for a provider, the rate will be subject to any limitations established by administrative rule or law.

~~(4)~~ (3) If a social service provider loses a source of income used to determine the reimbursement rate for the provider, the provider's reimbursement rate may be adjusted to reflect the loss of income, provided that the lost income was used to support actual and allowable costs of a service purchased under a purchase of service contract.

[Filed Emergency 6/27/13, effective 7/1/13]

[Published 7/24/13]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/24/13.

ARC 0858C**HUMAN SERVICES DEPARTMENT[441]****Adopted and Filed Emergency**

Pursuant to the authority of Iowa Code section 234.6 and 2013 Iowa Acts, Senate File 446, sections 18, 19 and 185, the Department of Human Services amends Chapter 156, "Payments for Foster Care," Iowa Administrative Code.

These amendments provide an increase to the foster family daily reimbursement and adoption subsidy daily maintenance rates effective July 1, 2013.

These changes will ensure that foster parents and adoptive parents receive the financial support that is required for the children placed in their care. Many of the children in family foster care and the children that are adopted have numerous special needs that require a variety of supportive services.

The Council on Human Services adopted these amendments on June 26, 2013.

Pursuant to Iowa Code section 17A.4(3), the Department finds that notice and public participation are unnecessary because the Legislature mandated these changes.

Pursuant to Iowa Code section 17A.5(2)"b"(2), the Department further finds that the normal effective date of these amendments, 35 days after publication, should be waived and the amendments made effective July 1, 2013, because the amendments confer a benefit on the public. Licensed foster homes will receive a higher reimbursement rate for the foster children in their care. Adoptive parents that adopt children with special needs will also receive higher reimbursement rates.

These amendments are also published herein under Notice of Intended Action as **ARC 0857C** to allow for public comment.

These amendments do not provide for waivers in specified situations because the legislation does not specifically allow for waivers. Requests for waiver of any rule may be submitted under the Department's general rule on exceptions at 441—1.8(17A,217).

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

These amendments are intended to implement Iowa Code section 234.6 and 2013 Iowa Acts, Senate File 446, sections 18 and 19.

These amendments became effective July 1, 2013.

The following amendments are adopted.

ITEM 1. Amend subrule 156.6(1) as follows:

156.6(1) Basic rate. ~~Effective July 1, 2012, a~~ A monthly payment for care in a foster family home licensed in Iowa shall be made to the foster family based on the following schedule:

Age of child	Daily rate
0 through 5	\$15.98 <u>\$16.78</u>
6 through 11	\$16.62 <u>\$17.45</u>
12 through 15	\$18.19 <u>\$19.10</u>
16 or over	\$18.43 <u>\$19.35</u>

ITEM 2. Amend rule ~~441—156.6(234)~~, implementation sentence, as follows:

This rule is intended to implement Iowa Code section 234.38 and ~~2012 Iowa Acts, Senate File 2336, section 34~~ 2013 Iowa Acts, Senate File 446, sections 18 and 19.

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ARC 0856C**HUMAN SERVICES DEPARTMENT[441]****Adopted and Filed Emergency**

Pursuant to the authority of Iowa Code section 234.6 and 2013 Iowa Acts, Senate File 446, section 29, the Department of Human Services amends Chapter 156, "Payments for Foster Care," Iowa Administrative Code.

These amendments increase by 5 percent the monthly maintenance rate and initial allowance for youth placed in the supervised apartment living (SAL) program.

The Council on Human Services adopted these amendments on June 26, 2013.

Pursuant to Iowa Code section 17A.4(3), the Department finds that notice and public participation are unnecessary because the Legislature mandated these changes.

Pursuant to Iowa Code section 17A.5(2)"b"(2), the Department further finds that the normal effective date of these amendments, 35 days after publication, should be waived and the amendments made effective July 1, 2013, because the amendments confer a benefit on the public. Youth who are placed in the SAL foster care program will benefit by having additional maintenance and start-up funds.

These amendments are also published herein under Notice of Intended Action as **ARC 0855C** to allow for public comment.

These amendments do not provide for waivers in specified situations because the legislation does not specifically allow for waivers. Requests for waiver of any rule may be submitted under the Department's general rule on exceptions at 441—1.8(17A,217).

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

These amendments are intended to implement Iowa Code section 234.6 and 2013 Iowa Acts, Senate File 446, section 29.

These amendments became effective July 1, 2013.

The following amendments are adopted.

ITEM 1. Amend subrule 156.8(2) as follows:

156.8(2) *Supervised apartment living.* Effective July 1, ~~2014~~ 2013, when a child is initially placed in supervised apartment living, the service area manager or designee may authorize an allowance not to exceed ~~\$600~~ \$630 if the child does not have sufficient resources to cover initial costs.

ITEM 2. Amend subrule 156.12(1) as follows:

156.12(1) *Maintenance.* Effective July 1, ~~2014~~ 2013, when a child at least aged 16½ but under the age of 20 is living in a supervised apartment living situation, the monthly maintenance payment for the child shall be ~~\$750~~ \$787.50. This payment may be paid to the child or another payee, other than a department employee, for the child's living expenses.

[Filed Emergency 6/27/13, effective 7/1/13]

[Published 7/24/13]

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ARC 0854C**HUMAN SERVICES DEPARTMENT[441]****Adopted and Filed Emergency**

Pursuant to the authority of Iowa Code section 234.6 and 2013 Iowa Acts, Senate File 446, section 29, the Department of Human Services amends Chapter 170, "Child Care Services," Iowa Administrative Code.

This amendment increases the provider rate ceilings for child care assistance to reflect a 4 percent increase over current rates as directed by the Legislature.

The Council on Human Services adopted this amendment on June 26, 2013.

HUMAN SERVICES DEPARTMENT[441](cont'd)

Pursuant to Iowa Code section 17A.4(3), the Department finds that notice and public participation are unnecessary because the Legislature mandated these changes.

Pursuant to Iowa Code section 17A.5(2)“b”(2), the Department further finds that the normal effective date of this amendment, 35 days after publication, should be waived and the amendment made effective July 1, 2013, because the amendment confers a benefit on the public. This amendment increases the provider reimbursement rates for the Child Care Assistance Program.

