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The Iowa Administrative Code Supplement is published biweekly pursuant to Iowa Code sections 2B.5A and 17A.6. The Supplement contains replacement chapters to be inserted in the loose-leaf Iowa Administrative Code (IAC) according to instructions included with each Supplement. The replacement chapters incorporate rule changes which have been adopted by the agencies and filed with the Administrative Rules Coordinator as provided in Iowa Code sections 7.17 and 17A.4 to 17A.6. To determine the specific changes in the rules, refer to the Iowa Administrative Bulletin bearing the same publication date.

In addition to the changes adopted by agencies, the replacement chapters may reflect objection to a rule or a portion of a rule filed by the Administrative Rules Review Committee (ARRC), the Governor, or the Attorney General pursuant to Iowa Code section 17A.4(6); an effective date delay or suspension imposed by the ARRC pursuant to section 17A.4(7) or 17A.8(9); rescission of a rule by the Governor pursuant to section 17A.4(8); or nullification of a rule by the General Assembly pursuant to Article III, section 40, of the Constitution of the State of Iowa.

The Supplement may also contain replacement pages for the IAC Index or the Uniform Rules on Agency Procedure.

INSTRUCTIONS

FOR UPDATING THE

IOWA ADMINISTRATIVE CODE

Agency names and numbers in bold below correspond to the divider tabs in the IAC binders. New and replacement chapters included in this Supplement are listed below. Carefully remove and insert chapters accordingly.

Editor's telephone (515)281-3355 or (515)242-6873

Economic Development Authority[261]

Replace Analysis

Replace Chapter 7

Remove Chapter 9, Reserved Chapter 10, and Chapter 11 and Insert Reserved Chapters 9 to 11

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IOWA JOBS TRAINING PROGRAM
[Prior to 1/14/87 Iowa Development Commission(520), Ch 7]
[Prior to 7/8/92, see 261—Chs 6 and 7]

261—7.1(260F) Authority. The authority for establishing rules governing the development of training projects under the Iowa jobs training Act is provided in Iowa Code chapter 260F.

261—7.2(260F) Purpose. The purpose of the Act is to foster the growth and competitiveness of Iowa's workforce and industry by ensuring that Iowa's workforce has the skills and expertise to compete with any workforce outside the state of Iowa.

261—7.3(260F) Definitions.

“Act” means Iowa Code chapter 260F.

“Agreement” means the agreement between a business and a community college concerning a project.

“Apprentice” means a person who is at least 16 years of age, except where a higher minimum age is required by law, who is employed in an apprenticeable occupation, and is registered with the United States Department of Labor, Bureau of Apprenticeship and Training.

“Apprenticeable occupation” means an occupation approved for apprenticeship by the United States Department of Labor, Bureau of Apprenticeship and Training.

“Apprenticeship program” means a program registered with the U.S. Bureau of Apprenticeship and Training which contains the terms and conditions for the qualification, recruitment, selection, employment and training of apprentices, including the requirement for a written apprenticeship agreement.

“Apprenticeship sponsor” means an entity operating an apprenticeship program or in whose name an apprenticeship program is being operated, registered or approved by the United States Department of Labor, Bureau of Apprenticeship and Training.

“Authority” means the economic development authority created in Iowa Code section 15.105.

“Business network” means five or more businesses which are located in two or more community college districts and which share a common training need. A business network training project must have a designated lead community college, business, or organization to serve as the administrative entity that will coordinate the training program.

“Certification” means the community college and business agree that the information contained in the application is accurate. The certification also gives the authority permission to research the history of the business and perform other related activities necessary for the evaluation of the application.

“Community college” means a community college established under Iowa Code chapter 260C.

“Community college consortium” means two or more businesses located in the same community college district which share a common training need.

“Date of commencement of the project” means the date of the preliminary agreement or the date an application for assistance is received by the authority.

“Eligible business” or *“business”* means a business training employees which is engaged in interstate or intrastate commerce for the purpose of manufacturing, processing, or assembling products, warehousing or wholesaling products, conducting research and development, or providing services in interstate commerce, but excludes retail, health, or professional services and which meets the other criteria established by the authority. A business engaged in the provision of services must have customers outside of Iowa to be eligible. The business site to receive training must be located in Iowa. *“Eligible business”* does not include a business whose training costs can be economically funded under Iowa Code chapter 260E, a business which closes or substantially reduces its workforce by more than 20 percent at existing operations in order to relocate substantially the same operation to another area of the state, or a business which is involved in a strike, lockout, or other labor dispute in Iowa. If a business closes or substantially reduces its workforce by more than 20 percent at existing operations

in order to relocate substantially the same operation to another area of the state, then the business is ineligible for 36 consecutive months at any of its Iowa sites from the date the new establishment opens.

“Employee” means a person currently employed by a business who is to be trained. An employee for whom training is planned must hold a current position intended by the employer to exist on an ongoing basis with no planned termination date. Training is available only to an employee who is hired by the business, is currently employed by the business, and for whom the business pays withholding tax. However, “employee” does not include a person with executive responsibilities, a replacement worker who is hired as a result of a strike, lockout, or other labor dispute in Iowa, or an employee hired as a temporary worker.

“High technology apprenticeship program” means a program that includes the definitions of apprenticeship program and high technology training.

“High technology training” means training that provides knowledge or skills that are clearly recognized throughout the industry as technologically up to date or advanced for a particular occupation.

“Jobs training program” or *“program”* means the project or projects established by a community college for the training of employees.

“Lead apprenticeship sponsor” means an apprenticeship sponsor that is the applicant for an apprenticeship project.

“Lead organization” means a trade organization, labor organization or other incorporated entity representing a group of businesses that is the applicant for a business network project.

“Participating business” means a business training employees which enters into an agreement with the community college.

“Program costs” means all necessary and incidental costs of providing program services.

“Program services” includes but is not limited to the following:

1. Training of employees;
2. Adult basic education and job-related instruction;
3. Career and technical skill-assessment services and testing;
4. Training facilities, equipment, materials, and supplies;
5. Administrative expenses for the jobs training program;
6. Subcontracted services with institutions governed by the state board of regents, private colleges or universities, or other federal, state, or local agencies;
7. Contracted or professional services;
8. Training-related travel and meals.

“Project” means a training arrangement which is the subject of an agreement entered into between a community college and an eligible business to provide program services. “Project” also means an authority-sponsored training arrangement which is sponsored by the authority and administered under Iowa Code sections 260F.6A and 260F.6B.

[ARC 3463C, IAB 11/22/17, effective 12/27/17]

261—7.4(260F) Program funding.

7.4(1) Program funds consist of any moneys allocated by the authority and the board for the purpose of this program, all repayments of loans or other awards or recaptures of awards, and earned interest, including interest earned on program funds held by the community colleges.

7.4(2) A community college 260F account is established in the authority. The allocation of funds in this account, to the community colleges, shall be determined using the distribution formula established in Iowa Code section 260C.18C.

7.4(3) Any unexpended or uncommitted funds remaining in the community college 260F account on May 1 of the fiscal year shall revert to a general account to be available on a first-come, first-served basis, based on the date an application is received by the authority.

[ARC 3463C, IAB 11/22/17, effective 12/27/17]

261—7.5(260F) Funding for projects which include one business.

7.5(1) The maximum award which may be approved for each project at a business site is \$50,000 in a fiscal year.

7.5(2) A business site may be approved for multiple projects, but the total of the awards for two or more projects shall not exceed \$100,000 within a three-year period. The three-year period shall begin with the authority approval date of the first project approved within the three-year period.

7.5(3) Awards shall be made in the form of forgivable loans.

7.5(4) Financial assistance awarded to a project must be based on the actual cost of allowable services as identified in 261—7.9(260F).

7.5(5) Funds requested must be commensurate with training needs. Program funds shall not be used to cash flow a business.

7.5(6) Community colleges shall issue the proceeds of an award to a business on a reimbursement basis or directly pay for training expenses from the college-administered separate program account.

[ARC 3463C, IAB 11/22/17, effective 12/27/17]

261—7.6(260F) Funding for projects which include multiple businesses.

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

7.6(2) A community college-sponsored business network training project as defined in 261—7.3(260F) is eligible for a maximum project award of \$50,000 from each of the participating community colleges.

7.6(3) Authority-sponsored business network training projects as defined in 261—7.3(260F) are not subject to a funding maximum.

7.6(4) Participation in a community college consortium or business network does not affect a business site's financial eligibility for individual project assistance.

[ARC 3463C, IAB 11/22/17, effective 12/27/17; ARC 6319C, IAB 5/18/22, effective 6/22/22]

261—7.7(260F) Funding for high technology apprenticeship programs.

7.7(1) A community college high technology apprenticeship program as defined in 261—7.3(260F) may be funded at the discretion of each specific community college at an amount up to, but not exceeding, the specific community college's apprenticeship distribution for the year.

7.7(2) Authority-sponsored high technology apprenticeship programs as defined in 261—7.3(260F) are not subject to a funding maximum.

[ARC 3463C, IAB 11/22/17, effective 12/27/17]

261—7.8(260F) Matching funds requirement.

7.8(1) An apprenticeship sponsor, business, community college consortium, or business network shall provide matching funds in order to be eligible for a program award.

7.8(2) An apprenticeship sponsor, business, community college consortium, or business network requesting a program award of less than \$5,000 shall provide in-kind matching funds.

7.8(3) An apprenticeship sponsor, business, community college consortium, or business network requesting a program award of \$5,000 or more shall provide cash to pay at least 25 percent of the total project cost, including training and administration costs.

7.8(4) In-kind matching funds include employee wages paid by the business during the training period, the value of business-provided facilities and equipment used for training, or the value of any other resources provided by the business or apprenticeship sponsor to facilitate the training program.

261—7.9(260F) Use of program funds.

7.9(1) The following costs associated with the administration of any project are eligible for program funding:

a. Community college administrative costs associated with the development and operation of a project, not to exceed 15 percent of the project cost.

b. Legal fees.

7.9(2) The costs associated with the provision of program services for any project are eligible for program funding.

7.9(3) Reimbursement of employee wages while the employee is in training is not allowed.

7.9(4) Production equipment, when used for training, may be an allowable cost. The cost of equipment used in training but subsequently used in production shall be prorated, as identified in 261—8.12(15), with the percentage of “used in production” cost paid by the business.

7.9(5) A community college may use funds awarded to a project to cover reasonable administrative costs and legal fees for that project.

7.9(6) A community college may not use funds from one project’s program award to cover any costs incurred by another project.

[ARC 3383C, IAB 10/11/17, effective 11/15/17; ARC 3463C, IAB 11/22/17, effective 12/27/17]

261—7.10(260F) Use of 260F earned interest.

7.10(1) The community college is authorized to use interest earned on program funds to pay administrative costs incurred as a result of administering the program. Administrative costs include all costs incurred from the time the application process commences minus any costs covered by application fees paid by applicants.

7.10(2) Earned interest which has not been spent by the end of any state fiscal year shall be refunded to the authority within ten days of the end of the state fiscal year. The community college may designate and carry forward specified interest funds, as permitted by these rules, for identified payments which will occur during the next state fiscal year.

[ARC 3463C, IAB 11/22/17, effective 12/27/17]

261—7.11(260F) Application fee. Rescinded ARC 3463C, IAB 11/22/17, effective 12/27/17.

261—7.12(260F) Separate account. The community college shall establish a separate program account to document all program transactions and from which repayments for loans shall be made to the authority.

[ARC 3463C, IAB 11/22/17, effective 12/27/17]

261—7.13(260F) Eligible business. Rescinded ARC 3463C, IAB 11/22/17, effective 12/27/17.

261—7.14(260F) Ineligible business. Rescinded ARC 3463C, IAB 11/22/17, effective 12/27/17.

261—7.15(260F) Eligible employee. Rescinded ARC 3463C, IAB 11/22/17, effective 12/27/17.

261—7.16(260F) Ineligible employee. Rescinded ARC 3463C, IAB 11/22/17, effective 12/27/17.

261—7.17(260F) Entrepreneurial training. Rescinded ARC 3463C, IAB 11/22/17, effective 12/27/17.

261—7.18(260F) Letter of intent.

7.18(1) A letter of intent allows training to start on a specific date.

7.18(2) A community college and a business or apprenticeship sponsor may, but are not required to, enter into a letter of intent.

7.18(3) A community college and a business which enter into a letter of intent shall use Letter of Intent, Form 260F-2. A college and an apprenticeship sponsor which enter into a letter of intent shall use Apprenticeship Letter of Intent, Form 260F-2A.

7.18(4) A letter of intent shall remain in effect for a maximum of one calendar year from the date of the letter. A letter of intent for one project does not establish the commencement date for subsequent projects.

[ARC 3463C, IAB 11/22/17, effective 12/27/17]

261—7.19(260F) Project commencement date. The earliest date on which program funds may be used to pay training expenses incurred by the project is the effective date of the agreement of intent or the date the application is received by the authority, whichever is first.

[ARC 3463C, IAB 11/22/17, effective 12/27/17]

261—7.20(260F) Application process.

7.20(1) An application for training assistance must be submitted to the authority by a community college on behalf of a business or apprenticeship sponsor. An application shall not be accepted by the authority if submitted directly by a business.

7.20(2) Community colleges shall use Application for Assistance, available in the 260F data system, to apply for 260F business assistance. Apprenticeship Application for Assistance, Form 260F-1D, shall be used for apprenticeship assistance.

7.20(3) Required contents of the application will be described in the application package.

7.20(4) Applications must be submitted via the 260F data system to the authority.

7.20(5) The authority will score applications according to the criteria specified in 261—7.21(260F).

7.20(6) To be funded, an application must receive a minimum score of 65 out of a possible 100 points and meet all other eligibility criteria specified elsewhere in these rules.

7.20(7) The authority may approve, reject, or defer an application.

7.20(8) The authority reserves the right to require additional information from the business or apprenticeship sponsor.

7.20(9) Application approval shall be contingent on the availability of funds. The authority shall reject or defer an application if funds are not available.

[ARC 3463C, IAB 11/22/17, effective 12/27/17]

261—7.21(260F) Application scoring criteria.

7.21(1) The criteria used for scoring 260F business or consortium applications and the points for each criteria are as follows:

- a. The business has a plan for future potential growth and product diversification. 10 points.
- b. The majority of the business's employees are permanent full-time. 10 points.
- c. Average wages for employees are at or above the laborshed wages for the business's location. 10 points.
- d. The business provides a cash match greater than 25 percent (minimum). 10 points.
- e. The application explains why the business needs the training identified in the training plan. 10 points.
- f. The application explains how the training will contribute to the continued existence of the business. 10 points.
- g. The application identifies which skills the employees will acquire from the training and how the skills will increase the employees' marketability. 5 points.
- h. The average cost of training per employee is comparable to the cost of training at Iowa community colleges or universities. 5 points.
- i. The application documents that all considerations, including funding required to begin the training project, have been addressed. 5 points.
- j. The employer provides health insurance and at least one other employee benefit. 5 points.
- k. Employee skills, knowledge, and abilities will be improved as a result of this training. 10 points.
- l. The business's competitive stance will be improved as a result of this training. 10 points.

To be funded, applications must receive a minimum score of 65 out of 100 points and meet all other applicable eligibility criteria.

7.21(2) The criteria used for scoring an authority-sponsored business network or community college business consortium or community college-sponsored business network application, and the points for each criterion are as follows:

- a. The training will have a positive impact on the skills, knowledge and abilities of trainees, 29 points.
- b. The training will help improve the competitive stance of participating businesses or the industry for which training is being provided, 28 points.
- c. The training will result in economic benefits for the state, 28 points.
- d. The average of the average wage rates for the businesses participating in the project is above the state average wage rate, which will be computed using the current county average wage rates, 10 points.

e. The project cost of training per employee does not exceed comparable costs for training at a state of Iowa community college or university, 5 points.

To be funded, applications must receive a minimum score of 65 out of 100 points and meet all other applicable eligibility criteria. Authority-sponsored business network applications which receive a minimum score of 65 out of 100 points will be referred to the authority board for approval.

7.21(3) The criteria used for scoring a community college-sponsored high technology apprenticeship or an authority-sponsored high technology apprenticeship application and the points for each criterion are as follows:

- a.* The application represents high technology area training, 20 points.
- b.* The application shall identify the occupation or occupations for which training will be provided from the list of occupations in the Iowa workforce development annual wage survey. The most recent Iowa workforce development Iowa statewide wage survey average wage rate for the occupation(s) as identified shall be compared to the lowest of the average wage rate for the county or region where the training is to be provided. Ten points will be awarded if the wage rate for the occupation(s) exceeds the lowest of the average wage rates for the county or region. If the program will be providing training for more than one occupation or be conducted in more than one location, the points shall be awarded on a prorated basis by occupation and location. “Region” is the service delivery area as defined in Iowa Code section 84B.2.
- c.* New skills which employees acquire from the training program will increase the marketability of successful program participants, 20 points.
- d.* The application has established the need for training, 20 points.
- e.* The cost of training per trainee does not exceed comparable costs for training at a state of Iowa community college or university, 5 points.
- f.* The application documents that all considerations, including funding required to begin the training project, have been addressed, 10 points.
- g.* The application establishes a positive impact on the state’s workforce competitiveness, 15 points.

To be funded, applications must receive a minimum score of 65 out of 100 points and meet all other applicable eligibility criteria. Authority-sponsored high technology apprenticeship applications which receive a minimum score of 65 out of 100 points will be referred to the authority board for approval.

7.21(4) Rescinded IAB 11/22/17, effective 12/27/17.
[ARC 3463C, IAB 11/22/17, effective 12/27/17]

261—7.22(260F) Training agreement.

7.22(1) A community college shall enter into a training agreement with the business(es), lead business, lead organization, apprenticeship sponsor(s), or lead apprenticeship sponsor within 90 days of written notice of application approval from the authority, using Training Agreement, Form 260F-4, for 260F business-driven projects and using Form 260F-4D for apprenticeship projects.

7.22(2) A business or apprenticeship sponsor shall not modify any provision of the agreement without the written approval of the community college.

7.22(3) The community college, with the written consent of the business or apprenticeship sponsor, has the authority to modify all provisions of the agreement except for 260F business, business network and consortium project modifications which result in a reduction of the number of employees to be trained or which significantly change the training program.

7.22(4) The community college and the business or apprenticeship sponsor are authorized to change the ending date of training, training provider, or other minor modifications to the training program. All modifications must be uploaded to the 260F data system prior to the ending date of training. If the modification authorizes a change of the ending date of training, the modification must be uploaded to the 260F data system prior to the original ending date of training. For example, if a training agreement specifies an ending date of training of December 31, 2018, and a community college and business agree to extend the ending date of training to December 31, 2019, then the modification must be uploaded prior to December 31, 2018.

7.22(5) Modifications of 260F business, business network and consortium projects which result in a reduction of the number of employees to be trained or change the training program content must be approved by the authority, community college, and business.

7.22(6) The agreement shall not be modified in any way that would result in a violation of Iowa Code chapter 260F.

7.22(7) Lead businesses, lead apprenticeship sponsors and lead organizations that choose to be the only signatory on the training contract for an authority-sponsored business network, community college-sponsored business network, authority-sponsored apprenticeship or community college-sponsored apprenticeship project shall be responsible for all default and reporting requirements on behalf of the other businesses or apprenticeship sponsors participating in the project.

[ARC 3463C, IAB 11/22/17, effective 12/27/17]

261—7.23(260F) Special requirements for community college consortium projects.

7.23(1) The community college shall submit Consortium Application for Assistance, available on the 260F data system, to the authority for project approval.

7.23(2) The community college shall enter into a training agreement with the consortium within 90 days of written notice of application approval from the authority, using Consortium Training Agreement, Form 260F-4A.

7.23(3) All default provisions specified in 261—7.30(260F) shall apply to consortium projects.

7.23(4) In the event of a default, a financial penalty will be assigned by the authority to the consortium business or businesses identified by the community college as being responsible for the default.

7.23(5) Each business that participates in the consortium shall complete a Final Performance Report, Form 260F-5, at the completion of training as a condition of the loan's being forgiven.

[ARC 3463C, IAB 11/22/17, effective 12/27/17]

261—7.24(260F) Special requirements for community college-sponsored business network projects. The community colleges and the authority are authorized to fund business network training projects which include five or more businesses and are located in two or more community college districts. A business network training project must have a designated organization or lead business to serve as the administrative entity that will coordinate the training program. The businesses must have common training needs and develop a plan to meet those needs.

7.24(1) A business network must have a designated community college to serve as the project coordinator.

7.24(2) The designated community college shall serve as the network's representative and shall serve as the authority's contact regarding all project matters.

7.24(3) The participating community colleges shall select one college as the project's designated organization and representative.

7.24(4) Business Network Application for Assistance, Form 260F-1B, shall be signed by each participating community college and shall be submitted by the designated community college to the authority for project approval.

7.24(5) The designated community college shall enter into a training contract with the business network within 90 days of written notice of application approval from the authority, using Business Network Training Contract, Form 260F-4B.

7.24(6) All authority communications concerning a business network project, including notice of project approval or denial and issuance of financial awards, shall be with the designated community college.

7.24(7) All default provisions specified in 261—7.30(260F) shall apply to college-sponsored business network training projects.

7.24(8) In the event of a default, a financial penalty will be assigned by the authority to the network business or businesses identified by the designated community college as being responsible for the default.

7.24(9) Each business that participates in the network shall complete a Final Performance Report, Form 260F-5, at the completion of training as a condition of the loan's being forgiven.

7.24(10) In the case of business network training assistance, the authority shall make a good faith effort to determine the probability that the proposed project will cause the displacement of employees of existing Iowa businesses. Any business network training project which would have the effect of displacing employees of existing Iowa end-product manufacturers shall not be approved.

[ARC 3463C, IAB 11/22/17, effective 12/27/17]

261—7.25(260F) Special requirements for authority-sponsored business network projects.

7.25(1) Eligible applicants include a group of businesses who will be the beneficiaries of the proposed training program, a trade association, a labor organization, or other incorporated entity representing a group of businesses.

7.25(2) Each project shall designate a lead organization or business which shall serve as the project's representative.

7.25(3) An individual project may not be funded for more than three fiscal years.

7.25(4) Administrative costs shall be limited to 15 percent of the total project cost.

7.25(5) All administrative costs must be directly related to the project's operation, including but not limited to the costs of schedule coordination, securing facilities, and contracting with training providers.

7.25(6) The lead organization or business shall submit Business Network Application for Assistance, Form 260F-1C, to the authority for project approval.

7.25(7) Applications shall be accepted on a first-come, first-served basis.

7.25(8) Application review shall be based on the positive impact that training will have on the skills, knowledge, and abilities of employees, improved competitive stance of the participating businesses, and economic benefits gained by the state.

7.25(9) Application approval is at the discretion of the authority board and shall consider recommendations made by authority staff.

7.25(10) The authority shall enter into a training contract with the business network within 90 days of written notice of application approval from the authority, using Business Network Training Contract, Form 260F-4C.

7.25(11) All default provisions specified in 261—7.30(260F) shall apply to college-sponsored business network training projects.

7.25(12) In the event of a default, a financial penalty will be assigned by the authority to the business or businesses identified responsible for the default.

7.25(13) The lead business or organization shall submit quarterly progress reports for the duration of the project which detail training progress to date.

7.25(14) Each business that participates in the business network shall complete a Final Performance Report, Form 260F-5, at the completion of training as a condition of the loan's being forgiven.

7.25(15) Each project shall receive a two-month advance of total project funds to cover initial costs incurred, the use of which must be documented to the authority, after which documented costs incurred will be reimbursed on a monthly basis.

7.25(16) In the case of business network training assistance, which takes the form of supplier network training as defined in 261—7.3(260F), the authority shall make a good faith effort to determine the probability that the proposed project will cause the displacement of employees of existing Iowa businesses. Any business network training project which takes the form of supplier network training and would have the effect of displacing employees of existing Iowa end-product manufacturers shall not be approved.

[ARC 3463C, IAB 11/22/17, effective 12/27/17]

261—7.26(260F) Special requirements for community college-sponsored high technology apprenticeship projects. The community colleges and the authority are authorized to fund high technology apprenticeship programs which comply with the requirements specified in Iowa Code section 260C.44 and which may include both new and statewide apprenticeship programs. Notwithstanding the provisions of Iowa Code section 260F.6(2), relating to maximum award amounts, moneys allocated

to the community colleges with high technology apprenticeship programs shall be distributed to the community colleges based upon contact hours under the programs administered during the prior fiscal year as determined by the department of education.

7.26(1) An apprenticeship sponsor must have a designated community college to serve as the project coordinator.

7.26(2) The designated community college shall serve as the apprenticeship sponsor's representative and shall serve as the authority's contact regarding all project matters.

7.26(3) If more than one community college is involved in the project, the participating community colleges shall designate one college as the project's representative.

7.26(4) Apprenticeship Application for Assistance, Form 260F-1D, shall be signed by the community college or, in the case of a multicollege project, by each participating community college and shall be submitted by the community college to the authority for project approval.

7.26(5) The community college shall enter into a training contract with the apprenticeship sponsor within 90 days of written notice of application approval from the authority, using Apprenticeship Training Contract, Form 260F-4D.

7.26(6) All authority communications concerning an apprenticeship project, including notice of project approval or denial and issuance of financial awards, shall be with the community college.

7.26(7) All default provisions specified in 261—7.30(260F) shall apply to college-sponsored apprenticeship training projects.

7.26(8) In the event of a default, a financial penalty will be assigned by the authority to the apprenticeship sponsor identified by the designated community college as being responsible for the default.

7.26(9) Each apprenticeship sponsor that participates in the project shall complete a Final Performance Report, Form 260F-5A, at the completion of training as a condition of the loan's being forgiven.

[ARC 3463C, IAB 11/22/17, effective 12/27/17]

261—7.27(260F) Special requirements for authority-sponsored high technology apprenticeship projects.

7.27(1) Eligible applicants include any organization that is approved by the U.S. Department of Labor, Bureau of Apprenticeship and Training to provide an apprenticeship program. This group shall be referred to as an apprenticeship sponsor.

7.27(2) Administrative costs shall be limited to 15 percent of the total project cost.

7.27(3) All administrative costs must be directly related to the project's operation, including but not limited to the costs of schedule coordination, securing facilities, and contracting with training providers.

7.27(4) The apprenticeship sponsor shall submit an Apprenticeship Application for Assistance, Form 260F-1E, to the authority for project approval.

7.27(5) Applications shall be accepted on a first-come, first-served basis.

7.27(6) Application approval is at the discretion of the authority board and shall consider recommendations made by authority staff.

7.27(7) The authority shall enter into a training contract with the apprenticeship sponsor within 90 days of board approval, using Apprenticeship Training Contract, Form 260F-4E.

7.27(8) All default provisions specified in 261—7.30(260F) shall apply to college-sponsored apprenticeship training projects.

7.27(9) In the event of a default, a financial penalty will be assigned by the authority to the business or apprenticeship sponsor identified as responsible for the default.

7.27(10) The apprenticeship sponsor shall submit quarterly progress reports for the duration of the project which detail training progress to date.

7.27(11) Each apprenticeship sponsor that participates in the high technology apprenticeship program shall complete a Final Performance Report, Form 260F-5A, at the completion of training as a condition of the loan's being forgiven.

7.27(12) Each project shall receive a two-month advance of total project funds to cover initial costs incurred, the use of which must be documented to the authority, after which documented costs incurred will be reimbursed on a monthly basis.
[ARC 3463C, IAB 11/22/17, effective 12/27/17]

261—7.28(81GA, HF868, HF809) Special requirements for job retention program projects. Rescinded ARC 3463C, IAB 11/22/17, effective 12/27/17.

261—7.29(81GA, HF868, HF809) Special requirements for projects funded through the grow Iowa values fund. Rescinded ARC 3463C, IAB 11/22/17, effective 12/27/17.

261—7.30(260F) Events of default.

7.30(1) A business or apprenticeship sponsor fails to complete the training project within the agreed period of time as specified in the training agreement. Such business or apprenticeship sponsor shall be required to repay 20 percent of total project funds expended by the community college and the business.

7.30(2) A business or apprenticeship sponsor fails to train the agreed number of employees as specified in the training agreement. Such business or apprenticeship sponsor shall be required to repay a proportionate amount of total project funds expended by the community college and the business or apprenticeship sponsor. The proportion shall be based on the number of employees not trained compared to the number of employees to have been trained.

7.30(3) If both 7.30(1) and 7.30(2) occur, both penalties shall apply.

7.30(4) A business or apprenticeship sponsor fails to comply with any requirements contained in the training agreement. The business or apprenticeship sponsor shall be sent written notice by the community college which specifies the issue(s) of noncompliance and shall be allowed 20 days from the date notice is sent to effect a cure. If noncompliance is of such a nature that a cure cannot be reasonably accomplished within 20 days, the community college has the discretion to extend the period of cure to a maximum of 60 days.

7.30(5) A business or apprenticeship sponsor ceases or announces the cessation of operations at the project site prior to completion of the training program.

7.30(6) A business or apprenticeship sponsor directly or indirectly makes any false or misleading representations or warranties in the program application or training agreement, reports, or any other documents which are provided to the community college or the authority.

7.30(7) A business or apprenticeship sponsor acts in any manner contrary to, or fails to act in accordance with, any provision of the training contract.

