

State of Iowa

Iowa
Administrative
Code
Supplement

Biweekly
November 4, 2020



Published by the
STATE OF IOWA
UNDER AUTHORITY OF IOWA CODE SECTION 17A.6

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

Insurance Division[191]

- Replace Analysis
- Replace Chapter 10
- Replace Chapter 48
- Replace Chapter 55
- Replace Chapter 58

Corrections Department[201]

- Replace Chapter 40
- Replace Chapter 47

Human Services Department[441]

- Replace Analysis
- Replace Chapter 80
- Replace Chapter 133
- Replace Chapter 172
- Replace Chapter 175
- Remove Reserved Chapter 185 and Chapter 186
- Insert Reserved Chapters 185 and 186
- Replace Chapter 202

Professional Licensure Division[645]

- Replace Chapter 303

Medicine Board[653]

- Replace Analysis
- Replace Chapter 14
- Replace Chapter 21

Public Safety Department[661]

- Replace Analysis
- Replace Chapter 20
- Replace Chapter 210
- Replace Chapter 265

Secretary of State[721]

- Replace Chapter 43

Transportation Department[761]

Replace Analysis

Replace Chapter 25

Replace Chapter 480

Replace Chapter 602

Replace Chapter 636

INSURANCE DIVISION[191]

[Prior to 10/22/86, see Insurance Department[510], renamed Insurance Division[191] under the “umbrella” of Department of Commerce by the 1986 Iowa Acts, Senate File 2175]

ORGANIZATION AND PROCEDURES

CHAPTER 1 ADMINISTRATION

1.1(502,505)	Definitions
1.2(502,505)	Mission
1.3(502,505)	General course and method of operations
1.4(502,505)	Contact information and business hours
1.5(502,505)	Information, forms, and requests
1.6(502,505)	Organization
1.7(505)	Service of process

CHAPTER 2 PUBLIC RECORDS AND FAIR INFORMATION PRACTICES

2.1(17A,22)	Statement of policy
2.2(17A,22)	Definitions
2.3(17A,22)	General provisions
2.4(17A,22)	Requests for access to records
2.5(17A,22)	Access to confidential records
2.6(17A,22)	Requests for confidential treatment
2.7(17A,22)	Procedure by which additions, dissents, or objections may be entered into certain records
2.8(17A,22)	Disclosures without the consent of the subject
2.9(17A,22)	Consent to disclosure by the subject of a confidential record
2.10(17A,22)	Notice to suppliers of information
2.11(17A,22)	Personally identifiable information collected by the division
2.12(17A,22)	Confidential records

CHAPTER 3 CONTESTED CASES

3.1(17A)	Scope and applicability
3.2(17A)	Definitions
3.3(17A)	Time requirements
3.4(17A)	Requests for contested case proceeding
3.5(17A,507B)	Commencement of hearing; service; delivery; notice of hearing; answer
3.6(17A)	Presiding officer
3.7(17A)	Waiver of procedures
3.8(17A)	Telephone, video, or electronic proceedings
3.9(17A)	Disqualification
3.10(17A)	Consolidation—severance
3.11	Reserved
3.12(17A)	Service and filing of pleadings and other papers
3.13(17A)	Discovery
3.14(17A,505)	Subpoenas
3.15(17A)	Motions
3.16(17A)	Prehearing conference
3.17(17A)	Continuances
3.18(17A)	Withdrawals
3.19(17A,507B)	Intervention
3.20(17A)	Hearing procedures

3.21(17A,507B)	Evidence
3.22(17A)	Default
3.23(17A)	Ex parte communication
3.24(17A)	Recording costs
3.25(17A)	Interlocutory appeals
3.26(17A)	Final decision
3.27(17A)	Appeals and review by the commissioner of proposed decisions
3.28(17A)	Applications for rehearing
3.29(17A)	Stay of division action
3.30(17A)	No factual dispute contested cases
3.31(17A)	Emergency adjudicative proceedings
3.32(502,505,507B)	Summary cease and desist orders
3.33(17A,502,505)	Informal settlement

CHAPTER 4
AGENCY PROCEDURE FOR RULE MAKING, WAIVER OF RULES,
AND DECLARATORY ORDERS

DIVISION I
AGENCY PROCEDURE FOR RULE MAKING

4.1(17A)	Applicability
4.2(17A)	Definitions
4.3(17A)	Severability
4.4(17A)	Public rule-making docket
4.5(17A)	Rule making
4.6(17A)	Differences between adopted rule and rule proposed in Notice of Intended Action
4.7(17A)	Petition for rule making
4.8 to 4.20	Reserved

DIVISION II
WAIVER OF RULES

4.21(17A)	Waivers
4.22(17A)	Petition for waiver
4.23(17A)	Waiver hearing procedures and ruling
4.24 to 4.36	Reserved

DIVISION III
DECLARATORY ORDERS

4.37(17A)	Petition for declaratory order
4.38(17A)	Notice of petition
4.39(17A)	Intervention
4.40(17A)	Briefs
4.41(17A)	Inquiries
4.42(17A)	Service and filing of petitions and other papers
4.43(17A)	Consideration
4.44(17A)	Action on petition
4.45(17A)	Refusal to issue order
4.46(17A)	Contents of declaratory order—effective date
4.47(17A)	Copies of orders
4.48(17A)	Effect of a declaratory order

REGULATION OF INSURERS

CHAPTER 5

REGULATION OF INSURERS—GENERAL PROVISIONS

- 5.1(507) Examination reports
- 5.2(505,507) Examination for admission
- 5.3(507,508,515) Submission of quarterly financial information
- 5.4(505,508,515,520) Surplus notes
- 5.5(505,515,520) Maximum allowable premium volume
- 5.6(505,515,520) Treatment of various items on the financial statement
- 5.7(505) Ordering withdrawal of domestic insurers from states
- 5.8(505) Monitoring
- 5.9(505) Rate and form filings
- 5.10(511) Life companies—permissible investments
- 5.11(511) Investment of funds
- 5.12(515) Collateral loans
- 5.13(508,515) Loans to officers, directors, employees, etc.
- 5.14 Reserved
- 5.15(508,512B,514,514B,515,520) Accounting practices and procedures manual and annual statement instructions
- 5.16 to 5.19 Reserved
- 5.20(508) Computation of reserves

UNEARNED PREMIUM RESERVES ON MORTGAGE GUARANTY INSURANCE POLICIES

- 5.21(515C) Unearned premium reserve factors
- 5.22(515C) Contingency reserve
- 5.23(507C) Standards
- 5.24(507C) Commissioner's authority
- 5.25 Reserved
- 5.26(508,515) Participation in the NAIC Insurance Regulatory Information System
- 5.27(508,515,520) Asset valuation
- 5.28(508,515,520) Risk-based capital and surplus
- 5.29(508,515) Actuarial certification of reserves
- 5.30(515) Single maximum risk—fidelity and surety risks
- 5.31(515) Reinsurance contracts
- 5.32(511,515) Investments in medium grade and lower grade obligations
- 5.33(510) Credit for reinsurance
- 5.34(508) Actuarial opinion and memorandum
- 5.35 to 5.39 Reserved
- 5.40(515) Premium tax
- 5.41(508) Tax on gross premiums—life companies
- 5.42(432) Cash refund of premium tax
- 5.43(510) Managing general agents

DISCLOSURE OF MORTGAGE LOAN APPLICATIONS

- 5.44 to 5.49 Reserved
- 5.50(535A) Purpose
- 5.51(535A) Definitions
- 5.52(535A) Filing of reports
- 5.53(535A) Form and content of reports
- 5.54(535A) Additional information required
- 5.55(535A) Written complaints

CHAPTER 6

ORGANIZATION OF DOMESTIC INSURANCE COMPANIES

6.1(506)	Definitions
6.2(506)	Promoters contributions
6.3(506)	Escrow
6.4(506)	Alienation
6.5(506)	Sales to promoters
6.6(506)	Options
6.7(506)	Qualifications of management
6.8(506)	Chief executive
6.9(506)	Directors

CHAPTER 7

DOMESTIC STOCK INSURERS PROXIES

PROXY REGULATIONS

7.1(523)	Application of regulation
7.2(523)	Proxies, consents and authorizations
7.3(523)	Disclosure of equivalent information
7.4(523)	Definitions
7.5(523)	Information to be furnished to stockholders
7.6(523)	Requirements as to proxy
7.7(523)	Material required to be filed
7.8(523)	False or misleading statements
7.9(523)	Prohibition of certain solicitations
7.10(523)	Special provisions applicable to election contests

SCHEDULE A

INFORMATION REQUIRED IN PROXY STATEMENT

SCHEDULE B

INFORMATION TO BE INCLUDED IN STATEMENTS FILED BY OR ON BEHALF OF A PARTICIPANT (OTHER THAN THE INSURER) IN A PROXY SOLICITATION IN AN ELECTION CONTEST

POLICYHOLDER PROXY SOLICITATION

7.11(523)	Application
7.12(523)	Conditions—revocation
7.13(523)	Filing proxy
7.14(523)	Solicitation by agents—use of funds
7.15 to 7.19	Reserved

STOCK TRANSACTION REPORTING

7.20(523)	Statement of changes of beneficial ownership of securities
-----------	--

CHAPTER 8

BENEVOLENT ASSOCIATIONS

8.1 and 8.2	Reserved
8.3(512A)	Organization
8.4(512A)	Membership
8.5(512A)	Fees, dues and assessments
8.6(512A)	Reserve fund
8.7(512A)	Certificates
8.8(512A)	Beneficiaries
8.9(512A)	Mergers
8.10(512A)	Directors and officers

- 8.11(512A) Stockholders
- 8.12(512A) Bookkeeping and accounts

CHAPTER 9

Reserved

INSURANCE PRODUCERS

CHAPTER 10

INSURANCE PRODUCER LICENSES AND LIMITED LICENSES

- 10.1(522B) Purpose and authority
- 10.2(522B) Definitions
- 10.3(522B) Requirement to hold a license
- 10.4(522B) Licensing of resident producers
- 10.5(522B) Licensing of nonresident producers
- 10.6(522B) Issuance of license
- 10.7(522B) License lines of authority
- 10.8(522B) License renewal
- 10.9(522B) License reinstatement
- 10.10(522B) Reinstatement or reissuance of a license after suspension, revocation or forfeiture in connection with disciplinary matters; and forfeiture in lieu of compliance
- 10.11(522B) Temporary licenses
- 10.12(522B) Change in name, address or state of residence
- 10.13(522B) Reporting of actions
- 10.14(522B) Commissions and referral fees
- 10.15(522B) Appointments
- 10.16(522B) Appointment renewal
- 10.17(522B) Appointment terminations
- 10.18(522B) Licensing of a business entity
- 10.19(522B) Use of senior-specific certifications and professional designations in the sale of life insurance and annuities
- 10.20(522B) Violations and penalties
- 10.21(252J,272D) Suspension for failure to pay child support or state debt
- 10.22 and 10.23 Reserved
- 10.24(522B) Administration of examinations
- 10.25(522B) Forms
- 10.26(522B) Fees
- 10.27 to 10.50 Reserved
- 10.51(522A,522E) Limited licenses

CHAPTER 11

CONTINUING EDUCATION FOR
INSURANCE PRODUCERS

- 11.1(505,522B) Statutory authority—purpose—applicability
- 11.2(505,522B) Definitions
- 11.3(505,522B) Continuing education requirements for producers
- 11.4(505,522B) Proof of completion of continuing education requirements
- 11.5(505,522B) Course approval
- 11.6(505,522B) Topic guidelines
- 11.7(505,522B) CE course renewal
- 11.8(505,522B) Appeals
- 11.9(505,522B) CE provider approval
- 11.10(505,522B) CE provider's responsibilities

- 11.11(505,522B) Prohibited conduct—CE providers
- 11.12(505,522B) Outside vendor
- 11.13(505,522B) CE course audits
- 11.14(505,522B) Fees and costs

CHAPTER 12
PORT OF ENTRY REQUIREMENTS

- 12.1(508,515) Purpose
- 12.2(508,515) Trust and other admission requirements
- 12.3(508,515) Examination and preferred supervision
- 12.4(508,515) Surplus required
- 12.5(508,515) Investments

CHAPTER 13
CONSENT FOR PROHIBITED PERSONS
TO ENGAGE IN THE BUSINESS OF INSURANCE

- 13.1(505,522B) Purpose and authority
- 13.2(505,522B) Definitions
- 13.3(505,522B) Requirement for prohibited persons to obtain consent
- 13.4(505,522B) Applications for consent
- 13.5(505,522B) Consideration of applications for consent
- 13.6(505,522B) Review of application by the division
- 13.7(505,522B) Consent effective for specified positions and responsibilities only
- 13.8(505,522B) Change in circumstances
- 13.9(505,522B) Burden of proof
- 13.10(505,522B) Violations and penalties

UNFAIR TRADE PRACTICES

CHAPTER 14
LIFE INSURANCE ILLUSTRATIONS MODEL REGULATION

- 14.1(507B) Purpose
- 14.2(507B) Authority
- 14.3(507B) Applicability and scope
- 14.4(507B) Definitions
- 14.5(507B) Policies to be illustrated
- 14.6(507B) General rules and prohibitions
- 14.7(507B) Standards for basic illustrations
- 14.8(507B) Standards for supplemental illustrations
- 14.9(507B) Delivery of illustration and record retention
- 14.10(507B) Annual report; notice to policyowners
- 14.11(507B) Annual certifications
- 14.12(507B) Penalties
- 14.13(507B) Separability
- 14.14(507B) Effective date

CHAPTER 15
UNFAIR TRADE PRACTICES

DIVISION I
SALES PRACTICES

- 15.1(507B) Purpose
- 15.2(507B) Definitions
- 15.3(507B) Advertising
- 15.4(507B) Life insurance cost and benefit disclosure requirements

15.5(507B)	Health insurance sales to individuals 65 years of age or older
15.6	Reserved
15.7(507B)	Twisting prohibited
15.8(507B)	Producer responsibilities
15.9(507B)	Right to return a life insurance policy or annuity (free look)
15.10(507B)	Uninsured/underinsured automobile coverage—notice required
15.11(507B)	Unfair discrimination
15.12(507B)	Testing restrictions of insurance applications for the human immunodeficiency virus
15.13(507B)	Records maintenance
15.14(505,507B)	Enforcement section—cease and desist and penalty orders
15.15 to 15.30	Reserved

DIVISION II
CLAIMS

15.31(507B)	General claims settlement guidelines
15.32(507B)	Prompt payment of certain health claims
15.33(507B)	Audit procedures for medical claims
15.34 to 15.40	Reserved
15.41(507B)	Claims settlement guidelines for property and casualty insurance
15.42(507B)	Acknowledgment of communications by property and casualty insurers
15.43(507B)	Standards for settlement of automobile insurance claims
15.44(507B)	Standards for determining replacement cost and actual cost values
15.45(507B)	Guidelines for use of aftermarket crash parts in motor vehicles
15.46 to 15.50	Reserved

DIVISION III

DISCLOSURE FOR SMALL FACE AMOUNT LIFE INSURANCE POLICIES

15.51(507B)	Purpose
15.52(507B)	Definition
15.53(507B)	Exemptions
15.54(507B)	Disclosure requirements
15.55(507B)	Insurer duties
15.56 to 15.60	Reserved

DIVISION IV

ANNUITY DISCLOSURE REQUIREMENTS

15.61(507B)	Purpose
15.62(507B)	Applicability and scope
15.63(507B)	Definitions
15.64(507B)	Standards for the disclosure document and Buyer's Guide
15.65(507B)	Content of disclosure documents
15.66(507B)	Standards for annuity illustrations
15.67(507B)	Report to contract owners
15.68(507B)	Penalties
15.69(507B)	Severability
15.70 and 15.71	Reserved

DIVISION V

SUITABILITY IN ANNUITY TRANSACTIONS

15.72(507B)	Purpose
15.73(507B)	Applicability and scope
15.74(507B)	Definitions
15.75(507B)	Duties of insurers and producers
15.76(507B)	Producer training

- 15.77(507B) Compliance; mitigation; penalties; enforcement
- 15.78(507B) Record keeping
- 15.79 Reserved

DIVISION VI
INDEXED PRODUCTS TRAINING REQUIREMENT

- 15.80(507B,522B) Purpose
- 15.81(507B,522B) Definitions
- 15.82(507B,522B) Special training required
- 15.83(507B,522B) Conduct of training course
- 15.84(507B,522B) Insurer duties
- 15.85(507B,522B) Verification of training
- 15.86(507B,522B) Penalties
- 15.87(507B,522B) Compliance date

CHAPTER 16
REPLACEMENT OF LIFE INSURANCE AND ANNUITIES

DIVISION I

- 16.1 to 16.20 Reserved

DIVISION II

- 16.21(507B) Purpose
- 16.22(507B) Definitions
- 16.23(507B) Exemptions
- 16.24(507B) Duties of producers
- 16.25(507B) Duties of all insurers that use producers on or after January 1, 2001
- 16.26(507B) Duties of replacing insurers that use producers
- 16.27(507B) Duties of the existing insurer
- 16.28(507B) Duties of insurers with respect to direct-response solicitations
- 16.29(507B) Violations and penalties
- 16.30(507B) Severability

CHAPTER 17
LIFE AND HEALTH REINSURANCE AGREEMENTS

- 17.1(508) Authority and purpose
- 17.2(508) Scope
- 17.3(508) Accounting requirements
- 17.4(508) Written agreements
- 17.5(508) Existing agreements

CHAPTERS 18 and 19
Reserved

PROPERTY AND CASUALTY INSURANCE

CHAPTER 20
PROPERTY AND CASUALTY INSURANCE

DIVISION I
FORM AND RATE REQUIREMENTS

- 20.1(505,509,514A,515,515A,515F) General filing requirements
- 20.2(505) Objection to filing
- 20.3 Reserved
- 20.4(505,509,514A,515,515A,515F) Policy form filing
- 20.5(515A) Rate or manual rule filing
- 20.6(515A) Exemption from filing requirement

20.7	Reserved
20.8(515F)	Rate filings for crop-hail insurance
20.9 and 20.10	Reserved
20.11(515)	Exemption from form and rate filing requirements
20.12 to 20.40	Reserved

DIVISION II
IOWA FAIR PLAN ACT

20.41(515,515F)	Purpose
20.42(515,515F)	Scope
20.43(515,515F)	Definitions
20.44(515,515F)	Eligible risks
20.45(515,515F)	Membership
20.46(515,515F)	Administration
20.47(515,515F)	Duties of the governing committee
20.48(515,515F)	Annual and special meetings
20.49(515,515F)	Application for insurance
20.50(515,515F)	Inspection procedure
20.51(515,515F)	Procedure after inspection and receipt of application
20.52(515,515F)	Reasonable underwriting standards for property coverage
20.53(515,515F)	Reasonable underwriting standards for liability coverage
20.54(515,515F)	Cancellation; nonrenewal and limitations; review of eligibility
20.55(515,515F)	Assessments
20.56(515,515F)	Commission
20.57(515,515F)	Public education
20.58(515,515F)	Cooperation and authority of producers
20.59(515,515F)	Review by commissioner
20.60(515,515F)	Indemnification
20.61 to 20.69	Reserved

DIVISION III
CERTIFICATES OF INSURANCE FOR COMMERCIAL LENDING TRANSACTIONS

20.70(515)	Purpose
20.71(515)	Definitions
20.72(515)	Evidence of insurance
20.73 to 20.79	Reserved

DIVISION IV
CANCELLATIONS, NONRENEWALS AND TERMINATIONS

20.80(505B,515,515D,518,518A,519)	Notice of cancellation, nonrenewal or termination of property and casualty insurance
-----------------------------------	--

CHAPTER 21
REQUIREMENTS FOR SURPLUS LINES,
RISK RETENTION GROUPS AND PURCHASING GROUPS

21.1(515E,515I)	Definitions
21.2(515I)	Eligible surplus lines insurer's duties
21.3(515I)	Surplus lines insurance producer's duties
21.4(515I)	Surplus lines insurance producer's duty to insured
21.5(515I)	Procedures for qualification and renewal as an eligible surplus lines insurer
21.6(515E)	Procedures for qualification as a risk retention group
21.7(515E)	Risk retention groups
21.8(515E)	Procedures for registration as a purchasing group
21.9(515E,515I)	Failure to comply; penalties

CHAPTER 22
FINANCIAL GUARANTY INSURANCE

- 22.1(515C) Definitions
22.2(515) Financial requirements and reserves

CHAPTERS 23 and 24
Reserved

CHAPTER 25
MILITARY SALES PRACTICES

- 25.1(505) Purpose and authority
25.2(505) Scope
25.3(505) Exemptions
25.4(505) Definitions
25.5(505) Practices declared false, misleading, deceptive or unfair on a military installation
25.6(505) Practices declared false, misleading, deceptive or unfair regardless of location
25.7(505) Reporting requirements
25.8(505) Violation and penalties
25.9(505) Severability

CHAPTER 26
Reserved

CHAPTER 27
PREFERRED PROVIDER ARRANGEMENTS

- 27.1(514F) Purpose
27.2(514F) Definitions
27.3(514F) Preferred provider arrangements
27.4(514F) Health benefit plans
27.5(514F) Preferred provider participation requirements
27.6(514F) General requirements
27.7(514F) Civil penalties
27.8(514F) Health care insurer requirements

CHAPTER 28
CREDIT LIFE AND CREDIT
ACCIDENT AND HEALTH INSURANCE

- 28.1(509) Purpose
28.2(509) Definitions
28.3(509) Rights and treatment of debtors
28.4(509) Policy forms and related material
28.5(509) Determination of reasonableness of benefits in relation to premium charge
28.6 Reserved
28.7(509) Credit life insurance rates
28.8(509) Credit accident and health insurance
28.9(509) Refund formulas
28.10(509) Experience reports and adjustment of prima facie rates
28.11(509) Use of rates—direct business only
28.12(509) Supervision of credit insurance operations
28.13(509) Prohibited transactions
28.14(509) Disclosure and readability
28.15(509) Severability

- 28.16(509) Effective date
- 28.17(509) Fifteen-day free examination

CHAPTER 29

CONTINUATION RIGHTS UNDER GROUP ACCIDENT AND HEALTH INSURANCE POLICIES

- 29.1(509B) Definitions
- 29.2(509B) Notice regarding continuation rights
- 29.3(509B) Qualifying events for continuation rights
- 29.4(509B) Interplay between chapter 509B and COBRA
- 29.5(509B) Effective date for compliance

LIFE AND HEALTH INSURANCE

CHAPTER 30

LIFE INSURANCE POLICIES

- 30.1(508) Purpose
- 30.2(508) Scope
- 30.3(508) Definitions
- 30.4(508) Prohibitions, regulations and disclosure requirements
- 30.5(508) General filing requirements
- 30.6(508) Back dating of life policies
- 30.7(508,515) Expiration date of policy vs. charter expiration date
- 30.8(509) Electronic delivery of group life insurance certificates
- 30.9(505,508) Notice of cancellation, nonrenewal or termination of life insurance and annuities

CHAPTER 31

LIFE INSURANCE COMPANIES—VARIABLE ANNUITIES CONTRACTS

- 31.1(508) Definitions
- 31.2(508) Insurance company qualifications
- 31.3(508) Filing, policy forms and provision
- 31.4(508) Separate account or accounts and investments
- 31.5(508) Required reports
- 31.6(508) Producers
- 31.7(508) Foreign companies

CHAPTER 32

DEPOSITS BY A DOMESTIC LIFE COMPANY IN A CUSTODIAN BANK OR CLEARING CORPORATION

- 32.1(508) Purpose
- 32.2(508) Definitions
- 32.3(508) Requirements upon custodial account and custodial agreement
- 32.4(508) Requirements upon custodians
- 32.5(508,511) Deposit of securities