This amendment is also published herein under Notice of Intended Action as **ARC 0852C** to allow for public comment.

This amendment does not provide for waivers in specified situations because the legislation does not specifically allow for waivers. Requests for waiver of any rule may be submitted under the Department’s general rule on exceptions at 441—1.8(17A,217).

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

This amendment is intended to implement Iowa Code section 234.6 and 2013 Iowa Acts, Senate File 446, section 29.

This amendment became effective July 1, 2013.

The following amendment is adopted.

Amend paragraph **170.4(7)“a”** as follows:

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

Age Group	Child Care Center	Child Development Home Category A or B	Child Development Home Category C	Nonregistered Family Home
Infant and Toddler	\$16.13 \$16.78	\$12.48 \$12.98	\$11.96 \$12.44	\$8.19
Preschool	\$13.01 \$13.53	\$11.71 \$12.18	\$11.71 \$12.18	\$7.19
School Age	\$11.71 \$12.18	\$10.40 \$10.82	\$10.40 \$10.82	\$7.36

Age Group	Child Care Center	Child Development Home Category A or B	Child Development Home Category C	Nonregistered Family Home
Infant and Toddler	\$49.94 \$51.94	\$16.39 \$17.05	\$12.88 \$13.40	\$10.24
Preschool	\$29.26 \$30.43	\$15.22 \$15.83	\$12.88 \$13.40	\$ 8.99
School Age	\$29.17 \$30.34	\$14.05 \$14.61	\$11.71 \$12.18	\$ 9.20

HUMAN SERVICES DEPARTMENT[441](cont'd)

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

(1) “Child care center” shall mean those providers as defined in 170.4(3) “a” and “g.” “Registered child development home” shall mean those providers as defined in 170.4(3) “b.” “Nonregistered family child care home” shall mean those providers as defined in 170.4(3) “f.”

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

[Filed Emergency 6/27/13, effective 7/1/13]

[Published 7/24/13]

EDITOR’S NOTE: For replacement pages for IAC, see IAC Supplement 7/24/13.

ARC 0851C

HUMAN SERVICES DEPARTMENT[441]

Adopted and Filed Emergency

Pursuant to the authority of Iowa Code section 234.6 and 2013 Iowa Acts, Senate File 446, section 29, the Department of Human Services amends Chapter 187, “Aftercare Services and Supports,” Iowa Administrative Code.

This amendment increases youth stipend and provider rates. Contractors and subcontractors with the Department that provide preparation for adult living (PAL) services will have their state fiscal year 2013 rates increased by 5 percent for state fiscal year 2014.

The Council on Human Services adopted this amendment on June 26, 2013.

Pursuant to Iowa Code section 17A.4(3), the Department finds that notice and public participation are unnecessary because the Legislature established new provider rates.

Pursuant to Iowa Code section 17A.5(2)“b”(2), the Department further finds that the normal effective date of this amendment, 35 days after publication, should be waived and the amendment made effective July 1, 2013, because the amendment confers a benefit on the public. This amendment increases payments to providers of preparation for adult living (PAL) and also increases monthly stipends for youth participating in the program.

This amendment is also published herein under Notice of Intended Action as **ARC 0850C** to allow for public comment.

This amendment does not provide for waivers in specified situations because the legislation does not specifically allow for waivers. Requests for waiver of any rule may be submitted under the Department’s general rule on exceptions at 441—1.8(17A,217).

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

This amendment is intended to implement Iowa Code section 234.6.

This amendment became effective July 1, 2013.

The following amendment is adopted.

Amend subrule 187.12(2) as follows:

187.12(2) Amount of monthly stipend. The maximum monthly stipend shall be \$574 \$602.70.

a. The stipend shall be prorated based on the date of entry.

b. Effect of income.

(1) When the monthly unearned income of the youth exceeds the maximum monthly stipend, the youth is not eligible for a stipend.

(2) When the net earnings of the youth exceed the maximum monthly stipend, the stipend shall be reduced the following month by 50 cents for every dollar earned over the maximum monthly stipend.

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- (3) A youth receiving Supplemental Security Income payments is not eligible for a stipend.

[Filed Emergency 6/27/13, effective 7/1/13]

[Published 7/24/13]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/24/13.

ARC 0853C

EDUCATIONAL EXAMINERS BOARD[282]

Adopted and Filed

Pursuant to the authority of Iowa Code section 272.2, the Board of Educational Examiners hereby amends Chapter 11, "Complaints, Investigations, Contested Case Hearings," and Chapter 25, "Code of Professional Conduct and Ethics," Iowa Administrative Code.

The first amendment allows the Executive Director of the Board of Educational Examiners to file an ethics complaint when a licensee fails to comply with a Board order. The second amendment adds "creed" to the list of bases on which a licensee may not discriminate. The purpose of this addition is to mirror the list of protected classes found in Iowa Code section 216.9, the section of the Iowa Civil Rights Act concerning education. The second amendment also adds failure to comply with a Board order as a basis for licensee discipline. This change addresses situations in which a licensee receives a deferred suspension but fails to satisfy the required conditions. The amendment creates an independent basis for discipline, so failure to comply with a Board order could lead to an ethics complaint and a contested case proceeding.

Notice of Intended Action was published in the Iowa Administrative Bulletin as **ARC 0677C** on April 3, 2013.

A public hearing was held on Wednesday, April 24, 2013, with written comment accepted until Friday, April 26, 2013. No one attended the public hearing, and no written comments were received. These amendments are identical to those published under Notice of Intended Action.

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

These amendments are intended to implement Iowa Code section 272.2(1)"a."

These amendments will become effective August 28, 2013.

The following amendments are adopted.

ITEM 1. Amend subrule 11.4(1) as follows:

11.4(1) *Who may initiate.* The following entities may initiate a complaint:

a. to c. No change.

d. The executive director of the board of educational examiners if the following circumstances have been met:

(1) The executive director receives information that a practitioner:

1. to 6. No change.

7. Has assigned another practitioner to perform services for which the practitioner is not properly licensed; ~~and~~ or

8. Has failed to comply with a board order as prohibited by 282—paragraph 25.3(7) "d"; and

(2) The executive director verifies the information or the alleged misconduct through review of official records maintained by the board, a court, the department of human services registry of founded child abuse reports, the practitioner licensing authority of another state, the department of education, the local school district, area education agency, or authorities in charge of the nonpublic school, or the executive director is presented with the falsified license; and

(3) No other complaint has been filed.

e. and f. No change.