7.30(8) A business takes corporate action to effect any of the preceding conditions of default.
[ARC 3463C, IAB 11/22/17, effective 12/27/17]

261—7.31(260F) Options and procedures on default.

7.31(1) The community college shall notify the authority whenever the community college determines that an event of default has occurred or is likely to occur.

7.31(2) The community college shall document its efforts to reconcile the condition(s) responsible for the default and shall provide the authority with copies of all related correspondence and documents of the community college and the business or apprenticeship sponsor.

7.31(3) The community college shall notify the authority when it has determined that an event of default cannot be cured.

7.31(4) When notice of failure to cure the default is received from the community college, the authority shall communicate with the business or apprenticeship sponsor, in writing, in an attempt to resolve the default.

7.31(5) When the authority's efforts to reconcile are successful, the authority shall notify the community college, in writing, to continue project operations. Continuation of project operations may be subject to new conditions imposed by the authority as part of the reconciliation.

7.31(6) When the authority's efforts to reconcile are unsuccessful and upon the authority's request, the community college shall assign the agreement to the authority for appropriate proceedings at which

time the authority shall institute collection procedures or notify the attorney general to initiate appropriate legal actions.

7.31(7) When a community college assigns an agreement to the authority for a project declared to be in default, the community college shall return all remaining 260F funds to the authority within 45 days of assignment.

[ARC 3463C, IAB 11/22/17, effective 12/27/17]

261—7.32(260F) Remedies upon default.

7.32(1) When a community college determines that a business or apprenticeship sponsor is in default, and the default has not been cured within the time period stated in the contract, the community college is authorized to withhold training funds and payments to the business or apprenticeship sponsor, without notice to the business or apprenticeship sponsor.

7.32(2) The attorney general may take whatever action at law or in equity as necessary and desirable to satisfy the default.

7.32(3) No demand of amount due, from the community college to the business or apprenticeship sponsor, written or otherwise, is required to establish the business's or apprenticeship sponsor's financial liability.

7.32(4) No remedy conferred upon or reserved to the community college, the authority, or the attorney general by the Act, these rules, or the training agreement is intended to be exclusive of any other current or future remedies existing in law, in equity, or by statute.

7.32(5) Any delay or omission by the community college, the authority, or the attorney general, to exercise any right or power prescribed by the Act, these rules, or the training agreement does not relinquish or diminish authority to act and does not constitute a waiver of default status. Any such right or power may be exercised at any time required and as often as may be deemed expedient.

7.32(6) Unless required by these rules, neither the community college, authority, nor attorney general is required to provide written or other notice to the business or apprenticeship sponsor regarding any circumstance related to and including a declaration of an event of default.

7.32(7) In the event any requirement of the Act, these rules, or the training agreement, relating to a default, should be breached by either party and then waived by the other party, such waiver shall be limited to the specific breach being waived and shall have no bearing on any subsequent breach.

[ARC 3463C, IAB 11/22/17, effective 12/27/17]

261—7.33(260F) Return of unused funds. The community college shall return all unused funds to the authority within 45 days of project completion or within 45 days after being notified by the authority that a project is in default.

[ARC 3463C, IAB 11/22/17, effective 12/27/17]

261—7.34(260F) Open records. Information submitted to the authority is subject to Iowa Code chapter 22, the public records law. Applications for training funds submitted to the authority are available for public examination. If a business provides information which the business believes contains trade secrets recognized and protected as such by law, or the release of which would give an advantage to competitors and serves no public purpose or which meets other provisions for confidential treatment as authorized in Iowa Code section 22.7, and establishes that such information is subject to confidential treatment under Iowa Code section 22.7 or as otherwise provided for by law, then such information shall be kept confidential. Rule 261—195.5(17A,22) describes how a person may request a record to be treated as confidential and withheld from public examination. Businesses requesting confidential treatment of certain information submitted to the authority shall follow the procedures described in rule 261—195.5(17A,22). The authority will process such requests as outlined in rule 261—195.5(17A,22).

[ARC 3463C, IAB 11/22/17, effective 12/27/17]

261—7.35(260F) Required forms. The community college is required to complete and upload the following forms, as applicable, within the 260F data system:

1. General Application for Assistance, Form 260F-1;

2. Consortium Application for Assistance, Form 260F-1A;
3. Business Network Application for Assistance (Community College), Form 260F-1B;
4. Business Network Application for Assistance (Authority), Form 260F-1C;
5. Apprenticeship Application for Assistance (Community College), Form 260F-1D;
6. Apprenticeship Application for Assistance (Authority), Form 260F-1E;
7. Letter of Intent, Form 260F-2;
8. Apprenticeship Letter of Intent, Form 260F-2A;
9. Request for Release of Funds, Form 260F-3;
10. Training Agreement, Form 260F-4;
11. Consortium Training Agreement, Form 260F-4A;
12. Business Network Training Agreement (Community College), Form 260F-4B;
13. Apprenticeship Training Agreement (Community College), Form 260F-4D;
14. Business Network Training Agreement (Authority), Form 260F-4C;
15. Apprenticeship Training Agreement (Authority), Form 260F-4E;
16. Performance Report, Form 260F-5;
17. Notice of Possible Default, Form 260F-6;
18. Declaration of Default, Form 260F-7;
19. College and Business Certification, 260F-8;
20. Environmental Quality Form, to include a Solid Waste Plan and Hazardous Waste Plan (if applicable), Form 260F-9.

[ARC 3463C, IAB 11/22/17, effective 12/27/17]

These rules are intended to implement Iowa Code chapter 260F.

[Filed emergency 7/26/85—published 8/14/85, effective 7/26/85]

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[Filed emergency 10/22/01 after Notice 9/5/01—published 11/14/01, effective 10/22/01]

[Filed emergency 11/20/03 after Notice 9/17/03—published 12/24/03, effective 11/20/03]

[Filed emergency 7/7/05—published 8/3/05, effective 7/7/05]

[Filed 10/21/05, Notice 8/3/05—published 11/9/05, effective 12/14/05]

[Filed ARC 3383C (Notice ARC 2995C, IAB 3/29/17), IAB 10/11/17, effective 11/15/17]

[Filed ARC 3463C (Notice ARC 3268C, IAB 8/30/17), IAB 11/22/17, effective 12/27/17]

[Filed ARC 6319C (Notice ARC 6202C, IAB 2/23/22), IAB 5/18/22, effective 6/22/22]

CHAPTER 9
WORKFORCE TRAINING AND ECONOMIC DEVELOPMENT FUNDS
Rescinded **ARC 6320C**, IAB 5/18/22, effective 6/22/22

CHAPTER 10
LABOR-MANAGEMENT COOPERATION PROGRAM
Transferred to 345—Ch 11, IAB 7/17/96, effective 7/1/96, pursuant to 1996 Iowa Acts, Senate File 2409.

CHAPTER 11
CERTIFIED SCHOOL TO CAREER PROGRAM
Rescinded **ARC 6320C**, IAB 5/18/22, effective 6/22/22

CHAPTER 25
HOUSING FUND

Rescinded **ARC 6320C**, IAB 5/18/22, effective 6/22/22

CHAPTER 28
LOCAL HOUSING ASSISTANCE PROGRAM
Rescinded **ARC 6320C**, IAB 5/18/22, effective 6/22/22

CHAPTER 29
HOMELESS SHELTER OPERATION GRANTS PROGRAM
Rescinded **ARC 6320C**, IAB 5/18/22, effective 6/22/22

CHAPTER 30
JOB OPPORTUNITIES FOR
PERSONS WITH DISABILITIES PROGRAM
Rescinded **ARC 6320C**, IAB 5/18/22, effective 6/22/22

CHAPTER 33
IOWA WINE AND BEER PROMOTION GRANT PROGRAM
[Prior to 7/4/07, see 261—Ch 104]
Rescinded **ARC 6320C**, IAB 5/18/22, effective 6/22/22

CHAPTER 42
IOWA TOURISM GRANT PROGRAM

261—42.1(15) Definitions. For purposes of this chapter unless the context otherwise requires:

“*Authority*” means the economic development authority created in Iowa Code section 15.105.

“*Collaborative application*” means an application in which multiple partners are providing monetary support for the project.

“*Head applicant*” means the applicant on a collaborative application that is both the recipient of the funds and the administrator of the project.

“*Marketing*” means planning for or implementing efforts to publicize a community, event or destination using a range of strategies, tools and tactics.

“*Meetings and events*” means the acquisition of regional or national tourism-related meetings and conventions or execution of local festivals or similar tourism events that positively impact local and state economies.

“*Project*” means a tourism-related marketing initiative, meeting or event that benefits both state and local economies.

“*Tourism*” means a site or event that attracts people from beyond a 50-mile radius or people who spend the night away from home to visit a site or event.

[ARC 1493C, IAB 6/11/14, effective 5/19/14; ARC 3023C, IAB 4/12/17, effective 5/17/17]

261—42.2(15) Program description.

42.2(1) The authority will accept competitive applications for tourism-related projects in each fiscal year in which funding is available. The authority will award grants to projects based on the criteria described in subrule 42.4(1), and the authority will award grants to projects in a manner designed to prioritize those projects that provide the greatest benefit to state and local economies.

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

42.2(3) The authority will make awards based on the total amount of funding available each fiscal year. Funds will be awarded as reimbursement for expenditures that are directly related to the implementation of an eligible project.

42.2(4) An applicant may submit one application each fiscal year. If the application submitted by the applicant is a collaborative application, it will be counted as the head applicant’s application for the fiscal year.

42.2(5) An applicant that has received an Iowa tourism grant award in the prior fiscal year cannot submit an application for a substantially similar project in the following fiscal year. If an applicant does submit an application for a substantially similar project in the following fiscal year, the application will be deemed ineligible.

[ARC 1493C, IAB 6/11/14, effective 5/19/14; ARC 3023C, IAB 4/12/17, effective 5/17/17; ARC 6319C, IAB 5/18/22, effective 6/22/22]

261—42.3(15) Program eligibility and application requirements.

42.3(1) Eligibility. To be eligible under the program, an applicant shall meet all of the following requirements:

a. The applicant must be a tourism-related entity based in the state of Iowa, including a nonprofit or for-profit organization, city, county, or regional government or planning entity.

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

c. The applicant shall submit a completed application, including all of the information described in subrule 42.3(2).

d. The applicant shall submit the application on or before the application deadline established in subrule 42.3(3).

42.3(2) *Application requirements.* When submitting an application for grant funds under the program, an applicant shall include all of the following information:

a. The applicant's name, mailing address, email address, telephone number, contact person, and federal employer identification number. If the application is a collaborative application, the head applicant shall identify itself and provide the names of all partner applicants.

b. A detailed description of the project, including an explanation of how the project either markets tourism in Iowa or is a tourism-related meeting or event, and an explanation of how state funds will support the project.

c. Written documentation that the grant request is consistent with the cost of implementing the project. Examples of written documentation include but are not limited to advertising rate sheets, bids, quotes, and invoices.

d. Written documentation establishing the amount and source of the required local cash match.

e. Detailed information sufficient to enable the authority to accurately assess the impact and quality of the project described in the application. Such information shall include how the project is part of an overall plan to increase tourism locally and in the state of Iowa.

f. A description of the applicant's plan to recognize the authority's Iowa tourism office for its investment in the project.

g. If the applicant is an event, attraction, restaurant or lodging facility, then the applicant must provide verification that the information about the applicant has been updated at or added to the authority's website, www.traveliowa.com, within the 18 months preceding the application deadline. The authority may waive this requirement at its sole discretion.

42.3(3) *Deadlines.* The authority will only consider applications received on or before the applicable deadline. The deadline shall be 4:30 p.m. the first Monday in August of each fiscal year unless the authority, at its sole discretion, provides a different deadline for the submission of applications. The authority may provide a different deadline for the program as a whole, but the authority will not change the deadline at the request of any individual applicant. The authority will develop an application process and post all relevant application information, including deadline changes, on its Internet site at www.traveliowa.com.

[ARC 1493C, IAB 6/11/14, effective 5/19/14; ARC 3023C, IAB 4/12/17, effective 5/17/17; ARC 6319C, IAB 5/18/22, effective 6/22/22]

261—42.4(15) Application scoring and approval process.

42.4(1) *Scoring criteria.* The authority will not review or score an application unless the application meets the requirements and deadlines of rule 261—42.3(15). An application meeting the requirements and deadlines of rule 261—42.3(15) will be given a numerical score between zero and 100. The higher an application's numerical score, the more likely it will receive funding under the program. The criteria used to score the applications and the maximum number of points that may be attributed to each criterion are as follows:

a. Project description: 20 points. The applicant will explain the project, the time line for its creation and implementation and how state funds will support the project. The authority will view favorably information that clearly articulates the project, sets forth a reasonable time line for the project's creation and implementation, and fully describes how state funds will be used to support the project.

b. Economic impact and ability to promote tourism industry growth: 20 points. The authority will consider how the project supports the mission of the Iowa tourism office and is part of the applicant's broader marketing strategy to increase the economic impact of tourism locally and in the state of Iowa.

c. Sustainability: 10 points. The authority will view favorably applications that illustrate capacity to implement and sustain the project upon completion.

d. Need: 15 points. The authority will consider the financial need of an applicant and will allot more points to applications that demonstrate how the applicant has exhausted other areas of funding to support the project.

e. Innovation: 20 points. The authority will consider the innovative quality of an event or marketing initiative and will view favorably new events and new marketing initiatives or those events and marketing initiatives that are enhanced or distinctive in nature.

f. Budget: 10 points. The authority will view favorably budgets that are well-developed and relevant to the project and that provide documentation of planned project expenses.

g. Collaboration: 5 points. The authority will view favorably applications that either represent a collaboration of multiple entities or show the benefit of the project to multiple entities within the tourism industry, or both.

42.4(2) Approval process. The director of the authority will establish a review committee consisting of individuals affiliated with the Iowa tourism industry. The committee will score all completed applications in accordance with the criteria described in rules 261—42.3(15) and 261—42.4(15) and will use those scores to determine successful applicants. The committee may recommend partial funding of any or all applicants. If, after initially scoring all of the completed applications, the review committee is not able to allocate all the funds available, the authority may allow one or more additional rounds of applications to be submitted and scored. If any awards are rejected, the authority may allow one or more additional rounds of applications to be submitted and scored. For each additional round of applications, the authority will follow the same eligibility requirements and use the same scoring criteria as used in earlier rounds. The authority may accept as many rounds of applications for awards as it deems appropriate.

[ARC 1493C, IAB 6/11/14, effective 5/19/14; ARC 3023C, IAB 4/12/17, effective 5/17/17]

261—42.5(15) Contract administration.

42.5(1) Notice of approval. The authority will notify successful applicants in writing of an approved request for funding. Such a notification may include the terms or conditions under which approval is granted.

42.5(2) Contract required. Each successful applicant that accepts the recommended award amount shall enter into a contract with the authority. The contract will describe the project that the applicant will institute as described in the application and will include the terms and conditions under which the grant funds will be disbursed. The contract will also include the terms and conditions under which grant funds must be repaid or penalties incurred in the event the grantee does not fulfill all obligations under the contract.

42.5(3) Contract amendments. All requests by a grantee for an amendment to the contract will require the approval of the director of the authority. The director will review each such request and approve or deny it. If a request is approved, the grantee and the director will execute a written amendment to the contract. Only a written amendment duly executed by both parties to the contract will be valid and binding.

42.5(4) Reports required. Each grantee shall submit a written report to the authority within 60 days of the end of the project completion date, as specified in the contract.

42.5(5) Record keeping. Each grantee shall maintain all records necessary for the verification and validation of the proper use of grant funds under the contract and shall submit such records to the authority upon request.

[ARC 1493C, IAB 6/11/14, effective 5/19/14]

261—42.6(15) Expenses, records, and reimbursements.

42.6(1) General. Each grantee shall at all times incur expenses and be reimbursed for such expenses by the authority only as described in this chapter or in a contract executed hereunder. The authority may deny reimbursement for any expenditure not directly related to the implementation of a tourism-related marketing initiative, meeting or event.

42.6(2) Eligible expenses. Only expenditures directly related to the implementation of a tourism-related marketing initiative, meeting or event will be reimbursed under the program. Examples of eligible expenses include the following:

a. The costs associated with all phases of the execution of marketing tactics and strategies, including planning and design and production of tools such as advertising, print materials, digital tools and exhibits for consumer-focused tradeshows.

b. The costs associated with acquiring a regional or national tourism-related meeting, including but not limited to bid fees, rights fees, sponsorships, payments to vendors, venue rental, and equipment rental.

c. The costs associated with executing a local event or festival, including but not limited to payments to vendors, payments to speakers or entertainers, venue rental, and equipment rental for new events or existing events in Iowa in order to augment the event.

42.6(3) *Ineligible expenses.* Expenses that are not directly related to the implementation of a tourism-related marketing initiative, meeting or event will be deemed ineligible. Ineligible expenses include but are not limited to vertical infrastructure; staff salaries and wages; equipment and software; solicitation efforts; lobbying fees; items that are purchased for resale; prizes given to participants or event/festival attendees; alcoholic beverages; internships; all travel, meal and lodging costs of applicant staff or the applicant's contractor; projects that receive funding from the authority's regional sports authority district program; marketing programs already subsidized by the authority including, but not limited to, advertising in the Iowa travel guide or participation in the cooperative partnership program; or a project of an Iowa tourism region.

42.6(4) *Required records and reimbursements.* A grantee shall submit any records requested by the authority as documentation of the expenditures incurred for implementation of the project. Such records may include invoices, original receipts, or check copies. If a grantee pays an expense using a credit card, the grantee shall submit a copy of a check register or bank statement indicating that the credit card invoice was paid. The authority will not reimburse expenses included on a nonitemized receipt.

42.6(5) *Repayments of certain funds.* If the authority reimburses a grantee for the cost of a refundable bid fee and the grantee is unsuccessful in the effort to win the right to hold that event, then the grantee shall return the amount of such reimbursement to the authority.

42.6(6) *Reallocation of funds.* If, at the time of a grantee's final reporting of expenses, the grantee cannot adequately document eligible expenses or documents an amount that is less than the awarded amount, the authority may award additional funds to other grantees, open additional rounds of applications, or revert the moneys to the general fund. If the authority awards additional funds to other grantees, such grantees shall submit documentation establishing how such funds will be expended, and the authority will execute contract amendments providing for the expenditure of the additional funds.

[ARC 1493C, IAB 6/11/14, effective 5/19/14; ARC 3023C, IAB 4/12/17, effective 5/17/17]

These rules are intended to implement Iowa Code section 15.106A.

[Filed Emergency After Notice ARC 1493C (Notice ARC 1380C, IAB 3/19/14), IAB 6/11/14,
effective 5/19/14]

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[Filed ARC 6319C (Notice ARC 6202C, IAB 2/23/22), IAB 5/18/22, effective 6/22/22]

CHAPTER 53

COMMUNITY ECONOMIC BETTERMENT ACCOUNT (CEBA) PROGRAM

[Prior to 1/14/87, Iowa Development Commission[520] Ch 8]

[Prior to 7/19/95, see 261—Ch 22]

[Former Ch 53, "Economic and Research and Development Grants," rescinded IAB 7/19/95, effective 8/23/95]

Rescinded **ARC 6320C**, IAB 5/18/22, effective 6/22/22

CHAPTER 57

VALUE-ADDED AGRICULTURAL PRODUCTS AND PROCESSES
FINANCIAL ASSISTANCE PROGRAM (VAAPFAP)

[Prior to 7/19/95, see 261—Ch 29]

Rescinded **ARC 6320C**, IAB 5/18/22, effective 6/22/22

CHAPTER 58

NEW JOBS AND INCOME PROGRAM

[Prior to 7/19/95, see 261—Ch 62]

Rescinded **ARC 6320C**, IAB 5/18/22, effective 6/22/22

CHAPTER 61
PHYSICAL INFRASTRUCTURE ASSISTANCE PROGRAM (PIAP)
Rescinded **ARC 6320C**, IAB 5/18/22, effective 6/22/22

CHAPTER 62
COGENERATION PILOT PROGRAM
Rescinded **ARC 6320C**, IAB 5/18/22, effective 6/22/22

CHAPTER 63
UNIVERSITY-BASED RESEARCH UTILIZATION PROGRAM
Rescinded **ARC 6320C**, IAB 5/18/22, effective 6/22/22

CHAPTER 64
NEW CAPITAL INVESTMENT PROGRAM
Rescinded **ARC 6320C**, IAB 5/18/22, effective 6/22/22

CHAPTER 67
LIFE SCIENCE ENTERPRISES
Rescinded **ARC 6320C**, IAB 5/18/22, effective 6/22/22

CHAPTER 69
LOAN AND CREDIT GUARANTEE PROGRAM
Rescinded **ARC 6320C**, IAB 5/18/22, effective 6/22/22

CHAPTER 73
Reserved

CHAPTER 74
GROW IOWA VALUES FINANCIAL ASSISTANCE PROGRAM
Rescinded **ARC 6320C**, IAB 5/18/22, effective 6/22/22

CHAPTER 80
IOWA SMALL BUSINESS LOAN PROGRAM
Rescinded **ARC 6320C**, IAB 5/18/22, effective 6/22/22

CHAPTER 81
RENEWABLE CHEMICAL PRODUCTION TAX CREDIT PROGRAM

261—81.1(15) Purpose. The purpose of this chapter is to encourage development of the renewable chemicals industry and stimulate job growth using the renewable chemical production tax credit program to incentivize new and existing businesses to produce high-value renewable chemicals in Iowa from biomass feedstock.

[ARC 3004C, IAB 3/29/17, effective 5/3/17]

261—81.2(15) Definitions. As used in this chapter, the following definitions shall apply:

“*Authority*” means the economic development authority created in Iowa Code section 15.105.

“*Authority’s website*” means the information and related content found at www.iowaeconomicdevelopment.com and may include integrated content at affiliate sites.

“*Biobased content percentage*” means, with respect to any renewable chemical, the amount, expressed as a percentage, of renewable organic material present as determined by testing representative samples using the American Society for Testing and Materials standard D6866.

“*Biomass feedstock*” means sugar, polysaccharide, crude glycerin, lignin, fat, grease, or oil derived from a plant or animal, or a protein capable of being converted to a building block chemical by means of a biological or chemical conversion process.

“*Board*” means the members of the economic development authority board appointed by the governor and in whom the powers of the authority are vested pursuant to Iowa Code section 15.105.

“*Building block chemical*” means a molecule converted from biomass feedstock as a first product or a secondarily derived product that can be further refined into a higher-value chemical, material, or consumer product. “Building block chemical” includes but is not limited to high-purity glycerol, oleic acid, lauric acid, methanoic or formic acid, arabonic acid, erythronic acid, glyceric acid, glycolic acid, lactic acid, 3-hydroxypropionate, propionic acid, malonic acid, serine, succinic acid, fumaric acid, malic acid, aspartic acid, 3-hydroxybutyrolactone, acetoin, threonine, itaconic acid, furfural, levulinic acid, glutamic acid, xylonic acid, xylaric acid, xylitol, arabitol, citric acid, aconitic acid, 5-hydroxymethylfurfural, lysine, gluconic acid, glucaric acid, sorbitol, gallic acid, ferulic acid, nonfuel butanol, nonfuel ethanol, benzene, toluene, xylene, ethylbenzene, butanoic acid, hexanoic acid, octanoic acid, pentanoic acid, heptanoic acid, ethylene glycol, and 1,4 butanediol, or such additional molecules as may be included by the authority following the procedure in rule 261—81.8(15).

“*Crude glycerin*” means glycerin with a purity level below 95 percent.

“*Director*” means the director of the economic development authority or the director’s designee.

“*Eligible business*” means a business meeting the requirements of rule 261—81.3(15).

“*Food additive*” means a building block chemical that is not primarily consumed as food but which, when combined with other components, improves the taste, appearance, odor, texture, or nutritional content of food. The authority, in its discretion, shall determine whether or not a building block chemical is primarily consumed as food.

“*High-purity glycerol*” means glycerol with a purity level of 95 percent or higher.

“*Pre-eligibility production threshold*” means, with respect to each eligible business, the number of pounds of renewable chemicals produced, if any, by an eligible business during the calendar year prior to the calendar year in which the business first qualified as an eligible business pursuant to rule 261—81.3(15).

“*Production year*” means any calendar year after the year in which the eligible business’s pre-eligibility production threshold was established and in which the eligible business produces renewable chemicals.

“*Program*” means the renewable chemical production tax credit program administered pursuant to this chapter.

“*Renewable chemical*” means a building block chemical with a biobased content percentage of at least 50 percent. “Renewable chemical” does not include a chemical sold or used for the production of food, feed, or fuel. “Renewable chemical” includes cellulosic ethanol, starch ethanol, or other ethanol

derived from biomass feedstock, fatty acid methyl esters, or butanol, but only to the extent that such molecules are produced and sold for uses other than food, feed, or fuel. “Renewable chemical” also includes a building block chemical that can be a food additive as long as the building block chemical is not primarily consumed as food and is also sold for uses other than food. “Renewable chemical” also includes supplements, vitamins, nutraceuticals, and pharmaceuticals, but only to the extent that such molecules do not provide caloric value so as to be considered sustenance as food or feed.

“*Sugar*” means the organic compound glucose, fructose, xylose, arabinose, lactose, sucrose, starch, cellulose, or hemicellulose.

[ARC 3004C, IAB 3/29/17, effective 5/3/17; ARC 4307C, IAB 2/13/19, effective 3/20/19; ARC 4971C, IAB 3/11/20, effective 4/15/20; ARC 5140C, IAB 8/12/20, effective 9/16/20; Editorial change: IAC Supplement 4/7/21]

261—81.3(15) Eligibility requirements. To be eligible to receive the renewable chemical production tax credit pursuant to the program, a business shall meet all of the following requirements:

81.3(1) *Physical location.* The business must have a facility that produces renewable chemicals and is physically located in the state of Iowa. If a business has facilities located in more than one state, only those renewable chemicals produced at facilities physically located in the state of Iowa may be counted for the purpose of calculating the tax credit under subrule 81.6(1).

81.3(2) *Operated for profit and under single management.* The business must be operated for profit and under single management. For purposes of this rule, “single management” means that if the same eligible business has an ownership or equity interest in multiple facilities at which renewable chemicals are produced, the facilities under common ownership will be considered a single eligible business for purposes of calculating the maximum tax credit amount under rule 261—81.6(15). In calculating the maximum tax credit amount under rule 261—81.6(15), only the pro rata share of each eligible business’s ownership in a facility will be attributed to that eligible business.

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

81.3(4) *Organization.* The business must have organized, expanded, or located in the state on or after April 6, 2016.

81.3(5) *Not reducing operations.* The business shall not be relocating or reducing operations as described in Iowa Code section 15.329(1) “b” and as determined under the discretion of the authority.

81.3(6) *Compliance.* The business must be in compliance with all agreements entered into under this program or other programs administered by the authority.

[ARC 3004C, IAB 3/29/17, effective 5/3/17; ARC 6319C, IAB 5/18/22, effective 6/22/22]

261—81.4(15) Application process and review.

81.4(1) An eligible business that produces a renewable chemical in this state from biomass feedstock during a calendar year may apply to the authority for the renewable chemical production tax credit.

81.4(2) The application shall be made to the authority in the manner prescribed by the authority. Information about the program and a link to the online application and instructions may be obtained by contacting the authority or by visiting the authority’s website.

81.4(3) The application shall be made to the authority during the calendar year following the calendar year in which the renewable chemicals were produced. For example, an eligible business may submit an application in calendar year 2018 to receive a tax credit based on renewable chemicals produced in calendar year 2017.

81.4(4) The application may be submitted to the authority electronically during the annual filing window. This filing window shall be from February 15 to March 15 of each calendar year. The authority may adjust the annual filing window dates under extenuating circumstances and will notify affected parties of such circumstances.

81.4(5) The application shall include all of the following information:

a. The name of the qualifying building block chemical produced by the eligible business for which the business is claiming a tax credit.

b. The amount of renewable chemicals produced in the state from biomass feedstock by the eligible business during the calendar year, measured in pounds.

c. The amount of renewable chemicals produced in the state from biomass feedstock by the eligible business during the calendar year prior to the year in which the business first qualified as an eligible business under the program.

d. The city or county where the plant producing renewable chemicals is located.

e. The type of feedstock used to produce the renewable chemicals.

f. The date on which the eligible business organized, expanded or located in the state.

g. Any other information reasonably required by the authority in order to establish and verify eligibility under the program.

81.4(6) Applications will be reviewed by the authority on a first-come, first-served basis as described in subrule 81.6(5). Applications shall be date- and time-stamped by the authority in the order in which such applications are received. If the authority deems that additional information is needed before a determination of eligibility can be made, and the authority makes a written request for additional information from the applicant, the applicant must provide the requested information within 30 days of the date that the written request from the authority was made. If an applicant does not provide the requested information within 30 days, the applicant will be placed at the end of the queue of applications received. The authority shall review the queue of applications for eligibility and maintain a list of successful applicants as required by subrule 81.6(5).

81.4(7) The authority shall notify an applicant when the applicant has been placed on the list of successful applicants.

a. For applicants on the list for whom there are sufficient tax credits available in the aggregate cap for the fiscal year, the applicant must sign the agreement within 60 days of being notified of eligibility for the tax credit. Upon request by the applicant, the authority may extend the time period for signing the agreement by an additional 30 days.

b. For applicants on the wait list established in subrule 81.6(5), the authority shall notify the applicant of the applicant's status and position on the wait list.