CHAPTER 33

VARIABLE LIFE INSURANCE MODEL REGULATION

- 33.1(508A) Authority
- 33.2(508A) Definitions
- 33.3(508A) Qualification of insurer to issue variable life insurance
- 33.4(508A) Insurance policy requirements
- 33.5(508A) Reserve liabilities for variable life insurance
- 33.6(508A) Separate accounts
- 33.7(508A) Information furnished to applicants

33.8(508A)	Applications
33.9(508A)	Reports to policyholders
33.10(508A)	Foreign companies
33.11	Reserved
33.12(508A)	Separability article

CHAPTER 34

NONPROFIT HEALTH SERVICE CORPORATIONS

34.1(514)	Purpose
34.2(514)	Definitions
34.3(514)	Annual report requirements
34.4(514)	Arbitration
34.5(514)	Filing requirements
34.6(514)	Participating hospital contracts
34.7(514)	Composition, nomination, and election of board of directors

CHAPTER 35

ACCIDENT AND HEALTH INSURANCE

BLANKET ACCIDENT AND SICKNESS INSURANCE

35.1(509)	Purpose
35.2(509)	Scope
35.3(509)	Definitions
35.4(509)	Required provisions
35.5(509)	Application and certificates not required
35.6(509)	Facility of payment
35.7(509)	General filing requirements
35.8(509)	Electronic delivery of accident and health group insurance certificates

GENERAL ACCIDENT AND HEALTH INSURANCE REQUIREMENTS

35.9(509B,513B,514D)	Notice of cancellation, nonrenewal or termination of accident and health insurance
35.10 to 35.19	Reserved
35.20(509A)	Life and health self-funded plans
35.21(509)	Review of certificates issued under group policies

LARGE GROUP HEALTH INSURANCE COVERAGE

35.22(509)	Purpose
35.23(509)	Definitions
35.24(509)	Eligibility to enroll
35.25(509)	Special enrollments
35.26(509)	Group health insurance coverage policy requirements
35.27(509)	Methods of counting creditable coverage
35.28(509)	Certificates of creditable coverage
35.29(509)	Notification requirements
35.30	Reserved
35.31(509)	Disclosure requirements
35.32(514C)	Treatment options
35.33(514C)	Emergency services
35.34(514C)	Provider access
35.35(509)	Reconstructive surgery

CONSUMER GUIDE

35.36(514K)	Purpose
35.37(514K)	Information filing requirements

- 35.38(514K) Limitation of information published
- 35.39(514C) Contraceptive coverage
- 35.40(514C) Autism spectrum disorders coverage

CHAPTER 36
INDIVIDUAL ACCIDENT AND HEALTH—MINIMUM
STANDARDS AND RATE HEARINGS

DIVISION I
MINIMUM STANDARDS

- 36.1(514D) Purpose
- 36.2(514D) Applicability and scope
- 36.3(514D) Effective date
- 36.4(514D) Policy definitions
- 36.5(514D) Prohibited policy provisions
- 36.6(514D) Accident and sickness minimum standards for benefits
- 36.7(514D) Required disclosure provisions
- 36.8(507B) Requirements for replacement
- 36.9(514D) Filing requirements
- 36.10(514D) Loss ratios
- 36.11(514D) Certification
- 36.12(514D) Severability
- 36.13(513C,514D) Individual health insurance coverage for children under the age of 19
- 36.14 to 36.19 Reserved

DIVISION II
RATE HEARINGS

- 36.20(514D,83GA,SF2201) Rate hearings

CHAPTER 37
MEDICARE SUPPLEMENT INSURANCE

- 37.1(514D) Purpose and authority
- 37.2(514D) Applicability, scope, and appendices
- 37.3(514D) Definitions
- 37.4(514D) Policy definitions and terms
- 37.5(514D) Policy provisions
- 37.6(514D) Minimum benefit standards for prestandardized Medicare supplement benefit plan policies or certificates issued for delivery prior to January 1, 1992 (prestandardized plans)
- 37.7(514D) Benefit standards for 1990 standardized Medicare supplement benefit plan policies or certificates issued for delivery on or after January 1, 1992, and with an effective date for coverage prior to June 1, 2010 (1990 plans)
- 37.8(514D) Benefit standards for 2010 standardized Medicare supplement benefit plan policies or certificates issued for delivery with an effective date for coverage on or after June 1, 2010 (2010 plans)
- 37.9(514D) Standard Medicare supplement benefit plans for 2020 standardized Medicare supplement benefit plan policies or certificates issued for delivery to individuals newly eligible for Medicare on or after January 1, 2020
- 37.10 to 37.19 Reserved
- 37.20(514D) Medicare Select policies and certificates
- 37.21(514D) Open enrollment
- 37.22(514D) Standards for claims payment
- 37.23(514D) Loss ratio standards and refund or credit of premium
- 37.24(514D) Filing and approval of policies and certificates and premium rates

37.25(514D)	Permitted compensation arrangements
37.26(514D)	Required notice regarding policies or certificates which are not Medicare supplement policies or certificates
37.27(514D)	Requirements for application forms and replacement coverage
37.28(514D)	Required disclosure provisions
37.29	Reserved
37.30(514D)	Standards for marketing
37.31(514D)	Appropriateness of recommended purchase and excessive insurance
37.32(514D)	Reporting of multiple policies
37.33(514D)	Prohibition against preexisting conditions, waiting periods, elimination periods and probationary periods in replacement policies or certificates
37.34(514D)	Prohibitions against use of genetic information and against requests for genetic testing
37.35(514D)	Prohibition against using materials prepared by SHIIP
37.36(514D)	Guaranteed issue for eligible persons
37.37 to 37.49	Reserved
37.50(507B,514D)	Medicare supplement advertising
37.51(514D)	Severability

CHAPTER 38 COORDINATION OF BENEFITS

DIVISION I

38.1 to 38.11	Reserved
---------------	----------

DIVISION II

38.12(509,514)	Purpose and applicability
38.13(509,514)	Definitions
38.14(509,514)	Use of model COB contract provision
38.15(509,514)	Rules for coordination of benefits
38.16(509,514)	Procedure to be followed by secondary plan to calculate benefits and pay a claim
38.17(509,514)	Notice to covered persons
38.18(509,514)	Miscellaneous provisions

CHAPTER 39 LONG-TERM CARE INSURANCE

DIVISION I GENERAL PROVISIONS

39.1(514G)	Purpose
39.2(514G)	Authority
39.3(514G)	Applicability and scope
39.4(514G)	Definitions
39.5(514G)	Policy definitions
39.6(514G)	Policy practices and provisions
39.7(514G)	Required disclosure provisions
39.8(514G)	Prohibition against postclaims underwriting
39.9(514D,514G)	Minimum standards for home health care benefits in long-term care insurance policies
39.10(514D,514G)	Requirement to offer inflation protection
39.11(514D,514G)	Requirements for application forms and replacement coverage
39.12(514G)	Reserve standards
39.13(514D)	Loss ratio
39.14(514G)	Filing requirement
39.15(514D,514G)	Standards for marketing

39.16(514D,514G)	Suitability
39.17(514G)	Prohibition against preexisting conditions and probationary periods in replacement policies or certificates
39.18(514G)	Standard format outline of coverage
39.19(514G)	Requirement to deliver shopper's guide
39.20(514G)	Policy summary and delivery of life insurance policies with long-term care riders
39.21(514G)	Reporting requirement for long-term care benefits funded through life insurance by acceleration of the death benefit
39.22(514G)	Unintentional lapse
39.23(514G)	Denial of claims
39.24(514G)	Incontestability period
39.25(514G)	Required disclosure of rating practices to consumers
39.26(514G)	Initial filing requirements
39.27(514G)	Reporting requirements
39.28(514G)	Premium rate schedule increases
39.29(514G)	Nonforfeiture
39.30(514G)	Standards for benefit triggers
39.31(514G)	Additional standards for benefit triggers for qualified long-term care insurance contracts
39.32(514G)	Penalties
39.33(514G)	Notice of cancellation, nonrenewal or termination of long-term care insurance
39.34 to 39.40	Reserved

DIVISION II

INDEPENDENT REVIEW OF BENEFIT TRIGGER DETERMINATIONS

39.41(514G)	Purpose
39.42(514G)	Effective date
39.43(514G)	Definitions
39.44(514G)	Notice of benefit trigger determination and content
39.45(514G)	Notice of internal appeal decision and right to independent review
39.46(514G)	Independent review request
39.47(514G)	Certification process
39.48(514G)	Selection of independent review entity
39.49(514G)	Independent review process
39.50(514G)	Decision notification
39.51(514G)	Insurer information
39.52(514G)	Certification of independent review entity
39.53(514G)	Additional requirements
39.54(514G)	Toll-free telephone number
39.55(514G)	Division application and reports
39.56 to 39.74	Reserved

DIVISION III

LONG-TERM CARE PARTNERSHIP PROGRAM

39.75(514H,83GA,HF723)	Purpose
39.76(514H,83GA,HF723)	Effective date
39.77(514H,83GA,HF723)	Definitions
39.78(514H,83GA,HF723)	Eligibility
39.79(514H,83GA,HF723)	Discontinuance of partnership program
39.80(514H,83GA,HF723)	Required disclosures
39.81(514H,83GA,HF723)	Form filings
39.82(514H,83GA,HF723)	Exchanges
39.83(514H,83GA,HF723)	Required policy terms and disclosures

- 39.84(514H,83GA,HF723) Standards for marketing and suitability
39.85(514H,83GA,HF723) Required reports

CHAPTER 40
HEALTH MAINTENANCE ORGANIZATIONS

(Health and Insurance—Joint Rules)

- 40.1(514B) Definitions
40.2(514B) Application
40.3(514B) Inspection of evidence of coverage
40.4(514B) Governing body and enrollee representation
40.5(514B) Quality of care
40.6(514B) Change of name
40.7(514B) Change of ownership
40.8(514B) Termination of services
40.9(514B) Complaints
40.10(514B) Cancellation of enrollees
40.11(514B) Application for certificate of authority
40.12(514B) Net worth
40.13(514B) Fidelity bond
40.14(514B) Annual report
40.15(514B) Cash or asset management agreements
40.16 Reserved
40.17(514B) Reinsurance
40.18(514B) Provider contracts
40.19(514B) Producers' duties
40.20(514B) Emergency services
40.21(514B) Reimbursement
40.22(514B) Health maintenance organization requirements
40.23(514B) Disclosure requirements
40.24(514B) Provider access
40.25(514B) Electronic delivery of accident and health group insurance certificates
40.26(514B) Notice of cancellation, nonrenewal or termination of enrollment

CHAPTER 41
LIMITED SERVICE ORGANIZATIONS

- 41.1(514B) Definitions
41.2(514B) Application
41.3(514B) Inspection of evidence of coverage
41.4(514B) Governing body and enrollee representation
41.5(514B) Quality of care
41.6(514B) Change of name
41.7(514B) Change of ownership
41.8(514B) Complaints
41.9(514B) Cancellation of enrollees
41.10(514B) Application for certificate of authority
41.11(514B) Net equity and deposit requirements
41.12(514B) Fidelity bond
41.13(514B) Annual report
41.14(514B) Cash or asset management agreements
41.15(514B) Reinsurance
41.16(514B) Provider contracts
41.17(514B) Producers' duties

- 41.18(514B) Emergency services
- 41.19(514B) Reimbursement
- 41.20(514B) Limited service organization requirements
- 41.21(514B) Disclosure requirements

CHAPTER 42

GENDER-BLENDED MINIMUM NONFORFEITURE
STANDARDS FOR LIFE INSURANCE

- 42.1(508) Purpose
- 42.2(508) Definitions
- 42.3(508) Use of gender-blended mortality tables
- 42.4(508) Unfair discrimination
- 42.5(508) Separability
- 42.6(508) 2001 CSO Mortality Table

CHAPTER 43

ANNUITY MORTALITY TABLES FOR USE IN
DETERMINING RESERVE LIABILITIES FOR ANNUITIES

- 43.1(508) Purpose
- 43.2(508) Definitions
- 43.3(508) Individual annuity or pure endowment contracts
- 43.4(508) Group annuity or pure endowment contracts
- 43.5(508) Application of the 1994 GAR Table
- 43.6(508) Application of the 2012 IAR Mortality Table
- 43.7(508) Separability

CHAPTER 44

SMOKER/NONSMOKER MORTALITY TABLES
FOR USE IN DETERMINING MINIMUM RESERVE LIABILITIES
AND NONFORFEITURE BENEFITS

- 44.1(508) Purpose
- 44.2(508) Definitions
- 44.3(508) Alternate tables
- 44.4(508) Conditions
- 44.5(508) Separability
- 44.6(508) 2001 CSO Mortality Table

INSURANCE HOLDING COMPANY SYSTEMS

CHAPTER 45

INSURANCE HOLDING COMPANY SYSTEMS

- 45.1(521A) Purpose
- 45.2(521A) Definitions
- 45.3(521A) Subsidiaries of domestic insurers
- 45.4(521A) Control acquisition of domestic insurer
- 45.5(521A) Registration of insurers
- 45.6(521A) Alternative and consolidated registrations
- 45.7(521A) Exemptions
- 45.8(521A) Disclaimers and termination of registration
- 45.9(521A) Transactions subject to prior notice—notice filing
- 45.10(521A) Extraordinary dividends and other distributions
- 45.11(521A) Enterprise risk report
- 45.12(521A) Forms—additional information and exhibits

CHAPTER 46
MUTUAL HOLDING COMPANIES

46.1(521A)	Purpose
46.2(521A)	Definitions
46.3(521A)	Application—contents—process
46.4(521A)	Plan of reorganization
46.5(521A)	Duties of the commissioner
46.6(521A)	Regulation—compliance
46.7(521A)	Reorganization of domestic mutual insurer with mutual insurance holding company
46.8(521A)	Reorganization of foreign mutual insurer with mutual insurance holding company
46.9(521A)	Mergers of mutual insurance holding companies
46.10(521A)	Stock offerings
46.11(521A)	Regulation of holding company system
46.12(521A)	Reporting of stock ownership and transactions

CHAPTER 47
VALUATION OF LIFE INSURANCE POLICIES

(Including New Select Mortality Factors)

47.1(508)	Purpose
47.2(508)	Application
47.3(508)	Definitions
47.4(508)	General calculation requirements for basic reserves and premium deficiency reserves
47.5(508)	Calculation of minimum valuation standard for policies with guaranteed nonlevel gross premiums or guaranteed nonlevel benefits (other than universal life policies)
47.6(508)	Calculation of minimum valuation standard for flexible premium and fixed premium universal life insurance policies that contain provisions resulting in the ability of a policyowner to keep a policy in force over a secondary guarantee period
47.7(508)	2001 CSO Mortality Table

VIATICAL AND LIFE SETTLEMENTS

CHAPTER 48
VIATICAL AND LIFE SETTLEMENTS

48.1(508E)	Purpose and authority
48.2(508E)	Definitions
48.3(508E)	License requirements
48.4(508E)	Disclosure statements
48.5(508E)	Contract requirements
48.6(508E)	Filing of forms
48.7(508E)	Reporting requirements
48.8(508E)	Examination or investigations
48.9(508E)	Requirements and prohibitions
48.10(508E)	Penalties; injunctions; civil remedies; cease and desist
48.11(252J,272D)	Suspension for failure to pay child support or state debt
48.12 and 48.13	Reserved
48.14(508E)	Severability

CHAPTER 49
FINANCIAL INSTRUMENTS USED IN HEDGING TRANSACTIONS

49.1(511)	Purpose
49.2(511)	Definitions

- 49.3(511) Guidelines and internal control procedures
- 49.4(511) Documentation requirements
- 49.5(511) Trading requirements

SECURITIES

CHAPTER 50
REGULATION OF SECURITIES OFFERINGS AND THOSE WHO ENGAGE
IN THE SECURITIES BUSINESS

DIVISION I
DEFINITIONS AND ADMINISTRATION

- 50.1(502) Definitions
- 50.2(502) Cost of audit or inspection
- 50.3(502) Interpretative opinions or no-action letters
- 50.4 to 50.9 Reserved

DIVISION II
REGISTRATION OF BROKER-DEALERS AND AGENTS

- 50.10(502) Broker-dealer registrations, renewals, amendments, succession, and withdrawals
- 50.11(502) Principals
- 50.12(502) Agent and issuer registrations, renewals and amendments
- 50.13(502) Agent continuing education requirements
- 50.14(502) Broker-dealer record-keeping requirements
- 50.15(502) Broker-dealer minimum financial requirements and financial reporting requirements
- 50.16(502) Dishonest or unethical practices in the securities business
- 50.17(502) Rules of conduct
- 50.18(502) Limited registration of Canadian broker-dealers and agents
- 50.19(502) Brokerage services by national and state banks
- 50.20(502) Broker-dealers having contracts with national and state banks
- 50.21(502) Brokerage services by credit unions, savings banks, and savings and loan institutions
- 50.22(502) Broker-dealers having contracts with credit unions, savings banks, and savings and loan institutions
- 50.23 to 50.29 Reserved

DIVISION III
REGISTRATION OF INVESTMENT ADVISERS,
INVESTMENT ADVISER REPRESENTATIVES,
AND FEDERAL COVERED INVESTMENT ADVISERS

- 50.30(502) Electronic filing with designated entity
- 50.31(502) Investment adviser applications and renewals
- 50.32(502) Application for investment adviser representative registration
- 50.33(502) Examination requirements
- 50.34(502) Notice filing requirements for federal covered investment advisers
- 50.35(502) Withdrawal of investment adviser registration
- 50.36(502) Investment adviser brochure
- 50.37(502) Cash solicitation
- 50.38(502) Prohibited conduct in providing investment advice
- 50.39(502) Custody of client funds or securities by investment advisers
- 50.40(502) Minimum financial requirements for investment advisers
- 50.41(502) Bonding requirements for investment advisers
- 50.42(502) Record-keeping requirements for investment advisers
- 50.43(502) Financial reporting requirements for investment advisers
- 50.44(502) Solely incidental services by certain professionals

50.45(502)	Registration exemption for investment advisers to private funds
50.46(502)	Contents of investment advisory contract
50.47(502)	Business continuity and succession planning for investment advisers
50.48 and 50.49	Reserved

DIVISION IV
RULES COVERING ALL REGISTERED PERSONS

50.50(502)	Internet advertising by broker-dealers, investment advisers, broker-dealer agents, investment adviser representatives, and federal covered investment advisers
50.51(502)	Consent to service
50.52(252J)	Denial, suspension or revocation of agent or investment adviser representative registration for failure to pay child support
50.53	Reserved
50.54(272D)	Denial, suspension or revocation of agent or investment adviser representative registration for failure to pay state debt
50.55(502)	Use of senior-specific certifications and professional designations
50.56 to 50.59	Reserved

DIVISION V
REGISTRATION OF SECURITIES

50.60(502)	Notice filings for investment company securities offerings
50.61(502)	Registration of small corporate offerings
50.62(502)	Streamlined registration for certain equity securities
50.63(502)	Registration of multijurisdictional offerings
50.64(502)	Form of financial statements
50.65(502)	Reports contingent to registration by qualification
50.66(502)	NASAA guidelines and statements of policy
50.67(502)	Amendments to registration by qualification
50.68(502)	Delivery of prospectus
50.69(502)	Advertisements
50.70(502)	Fee for securities registration filings under Iowa Code section 502.305
50.71 to 50.79	Reserved

DIVISION VI
EXEMPTIONS

50.80	Reserved
50.81(502)	Notice filings for Rule 506 offerings
50.82(502)	Notice filings for agricultural cooperative associations
50.83(502)	Unsolicited order exemption
50.84(502)	Solicitation of interest exemption
50.85(502)	Internet offers exemption
50.86(502)	Denial, suspension, revocation, condition, or limitation of limited offering transaction exemption
50.87(502)	Nonprofit securities exemption
50.88(502)	Transactions with specified investors
50.89(502)	Designated securities manuals
50.90(502)	Intrastate crowdfunding exemption
50.91(502)	Notice filing requirement for federal crowdfunding offerings
50.92(502)	Notice filing requirement for Regulation A – Tier 2 offerings
50.93 to 50.99	Reserved

DIVISION VII
FRAUD AND OTHER PROHIBITED CONDUCT

50.100(502)	Fraudulent practices
50.101(502)	Rescission offers

- 50.102(502) Fraudulent, deceptive or manipulative act, practice, or course of business in providing investment advice
 50.103(502) Investment advisory contracts
 50.104 to 50.109 Reserved

DIVISION VIII
 VIATICAL SETTLEMENT INVESTMENT CONTRACTS

- 50.110(502) Application by viatical settlement investment contract issuers and registration of agents to sell viatical settlement investment contracts
 50.111(502) Risk disclosure
 50.112(502) Advertising of viatical settlement investment contracts
 50.113(502) Duty to disclose

CHAPTERS 51 to 54
 Reserved

CHAPTER 55
 LICENSING OF PUBLIC ADJUSTERS

- 55.1(522C) Purpose
 55.2(522C) Definitions
 55.3(522C) License required to operate as public adjuster
 55.4(522C) Application for license
 55.5(522C) Issuance of resident license
 55.6(522C) Public adjuster examination
 55.7(522C) Exemptions from examination
 55.8(522C) Nonresident license reciprocity
 55.9(522C) Terms of licensure
 55.10(522C) Evidence of financial responsibility
 55.11(522C) Continuing education
 55.12(522C) License denial, nonrenewal or revocation
 55.13(522C) Reinstatement or reissuance of a license after suspension, revocation or forfeiture in connection with disciplinary matters; and forfeiture in lieu of compliance
 55.14(522C) Contract between public adjuster and insured
 55.15(522C) Escrow accounts
 55.16(522C) Record retention
 55.17(522C) Standards of conduct of public adjuster
 55.18(522C) Public adjuster fees
 55.19(522C) Penalties
 55.20(522C) Fees
 55.21(522C) Severability

CHAPTER 56
 WORKERS' COMPENSATION GROUP SELF-INSURANCE

- 56.1(87,505) General provisions
 56.2(87,505) Definitions
 56.3(87,505) Requirements for self-insurance
 56.4 Reserved
 56.5(87,505) Excess insurance
 56.6(87,505) Rates and reporting of rates
 56.7(87,505) Special provisions
 56.8(87,505) Certificate of approval; termination
 56.9(87,505) Examinations
 56.10(87,505) Board of trustees—membership, powers, duties, and prohibitions
 56.11(87,505) Association membership; termination; liability

56.12(87,505)	Requirements of sales agents
56.13(87,505)	Requirements for continued approval
56.14(87,505)	Misrepresentation prohibited
56.15(87,505)	Investments
56.16(87,505)	Refunds
56.17(87,505)	Premium payment; reserves
56.18(87,505)	Deficits and insolvencies
56.19(87,505)	Grounds for nonrenewal or revocation of a certificate of relief from insurance
56.20(87,505)	Hearing and appeal
56.21(87,505)	Existing approved self-insurers
56.22(87,505)	Severability clause

CHAPTER 57

WORKERS' COMPENSATION SELF-INSURANCE FOR INDIVIDUAL EMPLOYERS

57.1(87,505)	General provisions
57.2(87,505)	Definitions
57.3(87,505)	Requirements for self-insurance
57.4(87,505)	Additional security requirements
57.5(87,505)	Application for an individual self-insurer
57.6	Reserved
57.7(87,505)	Excess insurance
57.8(87,505)	Insolvency
57.9(87,505)	Renewals
57.10(87,505)	Periodic examination
57.11(87,505)	Grounds for nonrenewal or revocation of a certificate of relief from insurance
57.12(87,505)	Hearing and appeal
57.13(87,505)	Existing approved self-insurers
57.14(87,505)	Severability clause