ITEM 2. Amend subrules 25.3(6) and 25.3(7) as follows:

25.3(6) *Standard VI—unethical practice toward other members of the profession, parents, students, and the community.* Violation of this standard includes:

a. to d. No change.

e. Engaging in any act of illegal discrimination, or otherwise denying a student or practitioner participation in the benefits of any program on the grounds of race, creed, color, religion, age, sex, sexual orientation, gender identity, disability, marital status, or national origin.

f. to r. No change.

EDUCATIONAL EXAMINERS BOARD[282](cont'd)

25.3(7) Standard VII—compliance with state law governing obligations to state or local governments, student loan obligations, ~~and~~ child support obligations, and board orders. Violation of this standard includes:

- a. to c. No change.
- d. Failing to comply with a board order.

[Filed 6/27/13, effective 8/28/13]

[Published 7/24/13]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/24/13.

ARC 0867C

EDUCATIONAL EXAMINERS BOARD[282]

Adopted and Filed

Pursuant to the authority of Iowa Code section 272.2, the Board of Educational Examiners hereby amends Chapter 13, "Issuance of Teacher Licenses and Endorsements," Iowa Administrative Code.

This amendment authorizes a person who has attained National Board Certification to obtain an Iowa teaching license with the equivalent endorsement. The Board has received applications from individuals who have attained National Board Certification but are ineligible for an Iowa teaching license because they completed a program from an institution that is state-approved but not regionally accredited. The Board staff has reviewed the content areas for National Board Certification and has created an equivalency chart for the endorsement areas. This amendment honors the achievement of National Board Certification.

Notice of Intended Action was published in the Iowa Administrative Bulletin as **ARC 0706C** on May 1, 2013.

A public hearing was held on May 22, 2013, with written comment accepted until May 24, 2013. No one attended the public hearing, and no written comments were received. This amendment is identical to that published under Notice of Intended Action.

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

This amendment is intended to implement Iowa Code section 272.2(1)"a."

This amendment will become effective August 28, 2013.

The following amendment is adopted.

Amend rule 282—13.3(272) as follows:

282—13.3(272) Applicants from non-Iowa institutions.

13.3(1) to 13.3(5) No change.

13.3(6) Requirements for applicants whose preparation was completed through out-of-state teacher preparation programs and who have attained National Board Certification. An applicant who holds a valid license from another state and who has attained National Board Certification must:

a. Hold a baccalaureate degree with a minimum cumulative grade point average of 2.50 on a 4.0 scale from an accredited institution.

b. Provide a valid out-of-state teaching license based on a state-approved teacher preparation program.

c. Provide a recommendation from a regionally accredited institution, a state department of education, or a state's standards board indicating the completion of a state-approved teacher preparation program.

d. Provide an official institutional transcript(s).

e. Meet the recency requirements listed in 13.10(3).

f. Provide verification of successfully passing the Iowa-mandated assessment(s) by meeting the minimum score set by the Iowa department of education if the teacher preparation program was completed on or after January 1, 2013. If the teacher preparation program was completed prior

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to January 1, 2013, the applicant must provide verification of successfully passing the mandated assessment(s) in the state in which the applicant is currently licensed or pass the Iowa-mandated assessment(s) by meeting the minimum score set by the Iowa department of education.

g. Provide valid, current National Board Certification. If through a transcript analysis the professional education core requirements set forth in 13.18(4)“a” to “m” and 13.18(5), the content endorsement requirements set forth in 282—13.26(272) to 282—13.28(272) and 282—14.2(272), and the Iowa requirements are not met, the applicant may be eligible for the equivalent Iowa endorsement areas, as designated by the Iowa board of educational examiners, based on the National Board Certification.

[Filed 6/28/13, effective 8/28/13]

[Published 7/24/13]

EDITOR’S NOTE: For replacement pages for IAC, see IAC Supplement 7/24/13.

ARC 0865C

EDUCATIONAL EXAMINERS BOARD[282]

Adopted and Filed

Pursuant to the authority of Iowa Code section 272.2, the Board of Educational Examiners hereby amends Chapter 13, “Issuance of Teacher Licenses and Endorsements,” Chapter 22, “Authorizations,” and Chapter 23, “Behind-the-Wheel Driving Instructor Authorization,” Iowa Administrative Code.

These amendments authorize the affected licenses to expire at the end of the holder’s birth month, which aligns with teaching licenses that expire at the end of the birth month. These amendments also clarify the type of credits that are acceptable for renewal of the substitute authorization.

Notice of Intended Action was published in the Iowa Administrative Bulletin as **ARC 0676C** on April 3, 2013.

A public hearing was held on April 24, 2013, with written comment accepted until April 26, 2013. No one attended the public hearing, and no written comments were received. These amendments are identical to those published under Notice of Intended Action.

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

These amendments are intended to implement Iowa Code section 272.7.

These amendments will become effective August 28, 2013.

The following amendments are adopted.

ITEM 1. Amend subrule 13.9(2) as follows:

13.9(2) Term. The term of the teacher intern license will be one school year ~~from the date of issuance.~~ This license is nonrenewable. The fee for the teacher intern license is in 282—Chapter 12.

ITEM 2. Amend subrule 22.1(3) as follows:

22.1(3) Validity. The coaching authorization shall be valid for five years, ~~and it shall expire five years from the date of issuance.~~

ITEM 3. Amend paragraph **22.2(1)“b”** as follows:

b. Validity. The substitute authorization shall be valid for three years, ~~and it shall expire three years from the date of issuance.~~

ITEM 4. Amend subparagraph **22.2(1)“c”(1)** as follows:

(1) Renewal units. Applicants for renewal of the substitute authorization must provide verification of a minimum of two semester hours of renewal units equivalent to 30 clock hours credits.

ITEM 5. Amend rule 282—23.2(272,321) as follows:

282—23.2(272,321) Validity. All fees are nonrefundable as set out in 282—Chapter 12. The behind-the-wheel driving instructor authorization shall be valid for one calendar year, ~~and it shall expire~~

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~~one year after issue date.~~ The behind-the-wheel driving instructor authorization shall be valid only if the holder continues to be qualified under ~~282~~—subrule 23.1(1).