[ARC 3004C, IAB 3/29/17, effective 5/3/17; Editorial change: IAC Supplement 12/15/21]

261—81.5(15) Agreement.

81.5(1) Agreement. Before being issued a tax credit pursuant to this chapter, an eligible business shall enter into an agreement with the authority for the successful completion of all requirements of the program. As part of the agreement, and as a condition of receiving the tax credit, the eligible business shall agree to collect and provide any information reasonably required by the authority in order to allow the board to fulfill the board's reporting obligation under Iowa Code section 15.320.

81.5(2) Fees. The compliance cost fees authorized in rule 261—187.6(15) shall apply to all agreements entered into under this program and shall be collected by the authority in the same manner and to the same extent as described in that rule.

81.5(3) Requirements. An eligible business shall fulfill all the requirements of the program and the agreement before receiving a tax credit or entering into a subsequent agreement under this rule. The authority may decline to enter into a subsequent agreement under this rule or to issue a tax credit if an agreement is not successfully fulfilled.

81.5(4) Issuance of credit. Upon establishing that all requirements of the program and the agreement have been fulfilled, the authority shall issue a tax credit and related tax credit certificate to the eligible business stating the amount of renewable chemical production tax credit the eligible business may claim. The amount of the tax credit shall not exceed the amount allowable under rule 261—81.6(15).

[ARC 3004C, IAB 3/29/17, effective 5/3/17]

261—81.6(15) Renewable chemical production tax credit.

81.6(1) Calculation of tax credit amount. An eligible business that has entered into an agreement pursuant to rule 261—81.5(15) may be issued a tax credit in an amount equal to the product of five cents multiplied by the number of pounds of renewable chemicals produced in this state from biomass feedstock by the eligible business during a given production year.

a. The maximum amount of tax credit that may be issued under the program to an eligible business for the production of renewable chemicals in a calendar year shall not exceed the following:

(1) In the case of an eligible business that has been in operation in the state for five years or less at the time of application, \$1 million.

(2) In the case of an eligible business that has been in operation in the state for more than five years at the time of application, \$500,000.

b. For purposes of this subrule, “operation” begins on the date the eligible business first began commercial production.

c. If an eligible business has been in operation in the state for five years or less at the time of application but is more than fifty percent owned by an eligible business that has been in operation in the state for more than five years, then that eligible business will be considered in operation in the state for more than five years pursuant to subparagraph 81.6(1) “a”(2).

81.6(2) *Eligible business only.* An eligible business shall not receive a tax credit for renewable chemicals produced before the date the business first qualified as an eligible business pursuant to rule 261—81.3(15).

81.6(3) *Production above pre-eligibility production threshold.* An eligible business shall only receive a tax credit for renewable chemicals produced in a calendar year to the extent such production exceeds the eligible business’s pre-eligibility production threshold as defined in rule 261—81.2(15). For example, if an eligible business produces 3 million pounds of renewable chemicals during calendar year 2016 and first becomes an eligible business under this chapter in calendar year 2017, the pre-eligibility production threshold for the business is 3 million pounds. If the same eligible business produces 10 million pounds of renewable chemicals during calendar year 2017, the eligible business may only receive a tax credit for the amount produced over the pre-eligibility production threshold, which in this example equals 7 million pounds.

81.6(4) *Maximum number of credits.* An eligible business shall not receive more than five tax credits under the program. Each tax credit must be applied for separately, and each application will be reviewed independently of past tax credits. Receipt of a tax credit in one year does not guarantee receipt of a tax credit in a subsequent year.

81.6(5) *Tax credit wait list.*

a. The authority shall issue tax credits under the program on a first-come, first-served basis until the maximum amount of tax credits allocated pursuant to Iowa Code section 15.119(2) “h” is reached for any given fiscal year. The authority shall maintain a list of successful applicants under the program, so that if the maximum aggregate amount of tax credits is reached in a given fiscal year, eligible businesses that successfully applied but for which tax credits were not issued shall be placed on a wait list in the order the eligible businesses applied and shall be given priority for receiving tax credits in succeeding fiscal years.

b. Placement on a wait list pursuant to this subrule shall not constitute a promise binding the state. The availability of a tax credit and issuance of a tax credit certificate pursuant to this rule in a future fiscal year is contingent upon the availability of tax credits in that particular fiscal year.

81.6(6) *Termination and repayment.* The failure by an eligible business in fulfilling any requirement of the program or any of the terms and obligations of an agreement entered into pursuant to this chapter may result in the reduction, termination, or rescission of the tax credits under Iowa Code section 15.319 and may subject the eligible business to the repayment or recapture of tax credits claimed. The repayment or recapture of tax credits pursuant to Iowa Code section 15.319(4) shall be accomplished in the same manner as provided in Iowa Code section 15.330(2).

81.6(7) *Issuance of credit.* The authority shall not issue a tax credit certificate prior to July 1, 2018. [ARC 3004C, IAB 3/29/17, effective 5/3/17]

261—81.7(15) Claiming the tax credit.

81.7(1) *Maximum tax credit claimed.* An eligible business that has entered into an agreement pursuant to rule 261—81.5(15) may claim a tax credit in an amount equal to the product of five cents multiplied by the number of pounds of renewable chemicals produced in this state from biomass feedstock by the eligible business during a given production year within the limits set forth in rule 261—81.6(15). An eligible business may claim a tax credit for the production of more than one

qualifying renewable chemical under this chapter, provided that the total tax credit claimed by the eligible business does not exceed the limits set forth in subrule 81.6(1). However, an eligible business shall not receive a tax credit for the production of a secondarily derived building block chemical if that chemical is also the subject of a credit at the time of production as a first product. The renewable chemical production tax credit shall not be available for any renewable chemical produced before the 2017 calendar year or after the 2026 calendar year.

81.7(2) *Who may claim the credit.* The tax credit shall be allowed against taxes imposed under Iowa Code chapter 422, division II or III. The tax credit shall be claimed for the tax year during which the eligible business was issued the tax credit. An individual may claim a tax credit under this chapter of a partnership, limited liability company, S corporation, cooperative organized under Iowa Code chapter 501 and filing as a partnership for federal tax purposes, estate, or trust electing to have income taxed directly to the individual. The amount claimed by the individual shall be based upon the pro rata share of the individual's earnings from the partnership, limited liability company, S corporation, cooperative, estate, or trust.

a. To claim a tax credit under this rule, a taxpayer shall include one or more tax credit certificates with the taxpayer's tax return.

b. The tax credit certificate shall contain the taxpayer's name, address, and tax identification number, the amount of the credit, the name of the eligible business, and any other information required by the department of revenue.

c. The tax credit certificate, unless rescinded by the authority, shall be accepted by the department of revenue as payment for taxes imposed pursuant to Iowa Code chapter 422, divisions II and III, subject to any conditions or restrictions placed by the authority upon the face of the tax credit certificate and subject to the limitations of the program.

81.7(3) *Refundability.* Any tax credit in excess of the tax liability is refundable. In lieu of claiming a refund, the taxpayer may elect to have the overpayment shown on the taxpayer's final, completed return credited to the tax liability for the following tax year.

81.7(4) *Transferability.* Tax credit certificates issued pursuant to this chapter shall not be transferred to any other person.

[ARC 3004C, IAB 3/29/17, effective 5/3/17]

261—81.8(15) Process to add building block chemicals.

81.8(1) *General process.* The authority may add additional molecules to the definition of "building block chemical" in rule 261—81.2(15) pursuant to Iowa Code section 15.316. The authority may initiate the administrative rule-making process for the addition of such molecules to this chapter.

81.8(2) *Request to include additional molecules.* Any individual or business may request that an additional molecule be added to the definition of "building block chemical" by submitting a written request to the authority. Such requests shall be made in the form prescribed by the authority and shall be submitted to the authority during the filing windows prescribed by the authority. At a minimum, the authority shall accept requests between April 1 and May 1 of each calendar year and October 1 and November 1 of each calendar year. The authority may adjust these dates under extenuating circumstances and will notify affected parties of such circumstances.

81.8(3) *Consultation with experts.* Prior to initiating a rule making to add molecules to the definition of "building block chemical" in rule 261—81.2(15), the authority shall consult with appropriate experts from Iowa state university, including but not limited to the Iowa state university center for biorenewable chemicals. The authority shall conduct an initial staff review of any requests received by the authority pursuant to subrule 81.8(2). Following the initial staff review, the authority shall consult with the experts at Iowa state university regarding the molecules that the authority believes are consistent with the definitions under this chapter. The experts at Iowa state university shall provide a written recommendation to the authority indicating which chemicals, in the experts' opinion, meet the definition of "building block chemical" consistent with this chapter.

81.8(4) *Initiation of rule-making proceedings.* Following the consultation and review process set forth in subrule 81.8(3), the authority may initiate the administrative rule-making process to amend the

definition of “building block chemical” to add molecules which the authority, in the authority’s sole discretion, finds to be consistent with the definitions in this chapter.

[ARC 3004C, IAB 3/29/17, effective 5/3/17]

261—81.9(15) Additional information—confidentiality—annual report.

81.9(1) *Additional information.* The authority may at any time request additional information and documentation from an eligible business regarding the operations, job creation, and economic impact of the eligible business, and the authority may use the information in preparing and publishing any reports to be provided to the governor and the general assembly.

81.9(2) *Confidential information.* Except as provided in subrule 81.9(3), any information or record in the possession of the authority with respect to the program shall be presumed by the authority to be a trade secret protected under Iowa Code chapter 550 or common law and shall be kept confidential by the authority unless otherwise ordered by a court.

81.9(3) *Public information.* The identity of a tax credit recipient and the amount of the tax credit shall be considered public information under Iowa Code chapter 22.

[ARC 3004C, IAB 3/29/17, effective 5/3/17]

These rules are intended to implement Iowa Code sections 15.315 to 15.322.

[Filed ARC 3004C (Notice ARC 2867C, IAB 12/21/16), IAB 3/29/17, effective 5/3/17]

[Filed ARC 4307C (Notice ARC 4043C, IAB 10/10/18), IAB 2/13/19, effective 3/20/19]

[Filed ARC 4971C (Notice ARC 4669C, IAB 9/25/19), IAB 3/11/20, effective 4/15/20]

[Filed ARC 5140C (Notice ARC 4966C, IAB 3/11/20), IAB 8/12/20, effective 9/16/20]

[Editorial change: IAC Supplement 4/7/21]

[Editorial change: IAC Supplement 12/15/21]

[Filed ARC 6319C (Notice ARC 6202C, IAB 2/23/22), IAB 5/18/22, effective 6/22/22]

CHAPTER 103
INFORMATION TECHNOLOGY TRAINING PROGRAM
Rescinded **ARC 6320C**, IAB 5/18/22, effective 6/22/22

CHAPTER 107
TARGETED INDUSTRIES NETWORKING FUND
Rescinded **ARC 6320C**, IAB 5/18/22, effective 6/22/22

CHAPTER 109
TARGETED INDUSTRIES CAREER AWARENESS FUND
Rescinded **ARC 6320C**, IAB 5/18/22, effective 6/22/22

CHAPTER 111
SUPPLY CHAIN DEVELOPMENT PROGRAM
Rescinded **ARC 6320C**, IAB 5/18/22, effective 6/22/22

CHAPTER 112
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Rescinded **ARC 0611C**, IAB 2/20/13, effective 3/27/13

CHAPTER 113
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GRANT PROGRAM
Rescinded **ARC 1573C**, IAB 8/20/14, effective 9/24/14

CHAPTER 220
RURAL HOUSING NEEDS ASSESSMENT GRANT PROGRAM

261—220.1(88GA,SF608) Purpose. Pursuant to 2019 Iowa Acts, Senate File 608, the authority is directed to establish a rural housing needs assessment grant program to support the interpretation and implementation of hard data and housing-related information specific to the communities applying for financial assistance under this program. This grant program is intended to support the use of publicly available information and support community efforts to interpret hard data with supplemental information and to help communities implement changes to development codes, local ordinances, and housing incentives according to the community's needs.

[ARC 5092C, IAB 7/15/20, effective 8/19/20]

261—220.2(88GA,SF608) Definitions. For purposes of this chapter, unless the context otherwise requires:

“*Agreement*” means a contract for financial assistance under the program describing the terms on which financial assistance is to be provided.

“*Applicant*” means an Iowa community applying for financial assistance under the program.

“*Authority*” means the economic development authority created in Iowa Code section 15.105.

“*Community*” means a county, an incorporated city, or a community designee.

“*Community designee*” means a legal entity established or designated by a county or incorporated city in an agreement pursuant to Iowa Code chapter 28E for the purposes of evaluating housing needs.

“*Director*” means the director of the authority.

“*Financial assistance*” means a grant made by the authority to an applicant approved for funding under the program.

“*Program*” means the procedures, agreement, terms, and assistance established and provided pursuant to this chapter.

[ARC 5092C, IAB 7/15/20, effective 8/19/20; ARC 5693C, IAB 6/16/21, effective 7/21/21]

261—220.3(88GA,SF608) Program description.

220.3(1) Amount, form, and timing of assistance. This program provides financial assistance to applicants to support the interpretation and implementation of hard data and housing-related information specific to the communities applying for a grant under this program. The amount of assistance awarded will be determined by the authority and will be based on the total amount of funds available to the authority for the program and the costs specified in the application. Each award shall not be less than \$1,000.

220.3(2) Application.

a. Forms. All applications and other filings related to the program shall be on such forms and in accordance with such instructions as may be established by the authority. Information about the program, the application, and application instructions may be obtained by contacting the authority or by visiting the authority's website: Iowa Economic Development Authority, Community Development Division, 1963 Bell Avenue, Suite 200, Des Moines, Iowa 50315, (515)348-6200, iowaeda.com.

b. Application period. Each fiscal year during which funding is available, applications for financial assistance will only be accepted during the established application period, or periods, as identified by the authority on its website.

c. Complete application required. An application shall not be considered submitted for review until the application is completed and all required supporting documentation and information are provided to the authority.

220.3(3) Approval of assistance. Authority staff will review applications for financial assistance under the program, and a grant committee will score and recommend applications to the director in accordance with subrule 220.4(2). A project that does not receive funding may reapply.

220.3(4) Agreement required. The authority shall enter into an agreement with each applicant for the receipt of a grant under this chapter. The agreement must state the terms on which financial assistance

is to be provided. The authority may negotiate the terms of the agreement. The applicant shall execute the agreement before funds are disbursed under the program.

220.3(5) *Form of financial assistance.* The authority will provide financial assistance in the form of a grant to the applicant. The amount of the grant and any other terms shall be included in the agreement required pursuant to this chapter.

220.3(6) *Use of funds.*

a. An applicant shall use funds only for reimbursement of the costs directly related to the project. The authority may require documentation or other information establishing the actual costs incurred for a project. Failure to use the funds for reimbursement of the costs directly related to a project shall be grounds for default under the agreement required pursuant to this chapter.

b. For purposes of this subrule, “costs directly related” does not include any expenses specified as ineligible in the agreement required pursuant to this chapter.

[ARC 5092C, IAB 7/15/20, effective 8/19/20; ARC 5693C, IAB 6/16/21, effective 7/21/21]

261—220.4(88GA,SF608) Program eligibility, application scoring, and funding decisions.

220.4(1) *Program eligibility.* An applicant must meet the following eligibility criteria to qualify for financial assistance under this program:

a. The applicant must be an Iowa community as defined in rule 261—220.2(88GA,SF608).

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

c. An eligible applicant will be allowed to submit only one application per application period.

d. The applicant must demonstrate the capacity for administering a grant.

e. The applicant must demonstrate the feasibility of the project’s proposed scope and timeline with the funds requested.

f. The applicant must identify and describe other sources of funding for the proposed assessment and related activities.

g. The applicant must identify any partner organizations that will be utilized in interpreting and implementing the data collected through the assessment.

h. The applicant must provide a cash match of at least 50 cents for every dollar awarded as a grant under this program.

220.4(2) *Application scoring criteria.* All completed applications will be reviewed and scored. Each application will be scored using criteria set forth by the authority.

220.4(3) *Funding decisions.* Funding decisions will be made using the following process:

a. Staff review. Each application will be reviewed by staff for eligibility and completeness. Complete applications meeting all eligibility requirements will be sent to a grant committee.

b. Grant committee review and recommendation. Following staff review, a grant committee will review and score applications using the criteria set forth by the authority pursuant to subrule 220.4(2) and will make funding recommendations. The committee may utilize an outside technical panel if the committee determines additional expertise is necessary to review and score the application. The application and score will be referred to the director with a recommendation as to whether to fund the project and, if funding is recommended, a recommendation as to the amount of the grant.

c. Director’s decision. The director will make the final funding decision on each application, taking into consideration the amount of available funding and the grant committee’s recommendation. The director may approve, deny, or defer funding for any application.

d. Notification. Each applicant will be notified in writing of the funding decision within 15 days of the director’s decision.

[ARC 5092C, IAB 7/15/20, effective 8/19/20; ARC 5693C, IAB 6/16/21, effective 7/21/21; ARC 6319C, IAB 5/18/22, effective 6/22/22]

261—220.5(88GA,SF608) Agreement required.

220.5(1) Each applicant that is approved for financial assistance under the program shall enter into an agreement with the authority for the provision of such financial assistance. The agreement will establish the terms on which the financial assistance is to be provided and may include any other terms reasonably necessary for the efficient administration of the program.

220.5(2) The authority and the applicant may amend the agreement at any time upon the mutual agreement of both the authority and the applicant.

220.5(3) The agreement may require an applicant that has been approved for financial assistance under the program to submit information reasonably required by the authority to make reports to the authority's board, the governor's office, or the general assembly.

[ARC 5092C, IAB 7/15/20, effective 8/19/20]

These rules are intended to implement 2019 Iowa Acts, Senate File 608.

[Filed ARC 5092C (Notice ARC 4774C, IAB 11/20/19), IAB 7/15/20, effective 8/19/20]

[Filed ARC 5693C (Notice ARC 5535C, IAB 3/24/21), IAB 6/16/21, effective 7/21/21]

[Filed ARC 6319C (Notice ARC 6202C, IAB 2/23/22), IAB 5/18/22, effective 6/22/22]

CHAPTER 221
RURAL INNOVATION GRANT PROGRAM

261—221.1(88GA,SF608) Purpose. Pursuant to 2019 Iowa Acts, Senate File 608, the authority is directed to establish a rural innovation grant program to support creative, nontraditional ideas that focus on current issues and challenges faced by rural communities associated with the themes of community investment, growth, and connection.
[ARC 5093C, IAB 7/15/20, effective 8/19/20]

261—221.2(88GA,SF608) Definitions. For purposes of this chapter, unless the context otherwise requires:

“*Agreement*” means a contract for financial assistance under the program describing the terms on which financial assistance is to be provided.

“*Applicant*” means an Iowa business, college, university, city, county, council of governments organization established by Iowa Code chapter 28H, K-12 educational institution, or private nonprofit agency or foundation applying for financial assistance under the program. A business will be considered an Iowa business if the business is incorporated in the state of Iowa or authorized to do business in the state of Iowa.

“*Authority*” means the economic development authority created in Iowa Code section 15.105.

“*Director*” means the director of the authority.

“*Financial assistance*” means a grant made by the authority to an applicant approved for funding under the program.

“*Program*” means the procedures, agreement, terms, and assistance established and provided pursuant to this chapter.

“*Project*” means a program or activity undertaken in and for the benefit of a community in Iowa with a population of 20,000 or less and not contiguous to a city with a population of 40,000 or greater.
[ARC 5093C, IAB 7/15/20, effective 8/19/20; ARC 6319C, IAB 5/18/22, effective 6/22/22]

261—221.3(88GA,SF608) Program description.

221.3(1) Amount, form, and timing of assistance. The program provides financial assistance to applicants to support creative, nontraditional ideas that focus on current challenges facing rural communities. The amount of assistance awarded will be determined by the authority based on the total amount of funds available to the authority for the program and based on the project details. Each award shall not be less than \$1,000.

221.3(2) Application.

a. Forms. All applications and other filings related to the program shall be on such forms and in accordance with such instructions as may be established by the authority. Information about the program, the application, and application instructions may be obtained by contacting the authority or by visiting the authority’s website: Iowa Economic Development Authority, Community Development Division, 200 East Grand Avenue, Des Moines, Iowa 50309, (515)328-3000, iowaeconomicdevelopment.com.

b. Application period. Each fiscal year during which funding is available, applications for financial assistance will only be accepted during the established application period, or periods, as identified by the authority on its website.

c. Frequency of application. An eligible applicant may only be named as the primary entity on one application per application period. However, an applicant who has applied as the primary entity for an application may also be named as a partner on additional applications submitted.

d. Complete application required. An application shall not be considered submitted for review until the application is completed and all required supporting documentation and information are provided.

221.3(3) Approval of assistance. Authority staff will review applications for financial assistance under the program, and a grant committee will score and recommend applications to the director in accordance with subrule 221.4(2). A project that does not receive funding may reapply.

221.3(4) Agreement required. The authority shall enter into an agreement with each applicant for the receipt of a grant under this chapter. The agreement must state the terms on which the financial assistance is to be provided. The authority may negotiate the terms of the agreement. The applicant shall execute the agreement before funds are disbursed under the program.

221.3(5) Form of financial assistance. The authority will provide financial assistance in the form of a grant to the applicant. The amount of the grant and any other terms shall be included in the agreement required pursuant to this chapter.

221.3(6) Use of funds.

a. An applicant shall use funds only for reimbursement of the costs directly related to the project. The authority may require documentation or other information establishing the actual costs incurred for a project. Failure to use the funds for reimbursement of the costs directly related to a project shall be grounds for default under the agreement required pursuant to this chapter.

b. For purposes of this subrule, “costs directly related” does not include ineligible expenses such as international travel, domestic travel outside the state of Iowa, insurance, training or professional development courses, and any other expenses specified as ineligible in the agreement required pursuant to this chapter.

[ARC 5093C, IAB 7/15/20, effective 8/19/20]

261—221.4(88GA,SF608) Program eligibility, application scoring, and funding decisions.

221.4(1) Program eligibility. An applicant must meet the following eligibility criteria to qualify for financial assistance under this program:

- a.* The applicant must meet the definition of “applicant” in rule 261—221.2(88GA,SF608).
- b.* If the applicant is not a local government entity, the applicant must demonstrate support from the local government entity as evidenced by a letter of support.
- c.* The applicant must serve a city that has a population of 20,000 or less and that is not contiguous to a city with a population of 40,000 or greater.
- d.* The applicant must demonstrate the capacity for administering a grant.
- e.* The applicant must provide a cash match of at least 50 cents for every dollar awarded as a grant under this program.
- f.* The applicant must demonstrate that the project does not consist of ongoing expenses for existing projects or programs.

221.4(2) Application scoring criteria. All completed applications will be reviewed and scored. Each application will be scored using criteria set forth by the authority, which may include the following:

- a.* Alignment with program purpose. The application should demonstrate that the project aligns with the program purpose by developing a nontraditional, concrete solution to increase rural community vibrancy.
- b.* Solution-oriented. The application should demonstrate that the project will address rural challenges through exceptional and creative solutions.
- c.* Replicability. The application should demonstrate a clear opportunity for successful replication in rural communities across the state.
- d.* Roles defined. The application should identify and describe the roles of all partners involved in the project.
- e.* Project goals and timeline. The application should demonstrate clearly defined, measurable goals and a timeline for execution of the project.
- f.* Project budget and financing. The application should include a complete budget that provides clear justification for all costs. The application should also demonstrate secured financing and that the cash match requirement has been met.

221.4(3) Funding decisions. Funding decisions will be made using the following process:

- a.* Staff review. Each application will be reviewed by staff for eligibility and completeness. Complete applications meeting all eligibility requirements will be sent to a grant committee.
- b.* Grant committee review and recommendation. Following staff review, a grant committee will review and score applications using the criteria set forth by the authority pursuant to subrule 221.4(2)

and will make funding recommendations. The committee may utilize an outside technical panel if the committee determines additional expertise is necessary to review and score the application. The application and score will be referred to the director with a recommendation as to whether to fund the project and, if funding is recommended, a recommendation as to the amount of the grant.

c. Director's decision. The director will make the final funding decision on each application, taking into consideration the amount of available funding and the grant committee's recommendation. The director may approve, deny, or defer funding for any application.

d. Notification. Each applicant will be notified in writing of the funding decision within 15 days of the director's decision.

[ARC 5093C, IAB 7/15/20, effective 8/19/20; ARC 6319C, IAB 5/18/22, effective 6/22/22]

261—221.5(88GA,SF608) Agreement required.

221.5(1) Each applicant that is approved for financial assistance under the program shall enter into an agreement with the authority for the provision of such financial assistance. The agreement will establish the terms on which financial assistance is to be provided and may include any other terms reasonably necessary for the efficient administration of the program.

221.5(2) The authority and the applicant may amend the agreement at any time upon the mutual agreement of both the authority and the applicant.

221.5(3) The agreement may require an applicant that has been approved for financial assistance under the program to submit information reasonably required by the authority to make reports to the authority's board, the governor's office, or the general assembly.

[ARC 5093C, IAB 7/15/20, effective 8/19/20]

These rules are intended to implement 2019 Iowa Acts, Senate File 608.

[Filed ARC 5093C (Notice ARC 4775C, IAB 11/20/19), IAB 7/15/20, effective 8/19/20]

[Filed ARC 6319C (Notice ARC 6202C, IAB 2/23/22), IAB 5/18/22, effective 6/22/22]

CHAPTERS 223 to 310
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PART XI
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CHAPTER 311
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Rescinded **ARC 6320C**, IAB 5/18/22, effective 6/22/22; see 21—Ch 13

CHAPTER 312
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Rescinded **ARC 6320C**, IAB 5/18/22, effective 6/22/22; see 21—Ch 14

CHAPTER 313
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Rescinded **ARC 6320C**, IAB 5/18/22, effective 6/22/22; see 21—Ch 15

CHAPTER 314
RENEWABLE FUEL INFRASTRUCTURE PROGRAM ADMINISTRATION
Rescinded **ARC 6320C**, IAB 5/18/22, effective 6/22/22; see 21—Ch 16

CHAPTERS 315 to 399
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CHAPTER 402
ENERGY EFFICIENCY COMMUNITY GRANT PROGRAM
[Prior to 11/16/11, see 350—Ch 5]
Rescinded **ARC 6320C**, IAB 5/18/22, effective 6/22/22

HUMAN SERVICES DEPARTMENT[441]

Rules transferred from Social Services Department[770] to Human Services Department[498],
see 1983 Iowa Acts, Senate File 464, effective July 1, 1983.

Rules transferred from agency number [498] to [441] to conform with the reorganization
numbering scheme in general, IAC Supp. 2/11/87.

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ACCREDITATION OF PROVIDERS OF SERVICES TO PERSONS WITH MENTAL ILLNESS,
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PREAMBLE

The mental health and disability services commission has adopted this set of standards to be met by all providers of services to people with mental illness, intellectual disabilities, or developmental disabilities. These standards apply to providers that are not required to be licensed by the department of inspections and appeals. These providers include community mental health centers, mental health services providers, case management providers, supported community living providers, and crisis response providers in accordance with Iowa Code chapter 225C.

The standards serve as the foundation of a performance-based review of those organizations for which the department holds accreditation responsibility, as set forth in Iowa Code chapters 225C and 230A. The mission of accreditation is to assure individuals using the services and the general public of organizational accountability for meeting best practices performance levels, for efficient and effective management, and for the provision of quality services that result in quality outcomes for individuals using the services.

The department's intent is to establish standards that are based on the principles of quality improvement and are designed to facilitate the provision of excellent quality services that lead to positive outcomes. The intent of these standards is to make organizations providing services responsible for effecting efficient and effective management and operational systems that enhance the involvement of individuals using the services and to establish a best practices level of performance by which to measure provider organizations.

[ARC 1660C, IAB 10/15/14, effective 12/1/14]

DIVISION I
SERVICES FOR INDIVIDUALS WITH DISABILITIES

PREAMBLE

This set of standards in this division has been established to be met by all providers of case management, day treatment, intensive psychiatric rehabilitation, supported community living, partial hospitalization, outpatient counseling and emergency services.

[ARC 1660C, IAB 10/15/14, effective 12/1/14]

441—24.1(225C) Definitions.

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

“Advanced registered nurse practitioner” means a nurse who has current licensure as a registered nurse in Iowa, or licensure in another state that is recognized in Iowa pursuant to Iowa Code chapter 152E, and who is also registered as certified in psychiatric mental health specialties pursuant to board of nursing rules in 655—Chapter 7.

“Advisory board” means the board that reviews and makes recommendations to the organization on the program being accredited. The advisory board shall meet at least three times a year and shall have at least three members, at least 51 percent of whom are not providers. The advisory board shall include representatives who have disabilities or family members of persons with disabilities. The advisory board's duties include review and recommendation of policies, development and review of the organizational plan for the program being accredited, review and recommendation of the budget for the program being accredited, and review and recommendation of the performance improvement program of the program being accredited.

“Anticipated discharge plan” means the statement of the condition or circumstances by which the individual using the service would no longer need each of the specific services accredited under this chapter.

“Appropriate” means the degree to which the services or supports or activities provided or undertaken by the organization are suitable and desirable for the needs, situation, or problems of the individual using the service.