CHAPTER 58

THIRD-PARTY ADMINISTRATORS

58.1(510)	Purpose
58.2(510)	Definitions
58.3(505,510)	Registration required
58.4(510)	Third-party administrator duties
58.5(510)	Renewal procedure
58.6(505,510)	Responsibilities of the insurer
58.7(505,510)	Written agreement
58.8(510)	Compensation to the third-party administrator
58.9(510)	Disclosure of charges and fees
58.10(510)	Delivery of materials to covered individuals
58.11(510)	Annual report and fee
58.12(510)	Change of information
58.13(510)	Inquiry by commissioner
58.14(510)	Complaints
58.15(510)	Periodic examination
58.16(510)	Grounds for denial, nonrenewal, suspension or revocation of certificate of registration
58.17(510)	Confidential information
58.18(510)	Fees
58.19(510)	Severability clause
58.20(510)	Compliance date

CHAPTER 59
PHARMACY BENEFITS MANAGERS

- 59.1(510B,510C) Purpose
- 59.2(510B) Definitions
- 59.3(510B) Timely payment of pharmacy claims
- 59.4(510B) Audits of pharmacies by pharmacy benefits managers
- 59.5(510B) Disclosure of national compendia used
- 59.6(510B) Termination or suspension of contracts with pharmacies by pharmacy benefits managers
- 59.7(510B) Price change
- 59.8(510B) Complaints
- 59.9(510,510B) Duty to notify commissioner of fraud
- 59.10(507,510,510B) Commissioner examinations of pharmacy benefits managers
- 59.11(510B,510C) Pharmacy benefits manager annual report
- 59.12(505,507,507B,510,510B,510C,514L) Failure to comply

CHAPTER 60
WORKERS' COMPENSATION INSURANCE RATE FILING PROCEDURES

- 60.1(515A) Purpose
- 60.2(515A) Definitions, scope, authority
- 60.3(515A) General filing requirements
- 60.4(515A) Rate or manual rule filing
- 60.5(515A) Violation and penalties
- 60.6(515A) Severability
- 60.7(515A) Effective date

CHAPTERS 61 to 69
Reserved

MANAGED HEALTH CARE

CHAPTER 70
UTILIZATION REVIEW

- 70.1(505,514F) Purpose
- 70.2(505,514F) Definitions
- 70.3(505,514F) Application
- 70.4(505,514F) Standards
- 70.5(505,514F) Retroactive application
- 70.6(505,514F) Variances allowed
- 70.7(505,514F) Confidentiality
- 70.8(76GA,ch1202) Utilization review of postdelivery benefits and care
- 70.9(505,507B,514F) Enforcement
- 70.10(514F) Credentialing—retrospective payment

HEALTH BENEFIT PLANS

CHAPTER 71
SMALL GROUP HEALTH BENEFIT PLANS

- 71.1(513B) Purpose
- 71.2(513B) Definitions
- 71.3(513B) Applicability and scope
- 71.4(513B) Establishment of classes of business
- 71.5(513B) Transition for assumptions of business from another carrier
- 71.6(513B) Restrictions relating to premium rates

71.7(513B)	Requirement to insure entire groups
71.8(513B)	Case characteristics
71.9(513B)	Application to reenter state
71.10(513B)	Creditable coverage
71.11(513B)	Rules related to fair marketing
71.12(513B)	Status of carriers as small employer carriers
71.13(513B)	Restoration of coverage
71.14(513B)	Basic health benefit plan and standard health plan policy forms
71.15(513B)	Methods of counting creditable coverage
71.16(513B)	Certificates of creditable coverage
71.17(513B)	Notification requirements
71.18(513B)	Special enrollments
71.19(513B)	Disclosure requirements
71.20(514C)	Treatment options
71.21(514C)	Emergency services
71.22(514C)	Provider access
71.23(513B)	Reconstructive surgery
71.24(514C)	Contraceptive coverage
71.25(513B)	Suspension of the small employer health reinsurance program
71.26(513B)	Uniform health insurance application form

CHAPTER 72

LONG-TERM CARE ASSET PRESERVATION PROGRAM

72.1(249G)	Purpose
72.2(249G)	Applicability and scope
72.3(249G)	Definitions
72.4(249G)	Qualification of long-term care insurance policies and certificates
72.5(249G)	Standards for marketing
72.6(249G)	Minimum benefit standards for qualifying policies and certificates
72.7(249G)	Required policy and certificate provisions
72.8(249G)	Prohibited provisions in certified policies or certificates
72.9(249G)	Reporting requirements
72.10(249G)	Maintaining auditing information
72.11(249G)	Reporting on asset protection
72.12(249G)	Preparing a service summary
72.13(249G)	Plan of action
72.14(249G)	Auditing and correcting deficiencies in issuer record keeping
72.15(249G)	Separability

CHAPTER 73

HEALTH INSURANCE PURCHASING COOPERATIVES

73.1(75GA,ch158)	Purpose
73.2(75GA,ch158)	Applicability and scope
73.3(75GA,ch158)	Definitions
73.4(75GA,ch158)	Division duties—application—filing requirements—license—audits and examinations
73.5(75GA,ch158)	Fidelity bond—letter of credit
73.6(75GA,ch158)	Annual report
73.7(75GA,ch158)	Business plan
73.8(75GA,ch158)	Participants
73.9(75GA,ch158)	Health insurance purchasing cooperative—product offerings—exemptions
73.10(75GA,ch158)	Insurance risk

73.11(75GA,ch158)	Rates
73.12(75GA,ch158)	Election—disclosure and confidentiality
73.13(75GA,ch158)	Structure—merger and consolidation
73.14(75GA,ch158)	Conflict of interest
73.15(75GA,ch158)	Nondiscrimination and retaliatory protections
73.16(75GA,ch158)	Annual health insurance or health care benefits plan selection
73.17(75GA,ch158)	License subject to conditions—waivers
73.18(75GA,ch158)	Procedures
73.19(75GA,ch158)	Data collection—quality evaluation
73.20(75GA,ch158)	Examination—costs
73.21(75GA,ch158)	Trade practices
73.22(75GA,ch158)	Grounds for denial, nonrenewal, suspension or revocation of certificate
73.23(75GA,ch158)	Hearing and appeal
73.24(75GA,ch158)	Solvency

CHAPTER 74 HEALTH CARE ACCESS

74.1(505)	Purpose
74.2(505)	Applicability and scope
74.3(505)	Definitions
74.4(505)	Access to health care or health insurance for an employee
74.5(505)	Employer participation
74.6(505)	Violation of chapter

CHAPTER 75 IOWA INDIVIDUAL HEALTH BENEFIT PLANS

75.1(513C)	Purpose
75.2(513C)	Definitions
75.3(513C)	Applicability and scope
75.4(513C)	Establishment of blocks of business
75.5(513C)	Transition for assumptions of business from another carrier
75.6(513C)	Restrictions relating to premium rates
75.7(513C)	Availability of coverage
75.8(513C)	Disclosure of information
75.9(513C)	Standards to ensure fair marketing
75.10(513C)	Basic health benefit plan and standard health benefit plan policy forms
75.11(513C)	Maternity benefit rider
75.12(513C)	Disclosure requirements
75.13(514C)	Treatment options
75.14(514C)	Emergency services
75.15(514C)	Provider access
75.16(514C)	Diabetic coverage
75.17(513C)	Reconstructive surgery
75.18(514C)	Contraceptive coverage

CHAPTER 76 EXTERNAL REVIEW

76.1(514J)	Purpose
76.2(514J)	Applicable law and definitions
76.3(514J)	Disclosure requirements
76.4(514J)	External review request
76.5(514J)	Communication between covered person, health carrier, independent review organization and the commissioner

76.6(514J)	Assignment of independent review organization by the commissioner
76.7(514J)	Decision notification
76.8(514J)	Health carrier information
76.9(514J)	Certification of independent review organization
76.10(514J)	Fees charged by independent review organizations
76.11(514J)	Penalties

CHAPTER 77

MULTIPLE EMPLOYER WELFARE ARRANGEMENTS

77.1(507A)	Purpose
77.2(507A)	Definitions
77.3(507A)	Self-insured multiple employer welfare arrangements
77.4(507A)	Fully insured multiple employer welfare arrangements
77.5(507A,513D)	Self-insured association health plans
77.6(507A)	Fully insured association health plans

CHAPTER 78

UNIFORM PRESCRIPTION DRUG INFORMATION CARD

78.1(514L)	Purpose
78.2(514L)	Definitions
78.3(514L)	Implementation

CHAPTER 79

PRIOR AUTHORIZATION—PRESCRIPTION DRUG BENEFITS

79.1(505)	Purpose
79.2(505)	Definitions
79.3(505)	Prior authorization protocols
79.4(505)	Filing with the division
79.5(505)	Violations
79.6(505)	Applicability

*INSURANCE COVERAGE FOR
PEDIATRIC PREVENTIVE SERVICES*

CHAPTER 80

WELL-CHILD CARE

80.1(505,514H)	Purpose
80.2(505,514H)	Applicability and scope
80.3(505,514H)	Effective date
80.4(505,514H)	Policy definitions
80.5(505,514H)	Benefit plan

CHAPTER 81

POSTDELIVERY BENEFITS AND CARE

81.1(514C)	Purpose
81.2(514C)	Applicability and scope
81.3(514C)	Postdelivery benefits

CHAPTERS 82 to 84

Reserved

CHAPTER 85

REGULATION OF NAVIGATORS

85.1(505,522D)	Purpose and authority
85.2(505,522D)	Definitions

85.3(505,522D)	Requirement to hold a license
85.4(505,522D)	Issuance of license
85.5(505,522D)	License renewal
85.6(505,522D)	License reinstatement
85.7(505,522D)	Reinstatement or reissuance of a license after suspension, revocation or forfeiture in connection with disciplinary matters; and forfeiture in lieu of compliance
85.8(505,522D)	Change in name, address or state of residence
85.9(505,522D)	Licensing of a business entity
85.10(505,522D)	Initial training of navigators
85.11(505,522D)	Continuing education requirements for navigators
85.12(505,522D)	Administration of examinations
85.13(505,522D)	Fees
85.14(505,522D)	Evidence of financial responsibility
85.15(505,522D)	Practices
85.16(505,522D)	Severability

CHAPTERS 86 to 89

Reserved

CHAPTER 90

FINANCIAL AND HEALTH INFORMATION REGULATION

90.1(505)	Purpose and scope
90.2(505)	Definitions
DIVISION I RULES FOR FINANCIAL INFORMATION	
90.3(505)	Initial privacy notice to consumers required
90.4(505)	Annual privacy notice to customers required
90.5(505)	Information to be included in privacy notices
90.6(505)	Form of opt-out notice to consumers and opt-out methods
90.7(505)	Revised privacy notices
90.8(505)	Delivery of notice
90.9(505)	Limits on disclosure of nonpublic personal financial information to nonaffiliated third parties
90.10(505)	Limits on redisclosure and reuse of nonpublic personal financial information
90.11(505)	Limits on sharing account number information for marketing purposes
90.12(505)	Exception to opt-out requirements for disclosure of nonpublic personal financial information for service providers and joint marketing
90.13(505)	Exceptions to notice and opt-out requirements for disclosure of nonpublic personal financial information for processing and servicing transactions
90.14(505)	Other exceptions to notice and opt-out requirements for disclosure of nonpublic personal financial information
90.15(505)	Notice through a Web site
90.16(505)	Licensee exception to notice requirement

DIVISION II
RULES FOR HEALTH INFORMATION

90.17(505)	Disclosure of nonpublic personal health information
90.18(505)	Authorizations
90.19(505)	Delivery of authorization request
90.20(505)	Relationship to federal rules
90.21(505)	Relationship to state laws
90.22(505)	Protection of Fair Credit Reporting Act
90.23(505)	Nondiscrimination

90.24(505)	Severability
90.25(505)	Penalties
90.26(505)	Effective dates
90.27 to 90.36	Reserved

DIVISION III
SAFEGUARDING CUSTOMER INFORMATION

90.37(505)	Information security program
90.38(505)	Examples of methods of development and implementation
90.39(505)	Penalties
90.40(505)	Effective date

CHAPTER 91
2001 CSO MORTALITY TABLE

91.1(508)	Purpose
91.2(508)	Definitions
91.3(508)	2001 CSO Mortality Table
91.4(508)	Conditions
91.5(508)	Applicability of the 2001 CSO Mortality Table to 191—Chapter 47, Valuation of Life Insurance Policies
91.6(508)	Gender-blended table
91.7(508)	Separability

CHAPTER 92
UNIVERSAL LIFE INSURANCE

92.1(508)	Purpose and authority
92.2(508)	Definitions
92.3(508)	Scope
92.4(508)	Valuation
92.5(508)	Nonforfeiture
92.6(508)	Mandatory policy provisions
92.7(508)	Disclosure requirements
92.8(508)	Periodic disclosure to policyowner
92.9(508)	Interest-indexed universal life insurance policies
92.10(508)	Applicability

CHAPTER 93
CONDUIT DERIVATIVE TRANSACTIONS

93.1(511,521A)	Purposes
93.2(511,521A)	Definitions
93.3(511,521A)	Provisions not applicable
93.4(511,521A)	Standards for conduit derivative transactions
93.5(511,521A)	Internal controls
93.6(511,521A)	Reporting requirements for conduit derivative transactions
93.7(511,521A)	Conduit ownership
93.8(511,521A)	Exemption from applicability

CHAPTER 94
PREFERRED MORTALITY TABLES FOR USE
IN DETERMINING MINIMUM RESERVE LIABILITIES

94.1(508)	Purpose
94.2(508)	Definitions
94.3(508)	2001 CSO Preferred Class Structure Mortality Table

- 94.4(508) Conditions
- 94.5(508) Separability

CHAPTER 95

DETERMINING RESERVE LIABILITIES FOR PRENEED LIFE INSURANCE

- 95.1(508) Authority
- 95.2(508) Scope
- 95.3(508) Purpose
- 95.4(508) Definitions
- 95.5(508) Minimum valuation mortality standards
- 95.6(508) Minimum valuation interest rate standards
- 95.7(508) Minimum valuation method standards
- 95.8(508) Transition rules
- 95.9(508) Effective date

CHAPTER 96

SYNTHETIC GUARANTEED INVESTMENT CONTRACTS

- 96.1(505,508) Authority
- 96.2(505,508) Purpose
- 96.3(505,508) Scope and application
- 96.4(505,508) Definitions
- 96.5(505,508) Financial requirements and plan of operation
- 96.6(505,508) Required contract provisions and filing requirements
- 96.7(505,508) Investment management of the segregated portfolio
- 96.8(505,508) Purchase of annuities
- 96.9(505,508) Unilateral contract terminations
- 96.10(505,508) Reserves
- 96.11(505,508) Severability
- 96.12(505,508) Effective date

CHAPTER 97

ACCOUNTING FOR CERTAIN DERIVATIVE INSTRUMENTS USED TO HEDGE
THE GROWTH IN INTEREST CREDITED FOR INDEXED INSURANCE PRODUCTS
AND ACCOUNTING FOR THE INDEXED INSURANCE PRODUCTS RESERVE

- 97.1(508) Authority
- 97.2(508) Purpose
- 97.3(508) Definitions
- 97.4(508) Asset accounting
- 97.5(508) Indexed annuity product reserve calculation methodology
- 97.6(508) Indexed life product reserve calculation methodology
- 97.7(508) Other requirements

CHAPTER 98

ANNUAL FINANCIAL REPORTING REQUIREMENTS

- 98.1(505) Authority
- 98.2(505) Purpose
- 98.3(505) Definitions
- 98.4(505) General requirements related to filing and extensions for filing of annual audited financial reports and audit committee appointment
- 98.5(505) Contents of annual audited financial report
- 98.6(505) Designation of independent certified public accountant
- 98.7(505) Qualifications of independent certified public accountant
- 98.8(505) Consolidated or combined audits

98.9(505)	Scope of audit and report of independent certified public accountant
98.10(505)	Notification of adverse financial condition
98.11(505)	Communication of Internal Control Related Matters Noted in an Audit
98.12(505)	Definition, availability and maintenance of independent certified public accountants' work papers
98.13(505)	Requirements for audit committees
98.14(505)	Internal audit function requirements
98.15(505)	Conduct of insurer in connection with the preparation of required reports and documents
98.16(505)	Management's Report of Internal Control Over Financial Reporting
98.17(505)	Exemptions
98.18(505)	Letter to insurer with accountant's qualifications
98.19(505)	Canadian and British companies
98.20(505)	Severability provision
98.21(505)	Effective date

CHAPTER 99

LIMITED PURPOSE SUBSIDIARY LIFE INSURANCE COMPANIES

99.1(505,508)	Authority
99.2(505,508)	Purpose
99.3(505,508)	Definitions
99.4(505,508)	Formation of LPS
99.5(505,508)	Certificate of authority
99.6(505,508)	Capital and surplus
99.7(505,508)	Plan of operation
99.8(505,508)	Dividends and distributions
99.9(505,508)	Reports and notifications
99.10(505,508)	Material transactions
99.11(505,508)	Investments
99.12(508)	Securities
99.13(505,508)	Permitted reinsurance
99.14(505,508)	Certification of actuarial officer
99.15(505,508)	Effective date

REGULATED INDUSTRIES

CHAPTER 100

SALES OF CEMETERY MERCHANDISE, FUNERAL MERCHANDISE
AND FUNERAL SERVICES

100.1(523A)	Purpose
100.2(523A)	Definitions
100.3(523A)	Contact and correspondence
100.4 to 100.9	Reserved
100.10(523A)	License status
100.11(523A)	Application for license
100.12(523A)	Processing of application for a license
100.13(523A)	Approval and denial of license applications; issuance of license
100.14(523A)	Continuing education requirements
100.15(523A)	License renewal
100.16(523A)	Prohibited activities related to licensing
100.17(523A)	Reinstatement of a restricted license
100.18(523A)	Payment of fees
100.19(523A)	Master trusts

100.20(523A)	Trust interest or income
100.21(523A)	Cancellation refunds
100.22(523A)	Consumer price index adjustment
100.23(523A)	Preneed seller's use of surety bond in lieu of trust
100.24	Reserved
100.25(523A)	Funeral and cemetery merchandise warehoused by preneed sellers
100.26 to 100.29	Reserved
100.30(523A)	Standards of conduct for preneed sellers and sales agents
100.31(523A)	Advertisements, sales practices and disclosures
100.32	Reserved
100.33(523A)	Records maintenance and retention
100.34(523A)	Changes in funding methods for or terms of purchase agreements
100.35(523A)	Preneed seller's change of ownership and cessation of business operations
100.36 to 100.39	Reserved
100.40(523A)	Prohibited practices for preneed sellers and sales agents
100.41(523A)	Disciplinary procedures

CHAPTER 101

BURIAL SITES AND CEMETERIES

101.1(523I)	Purpose
101.2(523I)	Definitions
101.3(523I)	Examination expenses assessment
101.4(523I)	Sale of insurance
101.5(523I)	Notice of disinterment
101.6(523I)	Cemeteries owned or operated by a governmental subdivision
101.7(523I)	Commingling of care fund accounts
101.8(523I)	Distribution of care fund amounts using a total return distribution method
101.9(523I)	Filing annual reports
101.10(523I)	Independent review

CHAPTER 102

IOWA RETIREMENT FACILITIES

102.1(523D)	Purpose and applicability
102.2(523D)	Definitions
102.3(523D)	Forms and filings
102.4(523D)	Standards for the disclosure statement
102.5(523D)	Certified financial statements, studies, and forecasts
102.6(523D)	Amendments to the disclosure statement
102.7(523D)	Records
102.8(523D)	Misrepresentations
102.9(523D)	Violations

CHAPTER 103

RESIDENTIAL AND MOTOR VEHICLE SERVICE CONTRACTS

103.1(523C)	Purpose
103.2(523C)	Definitions
103.3(523C)	Filings of forms, contracts and other items
103.4(523C)	Forms and instructions
103.5(523C)	Financial security deposits
103.6(523C)	Prohibited acts or practices
103.7(523C)	Service company licenses
103.8	Reserved
103.9(523C)	Financial statements and calculation of net worth

103.10(523C)	Records
103.11 to 103.14	Reserved
103.15(523C)	Violations

CHAPTERS 104 to 109

Reserved

CHAPTER 110

STANDARDS AND COMMISSIONER'S AUTHORITY FOR COMPANIES
DEEMED TO BE IN HAZARDOUS FINANCIAL CONDITION

110.1(505)	Authority
110.2(505)	Purpose
110.3(505)	Definition
110.4(505)	Standards
110.5(505)	Commissioner's authority
110.6(505)	Judicial review
110.7(505)	Separability
110.8(505)	Effective date

CHAPTER 111

CORPORATE GOVERNANCE ANNUAL DISCLOSURE

111.1(521H)	Purpose
111.2(521H)	Authority
111.3(521H)	Definitions
111.4(521H)	Filing procedures
111.5(521H)	Contents of corporate governance annual disclosure

CHAPTER 112

TERM AND UNIVERSAL LIFE INSURANCE RESERVE FINANCING

112.1(521B)	Authority
112.2(521B)	Purpose and intent
112.3(521B)	Applicability
112.4(521B)	Exemptions
112.5(521B)	Definitions
112.6(521B)	The actuarial method
112.7(521B)	Requirements applicable to covered policies to obtain credit for reinsurance; opportunity for remediation
112.8(521B)	Severability
112.9(521B)	Prohibition against avoidance

INSURANCE PRODUCERS

CHAPTER 10

INSURANCE PRODUCER LICENSES AND LIMITED LICENSES

191—10.1(522B) Purpose and authority.

10.1(1) The purpose of these rules is to set out the requirements, procedures and fees relating to the qualification, licensure and appointment of insurance producers.

10.1(2) These rules are authorized by Iowa Code section 505.8 and are intended to implement Iowa Code chapters 252J, 272D and 522B.

[ARC 4910C, IAB 2/12/20, effective 3/18/20]

191—10.2(522B) Definitions. In addition to the definitions in 191—1.1(502,505), the following definitions apply:

“Appointment” means a notification filed with the division or its designated vendor that an insurer has established an agency relationship with a producer. A company filing such a request must verify that the producer is licensed for the appropriate line(s) of authority.

“Birth month” means the month in which a producer was born.

“Business entity” means a corporation, association, partnership, limited liability company, limited liability partnership or other legal entity.

“CSRU” means child support recovery unit.

“Home state” means the District of Columbia or any state or territory of the United States in which a producer maintains the producer’s principal place of residence or principal place of business and is licensed to act as a producer.

“Individual” means a private or natural person, as distinguished from a partnership, corporation or association.

“Insurance” means any of the lines of insurance listed in rule 191—10.7(522B).

“License” means the division’s authorization for a person to act as a producer for the authorized lines of insurance.

“License number” means the National Insurance Producer Registry (NIPR) national producer number (NPN) issued to all licensees whose license records exist in the state producer licensing database (SPLD). For purposes of this definition, “state producer licensing database (SPLD)” means the national database of producers maintained by the National Association of Insurance Commissioners (NAIC), its affiliates or subsidiaries.

“National Insurance Producer Registry” or *“NIPR”* means the nonprofit affiliate of the National Association of Insurance Commissioners (NAIC). The NIPR’s website is www.NIPR.com.

“Negotiate” means the act of conferring directly with or offering advice directly to a purchaser or prospective purchaser of a particular contract of insurance concerning any of the substantive benefits, terms or conditions of the contract provided that the person engaged in that act either sells insurance or obtains insurance for purchasers.

“NIPR Gateway” means the communication network developed and operated by NIPR that links state insurance regulators with the entities they regulate to facilitate the electronic exchange of producer information regarding license applications, license renewals, appointments and terminations.

“Nonresident” means a person whose home state is not Iowa.

“Notification” means a written or electronic communication from a producer to the division.

“Person” means an individual or a business entity.

“Producer” or *“insurance producer”* means a person required to be licensed in this state to sell, solicit or negotiate insurance.

“Producer renewal notice” means an electronic communication issued by the division to inform a producer about license renewal.

“Resident” means a person whose home state is Iowa.

“Sell” means to exchange a contract of insurance by any means, for money or its equivalent, on behalf of an insurer.

“*Solicit*” or “*solicitation*” means attempting to sell insurance or asking or urging a person to apply for a particular kind of insurance from a particular company.