[Filed 6/28/13, effective 8/28/13]

[Published 7/24/13]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/24/13.

ARC 0868C

EDUCATIONAL EXAMINERS BOARD[282]

Adopted and Filed

Pursuant to the authority of Iowa Code section 272.2, the Board of Educational Examiners hereby amends Chapter 13, "Issuance of Teacher Licenses and Endorsements," Iowa Administrative Code.

The purpose of this amendment is to make it easier for military spouses and recent military veterans and their spouses to teach in the state of Iowa. Military spouses who are graduates of traditional teacher preparation programs may teach for three years if they obtain the proposed military exchange license. Recent veterans and their spouses who are graduates of traditional teacher preparation programs will receive one-year regional exchange licenses. Military spouses and recent veterans and their spouses who are graduates of nontraditional teacher preparation programs may receive substitute licenses, and the initial review for the portfolio review process will be completed by Board staff. Total fees for anyone applying under subrule 13.17(4) are \$85.

Notice of Intended Action was published in the Iowa Administrative Bulletin as **ARC 0705C** on May 1, 2013.

A public hearing was held on May 22, 2013, with written comment accepted until May 24, 2013. No one attended the public hearing, and no written comments were received.

There are two changes to the language published under Notice of Intended Action. These changes were recommended by Board staff to clarify the requirements under this rule. In paragraph 13.17(4)"b," the words "an eligible applicant" were changed to "an applicant who meets the requirements of 13.17(4)"a"(1) and (2)." In paragraph 13.17(4)"c," first sentence, the words "An applicant who is not currently eligible for a teaching license" were changed to "If the applicant has completed a nontraditional teacher preparation program but is not eligible for a teaching license, the applicant."

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

This amendment is intended to implement Iowa Code section 272.2(1)"a."

This amendment will become effective August 28, 2013.

The following amendment is adopted.

Adopt the following **new** subrule 13.17(4):

13.17(4) Military exchange license.

a. Spouses of active duty military applying under 13.3(2). A three-year nonrenewable military exchange license may be issued to the applicant under the following conditions:

(1) The applicant has completed a traditional teacher preparation program at a regionally accredited and state-approved two- or four-year college.

(2) The applicant is the holder of a valid and current or an expired teaching license from another state.

(3) The applicant provides verification of the applicant's connection to or the applicant's spouse's connection to the military by providing a copy of current military orders with either a marriage license or a copy of a military ID card for the applicant's spouse.

(4) This license may be converted to a one-year regional exchange license upon application and payment of fees.

b. Recent veterans (retired or discharged within the past five years as of the date of application) or their spouses applying under 13.3(2). A five-year teaching license or a one-year exchange license may be issued to an applicant who meets the requirements of 13.17(4)"a"(1) and (2). A veteran must

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provide a copy of the veteran's DD 214. A spouse must provide a copy of the veteran spouse's DD 214 and the couple's marriage license.

c. Spouses of active duty military, recent veterans or recent veterans' spouses applying under 13.3(3). If the applicant has completed a nontraditional teacher preparation program but is not eligible for a teaching license, the applicant will be issued a substitute license, and the initial review for the portfolio review process will be completed by board staff. An applicant must provide verification of connection to the military outlined in 13.17(4)"a"(3) or 13.17(4)"b."

d. Fees. Fees for the background check, evaluation and license issued pursuant to 13.17(4) will be limited to the fee outlined in rule 282—12.1(272), paragraph "2."

[Filed 6/28/13, effective 8/28/13]

[Published 7/24/13]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/24/13.

ARC 0866C

EDUCATIONAL EXAMINERS BOARD[282]

Adopted and Filed

Pursuant to the authority of Iowa Code section 272.2, the Board of Educational Examiners hereby amends Chapter 13, "Issuance of Teacher Licenses and Endorsements," and Chapter 22, "Authorizations," Iowa Administrative Code.

Concerns have been raised regarding the increased number of concussions suffered by student athletes. Legislators have requested a change in the licensure rules for coaching in lieu of legislation requiring concussion training to be completed annually by coaches. These amendments add concussion training as an element in obtaining and renewing a coaching authorization. The amendments also add concussion training as a requirement to add the coaching endorsement to a teaching license.

Notice of Intended Action was published in the Iowa Administrative Bulletin as **ARC 0696C** on May 1, 2013. No one attended the public hearing held on May 22, 2013.

The Board of Educational Examiners received public comments from the Iowa High School Athletic Association and the Iowa High School Girls Athletic Union. Both indicated support for these amendments. These amendments are identical to those published under Notice of Intended Action.

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

These amendments are intended to implement Iowa Code sections 272.2(1)"a" and 272.31(4).

These amendments will become effective August 28, 2013.

The following amendments are adopted.

ITEM 1. Amend subrule 13.28(29) as follows:

13.28(29) Athletic coach. K-12. An applicant for the coaching endorsement must hold a teacher's license with one of the teaching endorsements.

a. Authorization. The holder of this endorsement may serve as a head coach or an assistant coach in kindergarten and grades one through twelve.

b. Program requirements.

(1) One semester hour college or university course in the structure and function of the human body in relation to physical activity, and

(2) One semester hour college or university course in human growth and development of children and youth as related to physical activity, and

(3) Two semester hour college or university course in athletic conditioning, care and prevention of injuries and first aid as related to physical activity, and

(4) One semester hour college or university course in the theory of coaching interscholastic athletics, and

(5) Successful completion of the concussion training approved by the Iowa High School Athletic Association or Iowa Girls High School Athletic Union.

EDUCATIONAL EXAMINERS BOARD[282](cont'd)

ITEM 2. Amend rule 282—22.1(272) as follows:

282—22.1(272) Coaching authorization. A coaching authorization allows an individual to coach any sport in a middle school, junior high school, or high school.

22.1(1) Application process. Any person interested in the coaching authorization shall submit records of credit to the board of educational examiners for an evaluation in terms of the required courses or contact hours. Application materials are available from the office of the board of educational examiners, online at <http://www.boee.iowa.gov/>, or from institutions or agencies offering approved courses or contact hours.