“Assessment” means the review of the current functioning of the individual using the service in regard to the individual’s situation, needs, strengths, abilities, desires and goals.

“Benchmarks” means the processes of an organization that lead to implementation of the indicators.

“Chronic mental illness” means the condition present in people aged 18 and over who have a persistent mental or emotional disorder that seriously impairs their functioning relative to such primary aspects of daily living as personal relations, living arrangements, or employment. People with chronic mental illness typically meet at least one of the following criteria:

1. They have undergone psychiatric treatment more intensive than outpatient care more than once in a lifetime (e.g., emergency services, alternative home care, partial hospitalization or inpatient hospitalization).

2. They have experienced at least one episode of continuous, structured, supportive residential care other than hospitalization.

In addition, people with chronic mental illness typically meet at least two of the following criteria on a continuing or intermittent basis for at least two years:

1. They are unemployed, employed in a sheltered setting, or have markedly limited skills and a poor work history.

2. They require financial assistance for out-of-hospital maintenance and may be unable to procure this assistance without help.

3. They show severe inability to establish or maintain a personal social support system.

4. They require help in basic living skills.

5. They exhibit inappropriate social behavior that results in demand for intervention by the mental health or judicial system.

In atypical instances, a person who varies from these criteria could still be considered to be a person with chronic mental illness.

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

“Community” means a natural setting where people live, learn, work, and socialize.

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

“Crisis intervention plan” means a personalized, individualized plan developed with the individual using the service that identifies potential personal psychiatric, environmental, and medical emergencies. This plan shall also include those life situations identified as problematic and the identified strategies and natural supports developed with the individual using the service to enable the individual to self-manage, alleviate, or end the crisis. This plan shall also include how the individual can access emergency services that may be needed.

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

“Department” means the Iowa department of human services.

“Developmental disability” means a severe, chronic disability that:

1. Is attributable to a mental or physical impairment or combination of mental and physical impairments;

2. Is manifested before the age of 22;

3. Is likely to continue indefinitely;

4. Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and

5. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

A person from birth to the age of nine, inclusive, who has a substantial developmental delay or specific congenital or acquired condition may be considered to have a developmental disability without meeting three or more of the criteria described above if the person, without services and supports, has a high probability of meeting those criteria later in life.

"Direct services" means services providing therapy, habilitation, or rehabilitation activities or support services such as transportation.

"Division" means the division of mental health and disability services, community, of the department of human services.

"Doctor of medicine or osteopathic medicine" means a person who is licensed in the state of Iowa under Iowa Code chapter 148 as a physician and surgeon or under Iowa Code chapter 150A as an osteopathic physician and surgeon.

"Functional assessment" means the analysis of daily living skills. The functional assessment also takes into consideration the strengths, stated needs, and level and kind of disability of the individual using the service.

"Goal achieving" means to gain the required skills and supports to obtain the goal of choice. For purposes of this chapter, the definition and explanation are taken from the Psychiatric Rehabilitation Practitioner Tools, as developed by the Boston Center for Psychiatric Rehabilitation.

"Goal keeping" means assisting the individual using the service in maintaining successful and satisfying role performance to prevent the emergence of symptoms associated with role deterioration. For purposes of this chapter, the definition and explanation are taken from the Psychiatric Rehabilitation Practitioner Tools, as developed by the Boston Center for Psychiatric Rehabilitation.

"Incident," for the purposes of this chapter, means an occurrence involving the individual using the service that:

1. Results in a physical injury to or by the individual that requires a physician's treatment or admission to a hospital, or
2. Results in someone's death, or
3. Requires emergency mental health treatment for the individual, or
4. Requires the intervention of law enforcement, or
5. Results from any prescription medication error, or
6. Is reportable to protective services.

"Indicators" means conditions that will exist when the activity is done competently and benchmarks are achieved. Indicators also provide a means to assess the activity's effect on outcomes of services.

"Informed consent" refers to time-limited, voluntary consent. The individual using the service or the individual's legal guardian may withdraw consent at any time without risk of punitive action. "Informed consent" includes a description of the treatment and specific procedures to be followed, the intended outcome or anticipated benefits, the rationale for use, the risks of use and nonuse, and the less restrictive alternatives considered. The individual using the service or the legal guardian has the opportunity to ask questions and have them satisfactorily answered.

"Intellectual disability" means a diagnosis of intellectual disability (intellectual developmental disorder), global developmental delay, or unspecified intellectual disability (intellectual developmental disorder) under these rules which shall be made only when the onset of the person's condition was during the developmental period and shall be based on an assessment of the person's intellectual functioning and level of adaptive skills. A licensed psychologist or psychiatrist who is professionally trained to administer the tests required to assess intellectual functioning and to evaluate a person's adaptive skills shall make the diagnosis. A diagnosis of intellectual disability shall be made in accordance with the criteria provided in the current version of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

"Intensive psychiatric rehabilitation practitioner" means a person who has at least 60 contact hours of training in intensive psychiatric rehabilitation and either:

1. Is certified as a psychiatric rehabilitation practitioner by the United States Psychiatric Rehabilitation Association; or

2. Holds a bachelor's degree with 30 semester hours or equivalent quarter hours in a human services field (including, but not limited to, psychology, social work, mental health counseling, marriage and family therapy, nursing, education, occupational therapy, and recreational therapy) and has at least one year of experience in the delivery of services to the population groups that the person is hired to serve.

"Leadership" means the governing board, the chief administrative officer or executive director, managers, supervisors, and clinical leaders who participate in developing and implementing organizational policies, plans and systems.

"Marital and family therapist" means a person who is licensed under Iowa Code chapter 154D in the application of counseling techniques in the assessment and resolution of emotional conditions. This includes the alteration and establishment of attitudes and patterns of interaction relative to marriage, family life, and interpersonal relationships.

"Mental health counselor" means a person who is licensed under Iowa Code chapter 154D in counseling services involving assessment, referral, consultation, and the application of counseling, human development principles, learning theory, group dynamics, and the etiology of maladjustment and dysfunctional behavior to individuals, families, and groups.

"Mental health professional" means a person who meets all of the following conditions:

1. Holds at least a master's degree in a mental health field including, but not limited to, psychology, counseling and guidance, psychiatric nursing and social work; or is a doctor of medicine or osteopathic medicine; and

2. Holds a current Iowa license when required by the Iowa professional licensure laws (such as a psychiatrist, a psychologist, a marital and family therapist, a mental health counselor, an advanced registered nurse practitioner, a psychiatric nurse, or a social worker); and

3. Has at least two years of postdegree experience supervised by a mental health professional in assessing mental health problems, mental illness, and service needs and in providing mental health services.

"Mental health service provider" means an organization whose services are established to specifically address mental health services to individuals or the administration of facilities in which these services are provided. Organizations included are:

1. Those contracting with a county board of supervisors to provide mental health services in lieu of that county's affiliation with a community mental health center (Iowa Code chapter 230A).

2. Those that may contract with a county board of supervisors for special services to the general public or special segments of the general public and that are not accredited by any other accrediting body.

These standards do not apply to individual practitioners or partnerships of practitioners covered under Iowa's professional licensure laws.

"Natural supports" means those services and supports an individual using the service identifies as wanted or needed that are provided at no cost by family, friends, neighbors, and others in the community, or by organizations or entities that serve the general public.

"New organization" means an entity that has never been accredited under 441—Chapter 24 or an accredited entity under 441—Chapter 24 that makes a significant change in its ownership, structure, management, or service delivery.

"Organization" means:

1. A governmental entity or an entity that meets Iowa Code requirements for a business organization as a for-profit or not-for-profit business. These entities include, but are not limited to, a business corporation under Iowa Code chapter 490 or a nonprofit corporation under Iowa Code chapter 504 that provides a service accredited pursuant to the rules in this chapter.

2. A county, consortium of counties, or the department of human services that provides or subcontracts for the provision of case management.

3. A division or unit of a larger entity, such as a unit within a hospital or parent organization.

“Organization” does not include: an individual for whom a license to engage in a profession is required under Iowa Code section 147.2, any person providing a service if the person is not organized as a corporation or other business entity recognized under the Iowa Code, or an entity that provides only financial, administrative, or employment services and that does not directly provide the services accredited under this chapter.

“*Outcome*” means the result of the performance or nonperformance of a function or process or activity.

“*Policies*” means the principles and statements of intent of the organization.

“*Procedures*” means the steps taken to implement the policies of the organization.

“*Program*” means a set of related resources and services directed to the accomplishment of a fixed set of goals for the population of a specified geographic area or for special target populations.

“*Psychiatric crisis intervention plan*” means a personalized, individualized plan developed with the individual using the service that identifies potential personal psychiatric emergencies. This plan shall also include those life situations identified as problematic and the identified strategies and natural supports developed with the individual using the service to enable the individual to self-manage, alleviate, or end the crisis. This plan shall also include how the individual can access emergency services that may be needed.

“*Psychiatric nurse*” means a person who meets the requirements of a certified psychiatric nurse, is eligible for certification by the American Nursing Association, and is licensed by the state of Iowa to practice nursing as defined in Iowa Code chapter 152.

“*Psychiatrist*” means a doctor of medicine or osteopathic medicine who is certified by the American Board of Psychiatry and Neurology or who is eligible for certification and who is fully licensed to practice medicine in the state of Iowa.

“*Psychologist*” means a person who:

1. Is licensed to practice psychology in the state of Iowa or meets the requirements of eligibility for a license to practice psychology in the state of Iowa as defined in Iowa Code chapter 154B; or
2. Is certified by the Iowa department of education as a school psychologist or is eligible for certification by the Iowa department of education.

“*Qualified case managers and supervisors*” means people who have the following qualifications:

1. A bachelor’s degree with 30 semester hours or equivalent quarter hours in a human services field (including, but not limited to, psychology, social work, mental health counseling, marriage and family therapy, nursing, education, occupational therapy, and recreational therapy) and at least one year of experience in the delivery of services to the population groups that the person is hired as a case manager or case management supervisor to serve; or
2. An Iowa license to practice as a registered nurse and at least three years of experience in the delivery of services to the population group the person is hired as a case manager or case management supervisor to serve.

People employed as case management supervisors on or before August 1, 1993, who do not meet these requirements shall be considered to meet these requirements as long as they are continuously employed by the same case management provider.

“*Readiness assessment*” means a process of involving the individual using the service in clarifying motivational readiness to participate in the recovery process. For purposes of this chapter, the definition and explanation are taken from the Psychiatric Rehabilitation Practitioner Tools, as developed by the Boston Center for Psychiatric Rehabilitation.

“*Readiness development*” means services designed to develop or increase an individual’s interest, motivation, and resolve to engage in the rehabilitation services process, as a means of enhancing independent functioning and quality of life. For purposes of this chapter, the definition and explanation are taken from the Psychiatric Rehabilitation Practitioner Tools, as developed by the Boston Center for Psychiatric Rehabilitation.

“*Registered nurse*” means a person who is licensed to practice nursing in the state of Iowa as defined in Iowa Code chapter 152.

“*Rehabilitation services*” means services designed to restore, improve, or maximize the individual’s optimal level of functioning, self-care, self-responsibility, independence and quality of life and to minimize impairments, disabilities and dysfunction caused by a serious and persistent mental or emotional disability.

“*Rights restriction*” means limitations not imposed on the general public in the areas of communication, mobility, finances, medical or mental health treatment, intimacy, privacy, type of work, religion, place of residence, and people with whom the individual using the service may share a residence.

“*Serious emotional disturbance*” means a diagnosable mental, behavioral, or emotional disorder that (1) is of sufficient duration to meet diagnostic criteria for the disorder specified by the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association; and (2) has resulted in a functional impairment that substantially interferes with or limits a consumer’s role or functioning in family, school, or community activities. “Serious emotional disturbance” shall not include neurodevelopmental disorders, substance-related disorders, or conditions or problems classified in the current version of the DSM as “other conditions that may be a focus of clinical attention,” unless those conditions co-occur with another diagnosable serious emotional disturbance.

“*Service plan*” means an individualized goal-oriented plan of services written in language understandable by the individual using the service and developed collaboratively by the individual and the organization.

“*Staff*” means people paid by the organization to perform duties and responsibilities defined in the organization’s policies and procedures.

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441—24.2(225C) Standards for policy and procedures.

24.2(1) *Performance benchmark.* The organization has written policy direction for the organization and each service being accredited.

24.2(2) *Performance indicators.*

a. The organization has a policies and procedures manual with policy guidelines and administrative procedures for all organizational activities and services specific to its organization that addresses the standards in effect at the time of review.

b. The policies and procedures cover each benchmark and indicator in this chapter.

c. The policies and procedures manual is made available to all staff.

441—24.3(225C) Standards for organizational activities.

24.3(1) *Performance improvement system.*

a. Performance benchmark. The organization has a systematic, organizationwide, planned approach to designing, measuring, evaluating, and improving the level of its performance.

b. Performance indicators. The organization:

(1) Annually measures and assesses organizational activities and services accredited in this chapter.

(2) Gathers information from individuals using the services, from staff, and from family members.

(3) Implements an internal review of individual records for those services accredited under this chapter. For outpatient psychotherapy and counseling services, the organization:

1. Reviews the individual’s involvement in and with treatment.

2. Ensures that treatment activities are documented and are relevant to the diagnosis or presenting problem.

(4) Reviews the organization’s response to incidents reported under subrule 24.4(5) for necessity, appropriateness, effectiveness and prevention. This review includes analysis of incident data at least annually to identify any patterns of risk to the health and safety of consumers.

(5) Reviews the organization’s response to any situation that poses a danger or threat to staff or to individuals using the services for necessity, appropriateness, effectiveness, and prevention.

(6) Identifies areas in need of improvement.

(7) Has a plan to address the areas in need of improvement. Where applicable, the organization establishes a plan to resolve the problem of patients missing appointments.

(8) Implements the plan and documents the results.

24.3(2) Leadership.

a. Performance benchmark. Organization leaders provide the framework for the planning, designing, directing, coordination, provision and improvement of services that are responsive to the individuals using the services and the community served by the organization.

b. Performance indicators.

(1) There are clearly articulated mission and values statements that are reflected in the long-range organizational plans and in organization policies.

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

(3) Individuals using the services or family members of individuals using the services are represented on the organization's governing board or on an advisory board.

(4) The organization's decision-making process, including policy decisions affecting the organization, reflects involvement of the various levels of leadership and responsiveness to staff.

(5) Organization leaders solicit input from leaders of the various community groups representing individuals served by the organization in designing responsive service delivery systems.

(6) Organization leaders develop and implement a service system appropriate to the needs of the individuals served by the organization.

(7) Organization leaders make educational information, resources, and service consultation available to community groups.

24.3(3) Management information system.

a. Performance benchmark. Information is obtained, managed, and used in an efficient and effective method to document, enhance, and improve organizational performance and service delivery.

b. Performance indicators.

(1) The organization has a system in place to maintain current individual-specific information documenting the provision and outcomes of services and treatments provided.

(2) The organization has a system in place to maintain the confidentiality and security of information that identifies specific individuals using the services, including mail, correspondence, and electronic files.

24.3(4) Human resources.

a. Performance benchmark. The organization provides qualified staff to support the organization's mission and facilitate the provision of quality services.

b. Performance indicators. The organization:

(1) Has a job description in the personnel file of each staff member that clearly defines responsibilities and qualifications.

(2) Has a process to verify qualifications of staff, including degrees, licenses, medication management training, and certification as required by the position, within 90 days of the staff person's employment. For staff hired after July 1, 2006, personnel files contain evidence that verification of professional licenses and college degrees at the bachelor's level or higher, as required by the position, was obtained from the primary source.

(3) Evaluates staff annually.

(4) Includes a plan for staff development for each staff member in the annual evaluation.

(5) Provides training and education to all staff relevant to their positions.

(6) Provides for approved training on child and dependent adult abuse reporter requirements to all organization staff who are mandatory abuse reporters. The organization documents in personnel records training on child and dependent adult abuse reporter requirements.

(7) Has staff members sign a document indicating that they are aware of the organization's policy on confidentiality and maintains these documents in the personnel files.

(8) Provides an initial orientation to new staff and documents this orientation in the employee's personnel file.

(9) Has mechanisms in place that afford staff the right to express concerns about a particular care issue or to file a grievance concerning a specific employment situation.

(10) Completes criminal and abuse record checks and evaluations as required in Iowa Code section 135C.33(5) before employment for any employee who meets with individuals using the services in the individuals' homes.

(11) Establishes and implements a code of ethics for all staff addressing confidentiality, individual rights, and professional and legal issues in providing services and documents in the personnel records that the code of ethics in effect at the time of review has been reviewed with each staff member.

24.3(5) Organizational environment.

a. Performance benchmark. The organization provides services in an organizational environment that is safe and supportive for the individuals being served and the staff providing services.

b. Performance indicators.

(1) The environment enhances the self-image of the individual using the service and preserves the individual's dignity, privacy, and self-development.

(2) The environment is safe and accessible and meets all applicable local, state, and federal regulations.

(3) The processes that service and maintain the environment and the effectiveness of the environment are reviewed within the organization's monitoring and improvement system.

(4) The organization establishes intervention procedures for behavior that presents significant risk of harm to the individual using the service or others. The interventions also ensure that the individual's rights are protected and that due process is afforded.

(5) The organization meets state and federal regulations in the way it implements the safe storage, provision, administration, and disposal of medication when used within the service.

(6) All toys and other materials used by children are clean and safe.

[ARC 6321C, IAB 5/18/22, effective 7/1/22]

441—24.4(225C) Standards for services. Providers for the services set forth in subrules 24.4(9) through 24.4(13) shall meet the standards in subrules 24.4(1) through 24.4(8) in addition to the standards for the specific service. Providers of outpatient psychotherapy and counseling services shall also meet standards in subrules 24.4(1), 24.4(2), 24.4(4), 24.4(6), 24.4(7), and 24.4(8). Providers of emergency services or evaluation services shall meet the benchmark for the services they provide.

24.4(1) Social history.

a. Performance benchmark. The organization completes a social history for each individual served.

b. Performance indicators.

(1) The organization collects and documents relevant historical information and organizes the information in one distinct document.

(2) The social history includes:

1. Relevant information regarding the onset of disability.
2. Family, physical, psychosocial, behavioral, cultural, environmental, and legal history.
3. Developmental history for children.
4. Any history of substance abuse, domestic violence, or physical, emotional, or sexual abuse.

(3) Staff review and update the social history at least annually.

24.4(2) Assessment.

a. Performance benchmark. The organization develops a written assessment for each individual served. The assessment is the basis for the services provided to the individuals.

b. Performance indicators.

(1) The assessment includes information about the individual's current situation, diagnosis, needs, problems, wants, abilities and desired results, gathered with the individual's involvement.

(2) Staff solicit collateral provider information as appropriate to the individual situation in order to compile a comprehensive and full assessment.

(3) Staff base decisions regarding the level, type and immediacy of services to be provided, or the need for further assessment or evaluation, upon the analysis of the information gathered in the assessment.

(4) Staff complete an annual reassessment for each individual using the service and document the reassessment.

(5) Documentation supporting the diagnosis is contained in the individual's record. A diagnosis of intellectual disability is supported by a psychological evaluation conducted by a qualified professional. A diagnosis of developmental disability is supported by professional documentation. A determination of chronic mental illness is supported by a psychiatric or psychological evaluation conducted by a qualified professional.

24.4(3) Individual service plan.

a. Performance benchmark. Individualized, planned, and appropriate services are guided by an individual-specific service plan developed in collaboration with the individual using the service, staff, and significantly involved others as appropriate. Services are planned for and directed to where the individuals live, learn, work, and socialize.

b. Performance indicators.

(1) The service plan is based on the current assessment.

(2) The service plan identifies observable or measurable individual goals and action steps to meet the goals.

(3) The service plan includes interventions and supports needed to meet those goals with incremental action steps, as appropriate.

(4) The service plan includes the staff, people, or organizations responsible for carrying out the interventions or supports.

(5) Services defined in the service plan are appropriate to the severity level of problems and specific needs or disabilities.

(6) The plan reflects desired individual outcomes.

(7) Activities identified in the service plan encourage the ability and right of the individual using the service to make choices, to experience a sense of achievement, and to modify or continue participation in the treatment process.

(8) Staff monitor the service plan with review occurring regularly. At least annually, staff assess and revise the service plan to determine achievement, continued need, or change in goals or intervention methods. The review includes the individual using the service, with the involvement of significant others as appropriate.

(9) Staff develop a separate, individualized, anticipated discharge plan as part of the service plan that is specific to each service the individual receives.

(10) The service plan includes documentation of any rights restrictions, why there is a need for the restriction, and a plan to restore those rights or a reason why a plan is not necessary or appropriate.

24.4(4) Documentation of service provision.

a. Performance benchmark. Individualized and appropriate intervention services and treatments are provided in ways that support the needs, desires, and goals identified in the service plan, and that respect the rights and choices of the individual using the service.

b. Performance indicators.

(1) Staff document in the narrative the individual's participation in the treatment process.

(2) Responsible staff document the individual's progress toward goals, the provision of staff intervention, and the individual's response to those interventions.

(3) Documentation of service provision is in a legible, written format in accordance with organizational policies and procedures.

24.4(5) Incident reports.

a. Performance benchmark. The organization completes an incident report when organization staff first become aware that an incident has occurred.

b. Performance indicators.

- (1) The organization documents the following information:
 1. The name of the individual served who was involved in the incident.
 2. The date and time the incident occurred.
 3. A description of the incident.
 4. The names of all organization staff and others who were present or responded at the time of the incident. (For confidentiality reasons, other individuals who receive services should be identified by initials or some other accepted means.)
 5. The action the organization staff took to handle the situation.
 6. The resolution of or follow-up to the incident.
- (2) The staff who were directly involved at the time of the incident or who first became aware of the incident prepare and sign the incident report before forwarding it to the supervisor.
- (3) Staff file a copy of the completed incident report in a centralized location and make a notation in the individual's file.
- (4) Staff send a copy of the incident report to the individual's Medicaid targeted case manager or county case worker who is involved in funding the service and notify the individual's legal guardian within 72 hours of the incident.

24.4(6) Confidentiality and legal status.

a. Performance benchmark. Staff release medical and mental health information only when properly authorized.

b. Performance indicators.

- (1) The organization obtains voluntary written authorization from the individual using the service, the individual's legal guardian, or other people authorized by law before releasing personal identifying information, medical records, mental health records, or any other confidential information.
- (2) Staff complete voluntary written authorization forms in accordance with existing federal and state laws, rules, and regulations and maintain them in each individual file.
- (3) Documentation regarding restrictions on the individual, such as guardianship, power of attorney, conservatorship, mental health commitments, or other court orders, is placed in the individual's record, if applicable.

24.4(7) Service systems.

a. Performance benchmark. The organization develops a clear description of each of the services offered. The organization develops an admission and discharge system of services. Staff coordinate services with other settings and providers.

b. Performance indicators.

- (1) The organization has established and documented the necessary admission information to determine each individual's eligibility for participation in the service.
- (2) Staff include verification in each individual's file that a service description was provided to the individual using the service and, when appropriate, to family or significant others.
- (3) Continuity of services occurs through coordination among the staff and professionals providing services. Coordination of services through linkages with other settings and providers has occurred, as appropriate.
- (4) Staff include a written discharge summary in each individual record at the time of discharge.

24.4(8) Respect for individual rights.

a. Performance benchmark. Each individual using the service is recognized and respected in the provision of services, in accordance with basic human, civil, and statutory rights.

b. Performance indicators.

- (1) Staff provide services in ways that respect and enhance the individual's sense of autonomy, privacy, dignity, self-esteem, and involvement in the individual's own treatment. Staff take language barriers, cultural differences, and cognitive deficits into consideration and make provisions to facilitate meaningful individual participation.
- (2) Staff inform individuals using the service and, when appropriate, family and significant others of their rights, choices, and responsibilities.

(3) The organization has a procedure established to protect the individuals using the service during any activities, procedure or research that requires informed consent.

(4) The organization verifies that individuals using the service and their guardians are informed of the process to express questions, concerns, complaints, or grievances about any aspect of the individual's service, including the appeal process.

(5) The organization provides the individuals and their guardians the right to appeal the application of policies, procedures, or any staff action that affects the individual using the service. The organization has established written appeal procedures and a method to ensure that the procedures and appeal process are available to individuals using the service.

(6) All individuals using the service, their legal representatives, and other people authorized by law have access to the records of the individual using the service in accordance with state and federal laws and regulations.

24.4(9) Case management services. "Case management services" means those services established pursuant to Iowa Code section 225C.20.

a. Performance benchmark. Case management services link individuals using the service to service agencies and support systems responsible for providing the necessary direct service activities and coordinate and monitor those services.

b. Performance indicators.

(1) Staff clearly define the need for case management and document it annually.

(2) At a minimum, the team is composed of the individual using the service, the case manager, and providers or natural supports relevant to the individual's service needs. The team may also include family members, at the discretion of the individual using the service.

(3) The team works with the individual using the service to establish the service plan that guides and coordinates the delivery of the services.

(4) The case manager advocates for the individual using the service.

(5) The case manager coordinates and monitors the services provided to the individual using the service.

(6) Documentation of contacts includes the date, the name of the individual using the service, the name of the case manager, and the place of service.

(7) The case manager holds individual face-to-face meetings at least quarterly with the individual using the service.

(8) Case managers do not provide direct services. Individuals using the service are linked to appropriate resources, which provide necessary direct services and natural supports.

(9) Individuals using the service participate in developing an individualized crisis intervention plan that includes natural supports and self-help methods.

(10) Documentation shows that individuals using the service are informed about their choice of providers as provided in the county management plan.

(11) Within an accredited case management program, the average caseload is no more than 45 individuals per each full-time case manager. The average caseload of children with serious emotional disturbance is no more than 15 children per full-time case manager.

(12) The case manager communicates with the team and then documents in the individual's file a quarterly review of the individual's progress toward achieving the goals.

24.4(10) Day treatment services. "Day treatment" means an individualized service emphasizing mental health treatment and intensive psychosocial rehabilitation activities designed to increase the individual's ability to function independently or facilitate transition from residential placement. Staff use individual and group treatment and rehabilitation services based on individual needs and identified behavioral or mental health issues.

a. Performance benchmark. Individuals using the service who are experiencing a significantly reduced ability to function in the community are stabilized and improved by the receipt of psychosocial rehabilitation, mental health treatment services, and in-home support services, and the need for residential or inpatient placement is alleviated.

b. Performance indicators.

(1) Individuals using the service participate with the organizational staff in identifying the problem areas to be addressed and the goals to be achieved that are based on the individual's need for services.

(2) Individuals using the service receive individualized services designed to focus on those identified mental health or behavioral issues that are causing significant impairment in their day-to-day functioning.

(3) Individuals who receive intensive outpatient and day treatment services receive a comprehensive and integrated schedule of recognized individual and group treatment and rehabilitation services.

(4) Individuals using the service and staff review their progress in resolving problems and achieving goals on a frequent and regular basis.

(5) Individuals using the service receive services appropriate to defined needs and current risk factors.

(6) Individuals using the service receive services from staff who are appropriately qualified and trained to provide the range and intensity of services required by the individual's specific problems or disabilities. A mental health professional provides or directly supervises the provision of treatment services.

(7) Individuals using the service participate in discharge planning that focuses on coordinating and integrating individual, family, and community and organization resources.

(8) Family members of individuals using the service are involved in the planning and provision of services, as appropriate and as desired by the individual.

(9) Individuals using the service participate in developing a detailed psychiatric crisis intervention plan that includes natural supports and self-help methods.

24.4(11) Intensive psychiatric rehabilitation services. "Intensive psychiatric rehabilitation services" means services designed to restore, improve, or maximize level of functioning, self-care, responsibility, independence, and quality of life; to minimize impairments, disabilities, and disadvantages of people who have a disabling mental illness; and to prevent or reduce the need for services in a hospital or residential setting. Services focus on improving personal capabilities while reducing the harmful effects of psychiatric disability, resulting in an individual's recovering the ability to perform a valued role in society.

a. Performance benchmark. Individuals using the service who are experiencing a significantly reduced ability to function in the community due to a disability are stabilized and experience role recovery by the receipt of intensive psychiatric rehabilitation services.

b. Performance indicators.

(1) Individuals using the service receive services from staff who meet the definition of intensive psychiatric rehabilitation practitioner. The intensive psychiatric rehabilitation supervisor has at least a bachelor's degree in a human services field and 60 hours of training in intensive psychiatric rehabilitation.

(2) Individuals using the service receive four to ten hours per week of recognized psychiatric rehabilitation services. All services are provided for an identified period.

(3) Whenever possible, intensive psychiatric rehabilitative services are provided in natural settings where individuals using the service live, learn, work, and socialize.

(4) Significantly involved others participate in the planning and provision of services as appropriate and as desired by the individual using the service.

(5) Individuals using the service participate in developing a detailed psychiatric crisis intervention plan that includes natural supports and self-help methods.

(6) A readiness assessment is initially completed with staff to assist the individual in choosing a valued role and environment. The readiness assessment culminates in a score that documents the individual's motivational readiness.

(7) During the readiness development phase, staff document monthly in the individual's file changes in the individual's motivational readiness to choose valued roles and environments.

(8) During the goal-choosing phase, staff and the individual identify personal criteria, describe alternative environments, and choose the goal. These activities are documented in the individual's file.