“*Termination*” means that an insurer has ended its agency relationship with a producer.

“*Termination for cause*” means that an insurer has ended its agency relationship with a producer for one of the reasons set forth in Iowa Code section 522B.11.

“*Uniform application*” means the National Association of Insurance Commissioners’ uniform application for resident and nonresident insurance producer licensing, as it appears on the NAIC website.

[ARC 7836B, IAB 6/3/09, effective 7/8/09; ARC 4910C, IAB 2/12/20, effective 3/18/20]

191—10.3(522B) Requirement to hold a license.

10.3(1) No person may sell, solicit or negotiate insurance in Iowa until that person has been issued an Iowa producer license.

10.3(2) A person offering to the public, for a fee or commission, to engage in the business of offering any advice, counsel, opinion or service with respect to the benefits, advantages or disadvantages promised under any policy of insurance must be licensed as a producer.

10.3(3) A person shall not advise an Iowa resident to cancel, not renew, or otherwise change an existing insurance policy unless that person holds an Iowa producer license regarding the line of insurance for which the advice is given. This subrule does not apply to a licensed attorney or certified public accountant who does not sell or solicit insurance.

10.3(4) The license itself does not provide the producer with any authority to represent or commit an insurer.

[ARC 4910C, IAB 2/12/20, effective 3/18/20]

191—10.4(522B) Licensing of resident producers.

10.4(1) A person whose home state is Iowa and who desires to be licensed as a producer must satisfy the following requirements:

- a. Be at least 18 years of age;
- b. Have not committed any act that is grounds for denial under subrule 10.20(4);
- c. Submit a completed uniform application;
- d. Pass an examination in the line of authority sought;
- e. Pay the appropriate producer license fee; and
- f. Submit to a criminal history check pursuant to Iowa Code section 522B.5.

10.4(2) Examinations are conducted by the outside testing service on contract with the division. Applications and fees for examinations and for initial producer licensing will be submitted either to the outside testing service on contract with the division or as directed by the division. Instructions are available on the division’s website.

10.4(3) Reserved.

10.4(4) Examination results are valid for 90 days after the date of the test. Failure to apply for licensure within 90 days after the examination is passed shall void the examination results.

10.4(5) Amendments to producer licenses shall be done either by an outside vendor or by the division, as directed by the division. Any licensed producer desiring to become licensed in an additional line of authority must:

- a. Submit a completed uniform application form through the NIPR Gateway or as directed by the division, specifying the line(s) of authority requested to be added. Instructions are available on the division’s website; and
- b. For each line of authority requested to be added, pass any required examination.

10.4(6) A producer who holds a personal lines authority can obtain property and casualty lines of authority upon successful completion of the commercial insurance subject examination.

10.4(7) To receive a license for excess and surplus lines, the applicant must have successfully completed the excess and surplus lines examination and also have successfully completed either: (1) the examinations for property and casualty lines of authority; or (2) the examinations for personal lines of authority and the commercial insurance subject examination.

10.4(8) To receive a license for the variable products line of authority, the applicant must:

- a. Hold an active Iowa insurance license with a life insurance line of authority;
- b. Pass the Financial Industry Regulatory Authority (FINRA) examinations necessary to obtain an Iowa securities license; and
- c. File an application through the NIPR Gateway or as directed by the division to amend the license to add the variable products line of authority.

10.4(9) The division may require any documents reasonably necessary to verify the information contained in the application or to verify that the individual making application has the character and competency required to receive a producer license. If an applicant does not provide the additional information requested by the division within 45 days of receipt of the request, the application will expire and the license fee will not be returned.

[ARC 4910C, IAB 2/12/20, effective 3/18/20; ARC 5250C, IAB 11/4/20, effective 12/9/20]

191—10.5(522B) Licensing of nonresident producers.

10.5(1) A producer for whom Iowa is not the home state who desires to sell, solicit or negotiate insurance in Iowa must satisfy the following requirements to obtain an Iowa nonresident producer license:

- a. Be licensed and in good standing in the home state;
- b. Submit a proper request for licensure to the division through the NIPR Gateway;
- c. Pay the appropriate fee; and
- d. Submit to a criminal history check pursuant to Iowa Code section 522B.5A if a state and national criminal history check has not already been completed.

10.5(2) Any licensed nonresident producer desiring to become licensed in an additional line of authority shall submit to the division using the NIPR Gateway a completed application form specifying the line(s) of authority requested to be added.

10.5(3) A license will not be issued to a nonresident producer if the producer's resident state does not issue licenses to Iowa resident producers applying for nonresident producer licenses in that state or if the producer's resident state restricts Iowa resident producers' nonresident activities in that state.

10.5(4) The division may require any documents reasonably necessary to verify the information contained in the application or to verify that the individual making application has the character and competency required to receive a producer license. If an applicant does not provide the additional information requested by the division within 45 days of receipt of the request, the application will expire and the license fee will not be returned.

[ARC 5250C, IAB 11/4/20, effective 12/9/20]

191—10.6(522B) Issuance of license.

10.6(1) In order to be issued a producer license, a person must meet the requirements of Iowa Code sections 522B.4 and 522B.5, or section 522B.7, and rule 191—10.5(522B), unless otherwise denied licensure pursuant to Iowa Code section 522B.11 or rule 191—10.20(522B). The initial term of a producer license is three years and ends after the last day of the applicant's birth month of the year the license was issued, unless revoked or suspended. A license may be continually renewed pursuant to rule 191—10.8(522B) as long as the proper fees are paid and home state continuing education requirements are met. A renewal term is three years. If not renewed, a producer license automatically terminates on the last day of the month of the initial or renewal term.

10.6(2) An individual producer whose license has expired may seek reinstatement or reissuance as set forth in rule 191—10.9(522B) or 191—10.10(522B), as applicable.

10.6(3) The license shall contain the producer's name, address, license number, date of issuance, date of expiration, the line(s) of authority held, and any other information the division deems necessary. The license number shall be the same as the producer's National Insurance Producer Registry (NIPR) national producer number (NPN).

10.6(4) If the division issues or renews a producer license and subsequently determines that payment for the license or renewal was returned to the division by a bank without payment, or that the credit card company does not approve, cancels, or refuses amounts charged to the credit card, the license must be

immediately suspended until the payments are made and any fees or penalties charged by the division are paid, at which time the license may be reinstated. The individual may request a hearing within 30 days of receipt of the division's notice that the license was suspended.

[ARC 4910C, IAB 2/12/20, effective 3/18/20; ARC 5250C, IAB 11/4/20, effective 12/9/20]

191—10.7(522B) License lines of authority. In addition to the lines of authority listed in Iowa Code subsection 522B.6(2), the following lines of authority also are available for issuance in Iowa: crop, surety, and reciprocal (any other line of insurance issued in another state and for which Iowa grants authority to sell, solicit or negotiate in this state).

[ARC 4910C, IAB 2/12/20, effective 3/18/20]

191—10.8(522B) License renewal.

10.8(1) Upon request by a licensed producer, the division must electronically transmit a producer renewal notice to the producer's last-known electronic mail address as it appears in division records. If the division has received notification that the electronic address of record is no longer valid, no renewal notice will be transmitted.

10.8(2) A producer must apply for license renewal during the 90 days prior to the expiration date of the license. Failure to apply to renew a license and pay appropriate fees prior to the expiration date of the license will result in expiration of the license.

10.8(3) A producer may submit an electronic mail address to the division as directed by the division.

10.8(4) Resident producer licenses may be renewed electronically through the NIPR Gateway at www.NIPR.com.

10.8(5) Nonresident producer licenses may only be renewed through the NIPR Gateway, or as otherwise directed by the division.

[ARC 7836B, IAB 6/3/09, effective 7/8/09; ARC 4910C, IAB 2/12/20, effective 3/18/20]

191—10.9(522B) License reinstatement.

10.9(1) A resident producer may reinstate an expired license up to 12 months after the license expiration date by proving that during the applicable continuing education (CE) term the producer met the CE requirements found in 191—Chapter 11 and by paying a reinstatement fee and a license renewal fee. A resident producer who fails to apply for license reinstatement within 12 months of the license expiration date must apply for a new license.

10.9(2) A nonresident producer may reinstate an expired license up to 12 months after the expiration date by submitting a request through the NIPR Gateway and by paying a reinstatement fee and a license renewal fee. A nonresident producer who fails to apply for a license reinstatement within 12 months of the license expiration date or fails to update the nonresident producer's address pursuant to subrule 10.12(3) must apply for license reissuance.

10.9(3) A producer who has surrendered a license that was not in connection with a disciplinary matter and stated an intent to exit the insurance business may file a request to reactivate the license. The request must be received at the division within 90 days of the date the license was placed on inactive status. The request will be granted if the former producer is otherwise eligible to receive the license. If the request is not received within 90 days, the producer must apply for a new license.

10.9(4) A producer whose license was suspended, revoked, forfeited in connection with a disciplinary matter, or forfeited in lieu of compliance is not eligible for reinstatement under this rule and must follow the procedures in rule 191—10.10(522B).

[ARC 4910C, IAB 2/12/20, effective 3/18/20; ARC 5250C, IAB 11/4/20, effective 12/9/20]

191—10.10(522B) Reinstatement or reissuance of a license after suspension, revocation or forfeiture in connection with disciplinary matters; and forfeiture in lieu of compliance.

10.10(1) Terminology. The term "reinstatement" as used in this rule means the reinstatement of a suspended license. The term "reissuance" as used in this rule means the issuance of a new license following the revocation of a license, the suspension and subsequent termination of a license, or the forfeiture of a license in connection with a disciplinary matter, including but not limited to proceedings

pursuant to rule 191—10.21(252J,272D). Disciplinary matters include, but are not limited to, being the subject of an investigation, complaint, or pending administrative action in this or any other state. This rule does not apply to the reinstatement of an expired license or the issuance of a new license that is not in connection with a disciplinary matter.

10.10(2) *Application required.* Any producer whose license has been revoked or suspended by order or who forfeited a license in connection with a disciplinary matter must apply to the commissioner for reinstatement or reissuance in accordance with the terms of the order of revocation or suspension or the order accepting the forfeiture and submit to a criminal history check as required pursuant to Iowa Code section 522B.5A.

a. All proceedings for reinstatement or reissuance must be initiated by the applicant, who shall file with the commissioner an Iowa Insurance Producer Application for Reinstatement or Reissuance After Disciplinary Action. An applicant is not eligible for reinstatement or reissuance until the applicant has satisfied the other prescribed requirements of rule 191—10.4(522B), including the timing requirements of subrule 10.4(4). An applicant may also have to submit a new or renewal producer application through the NIPR Gateway and pay any associated fee.

b. An application for reinstatement or reissuance must allege facts which, if established, will be sufficient to enable the commissioner to determine that the basis of revocation, suspension, or forfeiture of the applicant's license no longer exists and must disclose whether the producer has engaged in any conduct that is listed as a cause for licensing action under Iowa Code section 507B.4 or 522B.11(1) that was not included in the order for suspension, revocation, or forfeiture.

c. An application for reinstatement or reissuance must allege sufficient facts to enable the commissioner to determine that it will be in the public interest for the application to be granted. The commissioner may determine it is not in the public interest if the producer has engaged in any conduct that is listed as a cause for licensing action under Iowa Code section 507B.4 or 522B.11(1) that was not included in the order for suspension, revocation, or forfeiture.

d. The burden of proof to establish such facts shall be on the applicant.

e. A producer may request reinstatement of a suspended license prior to the end of the suspension term; however, reinstatement will not be effected until the suspension period has ended.

f. Unless otherwise provided by law, if the order of revocation, suspension, or acceptance of forfeiture did not establish terms upon which reinstatement or reissuance may occur, or if the license was forfeited, an initial application for reinstatement or reissuance may not be made until at least one year has elapsed from the date of the order of the suspension (notwithstanding paragraph 10.10(2) "e"), revocation, or acceptance of the forfeiture of a license.

g. The period of suspension shall continue, regardless of any specified suspension end date, until such time as the producer's license is reinstated by order.

10.10(3) *Proceedings.* All proceedings upon the application for reinstatement or reissuance, including matters preliminary and ancillary thereto, shall be held in accordance with Iowa Code chapter 17A. Such application shall be docketed in the original case in which the license was suspended, revoked, or forfeited, if a case exists.

10.10(4) *Order.* An order of reinstatement or reissuance must be a written decision that incorporates findings of fact and conclusions of law. An order granting an application for reinstatement or reissuance may impose such terms and conditions as the commissioner or the commissioner's designee deems appropriate, which may include one or more of the types of disciplinary sanctions provided by Iowa Code section 522B.11. The producer's license will be reinstated or reissued on the date of the order, unless the order specifies a different date. The order is a public record and may be disseminated in accordance with Iowa Code chapter 22.

10.10(5) *Voluntary forfeiture.* A submission of voluntary forfeiture of a license must be made in writing as prescribed by the commissioner. Forfeiture of a license is effective upon the submission unless a contested case proceeding is pending at the time of the submission. If a contested case proceeding is pending, the forfeiture becomes effective when and upon such conditions as required by order of the commissioner. A forfeiture made during the pendency of a contested case proceeding is considered

a disciplinary action and must be published in the same manner as is applicable to any other form of disciplinary order.

10.10(6) *Reinstatement in relation to expiration date.* If a producer's ordered suspension period ends prior to the producer's license expiration date and the producer applies for reinstatement prior to the license expiration date, the commissioner must reinstate the license as soon as practicable but no earlier than the end of the suspension period if the division determines the license should be reinstated after a complete review.

10.10(7) *Suspension beyond expiration date.* When a producer's license is suspended beyond the producer's license expiration date, whether due to an ordered suspension time period or failure to apply for reinstatement prior to expiration as stated in subrule 10.10(6), the license terminates on the license expiration date and the producer must apply for reissuance pursuant to subrule 10.10(2).

10.10(8) *Application denial or additional action.* The commissioner is not prohibited from denying an application for reinstatement or reissuance or bringing an additional immediate action if the producer has engaged in any additional violation of Iowa Code section 507B.4 or 522B.11(1) or otherwise failed to meet all of the applicable requirements.

[ARC 4910C, IAB 2/12/20, effective 3/18/20; ARC 5250C, IAB 11/4/20, effective 12/9/20]

191—10.11(522B) Temporary licenses. An Iowa resident may apply for a temporary license pursuant to Iowa Code section 522B.10. The applicant must submit a written request to the division that includes the reason for the request and the length of time for which the temporary license is requested. Temporary licenses will be issued for 90 days, with extensions allowed, but in no event for longer than 180 days, pursuant to Iowa Code section 522B.10.

[ARC 4910C, IAB 2/12/20, effective 3/18/20]

191—10.12(522B) Change in name, address or state of residence.

10.12(1) If a producer's name is changed, the producer must file notification with the division, as instructed on the division's website, within 30 days of the name change. The notification must include:

- a. The producer's prior name;
- b. The producer's license number;
- c. The producer's new name; and
- d. A copy of a legal document with proof of the name change.

10.12(2) If a resident or nonresident producer's address is changed, the producer must file notification with the division through the NIPR Gateway at www.NIPR.com, unless the division instructs otherwise, within 30 days of the address change. The notification must include the producer's:

- a. Name;
- b. License number;
- c. Previous address; and
- d. New address. A producer may designate a business address instead of a resident address at the option of the producer.

10.12(3) A nonresident producer who moves from one state to another state or an Iowa resident producer who moves to another state and wishes to retain an Iowa producer license must file a change of address with the division and provide a certification from the new resident state within 30 days of the change of legal residence. No fee or license application is required. If the new resident state is actively participating in the producer database, a letter of certification is not required. A nonresident licensed producer who moves to Iowa and wishes to retain the nonresident's producer license must file a change of address with the division within 90 days of the change of legal residence.

10.12(4) Issuance of an Iowa nonresident producer license is contingent on proper licensure in the nonresident producer's home state. Termination of the producer's resident license will be deemed termination of the Iowa nonresident producer license unless the producer files a change of address within 30 days of the termination of the resident license.

10.12(5) If a producer has provided an email address to the division, the division may send information to the producer through the email address rather than through the mail.

[ARC 4910C, IAB 2/12/20, effective 3/18/20; ARC 5250C, IAB 11/4/20, effective 12/9/20]

191—10.13(522B) Reporting of actions.

10.13(1) A producer must report to the division any actions required to be reported by Iowa Code section 522B.16.

10.13(2) A producer must report to the division all CSRU or centralized collection unit of the department of revenue actions taken under or in connection with Iowa Code chapter 252J or 272D and all court orders entered in such actions.

10.13(3) Failure to file reports required by this rule is a violation of this chapter and will subject producers to penalty pursuant to rule 191—10.20(522B).
[ARC 4910C, IAB 2/12/20, effective 3/18/20]

191—10.14(522B) Commissions and referral fees.

10.14(1) An insurance company shall not pay, and a person shall not accept, any commission, service fee, brokerage or other valuable consideration unless the person performing the service held a valid license for the line of insurance for which the service was rendered at the time the service was performed.

10.14(2) A producer may assign commissions to an entity organized for the purpose of operating that producer's insurance business if all of the entity's representatives who personally sell, solicit or negotiate insurance in Iowa are individually licensed as producers under Iowa law.

10.14(3) An insurer or a producer may pay a nominal fee for referrals if the same fee is paid for each referral whether or not the referral results in an insurance transaction.

10.14(4) An insurer or a producer may not charge an additional fee for services that are customarily associated with the sale, solicitation, negotiation and servicing of an insurance policy. This prohibition does not apply to assigned risk and commercial property/casualty policies. Any fees or other charges that are assessed to an insurance consumer must be fully disclosed.

10.14(5) A person who is not engaged in any activities in Iowa that require a producer license in Iowa is not required to maintain an active producer license in order to receive override or hierarchy commissions or to receive renewal commissions earned while the producer was actively engaged in activities that required a producer license.

191—10.15(522B) Appointments.

10.15(1) Insurers are required to file appointments with the division for each producer with which the producer has an agency relationship. The determination of whether an insurer and a producer have an agency relationship will be made by the division based on the totality of the circumstances surrounding the business relationship. Appointments are not issued for business entities.

10.15(2) Insurers must file and pay for initial appointments using the NIPR Gateway, except that insurers authorized under Iowa Code chapter 518 or 518A must file appointments directly with the division.

10.15(3) The notice of appointment must be filed within 30 days of the date the insurer and producer execute an agency contract or the first insurance application is submitted to the insurer.

10.15(4) Appointment fees are set forth in rule 191—10.26(522B). The division or its designee will electronically transmit a billing statement to insurers authorized under Iowa Code chapter 518 or 518A, and payment is due within 45 days. The division will assess a late fee of \$100 for the failure to timely pay appointment billing statements and an additional \$500 on or after the forty-sixth day.

10.15(5) The division may adopt special appointment filing procedures to allow an insurer to file one appointment request that will appoint a producer to some or all of the affiliated insurance companies that comprise a holding company.

10.15(6) When a company loses its identity in a new company by merger, acquisition, or otherwise, the new company must contact the licensing bureau to arrange for reappointment of the producers to the remaining company.

10.15(7) Insurance companies must file the name, address, and electronic address of a contact person for the company, to whom the billing statements will be sent. Insurance companies must notify the division if there is a change of the person appointed as the contact person or if a change of the address of

such contact occurs. If an insurance company fails to notify the division of such a change, the insurance company must pay a \$100 fee.

[ARC 7836B, IAB 6/3/09, effective 7/8/09; ARC 4910C, IAB 2/12/20, effective 3/18/20]

191—10.16(522B) Appointment renewal.

10.16(1) On or about December 1 of each year, the division or its designee will deliver reminders to insurance companies that appointment renewals are imminent. Appointments must be renewed electronically via the NIPR Gateway at www.NIPR.com.

10.16(2) On or about January 2 of each year, a list of the producers currently appointed with each insurance company and a billing statement will be provided to each insurance company via the NIPR Gateway. The billing statement must not be altered, amended or used for appointing or terminating producers.

10.16(3) Payment is due on or before March 1.

10.16(4) Failure to pay renewal appointment fees by March 15 will result in termination of a company's appointments. Appointments that are terminated due to nonpayment of renewal fees may be reinstated upon payment of the renewal fee plus a reinstatement fee of \$500.

10.16(5) Insurance companies must file the name, address, and electronic address of a contact person for the company, to whom the appointment renewals will be sent. Insurance companies must notify the division if a change of the address of such contact occurs. If an insurance company fails to notify the division of such a change of address, the insurance company must pay a \$100 fee.

[ARC 7836B, IAB 6/3/09, effective 7/8/09; ARC 4910C, IAB 2/12/20, effective 3/18/20]

191—10.17(522B) Appointment terminations.

10.17(1) When an insurance company terminates its relationship with a producer, the company must notify the division using the NIPR Gateway. The termination must be filed within 30 days of the date the insurer terminated its agency relationship with the producer. The company must also notify the producer that the producer's appointment has been terminated.

10.17(2) There is no fee for the filing of an appointment termination.

10.17(3) The division may adopt special procedures for the filing of termination requests for a group of affiliated insurance companies that comprise a holding company.

10.17(4) When an insurer terminates an appointment for cause pursuant to Iowa Code section 522B.14, the notification of termination may be filed according to subrule 10.17(1). The supporting documents required by Iowa Code section 522B.14 must be submitted to the division within ten days of the filing of the notification. The documents must include a certification by an officer or authorized representative of the insurer.

[ARC 4910C, IAB 2/12/20, effective 3/18/20]

191—10.18(522B) Licensing of a business entity.

10.18(1) Application. A business entity may apply for an Iowa insurance license. For purposes of this rule, upon approval of an application by the division, the business entity will be classified as a producer and is subject to all standards of conduct and reporting requirements applicable to producers.

10.18(2) Requirements.

a. To qualify for such a license, the business entity must:

(1) File a completed NAIC uniform business entity application through the NIPR Gateway or as directed by the division. For purposes of this subrule, "uniform business entity application" means the National Association of Insurance Commissioners' uniform business entity application for resident and nonresident business entities, as the application appears on the NAIC website;

(2) Designate one officer, owner, partner, or member of the business entity, which person also is a producer licensed by the division, as the person who will have full responsibility for the conduct of all business transactions of the business entity or of producers affiliated with the business entity;

(3) For a nonresident business entity, submit an appropriate request through the NIPR Gateway; and

(4) Pay the license fee.

b. The designated responsible producer must maintain an active Iowa producer license. If the license of the designated responsible producer terminates or lapses for any reason, the business entity must supply the division with a substitute designated responsible producer within ten days. If the business entity does not provide a substitute, the division must immediately terminate the license, and the entity must submit a new application and pay the appropriate license fee.

10.18(3) License term. A business entity license issued under this rule is effective for three years and one month, including the year of application, beginning on the first day of the month of the business entity's formation date and ending with the last day of the month of the business entity's formation date. By arrangement with the division, a business entity may choose a different month for its license term.

10.18(4) License renewal. Upon request by a business entity, the division must electronically transmit a renewal notice to the electronic mail address of the business entity on file with the division on or before the first day of the month preceding the renewal month. The renewal fee must be received by the division or its designated vendor on or before the license expiration date. All business entities must renew their licenses through the NIPR Gateway or as otherwise directed by the division.

10.18(5) Business address. Business entities licensed under this rule must maintain a current business address with the division. If a business entity's address is changed, notification from the designated responsible producer must be submitted to the division within 30 days of the address change, stating:

- a. Name of the business entity;
- b. License number;
- c. Previous address; and
- d. New address.

The notification may be sent by electronic mail through the NIPR Gateway at www.NIPR.com, unless the division instructs the producer otherwise.

10.18(6) Business name. A business entity licensed under this rule must keep the division informed of its business name. If a business entity changes the name under which it is operating, notification from the designated responsible producer must be submitted to the division within 30 days of the name change. The notification may be sent through the NIPR Gateway, if available, or as instructed on the division's website.