22.1(2) Requirements. Applicants for the coaching authorization shall have completed the following requirements:

a. Credit hours. Applicants must complete credit hours in the following areas:

(1) Successful completion of 1 semester credit hour or 10 contact hours in a course relating to knowledge and understanding of the structure and function of the human body in relation to physical activity.

(2) Successful completion of 1 semester credit hour or 10 contact hours in a course relating to knowledge and understanding of human growth and development of children and youth in relation to physical activity.

(3) Successful completion of 2 semester credit hours or 20 contact hours in a course relating to knowledge and understanding of the prevention and care of athletic injuries and medical and safety problems relating to physical activity.

(4) Successful completion of 1 semester credit hour or 10 contact hours relating to knowledge and understanding of the techniques and theory of coaching interscholastic athletics.

(5) Beginning on or after July 1, 2000, each applicant for an initial coaching authorization shall have successfully completed 1 semester credit hour or 15 contact hours in a course relating to the theory of coaching which must include at least 5 contact hours relating to the knowledge and understanding of professional ethics and legal responsibilities of coaches.

(6) Successful completion of the concussion training approved by the Iowa High School Athletic Association or Iowa Girls High School Athletic Union.

b. Minimum age. Applicants must have attained a minimum age of 18 years.

c. Iowa division of criminal investigation background check. Applicants must have successfully completed an Iowa division of criminal investigation background check. The background check fee will be assessed to the applicant.

d. National criminal history background check. Applicants must have successfully completed a national criminal history background check. The background check fee will be assessed to the applicant.

22.1(3) Validity. The coaching authorization shall be valid for five years, ~~and it shall expire five years from the date of issuance.~~

22.1(4) Renewal. The authorization may be renewed upon application and verification of successful completion of:

a. Renewal activities. Applicants for renewal of a coaching authorization must:

(1) ~~In addition to the child and dependent adult abuse training listed below, applicants for renewal must~~ Successfully complete ~~four~~ five planned renewal activities/courses related to athletic coaching approved in accordance with guidelines approved by the board of educational examiners. Additionally, each applicant for the renewal of a coaching authorization shall have completed one renewal activity/course relating to the knowledge and understanding of professional ethics and legal responsibilities of coaches.

(2) ~~A one-year extension of the holder's coaching authorization will be issued if all requirements for the renewal of the coaching authorization have not been met. This extension is not renewable. The fee for this extension is found in 282—Chapter 12.~~

(2) Annually complete the concussion training approved by the Iowa High School Athletic Association or the Iowa Girls High School Athletic Union. Completion of the concussion training may

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be waived if the applicant is not serving as a coach. Attendance at the annual concussion training may be used for a maximum of one planned activity/course required in 22.1(4)“a”(1).

~~b. (3) Child Complete child and dependent adult abuse training. Every renewal applicant must submit documentation of completion of the child and dependent adult abuse training approved by the state abuse education review panel. This certification may be used for a maximum of one planned activity/course required in 22.1(4)“a”(1). A waiver of this requirement may apply under the following conditions with appropriate documentation of any of the following: if~~

~~(1) A person is engaged in active duty in the military service of this state or of the United States.~~

~~(2) The application of this requirement would impose an undue hardship on the person for whom the waiver is requested.~~

~~(3) A person is practicing a licensed profession outside this state.~~

~~(4) A person is otherwise subject to circumstances that would preclude the person from satisfying the approved child and dependent adult abuse training in this state.~~

~~(5) The person has previously renewed a license or another authorization issued by the board of educational examiners and, at that time, reported the completion, within the past five years, of child and dependent adult abuse training approved by the state abuse education review panel.~~

b. A one-year extension of the applicant’s coaching authorization may be issued if all requirements for the renewal of the coaching authorization have not been met. The applicant must complete the concussion training approved by the Iowa High School Athletic Association or the Iowa Girls High School Athletic Union before serving as a coach. The one-year extension is not renewable. The fee for this extension is found in 282—Chapter 12.

22.1(5) Revocation and suspension. Criteria of professional practice and rules of the board of educational examiners shall be applicable to the holders of the coaching authorization. An ethics complaint may be filed if a practitioner begins coaching a sport without current concussion training.

22.1(6) Approval of courses. Each institution of higher education, private college or university, merged area school or area education agency wishing to offer the semester credit or contact hours for the coaching authorization must submit course descriptions for each offering to the board of educational examiners for approval. After initial approval, any changes by agencies or institutions in course offerings shall be filed with the board of educational examiners.

[Filed 6/28/13, effective 8/28/13]

[Published 7/24/13]

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ARC 0875C

EDUCATIONAL EXAMINERS BOARD[282]

Adopted and Filed

Pursuant to the authority of Iowa Code section 272.2, the Board of Educational Examiners hereby amends Chapter 13, “Issuance of Teacher Licenses and Endorsements,” Iowa Administrative Code.

The education reform discussion addresses instructional coaches and master teachers of content. The only endorsement offered by the Board of Educational Examiners for specialists is a reading specialist endorsement. Thus, a content specialist endorsement is adopted so that an applicant may obtain an endorsement in a specific content area in which the applicant has completed coursework, professional development, and professional experience.

Notice of Intended Action was published in the Iowa Administrative Bulletin as **ARC 0700C** on May 1, 2013.

There was a public hearing on May 22, 2013, with written comments accepted until May 24, 2013. No one attended the public hearing, and no written comments were received.

There is one change to the language published under Notice of Intended Action. Subparagraph 13.28(30)“b”(3), as published under Notice, required an applicant to “Complete an internship,

EDUCATIONAL EXAMINERS BOARD[282](cont'd)

externship, and professional experience for a minimum of 90 contact hours in the content area.” The “and” in this sentence was changed to “or” to accurately reflect the intent of the subrule.

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

This amendment is intended to implement Iowa Code section 272.2(1)“a.”

This amendment will become effective August 28, 2013.

The following amendment is adopted.

Adopt the following **new** subrule 13.28(30):

13.28(30) Content specialist endorsement. The applicant must have met the requirements for the standard license and a teaching endorsement.

a. Authorization. The holder of this endorsement is authorized to serve as a content specialist in kindergarten and grades one through twelve in the specific content listed on the authorization.

b. Requirements.