(9) During the goal-achieving phase, the functional assessment and resource assessment are completed. Skill programming or skill teaching takes place. These activities are documented in the individual's file.

(10) During goal keeping, individuals using the service participate in discharge planning that focuses on coordinating and integrating individual, family, community, and organization resources for successful community tenure and the anticipated end of psychiatric rehabilitation services. Staff document increases in skill acquisition and skill competency.

(11) Staff document any positive changes in environmental status, such as moving to a more independent living arrangement, enrolling in an education program, getting a job, or joining a community group.

(12) On an ongoing basis and at discharge, staff or the individual using the service documents the level of individual satisfaction with intensive psychiatric rehabilitation services in each individual's file.

24.4(12) Supported community living services. "Supported community living services" means those services provided to individuals with a mental illness, mental retardation, or developmental disability to enable them to develop supports and learn skills that will allow them to live, learn, work and socialize in the community. Services are individualized, need- and abilities-focused, and organized according to the following components: outreach to appropriate support or treatment services; assistance and referral in meeting basic human needs; assistance in housing and living arrangements; crisis intervention and assistance; social and vocational assistance; the provision of or arrangement for personal, environmental, family, and community supports; facilitation of the individual's identification and development of natural support systems; support, assistance, and education to the individual's family and to the community; protection and advocacy; and service coordination.

These services are to be provided by organizational staff or through linkages with other resources and are intended to be provided in the individual's home or other natural community environment where the skills are learned or used. Supported community living is not part of an organized mental health support or treatment group, drop-in center, or clubhouse. Skill training groups may be one of the activities in the service plan and part of supported community living. Skill training groups cannot stand alone as a supported community living service.

a. Performance benchmark. Individuals using the service live, learn, work, and socialize in the community.

b. Performance indicators.

(1) Individuals receive services within their home and community setting where the skills are learned or used.

(2) At intake, the individuals using the service participate in a functional assessment to assist in defining areas of service need and establishing a service plan. Staff summarize the findings of the functional assessment in a narrative that describes the individual's current level of functioning in the areas of living, learning, working, and socialization. Staff review functional assessments on a regular basis to determine progress.

(3) Individuals using the service receive skill training and support services directed to enabling them to regain or attain higher levels of functioning or to maximize functioning in the current goal areas.

(4) Services are delivered on an individualized basis in the place where the individual using the service lives or works.

(5) Documentation that steps have been taken to encourage the use of natural supports and develop new ones is in the individual file.

(6) Individuals using the service participate in developing a detailed individualized crisis intervention plan that includes natural supports and self-help methods.

24.4(13) Partial hospitalization services. "Partial hospitalization services" means an active treatment program providing intensive group and individual clinical services within a structured therapeutic environment for individuals who are exhibiting psychiatric symptoms of sufficient severity to cause significant impairment in day-to-day functioning. Short-term outpatient crisis stabilization and rehabilitation services are provided to avert hospitalization or to transition from an acute care setting.

Services are supervised and managed by a mental health professional, and psychiatric consultation is routinely available. Clinical services are provided by a mental health professional.

a. Performance benchmark. Individuals who are experiencing serious impairment in day-to-day functioning due to severe psychiatric distress are enabled to remain in their community living situation through the receipt of therapeutically intensive milieu services.

b. Performance indicators.

(1) Individuals using the service and staff mutually develop an individualized service plan that focuses on the behavioral and mental health issues and problems identified at admission. Goals are based on the individual's need for services.

(2) Individuals using the service receive clinical services that are provided and supervised by mental health professionals. A licensed and qualified psychiatrist provides psychiatric consultation and medication services.

(3) Individuals using the service receive a comprehensive schedule of active, planned, and integrated psychotherapeutic and rehabilitation services provided by qualified professional staff.

(4) Individuals using the service receive group and individual treatment services that are designed to increase their ability to function independently.

(5) Individuals using the service are involved in the development of an anticipated discharge plan that includes linkages to family, provider, and community resources and services.

(6) Individuals using the service have sufficient staff available to ensure their safety, to be responsive to crisis or individual need, and to provide active treatment services.

(7) Individuals using the service receive services commensurate with current identified risk and need factors.

(8) Support systems identified by individuals using the service are involved in the planning and provision of services and treatments as appropriate and desired by the individual using the service.

(9) Individuals using the service participate in developing a detailed psychiatric crisis intervention plan that includes natural supports and self-help methods.

24.4(14) Outpatient psychotherapy and counseling services. "Outpatient psychotherapy and counseling services" means a dynamic process in which the therapist uses professional skills, knowledge and training to enable individuals using the service to realize and mobilize their strengths and abilities, take charge of their lives, and resolve their issues and problems. Psychotherapy services may be individual, group, or family, and are provided by a person meeting the criteria of a mental health professional or by a person with a master's degree or an intern working on a master's degree in a mental health field who is directly supervised by a mental health professional.

a. Performance benchmark. Individuals using the service realize and mobilize their own strengths and abilities to take control of their lives in the areas where they live, learn, work, and socialize.

b. Performance indicators.

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

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

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

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

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

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

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

(8) Treatment planning is based on the assessment.

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

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

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

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

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

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

24.4(15) Emergency services. "Emergency services" means crisis services that provide a focused assessment and rapid stabilization of acute symptoms of mental illness or emotional distress and are available and accessible, by telephone or face-to-face, on a 24-hour basis. The clinical assessment and psychotherapeutic services are provided by a person who has training in emergency services and who is a mental health professional or has access to a mental health professional, at least by telephone.

Services may be provided by a person who holds a master's degree in a mental health field including, but not limited to, psychology, counseling and guidance, psychiatric nursing, psychiatric rehabilitation, or social work; or a person who holds a bachelor's degree in a human service discipline with five years' experience providing mental health services or human services; or a psychiatric nurse who has three years of clinical experience in mental health. A comprehensive social history is not required for this treatment.

a. Performance benchmark. Individuals using the service receive emergency services when needed that provide a focused assessment and rapid stabilization of acute symptoms of mental illness or emotional distress.

b. Performance indicators.

(1) Individuals using the service can access 24-hour emergency services by telephone or in person.

(2) Information about how to access emergency services is publicized to facilitate availability of services to individuals using the service, family members, and the public.

(3) Individuals using the service receive assessments and services from either a mental health professional or from personnel who meet the requirements above and are supervised by a mental health professional. Psychiatric consultation is available, if needed.

(4) Individuals using the service receive intervention commensurate with current identified risk factors.

(5) Significantly involved others are involved as necessary and appropriate to the situation and as desired by the individual using the service.

(6) Individuals using the service are involved in the development of postemergency service planning and resource identification and coordination.

(7) Staff document contacts in a narrative format and maintain them in a central location that will allow timely response to the problems presented by the individual using the service.

(8) Timely coordination of contacts with relevant professionals is made.

24.4(16) Evaluation services. "Evaluation services" means screening, diagnosis and assessment of individual and family functioning needs, abilities, and disabilities, and determining current status and functioning in the areas of living, learning, working, and socializing.

a. Performance benchmark. Individuals using the service receive comprehensive evaluation services that include screening, diagnosis, and assessment of individual or family functioning, needs and disabilities.

b. Performance indicators.

(1) Evaluations include screening, diagnosis, and assessment of individual or family functioning, needs, abilities, and disabilities.

(2) Evaluations consider the emotional, behavioral, cognitive, psychosocial, and physical information as appropriate and necessary.

(3) Evaluations includes recommendations for services and need for further evaluations.

(4) Mental health evaluations are completed by a person who meets the criteria of a mental health professional, or a person with a master's degree who is license-eligible and supervised by a mental health professional, or an intern of a master's or doctorate program who is supervised by a mental health professional.

[ARC 3855C, IAB 6/20/18, effective 8/1/18; ARC 6321C, IAB 5/18/22, effective 7/1/22]

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

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

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

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

a. The application shall be signed by the organization's chief executive officer and the chairperson of the governing body and shall include the following information:

- (1) The name and address of the applicant organization.
- (2) The name and address of the chief executive officer of the applicant organization.
- (3) The type of organization and specific services for which the organization is applying for accreditation.

- (4) The targeted population groups for which services are to be provided, as applicable.
- (5) The number of individuals in each of the targeted population groups to be served, as applicable.
- (6) Other information related to the standards as requested by division staff.

b. Organizations that have received an initial 270-day accreditation and have not provided services by the end of the 270 days shall have their accreditation lapse for that specific service. This lapse of accreditation shall not be considered a denial. New applications may be submitted that include the waiting list of individuals to be served along with specific timelines of when the services will begin.

c. An organization in good standing may apply for an add-on service.

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

a. For a new organization, staff may initially conduct a desk audit or on-site visit to review the organization's mission, policies, procedures, staff credentials, and program descriptions.

b. The division shall review organizational services and activities as determined by the accreditation category. This review may include audits of case records, administrative procedures, clinical practices, personnel records, performance improvement systems and documentation, and interviews with staff, individuals, boards of directors, or others deemed appropriate, consistent with the confidentiality safeguards of state and federal laws.

c. A team shall make an on-site visit to the organization. The division shall not be required to provide advance notice to the provider of the on-site visit for accreditation.

d. The on-site team shall consist of designated members of the division staff. At the division's discretion, the team may include provider staff of other providers, individuals, and others deemed appropriate.

e. The team shall survey the organization and the services indicated on the accreditation application in order to verify information contained in the application and ensure compliance with all applicable laws, rules, and regulations. At the time of a one-year recertification visit, the team shall review the services that did not receive three-year accreditation.

f. The team shall review case records and personnel records to see how the organization implements each of the indicators in the standards. If the documentation is not found in the records, the organization shall show, at the time the division staff is on site, documentation of how the indicator was accomplished.

g. When an organization subcontracts with agencies to provide services, on-site reviews shall be done at each subcontracting agency to determine if each agency meets all the requirements in this chapter. The accreditation is issued to the organization.

h. At the end of the survey, the team leader shall lend an exit review. Before the close of the on-site review, the organization must provide the team leader any documentation that demonstrates how the organization has met these standards for services.

i. The accreditation team leader shall send a written report of the findings to the organization within 30 working days after completion of the accreditation survey.

j. Organizations required to develop a corrective action and improvement plan pursuant to subrule 24.5(4) "a" shall submit the plan to the division within 30 working days after the receipt of a report issued as a result of the division's survey review. The action plan shall include specific problem areas cited, corrective actions to be implemented by the organization, dates by which each corrective measure shall be completed, and quality assurance and improvement activities to measure and ensure continued compliance.

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

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

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

a. Quality assurance staff shall determine a performance compliance level based on the number of indicators found to be in compliance.

(1) For service indicators, if 25 percent or more of the files reviewed do not comply with the requirements for a performance indicator, then that indicator is considered out of compliance and corrective action is required.

(2) Corrective action is required when any indicator under policies and procedures or organizational activities is not met.

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

(1) Each of the three indicators for policy and procedures has a value of 5 out of a possible score of 15.

(2) Each of the 34 indicators for organizational activities has a value of .44 out of a possible score of 15.

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

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

c. Quality assurance staff shall determine a separate score for each service to be accredited. When an organization offers more than one service under this chapter, there shall be one accreditation award for all the services based upon the lowest score of the services surveyed.

24.5(5) Accreditation decisions. The division shall prepare all documents with a final recommendation regarding accreditation to the division administrator.

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

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

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

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

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

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

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

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

f. *Special terms.*

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

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

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

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

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

h. Denial of accreditation or revocation.

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

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

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

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

24.5(6) Nonassignability. Accreditation shall not be assignable to any other organization or provider. Any person or other legal entity acquiring an accredited facility for the purpose of operating a service shall make an application as provided in subrule 24.5(2) for a new certificate of accreditation. Similarly, any organization having acquired accreditation and desiring to alter the service philosophy or transfer operations to different premises must notify the division in writing 30 calendar days before taking action in order for the division to review the change.

24.5(7) Discontinuation.

a. Discontinued organization. A discontinued organization is one that has terminated all of the services for which it has been accredited. Accreditation is not transferable between organizations.

(1) An organization shall notify the division in writing of any sale, change in business status, closure, or transfer of ownership of the business at least 30 calendar days before the action.

(2) The organization shall be responsible for the referral and placement of individuals using the services, as appropriate, and for the preservation of all records.

b. Discontinued service. An organization shall notify the division in writing of the discontinuation of an accredited or certified service at least 30 calendar days before the service is discontinued.

(1) Notice of discontinuation of a service shall not be initiated during the 30 days before the start of a survey. Once a survey has begun, all services shall be considered in determining the organization's accreditation score.

(2) The organization shall be responsible for the referral and placement of individuals using the services, as appropriate, and for the preservation of all records.

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

24.6(1) National accrediting bodies.

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

- (1) The Joint Commission (TJC).
- (2) The Commission on Accreditation of Rehabilitation Facilities (CARF).
- (3) The Council on Quality and Leadership (The Council).
- (4) The Council on Accreditation (COA).

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

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

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

24.6(2) Application for deemed status.

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

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

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

a. Be currently accredited:

- (1) By a recognized national accrediting body for services as defined in subrule 24.6(1); or
- (2) For supported community living under the Medicaid HCBS intellectual disability waiver pursuant to 441—subrule 77.37(14). If individuals with mental illness are served, the organization must submit verification of the training and experience of the staff to show that its staff can meet the needs of the individuals served.

b. Require staff for the program being deemed to have the necessary training and experience to meet the needs of the population served.

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

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

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

a. To have division staff conduct on-site reviews for those organizations applying for deemed status which the division has not previously accredited.

b. To have division staff do joint site visits with the accrediting body, attend exit conferences, or conduct focused follow-behind visits as determined to be appropriate in consultation with the national accrediting organization and the provider organization.

c. To be informed of and to investigate all complaints that fall under this chapter's jurisdiction according to the process in rule 441—24.7(225C). The division shall report findings to the national accrediting body.

d. To review and act upon deemed status when:

- (1) Complaints have been founded, or
- (2) The organization's national accreditation status expires without renewal, or
- (3) The national accrediting body downgrades or withdraws the organization's status.

24.6(6) Continuation of deemed status.

a. The organization shall send a copy of Form 470-3332, Application and Letter of Agreement, along with a copy of the application for renewal to the national accrediting body at the same time as application is made to a national accrediting body.

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

c. Following the on-site review by a national accrediting body, the organization shall send the division a copy of the cover sheet and the national accrediting body report within 30 calendar days from the date that the organization receives the documents. If a corrective action plan is required, the organization shall send the division a copy of all correspondence and documentation related to the corrective action.

d. HCBS staff shall furnish the division with copies of HCBS certification reports and any corrective action required by HCBS within 30 calendar days after HCBS staff complete the report or the organization completes required corrective action.

[ARC 6321C, IAB 5/18/22, effective 7/1/22]

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

[ARC 6321C, IAB 5/18/22, effective 7/1/22]

441—24.8(225C) Appeal procedure. An appeal may be filed using the procedure identified in 441—Chapter 7. Notice of an appeal shall be sent to Appeals Section, Department of Human Services, Hoover State Office Building, Fifth Floor, 1305 East Walnut, Des Moines, Iowa 50319-0114, within 30 calendar days of the written decision from the commission.

441—24.9(225C) Exceptions to policy. Requests for exceptions to the policies in this chapter shall follow the policies and procedures in the department's general rule on exceptions to policy at 441—1.8(17A,217).

These rules are intended to implement Iowa Code chapter 225C.

441—24.10 to 24.19 Reserved.

DIVISION II CRISIS RESPONSE SERVICES

PREAMBLE

The department of human services in consultation with the mental health and disability services commission has established this set of standards to be met by all providers of crisis response services.

[ARC 1660C, IAB 10/15/14, effective 12/1/14]

441—24.20(225C) Definitions.

“Action plan” means a written plan developed for discharge in collaboration with the individual receiving crisis response services to identify the problem, prevention strategies, and management tools for future crises.

“Crisis assessment” means a face-to-face clinical interview to ascertain an individual's current and previous level of functioning, potential for dangerousness, physical health, and psychiatric and medical condition. The crisis assessment becomes part of the individual's action plan.

“Crisis incident” means an occurrence leading to physical injury or death, or an occurrence resulting from a prescription medication error, or an occurrence triggering a report of child or dependent adult abuse.

“*Crisis response services*” means short-term individualized crisis stabilization services which follow a crisis screening or assessment and which are designed to restore the individual to a prior functional level.

“*Crisis response staff*” means a person trained to provide crisis response services in accordance with rule 441—24.24(225C).

“*Crisis screening*” means a process to determine what crisis response service is appropriate to effectively resolve the presenting crisis.

“*Crisis stabilization community-based services*” or “*CSCBS*” means short-term services designed to de-escalate a crisis situation and stabilize an individual following a mental health crisis and provided where the individual lives, works or recreates.

“*Crisis stabilization residential services*” or “*CSRS*” means a short-term alternative living arrangement designed to de-escalate a crisis situation and stabilize an individual following a mental health crisis and is provided in organization-arranged settings of no more than 16 beds.

“*Department*” means the department of human services.

“*Dispatch*” means the function within crisis line operations to coordinate access to crisis care.

“*Face-to-face*” means services provided in person or utilizing telehealth in conformance with the federal Health Insurance Portability and Accountability Act (HIPAA) privacy rules.

“*Family support peer specialist*” means the same as defined in rule 441—25.1(331).

“*Informed consent*” means the same as defined in rule 441—24.1(225C).

“*Mental health crisis*” means a behavioral, emotional, or psychiatric situation which results in a high level of stress or anxiety for the individual or persons providing care for the individual and which cannot be resolved without intervention.

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

“*Mobile response*” means a mental health service which provides on-site, face-to-face mental health crisis services for an individual experiencing a mental health crisis. Crisis response staff providing mobile response have the capacity to intervene wherever the crisis is occurring, including but not limited to the individual’s place of residence, an emergency room, police station, outpatient mental health setting, school, recovery center or any other location where the individual lives, works, attends school, or socializes.

“*Peer support services*” means a service 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 the same as defined in rule 441—25.1(331).

“*Physical health*” means any chronic or acute health factors that need to be addressed during crisis delivery services.

“*Qualified prescriber*” means a practitioner or other staff following the instruction of a practitioner as defined in Iowa Code section 155A.3 and a physician assistant or advanced registered nurse practitioner operating under the prescribing authority granted in Iowa Code section 147.107.

“*Restraint*” means the application of physical force or the use of a chemical agent or mechanical device for the purpose of restraining the free movement of an individual’s body to protect the individual, or others, from immediate harm.

“*Rights restriction*” means limitations not imposed on the general public in the areas of communications, mobility, finances, medical or mental health treatment, intimacy, privacy, type of work, religion, and place of residence.

“*Self-administered medication*” means the process where a trained staff member observes an individual inject, inhale, ingest or, by any other means, take medication following the instructions of a qualified prescriber.

“*Stabilization plan*” means a written short-term strategy used to stabilize a crisis and developed by a mental health professional, in collaboration with the crisis response staff and with the involvement and consent of the individual or the individual’s representative.

“*Staff-administered medication*” means the direct application of a prescription drug, whether by injection, inhalation, ingestion, or any other means, to the body of an individual by a qualified prescriber or authorized staff following instructions of a qualified prescriber.

“*Telehealth*” is the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include videoconferencing, the Internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

“*Treatment summary*” means a written summarization of the treatment and action plan at the point of an individual’s discharge or transition to another service.

“*Twenty-four-hour crisis line*” means a crisis line providing information and referral, counseling, crisis service coordination, and linkages to crisis screening and mental health services 24 hours a day.

“*Twenty-four-hour crisis response*” means services are available 24 hours a day, 365 days a year, providing access to crisis screening and assessment and linkage to mental health services.

“*Twenty-three-hour observation and holding*” means a level of care provided for up to 23 hours in a secure and protected, medically staffed, psychiatrically supervised treatment environment.

“*Warm line*” means a telephone line staffed by individuals with lived experience who provide nonjudgmental, nondirective support to an individual who is experiencing a personal crisis.

[ARC 1660C, IAB 10/15/14, effective 12/1/14]

441—24.21(225C) Standards for crisis response services. An organization may be accredited to provide any one or all of the identified crisis response services. An organization seeking crisis response service accreditation shall comply with the general standards within this division and additional standards for each specific service.

[ARC 1660C, IAB 10/15/14, effective 12/1/14]

441—24.22(225C) Standards for policies and procedures. Policies and procedures manuals contain policy guidelines and administrative procedures for all activities and services and address the standards in rule 441—24.2(225C).

[ARC 1660C, IAB 10/15/14, effective 12/1/14]

441—24.23(225C) Standards for organizational activities.

24.23(1) The organization shall meet the standards in subrules 24.3(1) through 24.3(5).

24.23(2) The organization shall describe the staffing structure that details how staff are utilized to provide the specific crisis stabilization services in rules 441—24.32(225C) through 441—24.39(225C).

[ARC 1660C, IAB 10/15/14, effective 12/1/14; ARC 3057C, IAB 5/10/17, effective 7/1/17]

441—24.24(225C) Standards for crisis response staff. All crisis response staff shall meet the qualifications described in this rule. Additional staff requirements are described in each service.

24.24(1) Performance benchmark. Qualified crisis response staff provide crisis response services.

24.24(2) Performance indicators.

a. One or more of the following qualifications are met:

(1) A mental health professional as defined in Iowa Code section 228.1.

(2) A bachelor’s degree with 30 semester hours or equivalent in a human services field (including, but not limited to, psychology, social work, nursing, education) and a minimum of one year of experience in behavioral or mental health services.

(3) A law enforcement officer with a minimum of two years of experience in the law enforcement officer’s field.

(4) An emergency medical technician (EMT) with a minimum of two years of experience in the EMT’s field.

(5) A peer support specialist with a minimum of one year of experience in behavioral or mental health services.

(6) A family support peer specialist with a minimum of one year of experience in behavioral or mental health services.

(7) A registered nurse with a minimum of one year of experience in behavioral or mental health services.

(8) A bachelor's degree in a non-human services-related field, associate's degree, or high school diploma (or equivalency) with a minimum of two years of experience in behavioral or mental health services, and 30 hours of crisis and mental health in-service training (in addition to the required 30 hours of department-approved training).

b. Documentation in staff records to verify satisfactory completion of department-approved training including:

(1) A minimum of 30 hours of department-approved crisis intervention and training.

(2) A posttraining assessment of competency is completed.

[ARC 1660C, IAB 10/15/14, effective 12/1/14; ARC 3057C, IAB 5/10/17, effective 7/1/17]

441—24.25(225C) Standards for services.

24.25(1) *Standard for eligibility.* An eligible recipient is an individual experiencing a mental health crisis or emergency where a mental health crisis screening is needed to determine the appropriate level of care.

24.25(2) *Confidentiality and legal status.* Standards in subrule 24.4(6) are met.

24.25(3) *Service systems.* Standards in subparagraphs 24.4(7) "b"(1) to (3) are met.

24.25(4) *Respect for individual rights.* Standards in subrule 24.4(8) are met.

[ARC 1660C, IAB 10/15/14, effective 12/1/14]

441—24.26(225C) Accreditation. The administrator for the division of mental health and disability services shall determine whether to grant, deny or revoke the accreditation of the centers and services as determined in Iowa Code section 225C.6(1) "c."

24.26(1) The organization shall meet the standards of subrule 24.5(1), with the addition of crisis response service organizations.

24.26(2) The organization shall meet the standards in subrules 24.5(2) and 24.5(3).

24.26(3) Performance outcome determinations are as follows:

a. Quality assurance staff shall determine a performance compliance level based on the number of indicators found to be in compliance.

(1) For service indicators, if 25 percent or more of the files reviewed do not comply with the requirements for a performance indicator, that indicator is considered out of compliance and corrective action is required.

(2) Corrective action is required when any indicator under policies and procedures or activities is not met.

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

(1) Each of the three indicators for policies and procedures has a value of 5.0 out of a possible score of 15.

(2) Each of the 34 indicators for activities has a value of .44 out of a possible score of 15.

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

c. Quality assurance staff shall determine a separate score for each service to be accredited. When an organization offers more than one service under this chapter, there shall be one accreditation award for all the services based upon the lowest score of the services surveyed.

Service	Number of Indicators	Value of Each Indicator
24-hour crisis response	19	3.9
Crisis evaluation	20	3.5
24-hour crisis line	23	3.0
Warm line	20	3.5
Mobile response	18	3.9
23-hour observation and holding	44	1.6
Crisis stabilization, community-based	39	1.8
Crisis stabilization, residential	50	1.4

24.26(4) The organization shall meet the standards in subrules 24.5(5) to 24.5(7).
[ARC 1660C, IAB 10/15/14, effective 12/1/14]

441—24.27(225C) Deemed status. The department shall grant deemed status to organizations accredited by a recognized national, not-for-profit, accrediting body when the department determines the accreditation is for similar services. The organization shall fulfill the standards described in subrules 24.6(1) to 24.6(6). The national accrediting bodies currently recognized as meeting division criteria for possible deeming are:

1. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO).
2. The Commission on Accreditation of Rehabilitation Facilities (CARF).
3. The Council on Quality and Leadership in Supports for People with Disabilities (The Council).
4. The Council on Accreditation of Services for Families and Children (COA).
5. The American Association of Suicidology (AAS).
6. Contact USA.

[ARC 1660C, IAB 10/15/14, effective 12/1/14]

441—24.28(225C) Complaint process. The department shall receive and record complaints by individuals using services, employees, any interested people, and the public relating to or alleging violations of applicable requirements of the Iowa Code or administrative rules in accordance with the standards described in rule 441—24.7(225C).

[ARC 1660C, IAB 10/15/14, effective 12/1/14]

441—24.29(225C) Appeal procedure. The department shall receive appeals according to the process in rule 441—24.8(225C).

[ARC 1660C, IAB 10/15/14, effective 12/1/14]

441—24.30(225C) Exceptions to policy. The department shall receive exceptions to policy meeting the standards in rule 441—24.9(225C).

[ARC 1660C, IAB 10/15/14, effective 12/1/14]

441—24.31(225C) Standards for individual crisis response services. Crisis response services provided to children and youth include coordination with parents, guardians, family members, natural supports, and service providers and with other systems such as education, juvenile justice and child welfare.

Crisis response services for individuals who have co-occurring or multi-occurring diagnoses focus on the integration and coordination of treatment services, and supports necessary to stabilize the individual, without regard to which condition is primary. Crisis response services are not to be denied due to the presence of a co-occurring substance abuse condition or developmental or neurodevelopmental disability.

[ARC 1660C, IAB 10/15/14, effective 12/1/14]

441—24.32(225C) Crisis evaluation. Crisis evaluation consists of two components: crisis screening and crisis assessment.

24.32(1) Crisis screening. The purpose of crisis screening is to determine the presenting problem and appropriate level of care.

a. Performance benchmark. Crisis screening includes a brief assessment of suicide lethality, substance use, alcohol use and safety needs. Crisis screening can be provided through contact with crisis response staff and through communication with the individual.

b. Performance indicators.

- (1) Crisis response staff are trained in crisis screening.
- (2) A uniform process for crisis screening and referrals is outlined in policies and procedures.
- (3) Crisis screening records are kept in individual files.

24.32(2) Crisis assessment. The purpose of crisis assessment is to determine the precipitating factors of the crisis, the individual and family functioning needs, and the diagnosis if present and to initiate a stabilization plan and discharge plan. A licensed mental health professional conducts a crisis assessment within 24 hours of an individual's admission to a crisis response service.

a. Assessment requirements. The crisis assessment includes:

- (1) Action plan.
- (2) Active symptoms of psychosis.
- (3) Alcohol use.
- (4) Coping ability.
- (5) History of trauma.
- (6) Impulsivity or absence of protective factors.
- (7) Intensity and duration of depression.
- (8) Lethality assessment.
- (9) Level of external support available to the individual.
- (10) Medical history.
- (11) Physical health.
- (12) Prescription medication.
- (13) Crisis details.
- (14) Stress indicators and level of stress.
- (15) Substance use.

b. Performance benchmark. Individuals receive comprehensive assessment by a mental health professional to determine the appropriate level of care.

c. Performance indicators.

(1) Written policies and procedures describe a uniform process for assessment, referrals and record documentation.

(2) Mental health professionals as defined in Iowa Code section 228.1(6) will complete assessments.

(3) Information collected is sufficient to determine the appropriate level of care.

(4) Assessment results are explained to the individual and family or guardian when appropriate.

(5) The individual's strengths, preferences and needs are included in an action plan. The family or guardian may receive a copy of an action plan with a signed release.

[ARC 1660C, IAB 10/15/14, effective 12/1/14]

441—24.33(225C) Twenty-four-hour crisis response. The purpose of 24-hour crisis response is to provide access to crisis screening and assessment to de-escalate and stabilize the crisis. When the assessment indicates, a stabilization plan is developed to support the individual's return to a prior level of functioning. Twenty-four-hour crisis response staff link the individual to appropriate services. Crisis response staff provide service to individuals of any age.

24.33(1) Performance benchmark. Individuals in crisis have the ability to access crisis response services, including, but not limited to, crisis screening, crisis assessment and stabilization in the least restrictive level of care appropriate.

24.33(2) Performance indicators.