[ARC 7836B, IAB 6/3/09, effective 7/8/09; ARC 4780C, IAB 11/20/19, effective 12/25/19; ARC 4910C, IAB 2/12/20, effective 3/18/20]

191—10.19(522B) Use of senior-specific certifications and professional designations in the sale of life insurance and annuities.

10.19(1) Purpose. The purpose of this rule is to set forth standards to protect consumers from misleading and fraudulent marketing practices with respect to the use of senior-specific certifications and professional designations in the solicitation, sale or purchase of, or advice made in connection with, a life insurance or annuity product.

10.19(2) Scope. This rule applies to any solicitation, sale or purchase of, or advice made in connection with, a life insurance or annuity product by a producer.

10.19(3) Authority.

- a. This rule is promulgated under the authority of Iowa Code chapters 507B and 522B.
- b. Nothing in this rule limits the division's authority to enforce existing provisions of law.

10.19(4) Prohibited uses of senior-specific certifications and professional designations.

a. It is an unfair and deceptive act or practice in the business of insurance within the meaning of Iowa Code chapter 507B for a producer to use a senior-specific certification or professional designation that indicates or implies in such a way as to mislead a purchaser or prospective purchaser that the producer has special certification or training in advising or servicing seniors in connection with the solicitation, sale or purchase of a life insurance or annuity product or in the provision of advice as to the value of or the advisability of purchasing or selling a life insurance or annuity product, either directly or indirectly through publications or writings, or by issuing or promulgating analyses or reports related to a life insurance or annuity product.

b. The prohibited use of senior-specific certifications or professional designations includes, but is not limited to, the following:

- (1) Use of a certification or professional designation by an insurance producer who has not actually earned or is otherwise ineligible to use such certification or designation;
- (2) Use of a nonexistent or self-conferred certification or professional designation;
- (3) Use of a certification or professional designation that indicates or implies a level of occupational qualifications obtained through education, training or experience that the producer using the certification or designation does not have; and
- (4) Use of a certification or professional designation that was obtained from a certifying or designating organization that:
 1. Is primarily engaged in the business of instruction in sales or marketing;
 2. Does not have reasonable standards or procedures for assuring the competency of its certificants or designees;
 3. Does not have reasonable standards or procedures for monitoring and disciplining its certificants or designees for improper or unethical conduct; or
 4. Does not have reasonable continuing education requirements for its certificants or designees in order to maintain the certificate or designation.

c. There is a rebuttable presumption that a certifying or designating organization is not disqualified solely for purposes of subparagraph 10.19(4) “*b*”(4) when the certification or designation issued from the organization does not primarily apply to sales or marketing and when the organization or the certification or designation in question has been accredited by:

- (1) The American National Standards Institute (ANSI);
- (2) The National Commission for Certifying Agencies; or
- (3) Any organization that is on the U.S. Department of Education’s list entitled “Accrediting Agencies Recognized for Title IV Purposes.”

d. In determining whether a combination of words or an acronym standing for a combination of words constitutes a certification or professional designation indicating or implying that a person has special certification or training in advising or servicing seniors, factors to be considered shall include:

- (1) Use of one or more words such as “senior,” “retirement,” “elder,” or like words combined with one or more words such as “certified,” “registered,” “chartered,” “adviser,” “specialist,” “consultant,” “planner,” or like words, in the name of the certification or professional designation; and
- (2) The manner in which those words are combined.

e. Financial services regulatory agency.

(1) For purposes of this rule, a job title within an organization that is licensed or registered by a state or federal financial services regulatory agency is not a certification or professional designation, unless it is used in a manner that would confuse or mislead a reasonable consumer, when the job title:

1. Indicates seniority or standing within the organization; or
2. Specifies an individual’s area of specialization within the organization.

(2) For purposes of paragraph 10.19(4) “*e*,” “financial services regulatory agency” includes, but is not limited to, an agency that regulates insurers, insurance producers, broker-dealers, investment advisers, or investment companies as defined under the Investment Company Act of 1940.

f. Effective date. This rule shall become effective January 1, 2009.

[ARC 4910C, IAB 2/12/20, effective 3/18/20]

191—10.20(522B) Violations and penalties.

10.20(1) A producer who sells, solicits or negotiates insurance, directly or indirectly, in violation of this chapter is deemed to be in violation of Iowa Code section 522B.2 and is subject to the penalties provided in Iowa Code section 522B.17.

10.20(2) A person who sells, solicits or negotiates insurance, directly or indirectly, who is not properly licensed as a producer is subject to the penalties provided in Iowa Code chapter 507A and Iowa Code section 522B.17.

10.20(3) Any company or company representative who aids and abets a producer in the above-described violation is deemed to be in violation of Iowa Code section 522B.2 and is subject to the penalties provided in Iowa Code section 522B.17.

10.20(4) The commissioner may place on probation, suspend, revoke, or refuse to issue or renew a producer's license or may levy a civil penalty, in accordance with Iowa Code section 522B.17 or any combination of actions, for any action listed in Iowa Code section 522B.11 and any one or more of the following causes:

a. Submitting to the division or to the outside testing service on contract with the division a check which is returned to the division by a bank without payment, or submitting a payment to the division by credit card which the credit card company does not approve, or canceling or refusing amounts charged to a credit card by the outside testing service on contract with the division where services were received by the producer;

b. Failing to report any administrative action or criminal prosecution taken against the producer or failure to report the termination of a resident producer license;

c. Acting as a producer through persons not licensed as producers; or

d. Taking any action to circumvent the spirit of these rules and the Iowa insurance statutes or any other action that shows noncompliance with the requirements of Iowa Code chapter 522B or these rules.

10.20(5) If a producer fails to provide to the division any notification required either by Iowa Code chapter 522B or by this chapter, including but not limited to notification of a change of address, notification of change of name, or notification of administrative criminal action as required by rules 191—10.12(522B) and 191—10.13(522B), within the required time, the producer must pay a late fee of \$100 for each notification unless otherwise ordered pursuant to Iowa Code section 522B.6(7) or 522B.17. A business entity that fails to make a notification to the division as required by rule 191—10.18(522B) within the required time must pay a late fee of \$100 for each notification unless otherwise ordered pursuant to Iowa Code section 522B.6(7) or 522B.17.

10.20(6) In the event that the division denies a request to renew a producer license or denies an application for a producer license, the commissioner must provide written notification to the producer or applicant of the denial or failure to renew, including the reason therefor. The producer or applicant may request a hearing within 30 days of receipt of the notice to determine the reasonableness of the division's action. The hearing must be held within 30 days of the date of the receipt of the written demand by the applicant, unless otherwise agreed to by the producer, and be held pursuant to 191—Chapter 3.

10.20(7) The commissioner may suspend, revoke, or refuse to issue the license of a business entity if the commissioner finds, after hearing, that an individual licensee's violation was known or should have been known by one or more of the partners, officers or managers acting on behalf of the entity and the violation was neither reported to the insurance division nor was corrective action taken.

[ARC 4910C, IAB 2/12/20, effective 3/18/20]

191—10.21(252J,272D) Suspension for failure to pay child support or state debt.

10.21(1) The commissioner must deny the producer's application for license issuance, renewal, reinstatement, or reissuance; suspend a current license; or revoke a currently suspended license upon receipt of a certificate of noncompliance from the CSRU according to the procedures in Iowa Code chapter 252J or upon receipt of a certificate of noncompliance from the centralized collection unit of the department of revenue according to the procedures in Iowa Code chapter 272D. In addition to the procedures set forth in Iowa Code chapters 252J and 272D, this rule applies.

10.21(2) Upon receipt of a certificate of noncompliance, the commissioner must issue a notice to the producer that the division will, unless the certificate of noncompliance is withdrawn, deny the producer's application for license issuance, renewal, reinstatement, or reissuance; suspend a current license; or revoke a currently suspended license 30 days after the mailing of the notice. Notice must be sent to the producer's last-known address by restricted certified mail, return receipt requested, or in accordance with the division's rules for service.

10.21(3) The notice must contain the following items:

a. A statement that the commissioner intends to deny the producer's application for license issuance, renewal, reinstatement, or reissuance; suspend a current license; or revoke a currently suspended license in 30 days unless the certificate of noncompliance is withdrawn.

b. A statement that the producer must contact the agency that issued the certificate of noncompliance ("the issuing agency") to request a withdrawal;

c. A statement that the producer does not have a right to a hearing before the division, but that the producer may file an application for a hearing in district court pursuant to Iowa Code section 252J.9 or 272D.9, as applicable;

d. A statement that the filing of an application with the district court will stay the proceedings of the division; and

e. A copy of the certificate of noncompliance.

10.21(4) Producers must keep the commissioner informed of all actions taken by the district court or the issuing agency in connection with the certificate of noncompliance. Producers must provide to the commissioner, within seven days of filing or issuance, copies of all applications filed with the district court pursuant to an application of hearing, of all court orders entered in such actions, and of all withdrawals of certificates of noncompliance.

10.21(5) In the event an applicant or licensed producer timely files an application for hearing in district court and the division is notified of such a filing, the commissioner's denial, suspension, or revocation proceedings will be stayed until the division is notified by the district court, the issuing agency, the licensee, or the applicant of the resolution of the application. Upon receipt of a court order lifting the stay or otherwise directing the commissioner to proceed, the commissioner shall continue with the intended action described in the notice.

10.21(6) If the commissioner does not receive a withdrawal of the certificate of noncompliance from the issuing agency or a notice from a clerk of court, the issuing agency, the licensee, or the applicant that an application for hearing has been filed, the commissioner must deny the producer's application for license issuance, renewal, reinstatement, or reissuance; suspend a current license; or revoke a currently suspended license 30 days after the notice is issued.

10.21(7) Upon receipt of a withdrawal of the certificate of noncompliance from the issuing agency, suspension or revocation proceedings must halt and the named producer must be notified that the proceedings have been halted. If the producer's license has already been suspended, the producer must apply for reinstatement and the license must be reinstated if the producer is otherwise in compliance with division rules. If the producer's application for licensure was stayed, application processing must resume. All fees required for license renewal, reinstatement, or reissuance must be paid by producers and all continuing education requirements must be met before a producer license will be renewed or reinstated after a license suspension or revocation pursuant to this chapter.

10.21(8) The commissioner must notify the producer in writing through regular first-class mail, or such other means as the commissioner deems appropriate in the circumstances, within ten days of the effective date of the suspension or revocation of a producer license, and must similarly notify the producer when the producer license is reinstated following the commissioner's receipt of a withdrawal of the certificate of noncompliance.

10.21(9) Notwithstanding any statutory confidentiality provision, the division may share information with the CSRU or the centralized collection unit of the department of revenue for the sole purpose of identifying producers subject to enforcement under Iowa Code chapter 252J or 272D.

[ARC 4910C, IAB 2/12/20, effective 3/18/20]

191—10.22(261) Suspension for failure to pay student loan. Rescinded ARC 4910C, IAB 2/12/20, effective 3/18/20.

191—10.23(82GA,SF2428) Suspension for failure to pay state debt. Rescinded ARC 4910C, IAB 2/12/20, effective 3/18/20.

191—10.24(522B) Administration of examinations.

10.24(1) The division may enter into a contractual relationship with an outside testing service, in compliance with Iowa law, to provide the licensing examinations for all lines of authority which require an examination.

10.24(2) If contracted, the outside testing service must administer all examinations for license applicants.

10.24(3) Any contract to implement subrule 10.24(1) must require the outside testing service to:

- a. Update, on a continual basis, the licensing examinations;
- b. Ensure that the examinations are job-related;
- c. Adequately inform the applicants of the procedures and requirements for taking the licensing examinations;
- d. Prepare and administer examinations for all lines listed in Iowa Code subsection 522B.6(2) and rule 191—10.7(522B), except variable contracts; and
- e. Conform to division guidelines and Iowa law, and report to the division on at least a quarterly basis.

[ARC 4910C, IAB 2/12/20, effective 3/18/20]

191—10.25(522B) Forms. An original of each form necessary for the producer's licensure, appointment and termination may be downloaded from the NAIC website, and the division's website will provide a link to that site. Exact, readable, high-quality copies may be made therefrom.

[ARC 4910C, IAB 2/12/20, effective 3/18/20]

191—10.26(522B) Fees.

10.26(1) Fees may be paid by check, money order, or credit card.

10.26(2) The fee for an examination may be set by the outside testing service under contract with the division and must be approved by the division.

10.26(3) The fee for issuance or renewal of a producer license is \$50 for three years.

10.26(4) The fee for issuance or renewal of a business entity license is \$50 for three years.

10.26(5) The fee for reinstatement or reissuance of a producer license is \$100. In addition, applicable issuance or renewal fees will be assessed.

10.26(6) The fee for an appointment or the renewal of an appointment is \$5 for each producer appointed to a domestic company. The fee for appointment or renewal of each producer appointed to a foreign company is the fee charged by the state of domicile.

10.26(7) The division may charge a reasonable fee for the compilation and production of producer licensing records.

10.26(8) The fee for a criminal history check as required pursuant to Iowa Code section 522B.5 is \$50.

[ARC 4910C, IAB 2/12/20, effective 3/18/20; ARC 5250C, IAB 11/4/20, effective 12/9/20]

191—10.27 to 10.50 Reserved.

191—10.51(522A,522E) Limited licenses.

10.51(1) *Limited licenses for vehicle rental companies and counter employees.*

a. *Purpose.* The purpose of this subrule is to govern the qualifications of and procedures for the licensing of vehicle rental companies and counter employees and to set out the requirements, procedures and fees relating to the qualification and licensure of vehicle rental companies and counter employees.

b. *Definitions.* For purposes of this subrule, in addition to the definitions in rule 191—1.1(502,505), the definitions of Iowa Code chapter 522A apply.

c. *Requirement to hold a license.*

(1) A rental company that desires to offer or sell insurance set forth in Iowa Code section 522A.3 in connection with the rental of a vehicle must file a vehicle rental limited license application with the division and, at the discretion of the division, receive a vehicle rental limited license.

(2) A counter employee who desires to offer or sell insurance products must file a vehicle rental counter employee limited license application with the division and, at the discretion of the division, receive a vehicle rental counter employee limited license.

d. Limited license application process for vehicle rental company.

(1) To obtain a limited license, a vehicle rental company must file a completed vehicle rental limited license application with the division and pay a fee of \$50 for a license. The vehicle rental limited license application form is available on the division's website.

(2) If the vehicle rental limited license application is approved, the division must issue a vehicle rental limited license. The vehicle rental limited license term is from the date of approval through the third December 31 after the vehicle rental limited license is issued.

e. Limited license application process for counter employees.

(1) An individual may not obtain a vehicle rental counter employee limited license unless that individual is employed by a vehicle rental limited licensee.

(2) To obtain a vehicle rental counter employee limited license, an individual must successfully complete an examination and submit to the division a completed vehicle rental counter employee limited license application, pursuant to Iowa Code section 522A.3. The vehicle rental counter employee limited license application form is available on the division's website.

(3) If the application is approved, the division must issue a vehicle rental counter employee limited license. Vehicle rental counter employee limited license applications will be deemed approved if not disapproved by the division within 30 days of receipt by the division. The vehicle rental counter employee limited license term is from the date of approval through the third December 31 after the license is issued.

(4) The vehicle rental counter employee limited license will automatically terminate:

1. When the counter employee ceases employment with a vehicle rental limited licensee; or

2. At the end of the term of the vehicle rental counter employee limited license term if the license is not renewed pursuant to this subrule.

f. Duties of vehicle rental limited licensees.

(1) Pursuant to Iowa Code section 522A.3, a vehicle rental limited licensee is responsible for the training, examination and payment of license fees for all individuals it employs for whom the licensee desires to obtain vehicle rental counter employee limited licenses.

(2) A vehicle rental limited licensee must obtain and administer an examination for all vehicle rental counter employee limited license candidates. The content of the examination and the manner of its administration must be approved by the division.

(3) The vehicle rental limited licensee must develop a system for the security of examination content.

(4) The vehicle rental limited licensee must administer the vehicle rental counter employee limited license examination under controlled conditions, approved by the division, which ensure that each candidate completes the examination without outside assistance or interference.

(5) The vehicle rental limited licensee must notify the division of the termination of employment of any of its vehicle rental counter employee limited licensees. The vehicle rental limited licensee must file reports of terminations semiannually on January 1 and July 1.

g. License renewal.

(1) All vehicle rental limited licenses and vehicle rental counter employee limited licenses must be issued with an expiration date of the December 31 at the end of the license terms and must be renewed before the end of the license terms.

(2) Each year, the division must mail to the vehicle rental limited licensee's latest electronic mail or mailing address appearing in the division's records a renewal form for use in renewing the vehicle rental limited license and all of the vehicle rental counter employee limited licenses that will expire that year.

(3) The vehicle rental limited licensee must complete the renewal form for its license if applicable and for all of the vehicle rental counter employee limited licenses that will expire that year and must

return the completed renewal form and applicable fee to the division on or before December 31 of the renewal year or all licenses listed on the renewal form will expire.

(4) The fee for renewal of a vehicle rental limited license is \$50, and the fee to renew each vehicle rental counter employee limited license is \$50.

h. Limitation on fees. A vehicle rental limited licensee is not required to pay license and renewal fees of more than \$1,000 in aggregate in any calendar year.

i. Change in name or address.

(1) Vehicle rental limited licensees must file written notification with the division of a change in name or address within 30 days of the change. This requirement applies to any change in any locations at which the vehicle rental limited licensee is doing business.

(2) Vehicle rental limited licensees must file written notification with the division of changes in names or addresses of vehicle rental counter employee limited licensees. If the change of name is by a court order, a copy of the order shall be included with the notification. The limited licensee must file reports of name and address changes semiannually on January 1 and July 1.

j. Violations and penalties.

(1) A rental company or counter employee who sells insurance in violation of this rule is in violation of Iowa Code chapter 522A and is subject to the penalties provided in Iowa Code section 522A.3.

(2) A vehicle rental limited licensee or vehicle rental counter employee limited licensee who commits an unfair or deceptive trade practice in violation of Iowa Code chapter 507B, or in violation of administrative rules which implement that chapter, is subject to the penalties provided for in Iowa Code chapter 507B.

10.51(2) *Limited licenses for persons who sell portable electronics insurance.*

a. Purpose. The purpose of this subrule is to govern the qualifications of and procedures for the licensing of persons offering or selling any form of portable electronics insurance in this state, pursuant to Iowa Code chapter 522E.

b. Definitions. For purposes of this subrule, in addition to the definitions in rule 191—1.1(502,505), the definitions of Iowa Code chapter 522E apply.

c. Requirement to hold a portable electronics insurance limited license. A person that desires to offer or sell any form of portable electronics insurance in this state must:

(1) Be licensed as an insurance producer pursuant to Iowa Code chapter 522B;

(2) Submit an application to the division and, at the discretion of the division, receive a portable electronics insurance limited license pursuant to Iowa Code sections 522E.2, 522E.3, and 522E.4 and this subrule; or

(3) Be an endorsee in compliance with Iowa Code sections 522E.6 and 522E.7 and this subrule.

d. Application process for portable electronics insurance limited license.

(1) To obtain a portable electronics insurance limited license, a portable electronics vendor must submit to the division a completed portable electronics insurance limited license application and the appropriate fee, as required by Iowa Code section 522E.3.

(2) If the application is approved, the division must issue a portable electronics insurance limited license. The portable electronics insurance limited license term is from the date of approval through the third December 31 after the portable electronics insurance limited license was issued.

e. Portable electronics insurance limited license renewal.

(1) All portable electronics insurance limited licenses must be issued for a license period as defined in Iowa Code section 522E.1 and must be renewed triennially.

(2) Not less than 60 days before the end of the license period, the division must mail a renewal form to the portable electronics insurance limited licensee at the last-known electronic mail or mailing address appearing in the division's records.

(3) The portable electronics insurance limited licensee must complete and return to the division the completed renewal form and the applicable fee, as required by Iowa Code section 522E.5, on or before the expiration date of the portable electronics insurance limited license, or the licensee's portable electronics insurance limited license will expire and the authority of all endorseees to sell under the portable electronics insurance limited license also will expire.

f. Change in name or address. A portable electronics insurance limited licensee must file written notification with the division of a change in name or address within 30 days of the change. This requirement applies to any change in any location at which the portable electronics insurance limited licensee is doing business.

g. Violations and penalties. A portable electronics vendor or endorsee that sells insurance in violation of this rule is in violation of Iowa Code chapter 522E and is subject to the penalties in Iowa Code chapter 522E.

[ARC 2260C, IAB 11/25/15, effective 1/1/16; ARC 4910C, IAB 2/12/20, effective 3/18/20]

These rules are intended to implement Iowa Code chapters 252J, 272D, 522A, 522B, and 522E.

[Filed November 21, 1963]

Appeared as 9.1, 1973 IDR

[Filed 1/13/84, Notice 11/23/84—published 2/1/84, effective 3/7/84]

[Filed 9/21/84, Notice 7/18/84—published 10/10/84, effective 11/15/84]

[Filed 4/8/85, Notice 1/30/85—published 4/24/85, effective 5/31/85]

[Filed 8/7/86, Notice 7/2/86—published 8/27/86, effective 10/1/86]

[Editorially transferred from [510] to [191], IAC Supp. 10/22/86; see IAB 7/30/86]

[Filed 1/8/88, Notice 11/4/87—published 1/27/88, effective 3/2/88][◇]

[Filed emergency 6/24/88—published 7/13/88, effective 7/1/88]

[Filed 10/25/91, Notice 9/18/91—published 11/13/91, effective 12/18/91]

[Filed 11/19/93, Notice 10/13/93—published 12/8/93, effective 1/12/94]

[Filed 10/21/94, Notice 9/14/94—published 11/9/94, effective 12/14/94]

[Filed 2/2/96, Notice 12/6/95—published 2/28/96, effective 4/3/96]

[Filed 10/30/97, Notice 9/10/97—published 11/19/97, effective 1/1/98]

[Filed 12/28/98, Notice 11/4/98—published 1/13/99, effective 2/17/99]

[Filed 1/20/00, Notice 12/1/99—published 2/9/00, effective 3/15/00]

[Filed 10/26/01, Notice 9/19/01—published 11/14/01, effective 1/1/02]

[Filed 4/21/05, Notice 3/2/05—published 5/11/05, effective 6/15/05]

[Filed 10/5/06, Notice 8/30/06—published 10/25/06, effective 11/29/06]

[Filed 10/5/07, Notice 8/29/07—published 10/24/07, effective 11/28/07]

[Filed 10/30/08, Notice 9/24/08—published 11/19/08, effective 1/1/09]

[Filed ARC 7836B (Notice ARC 7711B, IAB 4/8/09), IAB 6/3/09, effective 7/8/09]

[Editorial change: IAC Supplement 11/18/09]

[Filed ARC 2260C (Notice ARC 2174C, IAB 9/30/15), IAB 11/25/15, effective 1/1/16]

[Filed ARC 4780C (Notice ARC 4660C, IAB 9/25/19), IAB 11/20/19, effective 12/25/19]

[Filed ARC 4910C (Notice ARC 4821C, IAB 12/18/19), IAB 2/12/20, effective 3/18/20]

[Filed ARC 5250C (Notice ARC 5129C, IAB 8/12/20), IAB 11/4/20, effective 12/9/20]

[◇] Two or more ARCs

VIATICAL AND LIFE SETTLEMENTS
CHAPTER 48
VIATICAL AND LIFE SETTLEMENTS

191—48.1(508E) Purpose and authority. The purpose of this chapter is to provide for the administration of viatical and life settlements in this state by providing rules under which viatical and life settlements may be made, disclosures and other provisions by which viators may be protected, and safeguards by which viatical settlement providers may be monitored and remain in good standing. These rules are adopted by the commissioner pursuant to the authority in Iowa Code chapter 508E. [ARC 7729B, IAB 4/22/09, effective 4/3/09]

191—48.2(508E) Definitions. For purposes of this chapter, the definitions in Iowa Code section 508E.2 are incorporated by reference. In addition to those definitions and the definitions in rule 191—1.1(502,505), the following definitions apply:

“*Life settlement*” means a viatical settlement in which the viator has not been diagnosed as terminally or chronically ill. For purposes of these rules, unless otherwise distinguished, the term “life settlement” shall be synonymous with viatical settlement.