(1) Hold a master’s degree in the content area or complete 30 semester hours of college course work in the content area.

(2) Complete 15 semester hours of credit in professional development in three or more of the following areas:

1. Using research-based content teaching strategies;
2. Integrating appropriate technology into the learning experiences for the specific content;
3. Engaging the learner in the content through knowledge of learner needs and interests;
4. Using reflective thinking to solve problems in the content area;
5. Making data-driven decisions in the content area;
6. Utilizing project-based learning in the content area;
7. Developing critical thinking skills in the content area;
8. Forming partnerships to collaborate with content experts within the community;
9. Relating content with other content areas;
10. Facilitating content learning in large and small teams;
11. Implementing response to intervention (RTI) to close achievement gaps in the content area.

(3) Complete an internship, externship, or professional experience for a minimum of 90 contact hours in the content area.

[Filed 7/1/13, effective 8/28/13]

[Published 7/24/13]

EDITOR’S NOTE: For replacement pages for IAC, see IAC Supplement 7/24/13.

ARC 0872C

EDUCATIONAL EXAMINERS BOARD[282]

Adopted and Filed

Pursuant to the authority of Iowa Code section 272.2, the Board of Educational Examiners hereby amends Chapter 18, “Issuance of Administrator Licenses and Endorsements,” Iowa Administrative Code.

These amendments align Class B licensure rules with the desired Board practice of combining content and competencies under one description. Content and competencies are not separated within college courses and should not be separated in the Board’s administrative rules.

Notice of Intended Action was published in the Iowa Administrative Bulletin as **ARC 0703C** on May 1, 2013.

A public hearing was held on May 22, 2013, with written comments accepted until May 24, 2013. No one attended the public hearing, and no written comments were received. These amendments are identical to those published under Notice of Intended Action.

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

These amendments are intended to implement Iowa Code section 272.2(1)“a.”

EDUCATIONAL EXAMINERS BOARD[282](cont'd)

These amendments will become effective August 28, 2013.

EDITOR'S NOTE: Pursuant to recommendation of the Administrative Rules Review Committee published in the Iowa Administrative Bulletin, September 10, 1986, the text of these amendments [18.9, 18.10] is being omitted. These amendments are identical to those published under Notice as **ARC 0703C**, IAB 5/1/13.

[Filed 7/1/13, effective 8/28/13]

[Published 7/24/13]

[For replacement pages for IAC, see IAC Supplement 7/24/13.]

ARC 0874C

EDUCATIONAL EXAMINERS BOARD[282]

Adopted and Filed

Pursuant to the authority of Iowa Code section 272.2, the Board of Educational Examiners hereby amends Chapter 18, "Issuance of Administrator Licenses and Endorsements," Iowa Administrative Code.

New rule 282—18.12(272) adds a Class E license (extension option) to Chapter 18 for administrator exchange, Class B, and Class A licenses. This license was inadvertently omitted from the administrator licensing rules when the teacher and administrator rules were separated into different chapters.

Notice of Intended Action was published in the Iowa Administrative Bulletin as **ARC 0701C** on May 1, 2013.

A public hearing was held on May 22, 2013, with written comment accepted until May 24, 2013. No one attended the public hearing, and no written comments were received. This rule is identical to that published under Notice of Intended Action.

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

This rule is intended to implement Iowa Code section 272.2(1)"a."

This rule will become effective August 28, 2013.

The following amendment is adopted.

Adopt the following **new** rule 282—18.12(272):

282—18.12(272) Specific requirements for a Class E license. A nonrenewable Class E license valid for one year may be issued to an individual as follows.

18.12(1) Expired license. Based on an expired Class A, Class B, or administrator exchange license, the holder of the expired license shall be eligible to receive a Class E license upon application and submission of all required materials.

18.12(2) Application. The application process will require transcripts of coursework completed during the term of the expired license, a program of study indicating the coursework necessary to obtain full licensure, and registration for coursework to be completed during the term of the Class E license. The Class E license will be denied if the applicant has not completed any coursework during the term of the Class A, Class B, or administrator exchange license unless extenuating circumstances are verified.

[Filed 7/1/13, effective 8/28/13]

[Published 7/24/13]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/24/13.

ARC 0873C**EDUCATIONAL EXAMINERS BOARD[282]****Adopted and Filed**

Pursuant to the authority of Iowa Code section 272.2, the Board of Educational Examiners hereby amends Chapter 19, "Evaluator Endorsement and License," Iowa Administrative Code.

This amendment is necessary to align the Board's administrative rules with Iowa Code section 284.10(4), which states that the Board shall require evaluator training certification as a condition of issuing or renewing an administrator license.

Notice of Intended Action was published in the Iowa Administrative Bulletin as **ARC 0702C** on May 1, 2013.

A public hearing was held on May 22, 2013, with written comments accepted until May 24, 2013. No one attended the public hearing, and no written comments were received. This amendment is identical to that published under Notice of Intended Action.

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

This amendment is intended to implement Iowa Code section 284.10(4).

This amendment will become effective August 28, 2013.

The following amendment is adopted.

Amend rule 282—19.7(272) as follows:

282—19.7(272) Renewal of administrator licenses.

19.7(1) Each applicant for renewal of an administrator license shall have completed the evaluator endorsement requirements. ~~A waiver of this requirement may apply if a person submits appropriate documentation of either of the following:~~

~~a. A person is engaged in active duty in the military service of this state or of the United States.~~

~~b. A person is practicing as a licensed professional educator outside this state.~~

19.7(2) Extension of an administrator license:

a. May be granted to an applicant who has not completed the new evaluator renewal training course before the expiration date on the applicant's license; and

b. May be granted for a one-year period.

[Filed 7/1/13, effective 8/28/13]

[Published 7/24/13]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/24/13.

ARC 0869C**EDUCATIONAL EXAMINERS BOARD[282]****Adopted and Filed**

Pursuant to the authority of Iowa Code section 272.2, the Board of Educational Examiners hereby amends Chapter 22, "Authorizations," Iowa Administrative Code.

The Iowa Association of School Business Officials has recommended that the rule regarding School Business Official authorization renewal requirements be revised to require renewal credits to be earned during the term of the license instead of one credit per year of the license term.