- a. Information on how to access 24-hour crisis response is publicized to facilitate availability of services to individuals using the service, family members and the public.
- b. Individuals accessing the service receive crisis screening and crisis response services from appropriate crisis response staff.
- c. Crisis screening is available and accessible face-to-face, using telephone or Web-based options, 24 hours a day, 365 days a year.
- d. A mental health professional is available for crisis assessment and consultation 24 hours a day, 365 days a year. The mental health professional has access to a qualified prescriber for consultation.
- e. The staffing pattern and schedule is documented.
- f. The integration and coordination of care is documented in the individual's record.
- g. The discharge, action and follow-up plans are documented in the individual's record, and copies of the plans are provided to the individual. The family or guardian may receive a copy with a signed release.

[ARC 1660C, IAB 10/15/14, effective 12/1/14]

441—24.34(225C) Twenty-four-hour crisis line. A 24-hour crisis line provides counseling, crisis service coordination, information and referral, linkage to services and crisis screening. Crisis line staff are qualified to provide crisis stabilization services pursuant to subrule 24.24(2).

24.34(1) Performance benchmark. Crisis screening, counseling, crisis service coordination and referrals are provided to individuals in crisis.

24.34(2) Performance indicators.

- a. The crisis line service is available 24 hours a day, 365 days a year.
- b. Policies are in place regarding how the crisis line is answered live, when to utilize the hold feature, the use of queue systems and triage of calls.
- c. Policies and procedures govern the use of technology, including telephonic and Internet capability in the service delivery structure, quality assurance, data integrity and confidentiality.
- d. Procedures are in place for ensuring the quality of the crisis line, including monitoring calls and corrective action plans.
- e. The crisis line is an integrated component of the crisis response service system; the crisis line is answered in an organization setting by trained crisis response staff.
- f. Policies define collaborative efforts and triage procedure between the mobile outreach teams, law enforcement and emergency services.
- g. Policies are in place to ensure follow-up contacts are provided within 24 hours of a crisis call for all risk cases. The crisis line integrates follow-up into all crisis service contacts.
- h. The crisis line utilizes standardized call center software with the capability to track:
 - (1) Date and time of answered call, topic of call, crisis screening provided, referral made, hold time, and demographics of call.
 - (2) Number of contacts, including terminated and lost calls.
- i. Policies and procedures describe a uniform process of crisis screening and training for crisis line staff.
- j. Training includes crisis screening tools, lethality assessment, crisis counseling, cultural competence, crisis service coordination, and information and referral.
- k. Twenty-four-hour access to a mental health professional is required.

[ARC 1660C, IAB 10/15/14, effective 12/1/14]

441—24.35(225C) Warm line. A peer-operated warm line is a service individuals can access to talk with someone with lived experience with mental, behavioral health and trauma issues. The line provides a resource for individuals experiencing emotional distress.

24.35(1) Performance benchmark. A warm line provides nonjudgmental listening, nondirective assistance, information, referral, and triage when appropriate.

24.35(2) Performance indicators.

- a. Policies are in place regarding how the warm line is answered live, placing callers on hold and when appropriate to use a queue system.

- b. Policies and procedures are in place for standard collection of demographics, the presented reason for calling and outcome of call.
- c. Policies and procedures are in place for crisis screening and when to triage a caller to a higher level of service.
- d. Data collection includes call answer times, duration of calls, and number of calls dropped, lost or terminated.
- e. Policies and procedures describe the staffing pattern and schedule.
- f. Warm-line staff can receive calls remotely through telephones or computers or within an organization.
- g. Staff qualifications and training for peer support specialists and family support peer specialists are required.
- h. Twenty-four-hour access to a mental health professional is required.

[ARC 1660C, IAB 10/15/14, effective 12/1/14]

441—24.36(225C) Mobile response. Crisis response staff provide on-site, in-person intervention for individuals experiencing a mental health crisis. The mobile response staff provide crisis response services in the individual's home or at locations in the community. Staff work in pairs to ensure staff safety and the safety of the individual served. A single staff member may respond if another person who meets one of the criteria listed in paragraph 24.24(2) "a" will be available on site. Twenty-four-hour access to a mental health professional is required.

24.36(1) Performance benchmark. Mobile response services are delivered to individuals in crisis in a timely manner.

24.36(2) Performance indicators.

- a. Mobile response staff are dispatched immediately after crisis screening has determined the appropriate level of care. If the mobile response staff already are responding to another call, staff explain to the caller that there may be a delay in receiving a mobile response and offer an alternative response.
- b. Mobile response staff have face-to-face contact with the individual in crisis within 60 minutes from dispatch. If the mobile response staff are responding to another request, there may be a delay in receiving mobile response and an alternative response should be provided.
- c. Data is collected to track and trend response time from initial dispatch, the time to respond to dispatch when a team is already in response; diversion from or admission to hospitals, correctional facilities and other crisis response services. The data for each fiscal year is reported to the department within 60 days of the close of the fiscal year.
- d. When an action plan is developed, a copy is sent within 24 hours, with the individual's signed consent, to service providers, the individual and others as appropriate.
- e. The following information is documented in the individual's service record:
 - (1) Triage and referral information.
 - (2) Reduction in the level of risk present in the crisis situation.
 - (3) Coordination with other mental health resources.
 - (4) Names and affiliation of all individuals participating in the mobile response.
- f. A follow-up appointment with the individual's preferred provider will be made, and mobile response staff will follow up with the individual and document contact or attempt to contact on a periodic basis until the appointment takes place.

[ARC 1660C, IAB 10/15/14, effective 12/1/14]

441—24.37(225C) Twenty-three-hour crisis observation and holding. Twenty-three-hour crisis observation and holding services may be a stand-alone service or embedded within a crisis stabilization residential service. Twenty-three-hour crisis observation and holding services are designed for individuals who need short-term crisis intervention in a safe environment less restrictive than hospitalization. This level of service is appropriate for individuals who require protection or when an individual's ability to cope in the community is severely compromised and it is expected the crisis can be resolved in 23 hours. Twenty-three-hour crisis observation and holding services include, but are not

limited to, treatment, medication administration, meeting with extended family or significant others, and referral to appropriate services. Twenty-three-hour crisis observation and holding chairs can be utilized.

24.37(1) Admission criteria. The services may be provided if any of the following admission criteria are met:

a. There are indications the symptoms can be stabilized and an alternative treatment can be initiated within a 23-hour period.

b. The presenting crisis cannot be safely evaluated or managed in a less restrictive setting, or no such setting is available.

c. The individual does not meet inpatient criteria, and it is determined a period of observation assists in the stabilization and prevention of symptom exacerbation.

d. Further evaluation is necessary to determine the individual's service needs.

e. There is an indication of actual or potential danger to self or others as evidenced by a current threat or ideation.

f. There is a loss of impulse control leading to life-threatening behavior and other psychiatric symptoms requiring stabilization in a structured, monitored setting.

g. The individual is experiencing a crisis demonstrated by an abrupt or substantial change in normal life functioning brought on by a specific cause, sudden event or severe stressor.

24.37(2) Staffing requirements.

a. A designated medical director or administrator is responsible for the management and operation of the organization or facility.

b. Registered nurse practitioners and physician assistants have at least two years of mental health experience.

c. At least one mental health professional is available for consultation 24 hours a day, 365 days a year.

d. A mental health professional as defined in Iowa Code section 228.1(6) provides mental health services appropriate to the individual's needs.

e. Crisis response staff are on duty 24 hours a day.

f. A registered nurse is available on site 24 hours a day.

24.37(3) Twenty-three-hour observation and holding safety.

a. Performance benchmark. An incident report is created when staff are notified an incident has occurred.

b. Performance indicators.

(1) The incident report documents:

1. The name of the individual or individuals who were involved in the incident.

2. Date and time of occurrence of the incident.

3. A description of the incident.

4. Names and signatures of all staff present at the time of the incident.

5. The action taken by the staff.

6. The resolution or follow-up to the incident.

(2) A copy of the incident report is kept in a centralized file and a copy is given to the individual, the mental health and disability services region, and the individual's parent or guardian when appropriate.

24.37(4) Service requirements.

a. Performance benchmark. A treatment summary is provided to the individual and the individual's treatment team when applicable.

b. Performance indicators. The minimum treatment summary requirements include:

(1) Action plan.

(2) Crisis assessment, including challenges and strengths.

(3) Course and progress of the individual with regard to each identified challenge.

(4) Evaluation of the individual's mental status to inform ongoing placement and support decisions.

(5) Recommendations and arrangements for further service needs.

(6) Signature of the mental health professional.

(7) Treatment interventions.

c. Performance benchmark. The individual using this service is provided a safe, secure observation and holding service in a location meeting the needs of the individual and in the least restrictive setting.

d. Performance indicators.

- (1) Individuals give informed consent.
- (2) Treatment providers, family members and other natural supports as appropriate are contacted within 23 hours of the individual's admission.
- (3) Written policies and procedures cover medication administration, storage and documentation.
- (4) Individual records include, but are not limited to, a treatment summary and verification of individual choice.
- (5) The 23-hour crisis observation and holding facility is a welcoming and comfortable environment conducive to recovery.
- (6) The 23-hour crisis observation and holding is primarily used as a diversion from hospital level of care.
- (7) Communication attempts and contact with the individual's team will be documented.
- (8) A follow-up appointment with the individual's preferred provider will be made, and crisis response staff will follow up with the individual and document contact or attempt to contact on a periodic basis until the appointment takes place.
- (9) There are written policies and procedures of how to document and track discharge locations.
- (10) The actual number of individuals served within the 23-hour period is documented. Individual treatment records contain reasons why individuals stay beyond the 23-hour period.
- (11) Readmission data and length of time between admissions are tracked for data trend reports.

e. Performance benchmark. Policies and procedures address the additional safety standards for 23-hour crisis and observation services.

f. Performance indicators.

- (1) Service compliance is documented regarding state fire marshal rules and fire ordinances and applicable local health, fire, occupancy code, and safety regulations.
- (2) Based on standards used for public facilities, all food and drink is clean, wholesome, free from spoilage, and stored and served in a manner safe for human consumption.
- (3) Doors must not be locked from the inside. The use of door locks is as approved by the fire marshal and professional staff.
- (4) Twenty-three-hour observation and holding services have an emergency preparedness plan to describe the process for an individual to continue receiving services during a disaster including, but not limited to, cases of severe weather or fire.

g. Performance benchmark. Policies and procedures address the cleanliness of the 23-hour observation and holding service.

h. Performance indicators.

- (1) Services provide a safe, clean, well-ventilated, properly heated environment in good repair and free from vermin.
- (2) An individual's resting or sleeping area includes:
 1. A sturdily constructed bed or comfortable chair.
 2. A sanitized mattress protected with a clean mattress pad, or sanitized chair.
 3. Curtains or blinds are on bedroom windows.
 4. Available clean linen.
 5. Doors or partitions for privacy.
 6. Right to privacy is respected.
- (3) Bathrooms include items necessary for personal hygiene and personal privacy.
 1. A safe supply of hot and cold running water which is potable.
 2. Clean towels, electric hand dryers or paper towel dispensers, and an available supply of toilet paper and soap.
 3. Natural or mechanical ventilation capable of removing odors.
 4. Tubs or showers have slip-proof surfaces.

5. Partitions with doors which provide privacy if a bathroom has multiple toilet stools.
6. Toilets, wash basins, and other plumbing or sanitary facilities are maintained in good operating condition.
7. Privacy in bathrooms for male and female individuals.
 - i. *Performance benchmark.* Personal rights are acknowledged.
 - j. *Performance indicator.* The following are allowed:
 - (1) Areas in which an individual may be alone when appropriate.
 - (2) Areas for private conversations with others.
 - (3) Secure space for personal belongings.
 - (4) Personal clothing is allowed in accordance with organization policy.
 - k. *Performance benchmark.* Policies and procedures address health and safety standards.
 - l. *Performance indicators.*
 - (1) An emergency preparedness plan is designed to provide effective utilization of available resources during a disaster event including, but not limited to, cases of severe weather or fire.
 - (2) Services comply with rule 441—24.39(225C).
 - (3) There are written policies on safety.
 - (4) Seclusion is not used.
 - (5) Mechanical or chemical restraints are not used at any time.
 - (6) The smokefree air Act, Iowa Code chapter 142D, is followed.

[ARC 1660C, IAB 10/15/14, effective 12/1/14]

441—24.38(225C) Crisis stabilization community-based services (CSCBS). The goal of CSCBS is to stabilize the individual within the community. CSCBS is designed as a voluntary service for individuals in need of a safe, secure location that is less intensive and restrictive than an inpatient hospital. Individuals receive CSCBS services including, but not limited to, psychiatric services, medication, counseling, referrals, peer support and linkage to ongoing services. The duration for CSCBS is expected to be less than five days.

24.38(1) Eligibility. To be eligible, an individual must:

- a. Be determined appropriate for the service by mental health assessment; and
- b. Be determined not to need inpatient acute hospital psychiatric services.

24.38(2) Staffing requirements.

- a. A designated director or administrator is responsible for the management and operation of the CSCBS.
- b. At least one licensed nurse practitioner, physician assistant, or psychiatrist is available for consultation 24 hours a day, 365 days a year.
- c. Mental health professionals with expertise appropriate to the individual's needs provide services.
- d. Contact between the individual and a mental health professional occurs at least one time a day.
- e. Additional services are provided by crisis response staff at a minimum of one hour per day, including, but not limited to, skill building, peer support or family support peer services. The goal of CSCBS is to stabilize the individual within the community. CSCBS is designed for voluntary services for individuals in need of a safe, secure location that is less intensive and restrictive than an inpatient hospital.
- f. Crisis response staff must be awake and attentive 24 hours a day.

24.38(3) Performance benchmark. The individual using CSCBS is provided safe, secure and structured crisis stabilization services in the least restrictive location meeting the needs of the individual. The CSCBS can be for youth aged 18 and under or adults aged 18 and older.

24.38(4) Performance indicators.

- a. The individual can provide consent for treatment providers, family members and other natural supports to be contacted within 24 hours of admission.
- b. Daily crisis stabilization services include, at minimum, daily contact with a mental health professional and one hour of additional crisis stabilization services from crisis response staff.

c. The numbers of days an individual receives crisis stabilization services are documented. The documentation records specific reasons for the delivery of services beyond five days.

d. Individual records are maintained to document the following:

(1) Daily contact with a mental health professional.
 (2) Additional services provided including, but not limited to, skill building, peer support or family support peer services.

(3) Medication record.

e. Individual choice is verified including, but not limited to, treatment participation and discharge plan options.

f. Readmission data is tracked, including an analysis of data trends looking at effectiveness, and appropriate corrective action taken. The information is documented in the performance improvement system files.

24.38(5) Crisis stabilization incident reporting.

a. *Performance benchmark.* An incident report is filed when staff are notified an incident has occurred.

b. *Performance indicators.*

(1) The incident report documents:

1. The name of the individual involved in the incident.
2. Date and time the incident occurred.
3. A description of the incident.
4. Names and signatures of all staff present at the time of the incident.
5. The action the staff took to handle the situation.
6. The resolution or follow-up to the incident.

(2) A copy of the incident report is kept in a centralized file and a copy given to the individual, the mental health and disability services region, and the parent or guardian when appropriate.

24.38(6) Service requirements.

a. *Stabilization plan.* The individual in crisis is involved collaboratively in all aspects of crisis stabilization services including, but not limited to, admission, treatment planning, intervention, and discharge. The involvement of family members and others is encouraged.

Within 24 hours of an individual's admission to crisis stabilization services, a written short-term stabilization plan is developed, with the involvement and consent of the individual, and is reviewed frequently to assess the need for the individual's continued placement in CSCBS. At a minimum, this plan includes:

(1) Criteria for discharge, including referrals and linkages to appropriate services and coordination with other systems.

(2) Description of any physical disability and any accommodations necessary to provide the same or equal services and benefits as those afforded nondisabled individuals.

(3) Evidence of input by the individual, including the individual's signature.

(4) Goal statement. Goals are consistent with the individual's needs and projected duration of service delivery and include objectives which build on strengths and are stated in terms allowing measurement of progress.

(5) Rights restrictions.

(6) Names of all other persons participating in the development of the plan.

(7) Specification of treatment responsibilities and methods.

b. *Performance benchmark.* A stabilization plan is completed within 24 hours of the individual's admittance.

c. *Performance indicators.*

(1) Individual records include a written short-term stabilization plan developed with the involvement and consent of the individual within 24 hours of admittance and reviewed frequently to assess the need for continued placement in CSCBS.

(2) Individual records indicate a crisis stabilization plan is completed within the 24-hour time frame.

(3) Reasons for crisis stabilization plans not meeting the criteria are documented.

(4) A follow-up appointment with the individual's preferred provider will be made, and crisis response staff will follow up with the individual and document contact or attempt to contact on a periodic basis until the appointment takes place.

24.38(7) Treatment summary. Prior to the individual's discharge from CSCBS, a treatment summary is completed. A copy of the summary is provided to the individual and shared with the individual's treatment team of providers, if applicable.

a. Contents. At a minimum, the treatment summary includes:

(1) Course and progress of the individual with regard to each identified problem.

(2) Documented note of a mental health professional contact one time daily.

(3) Evolution of the mental status to inform ongoing placement and support decisions.

(4) Final assessment, including general observations and significant findings of the individual's condition initially while services were being provided and at discharge.

(5) Recommendations and arrangements for further service needs.

(6) Signature of the mental health professional.

(7) Stabilization plan.

(8) Reasons for termination of service.

(9) Treatment interventions.

b. Performance benchmark. A treatment summary is completed during the length of stay in CSCBS.

c. Performance indicators.

(1) Records include a written treatment summary developed with the involvement of the individual. A copy of the summary is provided upon discharge.

(2) Incidents in which a treatment plan was not completed within the length of stay and any corrective action necessary to alleviate this issue are documented.

24.38(8) Health and safety.

a. Performance benchmark. Emergency preparedness policies and procedures include health and safety measures.

b. Performance indicators.

(1) Emergency preparedness plans are designed to provide effective utilization of available resources for care to continue during a disaster event including, but not limited to, cases of severe weather or fire.

(2) Crisis services comply with rule 441—24.39(225C).

[ARC 1660C, IAB 10/15/14, effective 12/1/14]

441—24.39(225C) Crisis stabilization residential services (CSRS). Crisis stabilization residential services are short-term services provided in facility-based settings of no more than 16 beds. The goal of CSRS is to stabilize and reintegrate the individual back into the community. Crisis stabilization residential services are designed for voluntary individuals who are in need of a safe, secure environment less intensive and restrictive than an inpatient hospital. Crisis stabilization residential services have the capacity to serve more than two individuals at a time. Crisis stabilization residential services can be for youth aged 18 and younger or adults aged 18 and older. Youth and adults cannot be housed in the same facility setting. Facilities licensed by the department of inspections and appeals for other services would have to comply with the provisions of Iowa Administrative Code rule 481—57.50(135C) for operating another business or activity in the facility.

24.39(1) Eligibility. To be eligible, an individual must:

a. Be an adult aged 18 or older or a youth aged 18 or under.

b. Be determined appropriate for the service by a mental health assessment; and

c. Be determined to not need inpatient acute hospital psychiatric services.

24.39(2) Staffing requirements.

a. A designated director or administrator is responsible for the management and operation of the CSRS of no more than 16 beds.

b. At least one licensed mental health professional is available for consultation 24 hours a day, 365 days a year.

c. Crisis stabilization residential services are provided by a mental health professional with expertise appropriate to the individual's needs.

d. Each individual has contact with a mental health professional at least one time a day.

e. Each individual has a minimum of one hour per day of additional services provided by crisis response staff including, but not limited to, skill building, peer support or family support peer services; or other therapeutic programming.

f. Awake and attentive staffing 24 hours a day, 365 days a year is provided.

24.39(3) Performance benchmark. The individual is provided safe, secure and structured crisis stabilization services in the least restrictive location meeting the individual's needs.

24.39(4) Performance indicators.

a. Individual's consent is documented, and treatment providers, family members and other natural supports are contacted within 24 hours of admission.

b. A comprehensive mental health assessment is completed within 24 hours of admission.

c. Daily crisis stabilization includes, at minimum, daily contact with a mental health professional and one hour of additional crisis stabilization service.

d. The length of stay is expected to be less than five days.

e. The number of days an individual receives crisis stabilization services is documented. The documentation records specific reasons for lengths of stay beyond five days.

f. Records include:

(1) Stabilization plan.

(2) Medication record.

(3) Treatment summary.

(4) Daily contact with a mental health professional.

g. Additional services provided include, but are not limited to, skill building, peer support or family support peer services.

h. Individual choice is verified including, but not limited to, treatment participation and discharge plan options.

i. Data of readmission is tracked including an analysis of data trends, looking at effectiveness, and appropriate corrective action. The information is documented in the performance improvement system.

j. Documentation tracks that the youth's education needs are met with educational services received in the CSRS, and an action plan is in place to return the youth to school upon discharge.

24.39(5) Crisis stabilization incident reporting.

a. *Performance benchmark.* An incident report is completed when staff are notified an incident has occurred.

b. *Performance indicators.*

(1) The incident report documents:

1. The name of the individual who was involved in the incident.

2. Date and time of occurrence of the incident.

3. A description of the incident.

4. Names and signatures of all staff present at the time of the incident.

5. The action staff took to handle the situation.

6. The resolution or follow-up to the incident.

(2) A copy of the incident report is maintained in a centralized file and a copy given to the individual, the mental health and disability services region, and the parent or guardian when appropriate.

24.39(6) Service requirements.

a. *Stabilization plan.* The individual is involved collaboratively in all aspects of crisis stabilization services including, but not limited to, admission, treatment planning, intervention, and discharge. The involvement of family members and others is encouraged.

Within 24 hours of admission to CSRS, a written short-term stabilization plan is developed, with the involvement and consent of the individual, and reviewed frequently to assess the need for continued placement in CSRS. At a minimum, this plan includes:

- (1) Criteria for discharge, including referrals and linkages to appropriate services and coordination with other systems.
 - (2) Description of any physical disability and accommodations necessary to provide the same or equal services and benefits as those afforded nondisabled individuals.
 - (3) Evidence of input by the individual, including the individual's signature.
 - (4) Goal statement.
 - (5) Goals consistent with needs and projected length of stay.
 - (6) Objectives that are built on strengths and allow measurement of progress.
 - (7) Rights restrictions.
 - (8) Signatures of all participating in the development of the plan.
 - (9) Specification of treatment responsibilities and methods.
- b. Performance benchmark.* A stabilization plan is completed within 24 hours of admittance.
- c. Performance indicators.*

(1) Records include a written short-term stabilization plan developed with the involvement and consent of the individual within 24 hours of admission and is reviewed frequently to assess the need for continued placement in CSRS.

(2) Records indicating a stabilization plan has been completed within the 24-hour time frame are maintained.

(3) Reasons the stabilization plan does not meet the criteria is documented.

(4) A follow-up appointment with the individual's preferred provider will be made, and crisis response staff will follow up with the individual and document contact or attempt to contact on a periodic basis until the appointment takes place.

24.39(7) Treatment summary. Prior to discharge, a treatment summary is provided and a copy shared with the individual and treatment team as appropriate.

a. Contents. At a minimum, this treatment summary includes:

- (1) Course and progress regarding each identified problem.
- (2) Documentation of daily contact with a mental health professional.
- (3) Impact on placement and support decisions.
- (4) Assessment.
- (5) Action plan.
- (6) Stabilization plan.
- (7) Treatment interventions.
- (8) Reasons for termination of service.
- (9) Signature of the mental health professional.

b. Performance benchmark. A treatment summary is completed during the individual's length of stay in CSRS.

c. Performance indicators.

(1) Records include a written treatment summary developed with the involvement and consent of the individual.

(2) An individual receives a copy of the treatment summary upon discharge.

(3) Corrective action steps are documented when treatment plans are not completed within the length of stay.

24.39(8) Health and safety.

a. Performance benchmarks.

(1) Emergency preparedness policies and procedures include health and safety measures.

(2) Crisis stabilization services meet all applicable local, state and federal regulations.

(3) Medication administration and documentation standards in rule 441—24.40(225C) are documented.

b. Performance indicators.

- (1) Health and fire safety inspections.
 1. Documentation includes Iowa fire marshal rules and fire ordinances, local health, fire, occupancy code, and safety regulations.
 2. Standards for public facilities guide food and beverage safety, nutrition standards, and safe storage of all consumable products.
 3. Crisis stabilization residential services comply with rule 441—24.40(225C).
- (2) Emergency preparedness. Emergency preparedness policies are designed to provide effective utilization of available resources for continuation during a disaster event, including, but not limited to, cases of severe weather or fire.
- (3) The facility is safe, clean, well-ventilated, and a properly heated environment in good repair and free from vermin.
- (4) Bedrooms include:
 1. A sturdily constructed bed.
 2. A sanitized mattress protected with a clean mattress pad.
 3. A designated space in proximity to the sleeping area for personal possessions including clothing.
 4. Curtains or window blinds on bedroom windows.
 5. Available clean linens.
- (5) Sleeping areas include:
 1. Doors for privacy.
 2. Partitioning and placement of furniture to provide privacy.
 3. Rooms accommodate no more than two per room. Single room dimensions are at least 80 square feet not including closets. Dual occupancy rooms are at least 120 square feet not including closets.
 4. Personal belongings and personal touches in the rooms are defined within CSRS policy.
 5. Respect by staff for an individual's right to privacy.
- (6) Personal hygiene and privacy tools are provided:
 1. A safe supply of hot and cold running water which is potable.
 2. Clean towels, electric hand dryers or paper towel dispensers, and an available supply of toilet paper and soap.
 3. Natural or mechanical ventilation capable of removing odors.
 4. Tubs or showers with slip-proof surfaces.
 5. Partitions with doors which provide privacy if a bathroom has multiple toilet stools.
 6. Toilets, wash basins, and other plumbing or sanitary facilities are in good operating condition.
 7. Privacy in bathrooms for male and female individuals.
- (7) Federal laws regarding smoking on property are recognized and followed.
- (8) The following is provided:
 1. Areas in which an individual may be alone when appropriate.
 2. Areas for private conversations with others.
 3. A secure space for personal belongings.
- c. *Housekeeping.* Maintenance of living quarters and day-to-day housekeeping activities are clearly defined in writing and a part of the orientation. Staff assistance and equipment are provided as needed.
- d. *Clothing.*
 - (1) Personal clothing is allowed in accordance with CSRS policy.
 - (2) Clothing may be washed with provided laundry mechanisms.
- e. *Religion/culture.* Rights to religion and culture include:
 - (1) The opportunity to participate in religious activities and services in accordance with the individual's faith or of a minor individual's parent(s) or guardian.
 - (2) Arrange for transportation to religious activities when appropriate per CSRS policy.
- f. *Smoking.* The smokefree air Act, Iowa Code chapter 142D, is included in the CSRS policy.

441—24.40(225C) Medication—administration, storage and documentation. This rule sets forth medication requirements for 23-hour crisis observation and holding, crisis stabilization community-based services, and crisis stabilization residential services.

24.40(1) Performance benchmark. Policies and procedures ensure prescription and over-the-counter drugs are administered or self-administered safely and properly in accordance with federal, state and local laws and regulations. Medication is administered by a qualified prescriber or an individual following the instructions of a qualified prescriber. Medication storage is maintained in accordance with the security requirements of federal, state and local laws. Case records include written policies and procedures regarding use of medication.

24.40(2) Performance indicators.

a. Administration of medication.

(1) Medication administration dose schedules and standardization of abbreviations are documented.

(2) Throughout the CSRS specific methods for control and accountability of medication products are established.

(3) Prescription and over-the-counter drugs are administered or self-administered safely and properly in accordance with federal, state and local laws and regulations.

(4) Medications are prescribed by a qualified prescriber under Iowa law.

(5) Prescription drugs are not administered or self-administered without a written order signed by a qualified prescriber.

b. Staff-administered medication.

(1) Only qualified and authorized staff administers medication, and a current, accurate list of staff is maintained.

(2) Qualified prescribers instruct how medications are administered and documented. The type and amount of medication, time and date of medication administered, and the name of staff administering the medication are transcribed in the medication record.

c. Self-administered medication.

(1) Policies and procedures document which staff have completed department-approved training on self-administration of prescription medication.

(2) Self-administration of prescription and over-the-counter medications are permitted only when the medication label is clear and complete.

d. Medication storage. Medication storage policies under the care and control of the administration include:

(1) All medication is maintained in locked storage, and controlled substances are maintained in a locked box within locked storage.

(2) Medications requiring refrigeration are kept in a refrigerator separated from food and other edible items.

(3) Disinfectants and medication for external use are stored separately from internal and injectable medications.

(4) Each medication is stored in original containers and labeled with the name.

(5) All potent poisonous or caustic medications are clearly labeled; stored separately from other medication, in a specific well-illuminated cabinet, closet, or storeroom; and made accessible only to authorized staff.

(6) Medication provided is dispensed from a licensed pharmacy in the state of Iowa in accordance with the Iowa Code. It can also be provided by a qualified prescriber from a licensed pharmacy in another state according to the laws of the state.