“*Renewal year*” means the last year of the viatical settlement license three-year term. [ARC 7729B, IAB 4/22/09, effective 4/3/09; ARC 4910C, IAB 2/12/20, effective 3/18/20; ARC 5250C, IAB 11/4/20, effective 12/9/20]

191—48.3(508E) License requirements.

48.3(1) Viatical settlement provider.

a. To be considered for licensure as a viatical settlement provider pursuant to Iowa Code section 508E.3, a person must file with the commissioner a completed viatical settlement provider license application in the format prescribed by the commissioner, submit to a criminal history check pursuant to Iowa Code section 522B.5A, pay an application fee in the amount of \$100, and provide the following:

(1) Copies of the viatical settlement provider’s audited financial statements for the current year and each of the previous five years. At the commissioner’s discretion, the applicant also shall provide a copy of the current year’s consolidated annual audited financial statement with a financial guarantee from the provider’s ultimate controlling person, and copies of the provider’s unaudited financial statements for the current year and each of the previous five years;

(2) Evidence that the applicant maintains books and records in compliance with generally accepted accounting principles;

(3) If a legal entity intending to have any partners, officers, members, and designated employees act as viatical settlement providers or viatical settlement brokers under the legal entity’s license pursuant to Iowa Code section 508E.3, all completed forms, fees, and information required to be filed under subrule 48.3(2) for each such person named in the application and any supplements to the application;

(4) Biographical affidavits, in a form prescribed by the commissioner, for the following: officers and directors (as listed on the most recent financial statement), key managerial personnel (including any vice presidents or other individuals who will control the operations of the applicant), and individuals with a 10 percent or more beneficial ownership in the applicant who will exercise control over the applicant;

(5) An independent business character report on the individuals listed in subparagraph (4). The business character report shall be filed directly with the commissioner by the independent third party that certified the report. The business character report shall be in a format prescribed by the commissioner and shall not be older than one year prior to the date the application is filed. For purposes of this subparagraph, “business character report” means a statement certified by an independent third party which has conducted a comprehensive review of the applicant’s background and has indicated that the biographical information provided in the report, as completed by the applicant, has no inaccurate or conflicting information. An independent third party is one that has no affiliation with the applicant and is in the business of providing background checks or investigations. Business character reports must be current and shall not be older than one year prior to the date the application is filed. The business character report shall be in the format prescribed by the commissioner;

(6) Initial viatical settlement contracts, disclosure statements, and advertising material that have been or are being submitted for approval and that have been approved or that are approved during the course of the application process pursuant to Iowa Code section 508E.5;

(7) A copy of the provider trust, pursuant to 48.3(1) "c"; and

(8) A report of any civil, criminal or administrative actions taken or pending against the viatical settlement provider in any state or federal court or agency, regardless of outcome.

b. A form for the antifraud plan that is required to be submitted with an application pursuant to Iowa Code section 508E.3, to meet the requirements of Iowa Code section 508E.15, can be found on the division's website.

c. The provider trust that is required to be submitted with an application, pursuant to subparagraph 48.3(1) "a"(7), shall be in a format acceptable to the commissioner and shall include the following provisions:

(1) The provider trust cannot be terminated without the prior written consent of the commissioner.

(2) The provider trust is subject to the prior approval of the commissioner.

(3) The provider trust funds shall not be intermingled.

(4) The provider trust funds held shall be identified based on individual policyholders.

(5) The provider trust trustee is obligated to indemnify the provider or the policyholder or both for any lost funds.

(6) The agreement can only be amended or terminated with the prior written consent of the commissioner.

(7) The provider trust trustee shall be a bank or trust company, having its principal place of business in the United States.

(8) The provider trust trustee shall be audited annually by independent public accountants and complete the audit report, related financial statements, and opinion on internal controls. All reports shall be available for review by the commissioner.

d. In addition to the information required in this subrule, the commissioner may ask for other information necessary to determine whether the applicant for a license as a viatical settlement provider complies with the requirements of this subrule and Iowa Code subsection 508E.3(7).

48.3(2) Viatical settlement broker.

a. To be considered for licensure as a viatical settlement broker pursuant to Iowa Code section 508E.3, a person must file a completed viatical settlement broker license application in the format prescribed by the commissioner, pay an application fee in the amount of \$100, and submit to a criminal history check and pay the associated fee pursuant to Iowa Code section 522B.5A. In addition to finding compliance with Iowa Code section 508E.3, the commissioner also shall find that the applicant:

(1) Has provided proof of one of the following:

1. The applicant is a licensed insurance producer with a life line of authority for at least the 12 months preceding the date of application; or

2. The applicant has taken and passed an examination on viatical and life settlement contracts required by another state insurance department and currently holds a license as a viatical settlement broker from that state; or

3. The applicant has passed the viatical settlement examination required by the commissioner. Examination results are valid for 90 days after the date of the examination. If the applicant fails to apply for licensure within 90 days after passing the examination, the examination results shall be void;

(2) Has provided a report of any civil, criminal or administrative actions taken or pending against the viatical settlement broker in any state or federal court or agency, regardless of outcome, excluding misdemeanor traffic citations and juvenile offenses; and

(3) Has provided proof that the applicant is covered by an errors and omissions policy for an amount of not less than \$100,000 liability per occurrence and not less than \$100,000 total annual aggregate for all claims during the policy period.

b. A form for the antifraud plan that is required to be submitted with an application pursuant to Iowa Code section 508E.3, to meet the requirements of Iowa Code section 508E.15, can be found on the division's website.

c. In addition to the information required in this subrule, the commissioner may ask for other information necessary to determine whether the applicant for a license as a viatical settlement broker complies with the requirements of this subrule and has made a filing pursuant to Iowa Code subsection 508E.3(7).

48.3(3) *Governing law where viators are residents of different states.* For purposes of this subrule, if there is more than one viator on a single policy and the viators are residents of different states, the viatical settlement contract shall be governed by the law of the state in which the viator having the largest percentage ownership resides or, if the viators hold equal ownership, the state of residence of one viator agreed upon in writing by all viators. If another state does not have a statute or rule substantially similar to Iowa Code chapter 508E and this rule, the actions related to the viatical settlement contract shall be governed by the law of this state.

48.3(4) *License term.*

a. A viatical settlement provider or viatical settlement broker who meets the requirements of this rule, unless otherwise denied licensure pursuant to rule 48.10(508E), shall be issued a license.

b. A viatical settlement provider license is valid for three years and automatically terminates on the last day of the month of the anniversary of the issue date unless renewed pursuant to subrule 48.3(6).

c. A viatical settlement broker license is valid for an initial term of three years from the last day of the applicant's anniversary month following the issuance of the license, and automatically terminates on the last day of the month of the initial term unless renewed pursuant to subrule 48.3(6).

d. A viatical settlement provider license or a viatical settlement broker license may remain in effect for the term of the license plus any renewals, unless the license is revoked or suspended, as long as all required fees are paid in the time prescribed by the commissioner.

e. The license issued to a viatical settlement provider or viatical settlement broker shall be a limited license that allows the licensee to operate only within the scope of its license.

48.3(5) *Continuing education for viatical settlement broker.*

a. An individual licensed as a viatical settlement broker must complete 36 credits of approved continuing education during every license term. A license term is as set forth in paragraph 48.3(4) "c."

b. The required continuing education credits shall include a minimum of:

(1) Thirty-three credits related to life insurance, viatical settlements and viatical settlement transactions; and

(2) Three credits in ethics.

c. The viatical settlement broker may submit the same completed credits to the commissioner both to meet the continuing education requirements for the viatical settlement broker license and to meet the continuing education requirements for an applicable insurance producer license.

d. The license of a viatical settlement broker who fails to comply with this continuing education requirement will terminate.

e. An instructor of an approved continuing education course shall be granted the same credit as a student who completes the continuing education course, and the instructor may receive such credit once during a license term.

f. A viatical settlement broker cannot carry over excess continuing education credits from one license term to the next.

g. A viatical settlement broker may receive continuing education credit for self-study courses. A self-study course is considered completed when the continuing education provider receives the completed examination from the viatical settlement broker.

(1) A viatical settlement broker may receive continuing education credit for self-study courses that are part of a recognized national designation program as described in 191—subrule 11.5(5).

(2) A viatical settlement broker may receive continuing education credits for self-study courses that do not meet the requirement of subparagraph (1) if the viatical settlement broker:

1. Submits an affidavit to the continuing education provider that the examination was independently proctored and was completed without any outside assistance, and

2. Correctly answers at least 70 percent of the questions presented.

h. A viatical settlement broker shall not receive continuing education credit for courses taken prior to the issuance of an initial license.

i. A viatical settlement broker cannot receive continuing education credit for the same course twice in one license term. A viatical settlement broker cannot receive continuing education credit both for the classroom portion and for the examination portion of a national designation program as defined in 191—subrule 11.5(5).

j. A viatical settlement broker may elect to comply with the continuing education requirements by taking and passing the viatical settlement broker licensing examination within 90 days prior to the date on which the renewal application is submitted.

k. A viatical settlement broker shall demonstrate compliance with the continuing education requirements at the time of license renewal. A viatical settlement broker shall maintain a record of all continuing education courses completed by keeping the original certificates of completion for four years after the end of the year of course completion.

l. For purposes of rule 191—48.3(508E), “credit” means continuing education credit. One credit is 50 minutes of instruction or reading material in an acceptable topic.

m. Viatical settlement broker continuing education courses will be approved in the same manner that insurance continuing education courses are approved pursuant to 191—Chapter 11. The approval of continuing education providers, the responsibilities of continuing education providers, the prohibited conduct for continuing education providers, and the fees for approval and renewal of continuing education providers and courses shall be the same as those for insurance continuing education courses, continuing education providers, and insurance producers set forth in rules 191—11.9(505,522B) to 191—11.11(505,522B) and 191—11.14(505,522B). The commissioner may enter into a contractual arrangement with a qualified outside vendor to assist the commissioner with any or all continuing education services in the same manner as the commissioner may for insurance continuing education services pursuant to rule 191—11.12(505,522B). The commissioner may audit any continuing education course in the same manner as the commissioner may for insurance continuing education courses pursuant to rule 191—11.13(505,522B).

48.3(6) License renewal. A viatical settlement provider license or a viatical settlement broker license may be renewed as follows:

a. A viatical settlement provider license may be renewed by payment of \$100 within 90 days prior to the expiration date of the license and by demonstration that the viatical settlement provider continues to meet the requirements of Iowa Code section 508E.3 and subrule 48.3(1), has provided biographical affidavits not older than one year prior to the renewal date on all persons listed in subparagraph 48.3(1) “a”(4), has provided business character reports for any new persons listed in subparagraph 48.3(1) “a”(4), and has provided the reports required by rule 191—48.7(508E).

(1) If renewal is approved, the license will be renewed effective the last day of the month of the anniversary of the issue date in the renewal year, will be valid for three years, and will automatically terminate on the last day of the month of the anniversary of the issue date in the following renewal year unless renewed pursuant to this subrule.

(2) Viatical settlement providers that had licenses prior to January 1, 2009, shall have a renewal date of January 1.

b. A viatical settlement broker license may be renewed by demonstration of completion of continuing education as required in subrule 48.3(5) and payment of \$100 within 90 days prior to the expiration date of the license. If renewal is approved, the license will be renewed effective the last day of the month of the anniversary of the issue date in the renewal year, will be valid for three years, and will automatically terminate on the last day of the month of the anniversary of the issue date in the following renewal year unless renewed pursuant to this subrule.

c. If a legal entity has any partners, officers, members, or designated employees acting as viatical settlement providers or viatical settlement brokers under the legal entity’s license pursuant to Iowa Code section 508E.3, the legal entity must provide all completed forms, fees, and information required to be filed under paragraphs 48.3(6) “a” and “b” for each such person named in the application, or in any supplements to the application, and must provide any deletions to the list of names that was provided

with the original application. If there are any new partners, officers, members, and designated employees that the legal entity intends will act as viatical settlement providers or viatical settlement brokers under the legal entity's license, the legal entity shall provide for each such person the forms, information and fees required by subrule 48.3(2).

d. If a viatical settlement provider or viatical settlement broker fails to comply with the renewal procedures within the time prescribed, or a viatical settlement provider fails either to meet the requirements of Iowa Code section 508E.3 and subrule 48.3(1) or to submit the reports required in rule 48.7(508E), such nonpayment or failure shall result in lapse of the license.

e. A licensed viatical settlement broker who is unable to comply with license renewal procedures due to military service or some other extenuating circumstance may request from the commissioner a waiver of renewal procedures. Such viatical settlement broker may also request a waiver of any examination requirement or any other penalty or sanction imposed for failure to comply with renewal procedures.

48.3(7) *License reinstatement.*

a. A viatical settlement broker may reinstate an expired license up to 12 months after the license expiration date by proving that during the license term the viatical settlement broker met the CE requirements found in subrule 48.3(5), and by paying to the commissioner a reinstatement fee and license renewal fee. A viatical settlement broker who fails to apply for license reinstatement within 12 months of the license expiration date must apply for a new license.

b. A viatical settlement broker who has surrendered a license for a nondisciplinary reason and stated an intent to exit the viatical settlement business may file a request to reactivate the license. The request must be received by the commissioner within 90 days of the date the license was placed on inactive status. The request will be granted if the former viatical settlement broker is otherwise eligible to receive the license. If the request is not received within 90 days, the viatical settlement broker must apply for a new license.

48.3(8) *Reinstatement or reissuance of a license after suspension, revocation or forfeiture in connection with disciplinary matters; and forfeiture in lieu of compliance.*

a. The term "reinstatement" as used in this subrule means the reinstatement of a suspended license. The term "reissuance" as used in this subrule means the issuance of a new license following either the revocation of a license, the suspension and subsequent termination of a license, or the forfeiture of a license in connection with a disciplinary matter. This subrule does not apply to the reinstatement of an expired license or the issuance of a new license after the reinstatement period has passed that is not in connection with a disciplinary matter.

b. Any viatical settlement broker whose license has been revoked or suspended by order, or who forfeited a license in connection with a disciplinary matter, must apply to the commissioner for reinstatement or reissuance in accordance with the terms of the order of revocation or suspension or the order accepting the forfeiture.

(1) All proceedings for reinstatement or reissuance shall be initiated by the applicant who shall file with the commissioner an application for reinstatement or reissuance of a license. As part of the application, the applicant shall submit to a criminal history check pursuant to Iowa Code section 522B.5A.

(2) An application for reinstatement or reissuance shall allege facts which, if established, will be sufficient to enable the commissioner to determine that the basis of revocation, suspension or forfeiture of the applicant's license no longer exists and that it will be in the public interest for the application to be granted. The burden of proof to establish such facts shall be on the applicant.

(3) A viatical settlement broker may request reinstatement of a suspended license prior to the end of the suspension term; however, reinstatement will not be effected until the suspension period has ended.

(4) Unless otherwise provided by law, if the order of revocation or suspension did not establish terms upon which reinstatement or reissuance may occur, or if the license was forfeited, an initial application for reinstatement or reissuance may not be made until at least one year has elapsed from the date of the order of the suspension (notwithstanding 191—paragraph 10.10(2) "e"), revocation, or acceptance of the forfeiture of a license.

c. All proceedings upon the application for reinstatement or reissuance, including matters preliminary and ancillary thereto, shall be held in accordance with Iowa Code chapter 17A. Such application shall be docketed in the original case in which the license was suspended, revoked, or forfeited, if a case exists.

d. An order of reinstatement or reissuance must be a written decision that incorporates findings of fact and conclusions of law. An order granting an application for reinstatement or reissuance may impose such terms and conditions as the commissioner or the commissioner's designee deems appropriate, which may include one or more of the types of disciplinary sanctions provided by this chapter or by Iowa Code chapter 508E. The order is a public record and may be disseminated in accordance with Iowa Code chapter 22.

e. A submission of voluntary forfeiture of a license must be made in writing in the format prescribed by the commissioner. Forfeiture of a license is effective upon the submission unless a contested case proceeding is pending at the time of the submission. If a contested case proceeding is pending, the forfeiture becomes effective when and upon such conditions as required by order of the commissioner. A forfeiture made during the pendency of a contested case proceeding is considered a disciplinary action and must be published in the same manner as is applicable to any other form of disciplinary order.

f. A license may be voluntarily forfeited in lieu of compliance with an order of the commissioner or the commissioner's designee with the written consent of the commissioner. The forfeiture becomes effective when and upon such conditions as required by order of the commissioner, which may include one or more of the types of disciplinary sanctions provided by this chapter or by Iowa Code chapter 508E.

g. When a viatical settlement broker's license has been suspended for a period of time that extends beyond the viatical settlement broker's license expiration date, the license terminates at the license expiration date, and the viatical settlement broker must request reissuance pursuant to this subrule. However, reissuance will not be effected until the suspension period has ended. If suspension for a period of time ends prior to the viatical settlement broker's license expiration date, and the viatical settlement broker has met all applicable requirements, the commissioner must reinstate the license as soon as practicable but no earlier than the end of the suspension period pursuant to paragraph 48.3(8) "b." The commissioner is not prohibited from denying an application for reinstatement or reissuance or bringing an additional immediate action if the viatical settlement broker has engaged in misconduct during the period of suspension.

48.3(9) Duty to notify commissioner of cessation of business in the state. If a viatical settlement provider intends to cease business in Iowa, it must notify the commissioner of those intentions and of its plan of operation for such cessation at least 180 days before the cessation shall occur. This requirement is not meant to imply that a company must continue to accept new viatical or life settlement business during the 180-day period.

48.3(10) Duty to notify commissioner of changes.

a. A viatical settlement provider shall provide to the commissioner any new or revised information about officers, stockholders holding 10 percent or more of the stock of the company, partners, directors, members or designated employees within 30 days of the date the addition or revision occurred.

b. A viatical settlement provider or viatical settlement broker shall inform the commissioner in writing of any change of name or address within 30 days of the date of such change. In addition, a viatical settlement provider shall provide the commissioner with 30 days' notice of the cancellation or nonrenewal of a fidelity bond required for licensure under subrule 48.3(1) and the name of the carrier that will be providing coverage subsequent to such cancellation or nonrenewal.

c. A viatical settlement provider or viatical settlement broker shall report to the commissioner any administrative action taken against the viatical settlement provider or viatical settlement broker in another state or federal jurisdiction or by another governmental agency in this state within 30 days of the final disposition of the matter. This report shall include a copy of the order, consent to the order, or other relevant legal documents. Within 30 days of the initial pretrial hearing date, a viatical settlement provider or viatical settlement broker shall report to the commissioner any criminal prosecution of the viatical

settlement provider or viatical settlement broker taken in any jurisdiction. The report shall include a copy of the initial complaint filed, the order resulting from the hearing, and any other relevant legal documents.

48.3(11) *Commissioner may use outside assistance.* In order to assist with the commissioner's duties, the commissioner may contract with a nongovernmental entity, including, but not limited to, the National Association of Insurance Commissioners (NAIC) or any affiliate or subsidiary the NAIC oversees, to perform any ministerial functions related to licensing of viatical settlement providers or viatical settlement brokers that the commissioner deems appropriate including, but not limited to, the collection of fees.

48.3(12) *Fees.*

- a. Fees shall be paid by check, money order, or credit card.
- b. The fee for an examination may be set by the outside testing service under contract with the division and must be approved by the division.
- c. The fee for issuance or renewal of a viatical broker, legal entity or provider license is \$100.
- d. The fee for reinstatement or reissuance of a viatical broker, legal entity or provider license is \$100. In addition, applicable issuance or renewal fees will be assessed.
- e. The division may charge a reasonable fee for the compilation and production of viatical broker, legal entity or provider licensing records.
- f. The fee for a criminal history check as required pursuant to Iowa Code section 522B.5A is \$50. [ARC 7729B, IAB 4/22/09, effective 4/3/09; ARC 4910C, IAB 2/12/20, effective 3/18/20; ARC 5250C, IAB 11/4/20, effective 12/9/20]

191—48.4(508E) Disclosure statements.

48.4(1) If a viatical settlement provider enters into a viatical settlement contract that allows the viator to retain an interest in the policy, the viatical settlement contract shall contain the following:

- a. A provision that the viatical settlement provider will effect the transfer of the amount of the death benefit only to the extent or portion of the amount viaticated and that benefits in excess of the amount viaticated shall be paid directly to the viator's beneficiary by the insurance company;
- b. A provision that the viatical settlement provider will, upon acknowledgment of the perfection of the transfer, either:
 - (1) Advise the insured, in writing, that the insurance company has confirmed the viator's interest in the policy; or
 - (2) Send to the insured a copy of the document(s) sent from the insurance company to the viatical settlement provider that acknowledges the viator's interest in the policy; and
- c. A provision that apportions the premiums to be paid by the viatical settlement provider and the viator. It is permissible for the viatical settlement contract to specify that all premiums shall be paid by the viatical settlement provider. The viatical settlement contract also may require that the viator reimburse the viatical settlement provider only for the premiums attributable to the retained interest.

48.4(2) With each application for a viatical settlement contract, a viatical settlement provider or viatical settlement broker shall provide the viator with at least the following disclosure no later than the time the application for the viatical settlement contract is signed by the viator and the viatical settlement broker. The disclosure shall be provided in a separate document that is signed by the viator and the viatical settlement provider or viatical settlement broker, and shall advise the viator that, when entering into a viatical settlement contract, having a recent physical examination is in the viator's best interest, since an accurate life expectancy can be best calculated based on current medical records.

48.4(3) If the viator is not the insured, then these disclosures must be affirmatively made to the insured, as well as to the viator, and written consent to the viatication must be received from both parties.

191—48.5(508E) Contract requirements. In order to ensure that viators receive a reasonable return for viaticating an insurance policy when life expectancy is less than 25 months, a viatical settlement provider shall pay to a viator a discounted amount of the face value of the policy which amount shall be calculated at least at the following rates:

Insured's Life Expectancy	Minimum Percentage of Face Value Less Outstanding Loans Received by Viator
Less than 6 months	80%
At least 6 but less than 12 months	70%
At least 12 but less than 18 months	65%
At least 18 but less than 25 months	60%
25 months or more	Cash surrender value of policy

The percentage may be reduced by 5% for viaticating a policy written by an insurer rated less than the highest four categories by A.M. Best, or a comparable rating by another rating agency.

For a viatical settlement in which the viator has a life expectancy of 25 months or more, a viatical settlement provider or broker shall not enter into a viatical settlement contract that provides a payment to the viator that is unreasonable or unjust. As listed above, such payment must at least be equal to the cash surrender value of the policy. In determining whether a payment is unreasonable or unjust, the commissioner may consider, among other factors, the life expectancy of the insured; the applicable rating of the insurance company that issued the subject policy by a rating service generally recognized by the insurance industry, regulators and consumer groups; and prevailing discount rates in the viatical and life settlement market in Iowa or, if insufficient data is available for Iowa, the prevailing rates nationally or in other states that maintain this data.

191—48.6(508E) Filing of forms. If a viatical settlement provider subsequently desires to change the viatical settlement contract documents or disclosure statements approved at the time of licensure, or to use new ones, the provider shall submit the new or modified contract documents or disclosure statements to the commissioner for approval in triplicate, along with a postage-paid return envelope. The viatical settlement provider shall identify its name and address in the cover letter and also reference the form number of the modified viatical settlement contract document or disclosure statement. Black-lining the modifications made within the document(s) should expedite the form review and approval process.

191—48.7(508E) Reporting requirements.