Notice of Intended Action was published in the Iowa Administrative Bulletin as **ARC 0704C** on May 1, 2013.

A public hearing was held on May 22, 2013, with written comment accepted until May 24, 2013. No one attended the public hearing, and no written comments were received. This amendment is identical to that published under Notice of Intended Action.

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

EDUCATIONAL EXAMINERS BOARD[282](cont'd)

This amendment is intended to implement Iowa Code section 272.31.

This amendment will become effective August 28, 2013.

The following amendment is adopted.

Amend subrule 22.3(7) as follows:

22.3(7) *Renewal.* The authorization may be renewed upon application and verification of successful completion of:

a. Renewal activities.

(1) In addition to the child and dependent adult abuse mandatory reporter training listed below, the applicant for renewal must complete 4 semester hours of credit or the equivalent contact hours (1 semester hour is equivalent to 15 contact hours) within the three years, with a minimum of 1 semester hour or its equivalent completed in each year of the authorization -year licensure period.

(2) Failure to complete requirements for renewal ~~in each calendar year~~ will require a petition for waiver from the board. ~~The applicant must petition the board for waiver of the annual requirement.~~

b. No change.

[Filed 6/28/13, effective 8/28/13]

[Published 7/24/13]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/24/13.

ARC 0837C

HUMAN SERVICES DEPARTMENT[441]

Adopted and Filed

Pursuant to the authority of Iowa Code sections 514I.4 and 514I.5, the Department of Human Services amends Chapter 86, "Healthy and Well Kids in Iowa (HAWK-I) Program," Iowa Administrative Code.

These amendments reflect programmatic changes affecting the HAWK-I program as required by the federal Patient Protection and Affordable Care Act. These amendments implement the Modified Adjusted Gross Income (MAGI) methodology. MAGI is a national standard by which all states must consider family income when determining eligibility for participation in insurance affordability programs (Medicaid, Children's Health Insurance Program (CHIP), and plans offered through the Health Insurance Marketplace/Exchange). The amendments implement a single application and streamlined eligibility process required for all insurance affordability programs and the requirement to verify information to establish income through data matches to the greatest extent possible. These amendments also align references to the general eligibility requirements of the Medicaid program when applicable.

Notice of Intended Action was published in the Iowa Administrative Bulletin as **ARC 0747C** on May 15, 2013. The Department received no comments. These amendments are identical to those published under Notice of Intended Action.

The HAWK-I Board adopted these amendments on June 24, 2013.

These amendments do not provide for waivers in specified situations due to requirements set forth in the federal Patient Protection and Affordable Care Act. Requests for the waiver of any rule may be submitted under the Department's general rule on exceptions at 441—1.8(17A,217).

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

These amendments are intended to implement Iowa Code chapter 514I.

HUMAN SERVICES DEPARTMENT[441](cont'd)

These amendments will become effective October 1, 2013.

EDITOR'S NOTE: Pursuant to recommendation of the Administrative Rules Review Committee published in the Iowa Administrative Bulletin, September 10, 1986, the text of these amendments [amendments to Ch 86] is being omitted. These amendments are identical to those published under Notice as **ARC 0747C**, IAB 5/15/13.

[Filed 6/24/13, effective 10/1/13]

[Published 7/24/13]

[For replacement pages for IAC, see IAC Supplement 7/24/13.]

ARC 0871C

MEDICINE BOARD[653]

Adopted and Filed

Pursuant to the authority of Iowa Code sections 147.10, 148.2, and 272C.2, the Board of Medicine hereby amends Chapter 8, "Fees," Chapter 9, "Permanent Physician Licensure," and Chapter 11, "Continuing Education and Training Requirements," Iowa Administrative Code.

Chapter 8 defines application and licensure fees for physicians, Chapter 9 defines requirements for permanent physician licensure, and Chapter 11 establishes the continuing education and training requirements for physicians. These amendments provide for an exemption to the permanent licensure renewal fee and the continuing education requirements for physicians on full-time active duty in the U.S. armed forces, reserves or national guard.

The Board approved the Notice of Intended Action during a regularly scheduled meeting on March 8, 2013. Notice of Intended Action was published in the Iowa Administrative Bulletin on May 1, 2013, as **ARC 0697C**. A public hearing was held on May 21, 2013, at 11 a.m. at the Board's office, 400 S.W. Eighth Street, Suite C, Des Moines, Iowa. No oral or written comments were received on the proposed amendments. These amendments are identical to those published under Notice.

The amendments were adopted by the Board on June 28, 2013.

After analysis and review of this rule making, it has been determined that the amendments could have a positive impact on jobs. By exempting the permanent licensure renewal fee for physicians in active military service, this relief could help a physician establish or maintain a practice in an Iowa community once the physician is finished with active military service. The Board will continue to work with stakeholders to maximize any positive impact these amendments may have on job creation.

These amendments are intended to implement Iowa Code chapters 147, 148, and 272C.

These amendments will become effective August 28, 2013.

The following amendments are adopted.

ITEM 1. Amend paragraph **8.4(1)"c"** as follows:

c. Renewal of an active license to practice;

(1) \$550 if renewal is made via paper application or \$450 if renewal is made via on-line application, per biennial period or a prorated portion thereof if the current license was issued for a period of less than 24 months.

(2) There is no renewal fee due for a physician who was on active duty in the U.S. armed forces, reserves or national guard during the renewal period. "Active duty" means full-time training or active service in the U.S. armed forces, reserves or national guard. A physician who fails to renew before the expiration of the license shall be charged a penalty fee as set forth in 8.4(1)"d."

ITEM 2. Amend paragraph **9.13(3)"a"** as follows:

a. Renewal fee.

(1) The renewal fee is \$550 if the renewal is made via paper application or \$450 if the renewal is made via on-line application, per biennial period or a prorated portion thereof if the current license was issued for a period of less than 24 months.

MEDICINE BOARD[653](cont'd)

(2) There is no renewal fee due for a physician who was on active duty in the U.S. armed forces, reserves or national guard during the renewal period. "Active duty" means full-time training or active service in the U.S. armed forces, reserves or national guard. A physician who fails to renew before the expiration of the license shall be charged a penalty fee as set forth in 653—paragraph 8.4(1) "d."