(7) Prescription medications prescribed for one individual are not administered or allowed in the possession of another.

e. Medication labeling. All prescribed medications are clearly labeled with the full name; prescriber's name; prescription number; name and strength of the medication; dosage; directions for use; date of issue; and name, address and telephone number of the pharmacy or prescriber issuing the medication. Medications are packaged and labeled according to state and federal guidelines.

f. Monthly inspection. The staff member in charge of medication provides monthly inspection of all storage units.

g. Damaged labels. Medication containers having soiled, damaged, illegible, or makeshift labels are returned to the issuing pharmacist, pharmacy, or qualified prescriber for relabeling or disposal.

h. Unused medications. Unused prescription drugs are destroyed by staff with a witness present, when an individual leaves the crisis service without medication. A notation is documented in the record. When an individual is discharged or leaves the crisis service, medications currently being administered are sent in their original containers with the individual or with a designated person, with the approval of the qualified prescriber.

i. Medication brought by individual. If the prescribed and over-the-counter medication the individual brings to the CSRS is not used, the medication is packaged, sealed and stored. The sealed packages of medications are returned to the individual or family at the time of discharge.

j. Medication documentation.

(1) Written policies and procedures are in place for the review, approval, and implementation of ethical, safe, human and efficient behavioral intervention procedures.

(2) Written policies and procedures are in place to inform the individual and the individual's legal guardian, when appropriate, about prohibitions on the use of medication as a restraint.

(3) Documentation is required in case records on adverse drug reactions when medications are administered and self-administered.

(4) All medication orders are documented in the case records and document the name of the medication, dose, route of administration, frequency of administration, name of the qualified prescriber prescribing the medication, and name of the staff administering or dispensing the medication.

(5) Medication records are documented by authorized staff administering the medication.

k. Medication rights and responsibilities.

(1) Medication is not used as a restraint. The use of psychopharmacological medication in excess of the standard plan of care is prohibited. Using medication as a restraint includes:

1. Drugs or medications used to control behavior or restrict freedom of movement.

2. Drugs or medications used in excessive amounts or in excessive frequency.

3. Neuroleptics, anxiolytics, antihistamines, and atypical neuroleptics, or other medication used for calming, rather than for the medication's indicated treatment.

(2) Drugs or medications used for standard treatment of the individual's medical or psychiatric condition are not considered to be used as a restraint.

[ARC 1660C, IAB 10/15/14, effective 12/1/14; ARC 6321C, IAB 5/18/22, effective 7/1/22]

These rules are intended to implement Iowa Code sections 331.397 and 225C.19A and chapter 230A.

441—24.41 to 24.49 Reserved.

DIVISION III
COMMUNITY MENTAL HEALTH CENTERS

PREAMBLE

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

[ARC 6321C, IAB 5/18/22, effective 7/1/22]

441—24.50(230A) Definitions.

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

“*Community mental health center self-assessment*” means the form completed and submitted to the department by a new organization as part of the initial application to be designated as a CMHC.

Designated CMHCs complete the form annually and submit it to the department as part of the accreditation and CMHC monitoring process.

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

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

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

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

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

[ARC 6321C, IAB 5/18/22, effective 7/1/22]

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

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

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

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

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

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

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

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

be a recommendation for designation. Recommendations for designation shall be submitted by the department to the MHDS commission for approval.

a. Applicants shall submit the following:

(1) MHDS region(s) letter of support.

(2) Evidence of active three-year accreditation for outpatient and evaluation services under this chapter.

(3) Formal agreement with appropriately accredited provider if the applicant is not directly providing the service for the following:

1. Day treatment, partial hospitalization, or psychosocial rehabilitation services, and

2. Emergency or 24-hour crisis response.

(4) Form 470-5692, Community Mental Health Center Self-Assessment, that demonstrates the applicant's ability to:

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

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

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

4. Make referrals for services provided outside the organization.

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

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

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

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

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

b. Reason for withdrawal request.

c. Date withdrawal is to occur.

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

(1) Individuals served.

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

(3) MHDS region(s).

(4) General public.

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

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

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

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

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

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

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

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

e. The provider's accreditation was discontinued or revoked pursuant to paragraph 24.5(5) "h."
[ARC 6321C, IAB 5/18/22, effective 7/1/22]

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

1. Core services and supports,
2. Serving the target population with minimal to no service denials,
3. Addressing the standards in rule 441—24.2(225), and
4. Ensuring an individual's ability to access services regardless of ability to pay. The CMHC shall assist individuals with applying for health insurance and MHDS regional assistance when necessary to ensure access to services.

[ARC 6321C, IAB 5/18/22, effective 7/1/22]

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

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

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

[ARC 6321C, IAB 5/18/22, effective 7/1/22]

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a. *Performance benchmark.*

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

b. Performance indicators.

- (1) The following staff qualifications shall be met:
 1. Have knowledge and experience in working with the target population.
 2. Have the ability to create relationships with the individuals served that balance support of the mental illness and the need to allow for maximum individual independence.
 3. Have a bachelor's degree with 30 semester hours or equivalent quarter hours in a human services field, including but not limited to psychology, social work, mental health counseling, marriage and family therapy, nursing, education, occupational therapy, and recreational therapy.
 4. Complete a minimum of 12 hours of training within the first year of employment and annually in mental health conditions, including but not limited to the following topics:
 - Mental health diagnoses, symptomology, and treatment;
 - Crisis management, intervention, and de-escalation;
 - Psychiatric medications, common medications, and potential side effects;
 - Other diagnoses or conditions present in the population served; and
 - Individual person-centered service plan, crisis plan, and behavioral support plan implementation.

- (2) The following service components are provided:

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

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

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

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

[ARC 6321C, IAB 5/18/22, effective 7/1/22]

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

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

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

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

[ARC 6321C, IAB 5/18/22, effective 7/1/22]

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¹ Effective date of definitions of “Administrator,” “Division” and “Persons with mental retardation” delayed 70 days by the Administrative Rules Review Committee at its meeting held April 10, 1995.

NURSING BOARD[655]

[Prior to 8/26/87, see Nursing, Board of[590], renamed Nursing Board[655]
under the "umbrella" of Public Health Department by 1986 Iowa Acts, ch 1245]

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CHAPTER 6
NURSING PRACTICE FOR REGISTERED NURSES/LICENSED PRACTICAL NURSES

655—6.1(152) Definitions.

“Advanced registered nurse practitioner” or *“ARNP”* means a person who is currently licensed as a registered nurse under Iowa Code chapter 152 or 152E who is licensed by the board as an advanced registered nurse practitioner.

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

“Board” as used in this chapter means the Iowa board of nursing.

“Competence” means having sufficient knowledge, judgment, and skill to perform a specific function.

“Expanded intravenous therapy certification course” means the Iowa board of nursing course required for licensed practical nurses to perform procedures related to the expanded scope of practice of intravenous therapy.

“Initial assessment” means the systematic collection of data to determine the patient’s health status and plan of care, and to identify any actual or potential health problems, which is performed upon the patient’s first arrival or admission to a unit or facility or upon any significant changes in the patient’s status.

“Licensee” means an individual licensed by the board as a registered nurse or licensed practical nurse.

“Midline catheter” means a long peripheral catheter in which the distal end resides in the mid to upper arm, but the tip terminates no further than the axilla.

“Nursing diagnosis” means a judgment made by a registered nurse, following a nursing assessment of an individual or group about actual or potential responses to health problems, which forms the basis for determining effective nursing interventions.

“Nursing facility” means an institution as defined in Iowa Code chapter 135C. This term does not include acute care settings.

“Nursing process” means ongoing assessment, nursing diagnosis, planning, intervention, and evaluation.

“Peripheral intravenous catheter” means a catheter three inches or less in length.

“Peripherally inserted central catheter” means a soft flexible central venous catheter inserted into an extremity and advanced until the tip is positioned in the vena cava.

“Proximate area” means sufficiently close in time and space, within the same building, to provide timely in-person assistance.

“Supervision” means directly or indirectly observing a function or activity and taking reasonable steps to ensure the nursing care being provided is adequate and delivered appropriately.

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

“Unlicensed assistive personnel” is an individual who is trained to function in an assistive role to the registered nurse and licensed practical nurse in the provision of nursing care activities as delegated by the registered nurse or licensed practical nurse.

[ARC 5481C, IAB 2/24/21, effective 3/31/21; ARC 6316C, IAB 5/18/22, effective 6/22/22]

655—6.2(152) Standards of nursing practice for registered nurses.

6.2(1) A registered nurse shall recognize and understand the legal boundaries for practicing nursing within the scope of nursing practice. The scope of practice of the registered nurse is determined by the nurse's education, experience, and competency and the rules governing nursing. The scope of practice of the registered nurse shall not include those practices requiring the knowledge and education of an advanced registered nurse practitioner.

6.2(2) The registered nurse shall demonstrate professionalism and accountability by:

- a.* Demonstrating honesty and integrity in nursing practice.
- b.* Basing nursing decisions on nursing knowledge, judgment, skills, the needs of patients, and evidence-based practices.
- c.* Maintaining competence through ongoing learning, application of knowledge, and applying evidence-based practices.
- d.* Reporting instances of unsafe nursing practices by self or others to the appropriate supervisor.
- e.* Being accountable for judgments, individual nursing actions, competence, decisions, and behavior in the practice of nursing.
- f.* Assuming responsibility for the nurse's own decisions and actions.
- g.* Wearing identification which clearly identifies the nurse as a registered nurse when providing direct patient care unless wearing identification creates a safety or health risk for either the nurse or the patient.

6.2(3) The registered nurse shall utilize the nursing process by:

- a.* Conducting a thorough nursing assessment based on the patient's needs and the practice setting.
- b.* Applying nursing knowledge based on the biological, psychological, and sociocultural aspects of the patient's condition.
- c.* Detecting inaccurate or missing patient information.
- d.* Receiving a physician's, ARNP's, or other health care provider's orders and seeking clarification of orders when needed.
- e.* Formulating independent nursing decisions and nursing diagnoses by using critical thinking, objective findings, and clinical judgment.
- f.* Planning nursing care and nursing interventions by establishing measurable and achievable outcomes, consistent with the patient's overall health care plan.
- g.* Obtaining education and ensuring competence when encountering new equipment, technology, medication, procedures or any other unfamiliar care situations.
- h.* Implementing treatment and therapy as identified by the patient's overall health care plan.
- i.* Monitoring patients and attending to patients' health care needs.
- j.* Identifying changes in the patient's health status, as indicated by pertinent signs and symptoms, and comprehending the clinical implications of those changes.
- k.* Evaluating continuously the patient's response to nursing care and other therapies, including:
 - (1) Patient's response to interventions.
 - (2) Need for alternative interventions.
 - (3) Need to communicate and consult with other health team members.
 - (4) Need to revise the plan of care.
- l.* Documenting nursing care accurately, thoroughly, and in a timely manner.
- m.* Communicating and consulting with other health team members regarding the following:
 - (1) Patient concerns and special needs.
 - (2) Patient status and progress.
 - (3) Patient response or lack of response to interventions.
 - (4) Significant changes in patient condition.
 - (5) Interventions which are not implemented, based on the registered nurse's professional judgment, and providing:
 1. A timely notification to the physician, ARNP, or other health care provider who prescribed the intervention that the order was not executed and reason(s) for not executing the order;
 2. Documentation in the medical record that the physician, ARNP, or other health care provider was notified and reason(s) for not implementing the order; and

3. If appropriate, a timely notification to other persons who, based on the patient's circumstances, should be notified of any orders which were not implemented.

- n.* Revising plan of care as needed.
- o.* Providing a safe environment for the patient.
- p.* Providing comprehensive health care education to the patient and others, according to nursing standards and evidence-based practices.

6.2(4) The registered nurse shall act as an advocate for the patient(s) by:

- a.* Respecting the patient's rights, confidentiality, concerns, decisions, and dignity.
- b.* Identifying patient needs.
- c.* Attending to patient concerns or requests.
- d.* Promoting a safe environment for the patient, others, and self.
- e.* Maintaining appropriate professional boundaries.

6.2(5) The registered nurse shall apply the delegation process when delegating to another registered nurse or licensed practical nurse by:

a. Delegating only those nursing tasks that fall within the delegatee's scope of practice, education, experience, and competence. The initial assessment and ongoing application of the nursing process shall only be provided by the registered nurse.

b. Matching the patient's needs and circumstances with the delegatee's qualifications, resources, and appropriate supervision.

c. Communicating directions and expectations for completion of the delegated activity and receiving confirmation of understanding of the communication from the delegatee.

d. Supervising the delegatee by monitoring performance, progress and outcomes and ensuring appropriate documentation is complete.

e. Evaluating patient outcomes as a result of the delegation process.

f. Intervening when problems are identified, revising plan of care when needed, and reassessing the appropriateness of the delegation.

g. Retaining accountability for properly implementing the delegation process.

h. Promoting a safe and therapeutic environment by:

(1) Providing appropriate monitoring and surveillance of the care environment.

(2) Identifying unsafe care situations.

(3) Correcting problems or referring problems to appropriate management level when needed.

6.2(6) The registered nurse shall not delegate the following intravenous therapy procedures to a licensed practical nurse:

a. Initiation and discontinuation of a midline catheter or a peripherally inserted central catheter (PICC).

b. Administration of medication by bolus or IV push except maintenance doses of analgesics via a patient-controlled analgesia pump set at a lock-out interval.

c. Administration of blood and blood products, vasodilators, vasopressors, oxytoxics, chemotherapy, colloid therapy, total parenteral nutrition, anticoagulants, antiarrhythmics, thrombolytics, and solutions with a total osmolarity of 600 or greater.

d. Provision of intravenous therapy to a patient under the age of 12 or any patient weighing less than 80 pounds, with the exception of those activities authorized in the limited scope of practice found in subrule 6.3(5).

e. Provision of intravenous therapy in any other setting except a licensed hospital, a nursing facility and a certified end-stage renal dialysis unit, with the exception of those activities authorized in the limited scope of practice found in subrule 6.3(5).

6.2(7) The registered nurse shall apply the delegation process when delegating to an unlicensed assistive personnel (UAP) by:

a. Ensuring the UAP has the appropriate education and training and has demonstrated competency to perform the delegated task.

b. Ensuring the task does not require assessment, interpretation, and independent nursing judgment or nursing decision during the performance or completion of the task.

- c.* Ensuring the task does not exceed the scope of practice of a licensed practical nurse.
- d.* Ensuring the task is consistent with the UAP's scope of employment and can be safely performed according to clear and specific directions.
- e.* Verifying that, in the professional judgment of the delegating nurse, the task poses minimal risk to the patient.
- f.* Communicating directions and expectations for completion of the delegated activity and receiving confirmation of understanding of the communication from the UAP.
- g.* Supervising the UAP and evaluating the patient outcomes of the delegated task.

6.2(8) Subrule 6.2(7) does not apply to delegations to certified emergency medical care personnel who are employed by or assigned to a hospital or other entity in which health care is ordinarily provided, so long as:

- a.* The nurse has observed the patient;
- b.* The delegated task is a nonlifefaving procedure; and
- c.* The task is within the delegatee's job description.

6.2(9) Additional acts which may be performed by, and specific nursing practices for, registered nurses:

a. A registered nurse shall be permitted to practice as a diagnostic radiographer while under the supervision of a licensed practitioner provided that appropriate training standards for use of radiation-emitting equipment are met as outlined in 641—Chapter 42.

b. A registered nurse may staff an authorized ambulance, rescue, or first response service provided the registered nurse can document equivalency through education and additional skills training essential in the delivery of out-of-hospital emergency care. The equivalency shall be accepted when documentation has been reviewed and approved at the local level by the medical director of the ambulance, rescue, or first response service and the Iowa department of public health bureau of emergency and trauma services in accordance with the form adopted by the Iowa department of public health. An exception to this subrule is the registered nurse who accompanies and is responsible for a transfer patient.

c. A registered nurse, while circulating in the operating room, shall provide supervision only to persons in the same operating room.

This rule is intended to implement Iowa Code section 147A.12 and chapters 136C and 152.
[ARC 5481C, IAB 2/24/21, effective 3/31/21]

655—6.3(152) Standards of nursing practice for licensed practical nurses.

6.3(1) The licensed practical nurse shall recognize and understand the legal boundaries for practicing nursing within the scope of nursing practice. The scope of practice of the licensed practical nurse is determined by the nurse's education, experience, and competency and the rules governing nursing.

6.3(2) The licensed practical nurse shall demonstrate professionalism and accountability by:

- a.* Demonstrating honesty and integrity in nursing practice.
- b.* Basing nursing decisions on nursing knowledge and skills, the needs of patients, and licensed practical nursing standards.
- c.* Maintaining competence through ongoing learning and application of knowledge in practical nursing practice.
- d.* Reporting instances of unsafe nursing practices by self or others to the appropriate supervisor.
- e.* Being accountable for judgments, individual nursing actions, competence, decisions, and behavior in the course of practical nursing practice.
- f.* Assuming responsibility for the nurse's own decisions and actions.
- g.* Wearing identification which clearly identifies the nurse as a licensed practical nurse when providing direct patient care unless wearing identification creates a safety or health risk for either the nurse or the patient.

6.3(3) The licensed practical nurse, practicing under the supervision of a registered nurse, advanced registered nurse practitioner (ARNP), or licensed physician, consistent with the accepted and prevailing practices and practice setting, may participate in the nursing process by:

a. Participating in nursing care, health maintenance, patient teaching, evaluation and collaborative planning and rehabilitation to the extent of the licensed practical nurse's education, experience, and competency.

b. Conducting a thorough, ongoing nursing assessment based on the patient's needs after the initial assessment is completed by the registered nurse.

c. Assisting the supervising registered nurse, ARNP, or physician in planning for patient care by identifying patient needs and goals.

d. Demonstrating attentiveness and providing patient surveillance and monitoring.

e. Seeking clarification of orders when needed.

f. Obtaining education and ensuring competence when encountering new equipment, technology, medication, procedures or any other unfamiliar care situations.

g. Implementing treatment and therapy as identified by the patient's overall health care plan.

h. Documenting nursing care accurately, thoroughly, and in a timely manner.

i. Evaluating continuously the patient's response to nursing care and other therapies, including:

(1) Patient's response to interventions.

(2) Need for alternative interventions.

(3) Need to communicate and consult with other health team members.

(4) Need to revise the plan of care.

j. Collaborating and communicating relevant and timely patient information with patients and other health team members to ensure quality and continuity of care, including:

(1) Patient concerns and special needs.

(2) Patient status and progress.

(3) Patient response or lack of response to interventions.

(4) Significant changes in patient condition.

(5) Interventions which are not implemented, based on the licensed practical nurse's professional judgment, and providing:

1. A timely notification to the physician, ARNP, registered nurse, or other health care provider who prescribed the intervention that the order was not executed and reason(s) for not executing the order;

2. Documentation in the medical record that the physician, ARNP, registered nurse, or other health care provider was notified and reason(s) for not implementing the order; and

3. If appropriate, a timely notification to other persons who, based on the patient's circumstances, should be notified of any orders which were not implemented.

k. Providing a safe environment for the patient.

l. Participating in the health care education of the patient and others, according to nursing standards and evidence-based practices.

6.3(4) A licensed practical nurse shall not perform any activity requiring the knowledge and education of a registered nurse, including but not limited to:

a. Initiating a procedure or therapy that requires the knowledge and education level of a registered nurse.

b. Performing an assessment of a procedure or therapy that requires the knowledge and education level of a registered nurse.

c. Initiating or administering blood components.

d. Initiating or administering medications requiring the knowledge and education level of a registered nurse.

6.3(5) A licensed practical nurse, under the supervision of a registered nurse, may engage in the limited scope of practice of intravenous therapy. The licensed practical nurse shall be educated and have documentation of competency in the limited scope of practice of intravenous therapy. Limited scope of practice of intravenous therapy may include:

a. Addition of intravenous solutions without adding medications to established peripheral intravenous sites.

b. Monitoring and regulating the rate of nonmedicated intravenous solutions to established peripheral intravenous sites.

c. Administration of maintenance doses of analgesics via the patient-controlled analgesia pump set at a lock-out interval to established peripheral intravenous sites.

d. Discontinuation of peripheral intravenous therapy.

e. Administration of a prefilled heparin or saline syringe flush, prepackaged by the manufacturer or premixed and labeled by a registered pharmacist or registered nurse, to an established peripheral lock, in a licensed hospital, a nursing facility or a certified end-stage renal dialysis unit.

6.3(6) In a certified end-stage renal dialysis unit, nursing tasks which may be delegated by a registered nurse to a licensed practical nurse, for the sole purpose of hemodialysis treatment, include:

a. Initiation and discontinuation of the hemodialysis treatment utilizing any of the following established vascular accesses: central line catheter, arteriovenous fistula, and graft.

b. Administration, during hemodialysis treatment, of local anesthetic prior to cannulation of the vascular access site.

c. Administration of prescribed dosages of heparin solution or saline solution utilized in the initiation and discontinuation of hemodialysis.

d. Administration, during hemodialysis treatment via the extracorporeal circuit, of the routine intravenous medications erythropoietin, Vitamin D Analog, intravenous antibiotic solutions prepackaged by the manufacturer or premixed and labeled by a registered pharmacist or registered nurse, and iron, excluding any iron preparation that requires a test dose. The registered nurse shall administer the first dose of erythropoietin, Vitamin D Analog, antibiotics, and iron.

6.3(7) The licensed practical nurse shall act as an advocate for the patient by:

a. Always practicing under the supervision of a registered nurse, ARNP, or physician.

b. Respecting the patient's rights, confidentiality, concerns, decisions, and dignity.

c. Identifying patient needs.

d. Attending to patient concerns or requests.

e. Promoting a safe environment for the patient, others, and self.

f. Maintaining appropriate professional boundaries.

6.3(8) The licensed practical nurse shall apply the delegation process when delegating to another licensed practical nurse by:

a. Delegating only those nursing tasks that fall within the scope of practice of a licensed practical nurse.

b. Delegating only those nursing tasks that fall within the delegatee's scope of practice, education, experience, and competence.

c. Matching the patient's needs and circumstances with the delegatee's qualifications, resources, and appropriate supervision.

d. Communicating directions and expectations for completion of the delegated activity and receiving confirmation of the communication from the delegatee.

e. Supervising the delegatee by monitoring performance, progress and outcomes and ensuring appropriate documentation is complete.

f. Evaluating patient outcomes as a result of the delegation process.

g. Intervening when problems are identified, revising plan of care when needed, and reassessing the appropriateness of the delegation.

h. Retaining accountability for properly implementing the delegation process.

i. Promoting a safe and therapeutic environment by:

(1) Providing appropriate monitoring and surveillance of the care environment;

(2) Identifying unsafe care situations; and

(3) Correcting problems or referring problems to appropriate management level when needed.

6.3(9) The licensed practical nurse shall apply the delegation process when delegating to an unlicensed assistive personnel (UAP) by:

a. Delegating only those nursing tasks that fall within the scope of practice of a licensed practical nurse.

b. Ensuring the UAP has the appropriate education and training and has demonstrated competency to perform the delegated task.

c. Ensuring the task does not require assessment, interpretation, and independent nursing judgment or nursing decision during the performance or completion of the task.

d. Ensuring the task is consistent with the UAP's scope of employment and can be safely performed according to clear and specific directions.

e. Verifying that, in the professional judgment of the delegating nurse, the task poses minimal risk to the patient.

f. Communicating directions and expectations for completion of the delegated activity and receiving confirmation of the communication from the UAP.

g. Supervising the UAP and evaluating the patient outcomes of the delegated task.

6.3(10) The licensed practical nurse may provide nursing care in an acute care setting so long as a registered nurse, ARNP, or physician is present in the proximate area. Acute care settings requiring a registered nurse, ARNP, or physician to be in the proximate area include but are not limited to:

a. Units where care of the unstable, critically ill, or critically injured individual is provided.

b. General medical-surgical units.

c. Emergency departments.

d. Operating rooms. (A licensed practical nurse may assist with circulating duties when supervised by a registered nurse circulating in the same room.)

e. Postanesthesia recovery units.

f. Hemodialysis units.

g. Labor and delivery/birthing units.

h. Mental health units.

i. Diagnostic testing centers.

j. Surgery centers.

k. Outpatient procedure centers.

6.3(11) The licensed practical nurse may provide nursing care in a non-acute care setting. However, a registered nurse, ARNP, or physician must be present in the proximate area if the licensed practical nurse provides nursing care in the following non-acute care settings:

a. Community health settings, except:

(1) The licensed practical nurse shall be permitted to provide supportive and restorative care in the home setting under the supervision of a registered nurse or a physician. However, the initial assessment shall be provided by the registered nurse, and the licensed practical nurse is responsible for requesting nurse consultation as needed.

(2) The licensed practical nurse shall be permitted to provide supportive and restorative care in a camp setting under the supervision of a registered nurse or a physician. However, the initial assessment shall be performed by the registered nurse, and the licensed practical nurse is responsible for requesting registered nurse consultation as needed.

b. Schools, except:

(1) The licensed practical nurse shall be permitted to provide supportive and restorative care to a specific student in the school setting in accordance with the student's health plan when under the supervision of, and as delegated by, the registered nurse employed by the school district.

(2) The licensed practical nurse shall be permitted to provide supportive and restorative care in a Head Start program under the supervision of a registered nurse or a physician if the licensed practical nurse was in this position prior to July 1, 1985.

c. Occupational health settings.

d. Correctional facilities, except:

(1) The licensed practical nurse shall be permitted to provide supportive and restorative care in a county jail facility or municipal holding facility operating pursuant to Iowa Code chapter 356. The supportive and restorative care provided by the licensed practical nurse in such facilities shall be performed under the supervision of a registered nurse. However, the initial assessment shall be performed by the registered nurse, and the licensed practical nurse is responsible for requesting registered nurse consultation as needed. The registered nurse shall be available 24 hours per day by teleconferencing equipment.

(2) Reserved.

e. Community mental health settings.

f. Health care clinics, except:

(1) The licensed practical nurse shall be permitted to conduct height, weight and hemoglobin screening and record responses to health questions asked in a standardized questionnaire under the supervision of a registered nurse in a Women, Infants and Children (WIC) clinic. A registered nurse employed by or under a contract with the WIC agency will assess the competency of the licensed practical nurse to perform these functions and must be available for consultation. The licensed practical nurse is responsible for requesting registered nurse consultation as needed.

(2) The licensed practical nurse shall be permitted to provide care, including but not limited to dispensing medications such as methadone, buprenorphine, and naltrexone, in opioid treatment program facilities and opioid treatment medication units. A registered nurse employed by or under a contract with the opioid treatment program or opioid treatment medication unit will assess the competency of the licensed practical nurse to dispense medications and must be available for consultation at all times. The licensed practical nurse is responsible for requesting registered nurse consultation as needed.

6.3(12) A licensed practical nurse may be permitted to supervise other licensed practical nurses or unlicensed assistive personnel, pursuant to Iowa Code section 152.1(5) “*b*,” in the following practice settings, in accordance with the following:

a. A licensed practical nurse working under the supervision of a registered nurse may be permitted to supervise in an intermediate care facility for persons with an intellectual disability or in a residential health care setting.

b. A licensed practical nurse working under the supervision of a registered nurse who is in the proximate area may direct the activities of other licensed practical nurses and unlicensed assistive personnel in an acute care setting in giving care to individuals assigned to the licensed practical nurse.

c. A licensed practical nurse working under the supervision of a registered nurse may supervise in a nursing facility if the licensed practical nurse completes the National Healthcare Institute’s Supervisory Course for Iowa’s Licensed Practical Nurses within 90 days of employment in a supervisory role. Documentation of the completion of the course shall be maintained by the licensed practical nurse. A licensed practical nurse shall be entitled to supervise without completing the course if the licensed practical nurse was performing in a supervisory role on or before October 6, 1982. A licensed practical nurse who is currently enrolled as a full-time student in a registered nurse program and is scheduled to graduate within one year is not required to complete the course. If the licensed practical nurse does not obtain a registered nurse license within one year, the licensed practical nurse must take the course to continue supervisory duties.

6.3(13) A licensed practical nurse shall be permitted to practice as a diagnostic radiographer while under the supervision of a licensed practitioner provided that appropriate training standards for use of radiation-emitting equipment are met as outlined in 641—Chapter 42.

6.3(14) A licensed practical nurse shall be permitted to perform, in addition to the functions set forth in subrule 6.3(5), procedures related to the expanded scope of practice of intravenous therapy upon completion of the board-approved expanded intravenous therapy certification course and in accordance with the following:

a. To be eligible to enroll in the course, the licensed practical nurse shall:

(1) Hold a current unrestricted Iowa license or an unrestricted license in another state recognized for licensure in this state pursuant to the nurse licensure compact contained in Iowa Code chapter 152E.

(2) Have documentation of 1,040 hours of practice as a licensed practical nurse.

(3) Be practicing in a licensed hospital, a nursing facility or a certified end-stage renal dialysis unit whose policies allow the licensed practical nurse to perform procedures related to the expanded scope of practice of intravenous therapy.

b. The course must be offered by an approved Iowa board of nursing provider of nursing continuing education. Documentation of course completion shall be maintained by the licensed practical nurse and employer.

c. The board-approved course shall incorporate the responsibilities of the licensed practical nurse when providing intravenous therapy via a peripheral intravenous catheter, a midline catheter and a peripherally inserted central catheter (PICC) to children, adults and elderly adults.

d. Upon completion of the course, when providing intravenous therapy, the licensed practical nurse shall be under the supervision of a registered nurse. Procedures which may be performed if delegated by the registered nurse are as follows:

(1) Initiation of a peripheral intravenous catheter for continuous or intermittent therapy using a catheter not to exceed three inches in length.

(2) Administration, via a peripheral intravenous catheter, midline catheter, and a PICC line, of premixed electrolyte solutions or premixed vitamin solutions. The first dose shall be administered by the registered nurse. The solutions must be prepackaged by the manufacturer or premixed and labeled by a registered pharmacist or registered nurse.