48.7(1) On March 1 of each calendar year, the secretary and either the president or the vice president of each viatical settlement provider licensed in this state shall submit, under oath, the following: the annual statement required by Iowa Code section 508E.6; a report of all viatical settlement transactions in which the viator is a resident of this state; and a report for all states in the aggregate. The report shall contain the following information for the previous calendar year:

- a. For viatical settlements contracted during the reporting period:
 - (1) Date of viatical settlement contract;
 - (2) Viator's state of residence at the time of the contract;
 - (3) Mean life expectancy, in months, of the insured at time of contract;
 - (4) Face amount of policy viaticated;
 - (5) Net death benefit viaticated;
 - (6) Estimated total premiums to keep policy in force for mean life expectancy;
 - (7) Net amount paid to viator;
 - (8) Source of policy (B-Broker; D-Direct Purchase; SM-Secondary Market);
 - (9) Type of coverage (I-Individual; G-Group);
 - (10) Within the contestable or suicide period, or both, at the time of viatical settlement (yes or no);
 - (11) If the insured is diagnosed as terminally or chronically ill, the general disease classification applicable to such insured; and
 - (12) Type of funding (I-Institutional; P-Private).
- b. For viatical settlements in which death of the insured has occurred during the reporting period:
 - (1) Date of viatical settlement contract;

- (2) Viator's state of residence at the time of the contract;
- (3) Mean life expectancy, in months, of the insured at time of contract;
- (4) Net death benefit collected;
- (5) Total premiums paid to maintain the policy (WP-Waiver of Premium; NA-Not Applicable);
- (6) Net amount paid to viator;
- (7) If the insured was diagnosed as terminally or chronically ill, the general disease classification applicable to such insured;
- (8) Date of death of insured;
- (9) Amount of time, in months, between date of contract and date of death of insured;
- (10) Difference between the number of months that passed between the date of contract and the date of death of insured and the mean life expectancy in months as determined by the reporting company;
- c. Name and address of each viatical settlement broker through whom the reporting company purchased a policy from a viator who resided in this state at the time of contract;
- d. Number of policies reviewed and rejected; and
- e. Number of policies purchased from persons other than a viator (on the secondary market) as a percentage of total policies purchased.

48.7(2) On or before March 1 of each year, the secretary and either the president or the vice president of each viatical settlement provider licensed in this state shall make a report under oath of the following or shall provide the following documentation:

- a. That the viatical settlement provider has at all times maintained books and records in compliance with generally accepted accounting principles;
- b. That the viatical settlement provider has obtained and furnished to the commissioner either:
 - (1) A copy of the current year's audited financial statement; or
 - (2) At the commissioner's discretion, a copy of the current year's consolidated annual audited financial statement with a financial guarantee from the provider's ultimate controlling person; and
- c. That the viatical settlement provider has maintained fidelity bonds on each officer and director in the amount of \$100,000.

[ARC 7729B, IAB 4/22/09, effective 4/3/09]

191—48.8(508E) Examination or investigations.

48.8(1) *Authority, scope and scheduling of examinations.* In addition to the authority, scope and scheduling of examinations set forth in Iowa Code section 508E.7, the following provisions shall apply:

- a. The commissioner may investigate suspected fraudulent viatical settlement acts and persons engaged in the business of viatical settlements.
- b. The provisions of Iowa Code chapter 507 shall apply to viatical settlement providers and viatical settlement brokers. The expense of examinations shall be assessed against the viatical settlement provider in the same manner as insurers are assessed for examinations.
- c. Neither the commissioner nor any person that received the documents, material or other information while acting under the authority of the commissioner, including the NAIC and its affiliates and subsidiaries, shall be permitted to testify in any private civil action concerning any confidential documents, materials or information subject to this subrule.

48.8(2) *Immunity from liability.* No cause of action shall arise nor shall any liability be imposed against the commissioner, the commissioner's authorized representatives or any examiner appointed by the commissioner for any statements made or conduct performed in good faith while carrying out the provisions of this rule or of Iowa Code chapter 508E.

[ARC 7729B, IAB 4/22/09, effective 4/3/09]

191—48.9(508E) Requirements and prohibitions.

48.9(1) With respect to policies containing a provision for double or additional indemnity for accidental death, the additional payment shall remain payable to the beneficiary last named by the viator prior to entering into the viatical settlement contract, or to such other beneficiary, other than the viatical settlement provider, as the viator may thereafter designate, or in the absence of a beneficiary, to the estate of the viator.

48.9(2) Payment of the proceeds to the viator pursuant to a viatical settlement contract shall be made in a lump sum except where the viatical settlement provider has purchased a single-premium paid-up annuity issued by a licensed insurance company to the viator. Retention of a portion of the proceeds by the viatical settlement provider or escrow agent is not permissible. For purposes of this subrule, “escrow agent” means an individual or institution that has established an escrow or trust account with a state-chartered or federally chartered financial institution whose deposits and accounts are insured by the Federal Deposit Insurance Corporation (FDIC) and with which an escrow account has been established for use by a viatical settlement provider or viatical settlement purchaser.

48.9(3) If a viatical settlement provider or viatical settlement broker is served with a subpoena and thereby compelled to produce records containing patient-identifying information, the viatical settlement provider or viatical settlement broker shall notify the viator and the insured in writing at the viator’s and the insured’s last-known addresses within five business days after receiving notice of the subpoena.

48.9(4) A viatical settlement provider shall not act also as a viatical settlement broker, whether entitled to collect a fee directly or indirectly, related to the same viatical settlement contract.

48.9(5) A viatical settlement broker shall not, without the written agreement of the viator obtained prior to performing any services in connection with a viatical settlement, seek or obtain any compensation from the viator.

48.9(6) A viatical settlement provider shall not use a longer life expectancy than is reasonable based on all medical and actuarial information available at the time of a viatical settlement transaction in order to reduce the payout to which the viator is entitled.

48.9(7) A viatical settlement provider or viatical settlement broker shall not discriminate in the making or solicitation of viatical settlement contracts on the basis of race, age, sex, national origin, creed, religion, occupation, marital or family status or sexual orientation, or discriminate between viators with or without dependents.

48.9(8) A viatical settlement provider or viatical settlement broker shall not pay or offer to pay any finder’s fee, commission or other compensation to any insured’s physician, or to an attorney, accountant or other person providing medical, legal or financial planning services to an insured or viator, or to any other person acting as an agent of an insured or viator with respect to a viatical settlement contract.

48.9(9) A viatical settlement provider shall not knowingly solicit individuals who have treated or have been asked to treat the illness of an insured whose coverage would be the subject of a viatical settlement contract.

48.9(10) A life insurance company may not charge a fee for responding to a request for information from a viatical settlement provider or viatical settlement broker in compliance with this rule in excess of any usual and customary charges to contract holders, certificate holders or insureds for similar services.

48.9(11) In recommending a viatical settlement contract, viatical settlement brokers and viatical settlement providers shall make suitable recommendations.

191—48.10(508E) Penalties; injunctions; civil remedies; cease and desist.

48.10(1) Unfair trade practices. Pursuant to Iowa Code section 508E.17, a violation of rule 48.4(508E), 48.5(508E), 48.6(508E), 48.7(508E) or 48.9(508E) shall be considered an unfair trade practice under Iowa Code chapter 507B, and a violator shall be subject to the penalties contained in that chapter.

48.10(2) Unauthorized insurer. A person doing the activities of a viatical settlement provider or a viatical settlement broker without a license under this chapter shall be deemed an unauthorized insurer and shall be subject to the penalties of Iowa Code chapter 507A.

48.10(3) License revocation and denial. The commissioner may suspend, revoke, refuse to issue, or refuse to renew the license of a viatical settlement provider or viatical settlement broker for violation of rule 48.3(508E).

48.10(4) A viatical settlement provider licensed in this state that in the time required fails to file either the annual statement referred to in Iowa Code section 508E.6 or the annual audited financial statement referred to in subparagraph 48.3(1)“a”(1) shall pay an administrative penalty pursuant to Iowa Code

section 508E.16. The viatical settlement provider's right to transact further new business in this state shall immediately cease until the provider has fully complied with this rule.

48.10(5) Pursuant to Iowa Code section 508E.16, if the commissioner finds that an activity in violation of this rule presents an immediate danger to the public that requires an immediate final order, the commissioner may issue an emergency cease and desist order reciting with particularity the facts underlying the findings. The emergency cease and desist order is effective immediately upon service of a copy of the order on the respondent and remains in effect for 90 days. If the commissioner begins nonemergency cease and desist proceedings, the emergency cease and desist order remains effective, absent an order by a court of competent jurisdiction pursuant to 191—Chapters 2 and 3.

[ARC 7729B, IAB 4/22/09, effective 4/3/09]

191—48.11(252J,272D) Suspension for failure to pay child support or state debt. The division must follow the procedures in rule 191—10.21(252J,272D) relating to producer suspension for failure to pay child support or state debt for viatical settlement brokers, replacing “producer” with “viatical settlement broker.”

[ARC 4910C, IAB 2/12/20, effective 3/18/20]

191—48.12(261) Suspension for failure to pay student loan. Rescinded ARC 4910C, IAB 2/12/20, effective 3/18/20.

191—48.13(272D) Suspension for failure to pay state debt. Rescinded ARC 4910C, IAB 2/12/20, effective 3/18/20.

191—48.14(508E) Severability. If any rule or portion of a rule or its applicability to any person or circumstance is held invalid by a court, the remainder of these rules or the rules' applicability to other persons or circumstances shall not be affected.

[ARC 7729B, IAB 4/22/09, effective 4/3/09]

These rules are intended to implement Iowa Code chapters 508E, 252J, and 272D.

[Filed 12/7/01, Notice 10/17/01—published 12/26/01, effective 2/1/02]

[Filed 11/2/06, Notice 9/27/06—published 11/22/06, effective 12/27/06]

[Filed emergency 8/20/08—published 9/10/08, effective 8/20/08]

[Filed 10/16/08, Notice 9/10/08—published 11/5/08, effective 12/10/08]

[Filed Emergency ARC 7729B, IAB 4/22/09, effective 4/3/09]

[Filed ARC 4910C (Notice ARC 4821C, IAB 12/18/19), IAB 2/12/20, effective 3/18/20]

[Filed ARC 5250C (Notice ARC 5129C, IAB 8/12/20), IAB 11/4/20, effective 12/9/20]

CHAPTER 55
LICENSING OF PUBLIC ADJUSTERS

191—55.1(522C) Purpose. The purpose of this chapter is to govern the qualifications and procedures for licensing public adjusters in this state and to specify the duties of and restrictions on public adjusters, including limitation of such licensure to assisting only insureds with first-party claims.

[ARC 5250C, IAB 11/4/20, effective 12/9/20]

191—55.2(522C) Definitions. In addition to the definitions in Iowa Code section 522C.2 and rule 191—1.1(502,505), the following definitions apply, unless the context otherwise requires:

“*Catastrophic disaster*,” according to the Federal Response Plan, means an event that results in large numbers of deaths and injuries; causes extensive damage or destruction of facilities that provide and sustain human needs; produces an overwhelming demand on state and local response resources and mechanisms; causes a severe long-term effect on general economic activity; and severely affects state, local and private sector capabilities to begin and sustain response activities. A catastrophic disaster shall be declared by the President of the United States or the governor of the state or district in which the disaster occurred.

“*First-party claim*” means the same as defined in Iowa Code section 522C.2.

“*Home state*” means the District of Columbia and any state or territory of the United States in which the public adjuster’s principal place of residence or principal place of business is located. If neither the state in which the public adjuster maintains the principal place of residence nor the state in which the public adjuster maintains the principal place of business has a substantially similar law governing public adjusters, the public adjuster may declare another state in which it becomes licensed and acts as a public adjuster to be the “home state.”

“*Insured*” means a person covered under the insurance policy against which the claim is made.

“*NAIC*” means the National Association of Insurance Commissioners.

“*National Insurance Producer Registry*” or “*NIPR*” means the nonprofit affiliate of the National Association of Insurance Commissioners (NAIC). The NIPR’s website is www.NIPR.com.

“*NIPR Gateway*” means the communication network developed and operated by the National Insurance Producer Registry that links state insurance regulators with the entities they regulate to facilitate the electronic exchange of, among other things, public adjuster information regarding license applications, license renewals, appointments and terminations.

“*Producer database*” means the national database of insurance producers maintained by the NAIC.

“*Public adjuster*” means the same as defined in Iowa Code section 522C.2.

[ARC 5250C, IAB 11/4/20, effective 12/9/20]

191—55.3(522C) License required to operate as public adjuster.

55.3(1) A person shall not operate as or represent that the person is a public adjuster in this state unless the person is licensed by the division in accordance with this chapter.

55.3(2) A person licensed as a public adjuster in accordance with this chapter shall assist only insureds with first-party claims.

55.3(3) Notwithstanding subrule 55.3(1), a license as a public adjuster shall not be required of the following:

a. An attorney-at-law admitted to practice in this state, when acting in the attorney’s professional capacity as an attorney;

b. A person who negotiates or settles claims arising under a life or health insurance policy or an annuity contract;

c. A person employed only for the purpose of obtaining facts surrounding a loss or furnishing technical assistance to a licensed public adjuster, including photographers, estimators, private investigators, engineers and handwriting experts;

d. A licensed health care provider, or an employee of a licensed health care provider, who prepares or files a health claim form on behalf of a patient; or

e. A person who settles subrogation claims between insurers.
[ARC 5250C, IAB 11/4/20, effective 12/9/20]

191—55.4(522C) Application for license.

55.4(1) A person applying for a public adjuster license shall make application on a uniform individual application or uniform business entity application available through the NIPR Gateway, or as otherwise directed by the division.

55.4(2) Each individual resident applying for a public adjuster license shall submit to a criminal history check pursuant to Iowa Code section 522B.5A.
[ARC 5250C, IAB 11/4/20, effective 12/9/20]

191—55.5(522C) Issuance of resident license.

55.5(1) *License of individual.* Before approving an individual's application, the division shall find that the applicant:

a. Either is eligible to designate this state as the individual's home state, or is a nonresident who is not eligible for a license under rule 191—55.8(522C);

b. Has not committed any act that is a ground for denial, suspension or revocation of a license as set forth in rule 191—55.17(522C);

c. Is trustworthy, reliable, and of good reputation, evidence of which may be determined by the division;

d. Is financially responsible to exercise the license and has provided proof of financial responsibility as required in rule 191—55.10(522C);

e. Has paid the fees set forth in rule 191—55.20(522C);

f. Maintains an office in the home state of residence with public access by reasonable appointment or regular business hours;

g. Is at least 18 years of age; and

h. Has successfully passed the public adjuster examination pursuant to rule 191—55.6(522C).

55.5(2) *License of business entity.* Before approving a business entity's application, the division shall find that the business entity has:

a. Paid the fees set forth in rule 191—55.20(522C);

b. Designated a licensed public adjuster responsible for the business entity's compliance with the insurance laws, rules and regulations of this state; and

c. Designated a licensed individual public adjuster responsible for the business entity's compliance with the insurance laws, rules, and regulations of this state.

55.5(3) *Supplemental documentation.* The division may require the applicant for either type of license to supply any documents reasonably necessary to verify the information contained in the application.

[ARC 5250C, IAB 11/4/20, effective 12/9/20]

191—55.6(522C) Public adjuster examination.

55.6(1) A resident individual applying for a public adjuster license under this chapter shall pass a written examination, unless exempt pursuant to rule 191—55.7(522C). The examination shall test the knowledge of the individual concerning the duties and responsibilities of a public adjuster and the insurance laws and regulations of this state. Examinations required by this rule shall be conducted as prescribed by the division.

55.6(2) Each resident individual applying for an examination shall remit a nonrefundable fee as prescribed by the division and set forth in rule 191—55.20(522C).

55.6(3) A resident individual who fails to appear for the examination as scheduled or fails to pass the examination shall reapply for an examination and remit all required fees and forms before being scheduled for another examination.

55.6(4) The division may make arrangements, including contracting with an outside testing service, for administering examinations and collecting the fee set forth in rule 191—55.20(522C).

[ARC 5250C, IAB 11/4/20, effective 12/9/20]

191—55.7(522C) Exemptions from examination.

55.7(1) An individual who applies for a public adjuster license in this state who was previously licensed as a public adjuster in another state based on a public adjuster examination shall not be required to complete an examination in this state. However, an individual who moves to this state and who was previously licensed as a public adjuster in another state based on a public adjuster examination shall make application within 90 days of establishing legal residence to become a resident licensed public adjuster pursuant to rule 191—55.5(522C). No examination shall be required of that individual to obtain a public adjuster license. This exemption is available only:

a. If the individual is currently licensed in the other state or if the application is received within 12 months of the cancellation of the applicant's previous license; and

b. If the other state issues a certification that the applicant is licensed and in good standing in that state or was licensed and in good standing at the time of cancellation or if the state's producer database records, or records maintained by the NAIC, its affiliates, or subsidiaries, indicate that the public adjuster is or was licensed and in good standing.

55.7(2) An individual who applies for a public adjuster license in this state who was previously licensed as a public adjuster in this state shall not be required to complete an examination. This exemption is only available if the application is received within 12 months of the termination of the applicant's previous license in this state and if, at the time of termination, the applicant was in good standing in this state.

[ARC 5250C, IAB 11/4/20, effective 12/9/20]

191—55.8(522C) Nonresident license reciprocity.

55.8(1) Unless denied licensure pursuant to rule 191—55.12(522C), an individual for whom Iowa is not the individual's home state, but whose home state awards nonresident public adjuster licenses to residents of Iowa on the same basis, must satisfy the following requirements to obtain an Iowa nonresident public adjuster license:

a. Be licensed as a resident public adjuster and in good standing in the individual's home state;

b. Submit a proper request for licensure to the division through the NIPR Gateway; and

c. Pay the appropriate fees required, as set forth in rule 191—55.20(522C).

55.8(2) The division may verify the public adjuster's licensing status through the producer database maintained by the NAIC, its affiliates, or subsidiaries.

55.8(3) As a condition to continuation of a public adjuster license issued under this rule, the licensed public adjuster shall maintain a resident public adjuster license in the licensed public adjuster's home state. The nonresident public adjuster license issued under this chapter shall terminate and be surrendered immediately to the division if the home state public adjuster license terminates for any reason, unless the individual has been issued a license as a resident public adjuster in the individual's new home state. The individual shall notify the state or states where nonresident public adjuster licenses are issued as soon as possible, but no later than 30 days after the change to the new state's resident public adjuster license. The licensed public adjuster shall include both the new and the old addresses in the notice. A new state resident public adjuster license is required for the Iowa nonresident public adjuster license to remain valid. The new state resident public adjuster license must have reciprocity with Iowa as set forth in subrule 55.8(1) for the nonresident public adjuster license not to terminate. No fee or license application is required. If the new resident state is actively participating in the producer database, a letter of certification is not required. A nonresident licensed public adjuster who moves to Iowa and wishes to retain the nonresident license must file a change of address with the division within 90 days of the change of legal residence.

55.8(4) If an individual's home state does not license public adjusters or does not award nonresident public adjuster licenses to residents of Iowa on the same basis, the nonresident individual shall follow the procedures for obtaining a license set out in rule 191—55.5(522C).

[ARC 5250C, IAB 11/4/20, effective 12/9/20]

191—55.9(522C) Terms of licensure. Unless denied licensure under this chapter or under Iowa Code chapter 522C, persons who have met the requirements of this chapter and Iowa Code chapter 522C shall be issued a public adjuster license.

55.9(1) Content of license. The license shall contain the public adjuster's name, city and state of business address, license number, the date of issuance, the expiration date, and any other information the division deems necessary. The license number shall be the same as the public adjuster's National Insurance Producer Registry (NIPR) national producer number (NPN). The division will not send a paper license to the public adjuster, but public adjusters may download and print licenses through the division's website.

55.9(2) Term of license. A public adjuster license shall remain in effect for a term of two years, unless revoked, terminated or suspended, and may be continually renewed as long as the request for renewal is received, the fee set forth in rule 191—55.20(522C) is paid, and any other requirements for license renewal are met by the renewal due date. The license term shall be as follows:

a. For an individual public adjuster, the two-year-and-one-month period of time beginning on the first day of the public adjuster's birth month and ending on the last day of the public adjuster's birth month in the renewal year.

b. For a business entity public adjuster, the two-year-and-one-month period of time, including the year of application, beginning on the first day of the month of the business entity's formation date and ending on the last day of the month of the business entity's formation date. By arrangement with the division, a business entity may choose a different month for its license term.

55.9(3) Suspension for returned payment. If the division issues or renews a public adjuster license and subsequently determines that payment by check for the license or renewal was returned to the division by a bank without payment, or that the credit card company does not approve or cancels or refuses amounts charged to the credit card, the license shall be immediately suspended until the payments are made and any fees or penalties charged by the division are paid, at which time the license may be reinstated. The individual may request a hearing within 30 days of receipt of notice by the division that the license was suspended.

55.9(4) Change in name, address or state of residence.

a. Name change. If a licensed public adjuster's name is changed, the licensed public adjuster must file notification with the division within 30 days of the name change. The notification must include:

- (1) The licensed public adjuster's former name;
- (2) The licensed public adjuster's license number;
- (3) The licensed public adjuster's new name; and
- (4) A copy of a legal document with proof of the name change.

b. Address change. If a licensed public adjuster's address is changed, including an email address, the licensed public adjuster must file notification with the division within 30 days of the address change. Notification may be filed through the NIPR Gateway, if available, or as instructed on the division's website. The notification must include the licensed public adjuster's:

- (1) Name;
- (2) License number;
- (3) Previous address; and
- (4) New address. A licensed public adjuster may designate a business address instead of a resident address at the option of the licensed public adjuster.

c. Change in state of residence. A nonresident licensed public adjuster who moves from one state to another state or an Iowa resident licensed public adjuster who moves to another state and wishes to retain an Iowa license must comply with subrule 55.8(3).

55.9(5) Reporting of actions.

a. A licensed public adjuster shall report to the division any administrative action taken against the licensed public adjuster in another jurisdiction or by another governmental agency in this state within 30 days of the final disposition of the matter. This report shall include a copy of the order, consent to order, or other relevant legal documents.

b. Within 30 days of the initial pretrial hearing date, a licensed public adjuster shall report to the division any criminal prosecution of the licensed public adjuster taken in any jurisdiction. The report shall include a copy of the initial complaint filed, the order resulting from the hearing, and any other relevant legal documents.

c. A licensed public adjuster shall report to the division all child support recovery unit actions taken under or in connection with Iowa Code chapter 252J and all court orders entered in such actions.

55.9(6) Failure to notify. Failure to notify the division or to file reports required by this rule is a violation of this chapter and will subject licensed public adjusters to penalty pursuant to rule 191—55.19(522C).

55.9(7) Renewal of license.

a. A person licensed as a public adjuster must apply for renewal of the license prior to the expiration date of the license.

b. Public adjuster licenses may be renewed only through the NIPR Gateway, or as otherwise directed by the division.

c. Failure to renew a license and to pay appropriate fees prior to the expiration date of the license will result in expiration of the license.

d. A resident public adjuster may reinstate an expired license up to 12 months after the license expiration date by proving that during the applicable continuing education term, the public adjuster met the continuing education requirements found in rule 191—55.11(522C) and by paying a reinstatement fee and license renewal fees, as set forth in rule 191—55.20(522C). A resident public adjuster who fails to apply for license reinstatement within 12 months of the license expiration date must apply for a new license.

e. A nonresident public adjuster may reinstate an expired license up to 12 months after the license expiration date by submitting a request to the division through the NIPR Gateway and by paying a reinstatement fee and license renewal fee. A nonresident public adjuster who fails to apply for license reinstatement within 12 months of the license expiration date or fails to update the nonresident public adjuster's address pursuant to subrule 55.9(4) must apply for a new license.

f. A licensed public adjuster that is unable to comply with license renewal procedures due to military service, a long-term medical disability, or some other extenuating circumstance may make a request to the division for a waiver of those procedures.