ITEM 3. Adopt the following new definition of "Active duty" in rule **653—11.1(272C)**:

"Active duty" means full-time training or active service in the U.S. armed forces, reserves or national guard.

ITEM 4. Amend subparagraph **11.4(2)"a"(1)** as follows:

(1) Periods that the licensee served honorably on active duty in the ~~military~~ U.S. armed forces, reserves or national guard;

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EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/24/13.

ARC 0870C

MEDICINE BOARD[653]

Adopted and Filed

Pursuant to the authority of Iowa Code sections 147.76 and 272C.2, the Board of Medicine hereby amends Chapter 21, "Physician Supervision of a Physician Assistant," Iowa Administrative Code.

The purpose of Chapter 21 is to define a physician's ineligibility to supervise a physician assistant and to set forth duties and responsibilities for physician supervision of physician assistants. The amendment updates Chapter 21 to be consistent with Iowa Code section 148C.3, subsection 2.

The Board approved the Notice of Intended Action to amend Chapter 21 during a regularly scheduled meeting on March 8, 2013. Notice of Intended Action was published in the Iowa Administrative Bulletin on April 17, 2013, as **ARC 0692C**. A public hearing was held on May 14, 2013, at 1 p.m. at the Board's office, 400 S.W. Eighth Street, Suite C, Des Moines, Iowa. No oral or written comments were received on the proposed amendment. This amendment is identical to that published under Notice.

This amendment was adopted by the Board on June 28, 2013.

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

This amendment is intended to implement Iowa Code chapters 148, 148C and 272C.

This amendment will become effective August 28, 2013.

The following amendment is adopted.

Amend subrule 21.4(2) as follows:

21.4(2) A physician supervises more than ~~two~~ five physician assistants at the same time.

[Filed 7/1/13, effective 8/28/13]

[Published 7/24/13]

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ARC 0881C

REAL ESTATE APPRAISER EXAMINING BOARD[193F]

Adopted and Filed

Pursuant to the authority of Iowa Code section 543D.5, the Real Estate Appraiser Examining Board hereby amends Chapter 15, "Supervisor Responsibilities," Iowa Administrative Code.

REAL ESTATE APPRAISER EXAMINING BOARD[193F](cont'd)

The amendments to Chapter 15 change the years of experience required to be a supervisor, remove unnecessary language, clarify what is considered good standing, and add language to clarify requirements from the Appraiser Qualifications Board.

Notice of Intended Action was published in the Iowa Administrative Bulletin as **ARC 0745C** on May 15, 2013. No comments were received from the public. No changes have been made since publication of the Notice of Intended Action.

There is no fiscal impact to the State of Iowa.

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

These amendments are intended to implement Iowa Code chapters 17A, 272C and 543D.

These amendments will become effective August 28, 2013.

The following amendments are adopted.

ITEM 1. Amend rule 193F—15.1(543D) as follows:

193F—15.1(543D) Description. The importance of the role of the supervisory appraiser places ethical and professional standards on those who serve in this capacity. The function of the supervisory appraiser is to help adequately prepare a trainee to demonstrate professional competence and work independently upon issuance of full licensure. The supervisor is considered an integral part of the training process, and supervision should be considered a full-time, hands-on responsibility. ~~To this end, the board has promulgated the following best practices to clarify the board's intent for supervisory appraisers.~~

ITEM 2. Amend rule **193F—15.2(543D)**, numbered paragraph “9,” as follows:

9. Inspect each appraised property with the trainee until the supervisor determines the trainee is competent, in accordance with the COMPETENCY RULE of USPAP for the property type and geographic location.

ITEM 3. Amend rule 193F—15.3(543D) as follows:

193F—15.3(543D) Requirements for a supervisory appraiser.

15.3(1) ~~Effective January 1, 2006, a~~ A supervisory appraiser shall:

~~1. a.~~ Have a minimum of ~~two~~ three years of experience as a certified appraiser, ~~and~~ be in good standing in all states jurisdictions, ~~and have had no disciplinary action that affects the supervisor's legal eligibility to engage in appraisal practice~~ be actively certified in Iowa during all periods when providing supervision.

~~2. b.~~ Have a maximum of three trainees and shall register with the board the name, office address and starting date of each trainee, as well as any termination dates (voluntary or involuntary).

~~3. c.~~ Be responsible for the training and direct supervision of the associate appraiser by accepting full responsibility for the appraisal report by signing and certifying that the report is in compliance with USPAP.

~~4. d.~~ Keep copies of associate appraiser reports for a period of at least five years or at least two years after final disposition of any judicial proceeding in which testimony was given, whichever period expires last.

~~e.~~ Comply with all applicable requirements of the Appraiser Qualifications Board.

15.3(2) For purposes of this rule, “good standing” means the absence of a disciplinary action in any jurisdiction which affects the appraiser's legal eligibility to engage in an appraisal practice as a certified appraiser. Examples of disciplinary actions that would affect an appraiser's legal eligibility to engage in an appraisal practice as a certified appraiser include revocation, suspension, or voluntary surrender to resolve a disciplinary investigation or action, or a practice restriction that limits the type, geographic location, or scope of an appraiser's practice or an appraiser's authority to practice without the supervision of another certified appraiser. An appraiser subject to such a disciplinary action would not be in good standing until three years after the successful completion or termination of the sanction which affected the appraiser's legal eligibility to engage in an appraisal practice as a certified appraiser.

15.3(3) An appraisal experience log shall be maintained jointly by the supervisory appraiser and the associate appraiser as more fully described in rule 193F—4.2(543D).

REAL ESTATE APPRAISER EXAMINING BOARD[193F](cont'd)

15.3(4) Effective January 1, 2015, a certified appraiser shall perform as a supervisory appraiser in Iowa only if the appraiser has completed a course that, at a minimum, complies with the specifications for course content established by the Appraiser Qualifications Board. The course is to be completed before the certified appraiser provides supervision.

ITEM 4. Amend rule 193F—15.4(543D) as follows:

193F—15.4(543D) Restrictions. The board may prohibit or further restrict an appraiser's authorization to act as a supervisory appraiser ~~while the appraiser is under an unsatisfactory~~ if the board deems such action necessary to protect the public as part of the remedies or sanctions imposed in a disciplinary order ~~action.~~

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