(3) Administration, via a peripheral intravenous catheter, midline catheter, and a PICC line, of solutions containing potassium chloride that do not exceed 40 meq per liter and that do not exceed a dose of 10 meq per hour. The first dose shall be administered by the registered nurse. The solutions must be prepackaged by the manufacturer or premixed and labeled by a registered pharmacist or registered nurse.

(4) Administration, via a peripheral intravenous catheter, midline catheter, and a PICC line, of intravenous antibiotic solutions prepackaged by the manufacturer or premixed and labeled by a registered pharmacist or registered nurse. The first dose shall be administered by the registered nurse.

(5) Maintenance of the patency of a peripheral intravenous catheter, midline catheter, and a PICC line with a prefilled heparin or saline syringe flush, prepackaged by the manufacturer or premixed by a registered pharmacist or registered nurse.

(6) Changing the dressing of a midline catheter and a PICC line per sterile technique.

e. Intravenous therapy procedures which shall not be delegated by the registered nurse to the licensed practical nurse are as follows:

(1) Initiation and discontinuation of a midline catheter or a PICC.

(2) Administration of medication by bolus or IV push except maintenance doses of analgesics via a patient-controlled analgesia pump set at a lock-out interval.

(3) Administration of blood and blood products, vasodilators, vasopressors, oxytocics, chemotherapy, colloid therapy, total parenteral nutrition, anticoagulants, antiarrhythmics, thrombolytics, and solutions with a total osmolarity of 600 or greater.

(4) Provision of intravenous therapy to a patient under the age of 12 or any patient weighing less than 80 pounds, with the exception of those activities authorized in the limited scope of practice found in subrule 6.3(5).

(5) Provision of intravenous therapy in any other setting except a licensed hospital, a nursing facility and a certified end-stage renal dialysis unit, with the exception of those activities authorized in the limited scope of practice found in subrule 6.3(5).

[ARC 5481C, IAB 2/24/21, effective 3/31/21; ARC 6036C, IAB 11/17/21, effective 12/22/21]

655—6.4(152) Telehealth.

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

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

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

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

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

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

[ARC 6316C, IAB 5/18/22, effective 6/22/22]

These rules are intended to implement Iowa Code chapter 152.

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⁰ Two or more ARCs

¹ Effective date of 5/6/81 delayed 70 days by the Administrative Rules Review Committee [Published IAB 4/29/81]. Effective date of Chapter 6 delayed by the Administrative Rules Review Committee 45 days after convening of the next General Assembly pursuant to §17A.8(9) [Published IAB 8/5/81].

² Effective date of 4/21/82 delayed 70 days by the Administrative Rules Review Committee [Published IAB 4/28/82]. Delay lifted by committee on June 9, 1982.

³ Amendments to 6.3(5), paragraphs "g" and "h," and 6.6 effective 7/1/85, IAB 8/15/84.

⁴ Effective date delayed until adjournment of the 1993 General Assembly by the Administrative Rules Review Committee at its meeting held February 8, 1993; subrule 6.4(2) nullified by 1993 Iowa Acts, HJR 17, effective April 23, 1993.

CHAPTER 7
ADVANCED REGISTERED NURSE PRACTITIONERS
[Prior to 8/26/87, Nursing Board[590] Ch 7]

655—7.1(17A,124,147,152) Definitions.

“*Advanced registered nurse practitioner*” or “*ARNP*” means a person who is currently licensed as a registered nurse under Iowa Code chapter 152 or chapter 152E who is licensed by the board as an advanced registered nurse practitioner.

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

“*Board*” as used in this chapter means the Iowa board of nursing.

“*Collaboration*” is the process whereby an ARNP and physician jointly manage the care of a client.

“*Controlled substance*” means a drug in Schedules II through V of subchapter II of Iowa Code chapter 124.

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

“*Dispense*” means to provide a prescription drug to a patient for self-use outside of the ARNP’s practice location. “Dispense” does not include administration.

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

“*National professional certification organization*” means the American Academy of Nurse Practitioners, the American Association of Critical Care Nurses, the American Midwifery Certification Board, the American Nurses Credentialing Center, the National Board of Certification and Recertification for Nurse Anesthetists, the National Certification Corporation, and the Pediatric Nursing Certification Board.

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

“*Opioid*” means a drug that produces an agonist effect on opioid receptors and is indicated or used for the treatment of pain.

“*Prescription monitoring program database*” or “*PMP database*” means a centralized database of reportable controlled substance prescriptions dispensed to patients and includes data access logs, security tracking information, and records of each individual who requests prescription monitoring program (PMP) information as operated by the board of pharmacy.

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

[ARC 4308C, IAB 2/13/19, effective 3/20/19; ARC 6317C, IAB 5/18/22, effective 6/22/22]

655—7.2(152) Requirements for licensure as an ARNP.

7.2(1) Qualifications. An applicant for an ARNP license shall meet the following qualifications:

- a. Hold an active unrestricted license as a registered nurse in accordance with 655—Chapter 3.
- b. Graduation from an accredited graduate or postgraduate advanced practice educational program in one of the following roles, except as provided by subrule 7.2(2):

- (1) Certified nurse-midwife.
- (2) Certified registered nurse anesthetist.
- (3) Certified nurse practitioner.

(4) Clinical nurse specialist.

c. Current certification issued by a national professional certification organization as a certified nurse-midwife or certified registered nurse anesthetist, or as a certified nurse practitioner or clinical nurse specialist in at least one of the following population foci:

- (1) Women's health/gender-related.
- (2) Family (individual across the lifespan).
- (3) Psychiatric mental health.
- (4) Adult/gerontology.
- (5) Pediatrics.
- (6) Neonatal.

7.2(2) Exception. An applicant who has completed a formal advanced practice educational program but has not graduated from an accredited graduate or postgraduate advanced practice educational program may be licensed as an ARNP provided that the applicant possesses a current certification from a national professional certification organization as described in paragraph 7.2(1) "c." This exception is intended to allow for the grandfathering of ARNPs who completed educational programs before the board required graduation from an accredited graduate or postgraduate advanced practice educational program.

[ARC 4308C, IAB 2/13/19, effective 3/20/19]

655—7.3(17A,147,152) Application process.

7.3(1) An applicant who wishes to be licensed as an ARNP shall submit the following to the board:

- a. An ARNP application for each population focus.
- b. A dated copy of the applicant's current advanced level certification issued by the appropriate national professional certification organization.
- c. If the applicant is not licensed as a registered nurse in Iowa, verification of an active registered nurse license in another state recognized for licensure in this state pursuant to the nurse licensure compact contained in Iowa Code chapter 152E.
- d. A nonrefundable license fee of \$81.

7.3(2) The applicant shall request that official transcripts be sent directly to the board from the educational program verifying the coursework, date of completion of the program, and the degree conferred.

7.3(3) The executive director of the board or the executive director's designee shall have the authority to determine if all requirements have been met for licensure of the applicant as an ARNP. If all requirements have been met:

- a. The applicant shall be issued a license and a certificate to practice as an ARNP which clearly denotes the applicant's name, title, and population focus, and the expiration date of the license.
- b. The expiration date of the ARNP license shall be the same as the expiration date of the applicant's license to practice as a registered nurse.

7.3(4) Licensure completion. An applicant shall complete the ARNP licensure process within 12 months from the start of the application. The board reserves the right to destroy incomplete application materials after 12 months.

7.3(5) Renewal of licensure. An ARNP license may be renewed beginning 60 days prior to the license expiration date and ending 30 days after the expiration date. To renew, a licensee shall submit the information required by subrule 7.3(1). The expiration date assigned to a renewed ARNP license shall be the same as the expiration date of the licensee's license to practice as a registered nurse.

7.3(6) Inactive status. Failure to renew an ARNP license within 30 days after its expiration shall result in an inactive ARNP license.

- a. Continuing to work as an ARNP with an inactive ARNP license may result in disciplinary action.
- b. To reactivate the license, the licensee must reactivate the underlying license to practice as a registered nurse, if required, and shall complete the license renewal process for the ARNP license.

7.3(7) License denial. Rule 655—3.9(17A,272C) shall govern the denial of an application for an ARNP license.

[ARC 4308C, IAB 2/13/19, effective 3/20/19]

655—7.4(17A,147,152) Advanced nursing practice.

7.4(1) An ARNP shall practice within the ARNP's respective population foci. An ARNP shall practice in accordance with the applicable standard of care as described in guidelines published by national professional associations or other reputable sources.

7.4(2) An ARNP must maintain current certification with a national professional certification organization at all times while the ARNP license is active.

7.4(3) An ARNP licensed by the board may prescribe, administer, or dispense prescription drugs or devices, including controlled substances, within the ARNP's role and population foci and consistent with applicable state and federal laws.

7.4(4) An ARNP shall have the authority to practice to the full extent of the ARNP's license, education, and experience in the ARNP's respective population foci. An ARNP may:

- a. Assess health status;
- b. Obtain a relevant health and medical history;
- c. Perform physical examinations;
- d. Order preventive and diagnostic procedures;
- e. Formulate a differential diagnosis;
- f. Develop a treatment plan;
- g. Develop a patient education plan;
- h. Receive third-party reimbursement;
- i. Maintain hospital privileges; and
- j. Promote health maintenance.

7.4(5) Supervision of fluoroscopy. An ARNP shall be permitted to provide direct supervision in the use of fluoroscopic X-ray equipment, as defined in rule 641—38.2(136C).

a. The ARNP shall provide direct supervision of fluoroscopy pursuant to the following provisions:

(1) Completion of an educational course including content in radiation physics, radiobiology, radiological safety and radiation management applicable to the use of fluoroscopy, and maintenance of documentation verifying successful completion.

(2) Collaboration, as needed, as defined in rule 655—7.1(17A,124,147,152).

(3) Compliance with facility policies and procedures.

b. The ARNP shall complete an annual radiological safety course whose content includes, but is not limited to, the time, dose, distance, shielding and effects of radiation.

c. The ARNP shall maintain documentation of the initial educational course and all annual radiological safety updates.

d. The initial and annual education requirements are subject to audit by the board pursuant to 655—subrule 5.2(10).

7.4(6) Only a person currently licensed as an advanced registered nurse practitioner may use that title and the letters "ARNP" after the person's name. A person currently licensed as an ARNP shall utilize the title "advanced registered nurse practitioner" or the letters "ARNP" after the person's name. Utilization of the title which denotes the ARNP's certification or population foci is at the discretion of the ARNP.

[ARC 4308C, IAB 2/13/19, effective 3/20/19]

655—7.5(17A,147,152) Standards of practice for treating patients. An ARNP shall follow the standards of practice for the ARNP's respective population foci. Prior to treating a patient, an ARNP shall:

7.5(1) Establish a patient-provider relationship.

7.5(2) Perform and document the following, or have access to the patient's health records where all of the following have been documented by other providers in the care team:

- a. Chief complaint;

- b. Pertinent health history;
- c. A focused assessment;
- d. Diagnosis; and
- e. Plan of treatment.

[ARC 4308C, IAB 2/13/19, effective 3/20/19]

655—7.6(17A,124,147,152,272C) Standards of practice for controlled substances. In addition to following the standards of practice for treating a patient described in rule 655—7.5(17A,147,152), an ARNP who prescribes or administers a controlled substance shall practice in accordance with the following:

7.6(1) The health history shall include a personal and family substance abuse risk assessment, or the documented rationale for not performing the assessment.

7.6(2) The health record must include documentation of the presence of one or more recognized indications for the use of a controlled substance.

7.6(3) An ARNP is encouraged to utilize a treatment agreement if continuously prescribing one or more controlled substances.

7.6(4) Throughout the course of the patient's treatment, the ARNP shall provide ongoing education that includes, but is not limited to, the risks of using a controlled substance, and information regarding addiction, physical dependence, substance abuse, and tolerance, or document the rationale for not providing the education.

7.6(5) An ARNP shall maintain an active Drug Enforcement Administration (DEA) registration and an active controlled substances Act (CSA) registration to dispense, prescribe, or administer controlled substances, when required by the DEA and the board of pharmacy.

7.6(6) An ARNP shall not prescribe a controlled substance to the ARNP's self or to a family member unless the prescribing occurs in a clinical setting when an emergency situation arises and when there is no other qualified practitioner available to the patient.

7.6(7) The board may discipline an ARNP for prescribing opioids in dosage amounts that exceed what would be prescribed by a reasonably prudent ARNP in a similar practice.

7.6(8) An ARNP who has prescribed opioids to a patient during the renewal cycle is required to complete a minimum of two contact hours of continuing education regarding the U.S. Centers for Disease Control and Prevention guideline for prescribing opioids for chronic pain, including recommendations on limitations on dosages and the length of prescriptions, risk factors for abuse, and nonopioid and nonpharmacologic therapy options, as a condition of license renewal every three years. These hours may count towards the 36 contact hours required for license renewal. The ARNP shall maintain documentation of these hours, which may be subject to audit.

[ARC 4308C, IAB 2/13/19, effective 3/20/19]

655—7.7(124) Use of the prescription monitoring program.

7.7(1) Prior to the prescribing or dispensing of an opioid by an ARNP, the ARNP or the ARNP's authorized delegate shall query the PMP database and the ARNP shall review the patient's information contained in the PMP database.

7.7(2) This rule does not apply to an ARNP when treating a patient who is receiving inpatient hospice care or long-term residential facility care.

7.7(3) This rule does not apply to an ARNP who issues a medication order for an opioid to be administered to a patient at a hospital or clinic, because the ARNP is neither prescribing nor dispensing in this scenario.

7.7(4) An ARNP is responsible for understanding the board of pharmacy's rules governing use of the prescription monitoring program in 657—Chapter 37.

[ARC 4308C, IAB 2/13/19, effective 3/20/19]

655—7.8(152) Prescribing epinephrine auto-injectors in the name of a facility.

7.8(1) An ARNP may issue a prescription for one or more epinephrine auto-injectors in the name of a facility as defined in Iowa Code section 135.185(1), a school district, or an accredited nonpublic school.

7.8(2) An ARNP who prescribes epinephrine auto-injectors in the name of an authorized facility as defined in Iowa Code section 135.185(1), a school district, or an accredited nonpublic school, to be maintained for use pursuant to Iowa Code sections 135.185, 260.16 and 260.16A, provided the ARNP has acted reasonably and in good faith, shall not be liable for any injury arising from the provision, administration, or assistance in the administration of an epinephrine auto-injector.

[ARC 4308C, IAB 2/13/19, effective 3/20/19]

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

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

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

7.9(3) *Standard of care.*

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

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

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

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

7.9(5) *Practitioner-patient relationship.*

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

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

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

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

- (1) Institutional settings;
- (2) Licensed or certified nursing facilities, residential care facilities, intermediate care facilities, assisted living facilities, and hospice settings;
- (3) In response to an emergency or disaster;
- (4) Informal consultations with another health care provider performed by a licensee outside of the context of a contractual relationship, or on an irregular or infrequent basis, without the expectation or exchange of direct or indirect compensation;
- (5) Episodic consultations by a specialist located in another jurisdiction who provides consultation services upon request to a licensee;
- (6) A substitute licensee acting on behalf and at the designation of an absent licensee or other health care provider in the same specialty on an on-call or cross-coverage basis; or

(7) When a sexually transmitted disease has been diagnosed in a patient, a licensee prescribes or dispenses antibiotics to the patient's named sexual partner(s) for the treatment of the sexually transmitted disease as recommended by the U.S. Centers for Disease Control and Prevention.

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

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

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

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

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

[ARC 6317C, IAB 5/18/22, effective 6/22/22]

These rules are intended to implement Iowa Code sections 17A.3, 124.551A, 124.552, 147.2, 147.10, 147.11, 147.72, 147.74, 147.76, 147.80, 147.107, 152.1, 152.6, 152.7, and 272C.2C.

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[Filed ARC 6317C (Notice ARC 6205C, IAB 2/23/22), IAB 5/18/22, effective 6/22/22]

CHAPTER 8
SUBSTANTIVE AND INTERPRETIVE RULES

[Prior to 9/24/86 see Industrial Commissioner[500]]

[Prior to 1/29/97 see Industrial Services Division[343]]

[Prior to 7/29/98 see Industrial Services Division[873]Ch 8]

876—8.1(85) Transportation expense. Transportation expense as provided in Iowa Code sections 85.27 and 85.39 shall include but not be limited to the following:

1. The cost of public transportation if tendered by the employer or insurance carrier.
2. All mileage incident to the use of a private auto. The per-mile rate for use of a private auto from August 1, 2005, through June 30, 2006, shall be 40.5 cents. For annual periods beginning July 1, 2006, and thereafter, the per-mile rate shall be the rate allowed by the Internal Revenue Service for the business standard mileage rate in effect on July 1 of each year.
3. Meals and lodging if reasonably incident to the examination.
4. Taxi fares or other forms of local transportation if incident to the use of public transportation.
5. Ambulance service or other special means of transportation if deemed necessary by competent medical evidence or by agreement of the parties.

Transportation expense in the form of reimbursement for mileage which is incurred in the course of treatment or an examination, except under Iowa Code section 85.39, shall be payable at such time as 50 miles or more have accumulated or upon completion of medical care, whichever occurs first. Reimbursement for mileage incurred under Iowa Code section 85.39 shall be paid within a reasonable time after the examination.

The workers' compensation commissioner or a deputy commissioner may order transportation expense to be paid in advance of an examination or treatment. The parties may agree to the advance payment of transportation expense.

This rule is intended to implement Iowa Code sections 85.27 and 85.39.

876—8.2(85) Overtime. The word "overtime" as used in Iowa Code section 85.61 means amounts due in excess of the straight time rate for overtime hours worked. Such excess amounts shall not be considered in determining gross weekly wages within Iowa Code section 85.36. Overtime hours at the straight time rate are included in determining gross weekly earnings.

This rule is intended to implement Iowa Code sections 85.36 and 85.61.

876—8.3 Rescinded, effective July 1, 1982.

876—8.4(85) Salary in lieu of compensation. The excess payment made by an employer in lieu of compensation which exceeds the applicable weekly compensation rate shall not be construed as advance payment with respect to either future temporary disability, healing period, permanent partial disability, permanent total disability or death.

This rule is intended to implement Iowa Code sections 85.31, 85.34, 85.36, 85.37 and 85.61.

876—8.5(85) Appliances. Appliances are defined as hearing aids, corrective lenses, orthodontic devices, dentures, orthopedic braces, or any other artificial device used to provide function or for therapeutic purposes.

Appliances which are for the correction of a condition resulting from an injury or appliances which are damaged or made unusable as a result of an injury or avoidance of an injury are compensable under Iowa Code section 85.27.

876—8.6(85,85A) Calendar days—decimal equivalent. Weekly compensation benefits payable under Iowa Code chapters 85 and 85A are based upon a seven-day calendar week. Each day of weekly compensation benefits due may be paid by multiplying the employee's weekly compensation benefit rate by the decimal equivalents of the number of days as follows:

1 day	=	.143	×	weekly rate
2 days	=	.286	×	weekly rate
3 days	=	.429	×	weekly rate
4 days	=	.571	×	weekly rate
5 days	=	.714	×	weekly rate
6 days	=	.857	×	weekly rate

This rule is intended to implement Iowa Code sections 85.31, 85.33 and 85.34.

876—8.7(86) Short paper. All filings before the workers' compensation commissioner shall be on white paper measuring 8½ inches by 11 inches.

This rule is intended to implement Iowa Code section 86.18.

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

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

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

[ARC 7947B, IAB 7/15/09, effective 7/1/09; ARC 8943B, IAB 7/28/10, effective 7/1/10; ARC 9586B, IAB 6/29/11, effective 7/1/11; ARC 0222C, IAB 7/25/12, effective 7/1/12; ARC 0835C, IAB 7/10/13, effective 6/30/13; ARC 1517C, IAB 7/9/14, effective 7/1/14; ARC 2611C, IAB 7/6/16, effective 7/1/16; ARC 3044C, IAB 4/26/17, effective 5/31/17; ARC 3884C, IAB 7/4/18, effective 8/8/18; ARC 4415C, IAB 4/24/19, effective 5/29/19; ARC 5042C, IAB 5/20/20, effective 6/24/20; ARC 5630C, IAB 5/19/21, effective 6/23/21; ARC 6318C, IAB 5/18/22, effective 6/22/22]

876—8.9(85,86) Exchange of records. Whether or not a contested case has been commenced, upon the written request of an employee or the representative of an employee who has alleged an injury arising out of and in the course of employment, an employer or insurance carrier shall provide the claimant a copy of all records and reports in its possession generated by a medical provider.

Whether or not a contested case has been commenced, upon the written request of the employer or insurance carrier against which an employee has alleged an injury arising out of and in the course of employment, the employee shall provide the employer or insurance carrier with a patient's waiver. See rules 876—3.1(17A) and 876—4.6(85,86,17A) for the waiver form used in contested cases. Claimant shall cooperate with the employer and insurance carrier to provide patients' waivers in other forms and to update patients' waivers where requested by a medical practitioner or institution.

A medical provider or its agent shall furnish an employer or insurance carrier copies of the initial as well as final clinical assessment without cost when the assessments are requested as supporting documentation to determine liability or for payment of a medical provider's bill for medical services. When requested, a medical provider or its agent shall furnish a legible duplicate of additional records or reports. Except as otherwise provided in this rule, the amount to be paid for furnishing duplicates of records or reports shall be the actual expense to prepare duplicates not to exceed: \$20 for 1 to 20 pages; \$20 plus \$1 per page for 21 to 30 pages; \$30 plus \$.50 per page for 31 to 100 pages; \$65 plus \$.25 per page for 101 to 200 pages; \$90 plus \$.10 per page for more than 200 pages, and the actual expense of postage. No other expenses shall be allowed.

EXAMPLE 1. For 7 pages of records the amount to be paid for furnishing duplicates shall not exceed \$20.

EXAMPLE 2. For 28 pages of records the amount to be paid for furnishing duplicates shall not exceed \$28 (\$20 plus (8 times \$1)).

EXAMPLE 3. For 41 pages of records the amount to be paid for furnishing duplicates shall not exceed \$35.50 (\$30 plus (11 times \$.50)).

EXAMPLE 4. For 127 pages of records the amount to be paid for furnishing duplicates shall not exceed \$71.75 (\$65 plus (27 times \$.25)).

EXAMPLE 5. For 210 pages of records the amount to be paid for furnishing duplicates shall not exceed \$91 (\$90 plus (10 times \$.10)).

This rule is intended to implement Iowa Code sections 85.27, 85.31, 85.33 to 85.37, 85.39, 85.61, 86.8, 86.10, 86.18 and 86.39.

876—8.10(85B) Apportionment of age-related loss for occupational hearing loss claims.

8.10(1) Effective date. This rule is effective for claims for occupational hearing loss filed on or after July 1, 1998.

8.10(2) Purpose. The purposes of this rule are to adopt tables and the method for calculating age-related hearing loss and to adopt a worksheet for apportionment of age-related hearing loss for occupational hearing loss claims.

8.10(3) Table. In 1972 the National Institute for Occupational Safety and Health (NIOSH) published the Criteria for a Recommended Standard: Occupational Exposure to Noise (NIOSH Publication No.73-11001). Table B-1, page I-16, provides the Age Corrections Values to be Used for Age Correction of Initial Baseline Audiograms for Males and Table B-2, page I-17, provides the Age Corrections Values to be Used for Age Correction of Initial Baseline Audiograms for Females. These NIOSH tables are used to calculate the correction value for age for males and females for 500, 1000, 2000 and 3000 hertz.

For example, the age correction for a male 21 years of age is 10 decibels at 500 hertz, 5 decibels at 1000 hertz, 3 decibels at 2000 hertz and 4 decibels at 3000 hertz. The correction for age is 5.50 decibels (the sum of 10+5+3+4 divided by 4).

The following table is to be used to determine an employee's age-related change in hearing level during the period of employment. To determine the age-related change in hearing level in decibels during the period of employment, subtract the value shown in the table for the employee's age at the beginning of employment from the value shown in the table for the employee's age on the date of injury.

NOTE: This table should not be used to compute standard threshold shift as required by rules of the Occupational Safety and Health Administration or Iowa occupational safety and health administration.

<u>Age in Years</u>	<u>Correction in dB</u>	
	<u>Males</u>	<u>Females</u>
20 or younger	5.50	7.25
21	5.50	7.75
22	5.50	7.75
23	5.50	8.00
24	5.75	8.00
25	6.00	8.25
26	6.25	8.50
27	6.50	8.75
28	6.75	8.75
29	6.75	8.75
30	6.75	9.00
31	7.25	9.25
32	7.50	9.50
33	7.50	9.75
34	7.75	9.75
35	8.00	10.00
36	8.25	10.25
37	8.75	10.25

<u>Age in Years</u>	<u>Correction in dB</u>	
	<u>Males</u>	<u>Females</u>
38	8.75	10.50
39	9.00	11.00
40	9.00	11.00
41	9.25	11.25
42	10.00	11.50
43	10.25	11.75
44	10.25	12.00
45	10.50	12.25
46	10.75	12.50
47	11.00	12.50
48	11.50	13.00
49	12.00	13.25
50	12.25	13.50
51	12.25	13.75
52	12.75	13.75
53	13.25	14.25
54	13.50	14.50
55	14.00	15.00
56	14.25	15.00
57	14.50	15.25
58	15.25	15.75
59	15.50	16.00
60 or older	16.00	16.25

8.10(4) Apportionment. The apportionment of age-related hearing loss shall be made by reducing the total binaural percentage hearing loss as calculated pursuant to Iowa Code section 85B.9(3) by the same percentage as the decibels of age-related change in hearing level occurring during the period of employment bears to the total decibel hearing level in each ear.

Age-related hearing loss is apportioned using the results of the audiogram determined to be the proper audiogram for measurement of the employee's hearing loss on the date of injury by using the following steps:

1. Separately for each ear, compute the average of the employee's decibel hearing levels at 500, 1000, 2000, and 3000 hertz for that ear.
2. Separately for each ear, compute the percentage loss for each ear.
3. Compute the employee's age-related change in hearing level in decibels during the period of employment using the table in subrule 8.10(3).
4. Separately for each ear, divide the result of step 3 by the result of step 1 to compute the age-correction factor for that ear.
5. Separately for each ear, multiply the total percentage hearing loss in that ear calculated pursuant to Iowa Code section 85B.9 by the age-correction factor for that ear.
6. Separately for each ear, subtract the result obtained in step 5 from the total percentage hearing loss in that ear to obtain the age-corrected hearing loss for that ear.
7. Multiply the age-corrected hearing loss in the better ear as calculated in step 6 by 5 and add the percentage hearing loss in the worse ear.
8. Divide the result obtained in step 7 by 6 to obtain the age-corrected binaural percentage hearing loss.

8.10(5) Worksheet. The following worksheet is used to calculate the percentage of age-corrected binaural hearing loss.

APPORTIONMENT OF PERCENT HEARING LOSS FOR AGE

	<u>Left Ear Hearing Level</u>	<u>Frequency in Hertz</u>	<u>Right Ear Hearing Level</u>
1.	_____	500	_____
2.	_____	1000	_____
3.	_____	2000	_____
4.	_____	3000	_____
5.	_____	total of lines 1 through 4	_____
	divide by 4	(divide the "total" by 4)	divide by 4
6.	_____	equals average equals	_____
	minus 25	subtract "low fence"	minus 25
7.	_____	equals "Excess"	_____
	multiply by 1.5	multiply % factor	multiply by 1.5
8.	_____	equals % loss each ear	_____
	(% loss left ear)		(% loss right ear)
9.	Age on date of injury _____		
10.	Age at beginning of employment _____		
11.	_____	correction for age on date of injury in dB from table minus	
12.	_____	correction for age at beginning of employment in dB from table equals	
13.	_____	age-related change in hearing level during employment in dB	
	<u>LEFT EAR</u>		<u>RIGHT EAR</u>
	Divide age-related change in hearing level from line 13 by average hearing level from line 6		
	To obtain		
14.	_____	age correction factor	_____
	multiply % loss from line 8 by age-correction factor from line 14		
	To obtain		
15.	_____	deduction for age-correction	_____
	subtract line 15 from line 8		
	To obtain		
16.	_____	age-corrected percent hearing loss	_____
	<u>BINAURAL PERCENTAGE LOSS</u>		
17.	_____	% loss better ear (smaller amount) from line 16, multiplied by 5 plus	

18. _____ % loss worse ear (larger amount)
from line 16
19. _____ equals
divided
by 6
equals
20. _____ % age-corrected binaural hearing loss

This rule is intended to implement Iowa Code sections 85B.9A and 86.8.

876—8.11(85) Offer of suitable work. The employer shall communicate an offer of temporary work to the employee in writing, including the details of lodging, meals, and transportation. With each offer of temporary work, the employer shall notify the employee in writing that:

1. If the employee refuses the offer of temporary work, the employee shall communicate the refusal and the reason for the refusal to the employer in writing;

2. During the period of refusal, the employee will not be compensated with temporary partial, temporary total, or healing period benefits unless the work refused is not suitable; and

3. Failure to communicate the reason for the refusal to the employer in writing precludes the employee from raising suitability of the work as the reason for the refusal until such time as the reason for the refusal is communicated in writing to the employer.

This rule is intended to implement Iowa Code section 85.33.

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[◊] Two or more ARCs

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