55.9(8) Division functions.

a. If a licensed public adjuster has provided an email address to the division, the division has the option to send information to the licensed public adjuster through email rather than through United States mail.

b. In order to assist in the performance of the division's duties, the division may contract with nongovernmental entities, including the NAIC or any affiliates or subsidiaries that the NAIC oversees, to perform any ministerial functions that the division may deem appropriate, including the collection of fees and data related to licensing.

[ARC 4780C, IAB 11/20/19, effective 12/25/19; ARC 4848C, IAB 1/1/20, effective 2/5/20; ARC 5250C, IAB 11/4/20, effective 12/9/20]

191—55.10(522C) Evidence of financial responsibility.

55.10(1) Prior to the issuance of a license as a public adjuster and for the duration of the license, an applicant shall secure evidence of financial responsibility in a format prescribed by the division through a surety bond. The surety bond shall be executed and issued by an insurer authorized to issue surety bonds in this state, which bond:

a. Shall be in the minimum amount of \$20,000;

b. Shall be in favor of this state and shall specifically authorize recovery by the commissioner on behalf of any person in this state who sustained damages as the result of erroneous acts, failure to act, conviction of fraud, or conviction of unfair practices in the applicant's capacity as a public adjuster; and

c. Shall not be terminated unless at least 30 days' prior written notice has been filed with the division and submitted to the licensed public adjuster.

55.10(2) The division may request the evidence of financial responsibility at any time the division deems relevant.

55.10(3) A public adjuster shall immediately notify the division if evidence of financial responsibility terminates or becomes impaired. The authority to act as a public adjuster shall automatically terminate if the evidence of financial responsibility terminates or becomes impaired.

[ARC 5250C, IAB 11/4/20, effective 12/9/20]

191—55.11(522C) Continuing education.

55.11(1) An individual who holds a public adjuster license shall satisfactorily complete a minimum of 24 credits of continuing education, including 2 credits of ethics, reported on a biennial basis in conjunction with the license renewal cycle. “Credit” means 50 minutes of instruction or reading material in an acceptable topic of continuing education.

55.11(2) This rule shall not apply to a licensed public adjuster holding a nonresident public adjuster license who has met the continuing education requirements of the adjuster’s home state and whose home state gives credit to residents of this state on the same basis.

55.11(3) Only continuing education courses approved by the division pursuant to 191—Chapter 11, substituting “public adjuster” for “insurance producer,” shall be used to satisfy the continuing education requirement of subrule 55.11(1).

[ARC 5250C, IAB 11/4/20, effective 12/9/20]

191—55.12(522C) License denial, nonrenewal or revocation.

55.12(1) The commissioner may place on probation, suspend, revoke or refuse to issue or renew a public adjuster’s license; may levy a civil penalty in accordance with Iowa Code section 505.7A; or may take corrective action pursuant to Iowa Code section 505.8, or any combination of actions, for any one or more of the following causes:

- a. Providing incorrect, misleading, incomplete, or materially untrue information in the license application;
- b. Failing to complete continuing education as required by rule 191—55.11(522C);
- c. Violating any insurance laws, or violating any regulation, subpoena, or order of the commissioner or of another state’s insurance commissioner;
- d. Obtaining or attempting to obtain a license through misrepresentation or fraud;
- e. Improperly withholding, misappropriating, or converting any moneys or properties received in the course of doing adjuster business;
- f. Intentionally misrepresenting the terms of an insurance contract;
- g. Having been convicted of a felony;
- h. Having admitted to or having been found to have committed any insurance unfair trade practice or insurance fraud;
- i. Using fraudulent, coercive or dishonest practices; or demonstrating incompetence, untrustworthiness or financial irresponsibility in the conduct of business in this state or elsewhere;
- j. Having an insurance license or a public adjuster license, or the equivalent, denied, suspended, or revoked in any other state, province, district or territory;
- k. Cheating, including improperly using notes or any other reference material, to complete an examination for any adjuster license;
- l. Failing to comply with an administrative or court order imposing a child support obligation, following procedures of rule 191—10.21(252J,272D), replacing the word “producer” with “public adjuster”;
- m. Failing to pay state income tax or to comply with any administrative or court order directing payment of state income tax, following procedures of rule 191—10.21(252J,272D), replacing the word “producer” with “public adjuster”;
- n. Misrepresenting to a claimant that the public adjuster is an adjuster representing an insurer in any capacity, including acting as an employee of the insurer or acting as an independent adjuster, unless so appointed by an insurer in writing to act on the insurer’s behalf for that specific claim or purpose. A

licensed public adjuster is prohibited from charging that specific claimant a fee when the public adjuster is appointed by the insurer and the appointment is accepted by the public adjuster;

- o.* Failing to maintain evidence of financial responsibility as required by rule 191—55.10(522C);
- p.* For a business entity licensed as a public adjuster, failing to designate only licensed individual public adjusters to exercise the business of the business entity's license;
- q.* Failing to report to the division any notifications or actions required to be reported pursuant to rule 191—55.9(522C); or
- r.* Failing to file reports required by this chapter.

55.12(2) In the event that the action by the commissioner is to deny an application for or not to renew a license, the commissioner shall notify the applicant or licensed public adjuster and advise, in writing, the applicant or licensed public adjuster of the reason for the nonrenewal or denial of the applicant's or licensed public adjuster's license. The applicant or licensed public adjuster may request a hearing pursuant to 191—Chapter 3 and Iowa Code chapter 17A.

55.12(3) The license of a business entity may be suspended, revoked or refused if the commissioner finds, after hearing, that an individual licensed public adjuster's violation was known or should have been known by one or more of the partners, officers or managers acting on behalf of the business entity and the violation was neither reported to the commissioner nor corrective action taken.

55.12(4) In addition to or in lieu of any applicable denial, suspension or revocation of a license, a person may, after hearing, be subject to a civil fine pursuant to Iowa Code section 505.7A, or to other corrective action pursuant to Iowa Code section 505.8.

55.12(5) The commissioner shall retain the authority to enforce the provisions of and impose any penalty or remedy authorized by this chapter and Iowa Code chapters 505 and 522C against any person who is under investigation for or charged with a violation of this chapter and Iowa Code chapter 522C, even if the person's license has been surrendered or has lapsed by operation of law.

[ARC 4848C, IAB 1/1/20, effective 2/5/20; ARC 5250C, IAB 11/4/20, effective 12/9/20]

191—55.13(522C) Reinstatement or reissuance of a license after suspension, revocation or forfeiture in connection with disciplinary matters; and forfeiture in lieu of compliance.

55.13(1) Definitions and scope.

- a.* The term "reinstatement" as used in this rule means the reinstatement of a suspended license.
- b.* The term "reissuance" as used in this rule means the issuance of a new license following the revocation of a license, the suspension and subsequent termination of a license, or the forfeiture of a license in connection with a disciplinary matter.
- c.* This rule does not apply to the reinstatement of an expired license that is not in connection with a disciplinary matter.

55.13(2) Application required. Any person licensed in Iowa as a public adjuster whose license has been revoked or suspended by order, or who forfeited a license in connection with a disciplinary matter, may apply to the commissioner for reinstatement or reissuance in accordance with the terms of the order of revocation or suspension or the order accepting the forfeiture.

- a.* All proceedings for reinstatement or reissuance shall be initiated by the applicant who shall file with the commissioner an application for reinstatement or reissuance of a license. As part of the application, the applicant shall submit to a criminal history check pursuant to Iowa Code section 522B.5A.
- b.* An application for reinstatement or reissuance shall allege facts which, if established, will be sufficient to enable the commissioner to determine that the basis of revocation, suspension or forfeiture of the applicant's license no longer exists and that it will be in the public interest for the application to be granted. The burden of proof to establish such facts shall be on the applicant.
- c.* A person licensed as a public adjuster may request reinstatement of a suspended license prior to the end of the suspension term.

d. Unless otherwise provided by law, if the order of revocation or suspension did not establish terms upon which reinstatement or reissuance may occur, or if the license was forfeited, an initial application for reinstatement or reissuance may not be made until at least one year has elapsed from the

date of the order of the suspension (notwithstanding paragraph 55.13(2) “c”), revocation, or acceptance of the forfeiture of a license.

55.13(3) *Proceedings.* All proceedings upon the application for reinstatement or reissuance, including matters preliminary and ancillary thereto, shall be held in accordance with Iowa Code chapter 17A. Such application shall be docketed in the original case in which the original license was suspended, revoked, or forfeited, if a case exists.

55.13(4) *Order.* An order of reinstatement or reissuance shall be based upon a written decision which incorporates findings of fact and conclusions of law. An order granting an application for reinstatement or reissuance may impose such terms and conditions as the commissioner or the commissioner’s designee deems desirable, which may include one or more of the types of disciplinary sanctions provided by this chapter and Iowa Code chapter 522C. The order shall be a public record, available to the public, and may be disseminated in accordance with Iowa Code chapters 22 and 505.

55.13(5) *Suspension in relation to expiration date.* When a public adjuster’s license has been suspended for a period of time which extends beyond the public adjuster’s license expiration date, the license will terminate at the license expiration date and the public adjuster must request reinstatement pursuant to subrule 55.10(2). If suspension for a period of time ends prior to the public adjuster’s license expiration date and the public adjuster has met all applicable requirements, the division shall reinstate the license as soon as practicable but no earlier than the end of the suspension period. The commissioner is not prohibited from denying reinstatement or bringing an additional immediate action if the public adjuster has engaged in misconduct during the period of suspension.

55.13(6) *Voluntary forfeiture.* A submission of voluntary forfeiture of a license shall be made in writing to the commissioner. Forfeiture of a license is effective upon submission unless a contested case proceeding is pending at the time of submission. If a contested case proceeding is pending, the forfeiture shall become effective when and upon such conditions as required by order of the commissioner. A forfeiture made during the pendency of a contested case proceeding is considered disciplinary action and shall be published in the same manner as is applicable to any other form of disciplinary order.

55.13(7) *Forfeiture in lieu of compliance.* A license may be voluntarily forfeited in lieu of compliance with an order of the commissioner or the commissioner’s designee with the written consent of the commissioner. The forfeiture shall become effective when and upon such conditions as required by order of the commissioner, which may include one or more of the types of disciplinary sanctions provided by this chapter and Iowa Code chapter 522C.

[ARC 5250C, IAB 11/4/20, effective 12/9/20]

191—55.14(522C) Contract between public adjuster and insured.

55.14(1) Public adjusters shall ensure that all contracts for their services are in writing and contain the following terms:

- a. Legible full name of the adjuster signing the contract, as specified in division records;
- b. Permanent home state business address and telephone number;
- c. Public adjuster license number;
- d. Title of “Public Adjuster Contract”;
- e. Insured’s full name, street address, insurance company name and policy number, if known or upon notification;
- f. Description of the loss and its location, if applicable;
- g. Description of services to be provided to the insured;
- h. Signatures of the public adjuster and the insured;
- i. Date contract was signed by the public adjuster and date the contract was signed by the insured;
- j. Attestation language stating that the public adjuster is fully bonded pursuant to state law; and
- k. Full salary, fee commission, compensation or other considerations the public adjuster is to receive for services.

55.14(2) The contract may specify that the public adjuster shall be named as a co-payee on an insurer’s payment of a claim.

a. If the compensation is based on a share of the insurance settlement, the exact percentage shall be specified.

b. Initial expenses to be reimbursed to the public adjuster from the proceeds of the claim payment shall be specified by type, with dollar estimates set forth in the contract. Any additional expenses shall be approved by the insured.

c. Compensation provisions in a public adjusting contract shall not be redacted in any copy of the contract provided to the division. Such a redaction shall constitute a dishonest practice in violation of paragraph 55.12(1) “i.”

55.14(3) If the insurer, not later than 72 hours after the date on which the loss is reported to the insurer, either pays or commits in writing to pay to the insured the policy limit of the insurance policy, the public adjuster shall:

a. Not receive a commission consisting of a percentage of the total amount paid by an insurer to resolve a claim;

b. Inform the insured that the loss recovery amount might not be increased by the insurer; and

c. Be entitled only to reasonable compensation from the insured for services provided by the public adjuster on behalf of the insured, based on the time spent on a claim and expenses incurred by the public adjuster, until the claim is paid or the insured receives a written commitment to pay from the insurer.

55.14(4) A public adjuster shall provide the insured a written disclosure concerning any direct or indirect financial interest that the public adjuster has with any other party who is involved in any aspect of the claim, other than the salary, fee, commission or other consideration established in the written contract with the insured, including but not limited to any ownership of, other than as a minority stockholder, or any compensation expected to be received from, any construction firm, salvage firm, building appraisal firm, motor vehicle repair shop, or any other firm that provides estimates for work, or that performs any work, in conjunction with damage caused by the insured loss on which the public adjuster is engaged. The term “firm” shall include any corporation, partnership, association, joint-stock company or person.

55.14(5) A public adjuster contract may not contain any contract term that:

a. Allows the public adjuster’s percentage fee to be collected when money is due from an insurance company, but not paid, or that allows a public adjuster to collect the entire fee from the first check issued by an insurance company, rather than as a percentage of each check issued by an insurance company;

b. Requires the insured to authorize an insurance company to issue a check only in the name of the public adjuster;

c. Imposes collection costs or late fees; or

d. Precludes a public adjuster from pursuing civil remedies.

55.14(6) Prior to the signing of the contract, the public adjuster shall provide the insured with a separate disclosure document regarding the claim process as set forth in Appendix I.

55.14(7) The contract shall be executed in duplicate to provide an original contract to the public adjuster and an original contract to the insured. The public adjuster’s original contract shall be available at all times for inspection without notice by the division.

55.14(8) The public adjuster shall provide the insurer a notification letter, which has been signed by the insured, authorizing the public adjuster to represent the insured’s interest.

55.14(9) The public adjuster shall give the insured written notice of the insured’s rights as provided in Iowa Code chapter 555A, and the insured may rescind the contract as provided in Iowa Code chapter 555A. The contract shall not be construed to prevent an insured from pursuing any civil remedy after the three-business-day revocation or cancellation period.

55.14(10) If the insured exercises the right to rescind the contract, anything of value given by the insured under the contract will be returned to the insured within 15 business days following the receipt by the public adjuster of the cancellation notice.

[ARC 5250C, IAB 11/4/20, effective 12/9/20]

191—55.15(522C) Escrow accounts. A public adjuster who receives, accepts or holds, on behalf of an insured, any funds toward the settlement of a claim for loss or damage shall deposit the funds in a

non-interest-bearing escrow account in a financial institution that is insured by an agency of the federal government in the public adjuster's home state or where the loss occurred.

[ARC 5250C, IAB 11/4/20, effective 12/9/20]

191—55.16(522C) Record retention.

55.16(1) A public adjuster shall maintain a complete record of each transaction as a public adjuster. The records required by this rule shall include the following:

- a.* The name of the insured;
- b.* The date, location and amount of the loss;
- c.* A copy of the contract between the public adjuster and the insured;
- d.* The name of the insurer, amount, expiration date and number of each policy carried with respect to the loss;
- e.* An itemized statement of the insured's recoveries;
- f.* An itemized statement of all compensation received by the public adjuster, from any source whatsoever, in connection with the loss;
- g.* A register of all moneys received, deposited, disbursed, or withdrawn in connection with a transaction with an insured, including fees, transfers and disbursements from a trust account and all transactions concerning all interest-bearing accounts;
- h.* The name of the public adjuster who executed the contract;
- i.* The name of the attorney representing the insured, if applicable, and the name of the claims representative of the insurance company; and
- j.* Evidence of financial responsibility in a format prescribed by the insurance division.

55.16(2) Records shall be maintained for at least five years after the termination of the transaction with an insured and shall be open to examination by the division at all times.

55.16(3) Records submitted to the division in accordance with this rule that contain information identified in writing as proprietary by the public adjuster shall be treated as confidential by the division and shall not be subject to Iowa Code chapter 22.

[ARC 5250C, IAB 11/4/20, effective 12/9/20]

191—55.17(522C) Standards of conduct of public adjuster.

55.17(1) A public adjuster shall serve with objectivity and complete loyalty the interest of the public adjuster's client and shall render to the insured in good faith such information, counsel and service, as within the knowledge, understanding and opinion of the licensed public adjuster, as will best serve the insured's insurance claim needs and interest.

55.17(2) A public adjuster shall not solicit, or attempt to solicit, an insured during the progress of a loss-producing occurrence, as defined in the insured's insurance contract.

55.17(3) A public adjuster shall not permit an unlicensed employee or representative of the public adjuster to conduct business for which a license is required under this chapter or Iowa Code chapter 522C.

55.17(4) A public adjuster shall not have a direct or indirect financial interest in any aspect of the claim, other than the salary, fee, commission or other consideration established in the written contract with the insured, unless full written disclosure has been made to the insured as set forth in subrule 55.14(4).

55.17(5) A public adjuster shall not acquire any interest in salvage of property subject to the contract with the insured unless the public adjuster obtains written permission from the insured after settlement of the claim with the insurer as set forth in subrule 55.14(4).

55.17(6) The public adjuster shall abstain from referring or directing the insured to obtain needed repairs or services in connection with a loss from any person, unless disclosed to the insured:

- a.* With whom the public adjuster has a financial interest; or
- b.* From whom the public adjuster may receive direct or indirect compensation for the referral.

55.17(7) Licensed public adjusters may not solicit a client for employment between the hours of 8 p.m. and 9 a.m.

55.17(8) Any compensation or anything of value in connection with an insured's specific loss that will be received by a public adjuster shall be disclosed by the public adjuster to the insured in writing, including the source and amount of any such compensation.

55.17(9) A public adjuster shall not undertake the adjustment of any claim if the public adjuster is not competent and knowledgeable as to the terms and conditions of the insurance coverage, or if the loss or coverage otherwise exceeds the public adjuster's current expertise.

55.17(10) A public adjuster shall not knowingly make any false oral or written material statements regarding any person engaged in the business of insurance to any insured client or potential insured client.

55.17(11) No public adjuster, while so licensed by the division, may represent or act as a company adjuster or independent adjuster in any circumstance.

55.17(12) A public adjuster shall not enter into a contract or accept a power of attorney that vests in the public adjuster the effective authority to choose the persons who shall perform repair work.

55.17(13) A public adjuster may not agree to any loss settlement without the insured's knowledge and consent.

[ARC 5250C, IAB 11/4/20, effective 12/9/20]

191—55.18(522C) Public adjuster fees.

55.18(1) A public adjuster may charge the insured a reasonable fee for public adjuster services.

55.18(2) A person shall not accept a commission, service fee or other valuable consideration for investigating or settling claims in this state if that person is required to be licensed under this chapter and is not so licensed.

55.18(3) In the event of a catastrophic disaster, there shall be limits on catastrophic fees. No public adjuster shall charge, agree to or accept as compensation or reimbursement any payment, commission, fee, or other thing of value equal to or more than 10 percent of any insurance settlement or proceeds. No public adjuster shall require, demand or accept any fee, retainer, compensation, deposit, or other thing of value, prior to settlement of a claim, unless the loss is being handled by the public adjuster on a time-plus-expense basis.

[ARC 5250C, IAB 11/4/20, effective 12/9/20]

191—55.19(522C) Penalties. Failure to comply with this chapter or with Iowa Code chapter 522C shall subject a person to penalties set forth in Iowa Code section 522C.6.

[ARC 5250C, IAB 11/4/20, effective 12/9/20]

191—55.20(522C) Fees.

55.20(1) Fees may be paid by check or credit card.

55.20(2) The fee for a criminal history check as required pursuant to Iowa Code section 522B.5A is \$50.

55.20(3) The fee for issuance or renewal of an individual public adjuster license is \$50 for two years.

55.20(4) The fee for issuance or renewal of a business entity public adjuster license is \$50 for two years.

55.20(5) The fee for reinstatement of a public adjuster license is \$50.

55.20(6) The division may charge a reasonable fee for the compilation and production of public adjuster licensing records.

[ARC 5250C, IAB 11/4/20, effective 12/9/20]

191—55.21(522C) Severability. If any rule or portion of a rule of this chapter, or its applicability to any person or circumstances, is held invalid by a court, the remainder of this chapter, or the applicability or its provisions to other persons, shall not be affected.

[ARC 5250C, IAB 11/4/20, effective 12/9/20]

These rules are intended to implement Iowa Code chapter 522C.

[Filed 10/5/07, Notice 8/29/07—published 10/24/07, effective 11/28/07]

[Filed ARC 4780C (Notice ARC 4660C, IAB 9/25/19), IAB 11/20/19, effective 12/25/19]

[Filed ARC 4848C (Notice ARC 4713C, IAB 10/23/19), IAB 1/1/20, effective 2/5/20]

[Filed ARC 5250C (Notice ARC 5129C, IAB 8/12/20), IAB 11/4/20, effective 12/9/20]

APPENDIX I
DISCLOSURE DOCUMENT
REGARDING THE CLAIM PROCESS

(1) Property insurance policies obligate the insured to present a claim to the insured's insurance company for consideration. There are three types of adjusters that could be involved in that process. The definitions of the three types are as follows:

(a) "Company adjusters" means the insurance adjusters who are employees of insurance companies. They represent the interests of the insurance companies and are paid by the insurance companies. They will not charge the insureds fees.

(b) "Independent adjusters" means the insurance adjusters who are hired on a contract basis by insurance companies to represent the insurance companies' interests in the settlement of claims. They are paid by the insurance companies. They will not charge the insureds fees.

(c) "Public adjusters" means the insurance adjusters who do not work for any insurance companies. They work for insureds to assist in the preparation, presentation and settlement of claims. The insureds hire them by signing contracts agreeing to pay them fees or commissions based on a percentage of the settlements, or other method of compensation.

(2) The insured is not required to hire a public adjuster to help the insured meet the insured's obligations under the policy, but has the right to do so.

(3) The insured has the right to initiate direct communications with the insured's attorney, the insurer, the insurer's adjuster, the insurer's attorney or any other person regarding the settlement of the insured's claim.

(4) The public adjuster is not a representative or employee of the insurer.

(5) The salary, fee, commission or other consideration is the obligation of the insured, not the insurer.

(6) An insured may contact the Iowa Insurance Division with questions about insurance law toll-free from within Iowa at (877)955-1212 or through the Division's website at iid.iowa.gov.

CHAPTER 58
THIRD-PARTY ADMINISTRATORS

191—58.1(510) Purpose. The purpose of this chapter is to administer the provisions of Iowa Code chapter 510 relating to the regulation of third-party administrators.
[ARC 8310B, IAB 11/18/09, effective 12/23/09]

191—58.2(510) Definitions. The terms defined in Iowa Code section 510.11 and rule 191—1.1(502,505) shall have the same meaning for the purposes of this chapter. In addition, for purposes of this chapter:

“Affiliate” or *“affiliates”* means an entity or person who directly or indirectly through one or more intermediaries, controls or is controlled by, or is under common control with, a specified entity or person. For purposes of this definition, “control” (including the terms “controls” or “controlled by”) means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or nonmanagement services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, 10 percent or more of the voting securities of any other person. This presumption may be rebutted by a showing made in the manner provided by Iowa Code section 505.23 and Iowa Code chapter 521A that control does not exist in fact. The commissioner may determine, after furnishing notice and opportunity to be heard to all persons in interest and after making specific findings of fact to support the determination, that control exists in fact notwithstanding the absence of a presumption to that effect.

“Home state” means the United States state or territory or the District of Columbia designated by a third-party administrator as its principal regulator, which shall be either its place of incorporation or its principal place of business within the United States. A third-party administrator may designate as its home state any United States jurisdiction in which it does business and which has adopted a law governing third-party administrators substantially similar to Iowa Code chapter 510 and this chapter.

“Insurance producer” means the same as defined in Iowa Code section 522B.1.

“Insurer” means a person engaged in the business of insurance who is regulated under Iowa Code chapter 508, 512B, 514, 514B, 515, or 520.

“Nonresident third-party administrator” means a person whose home state is not Iowa.

“Person” means any individual, aggregation of individuals, trust, association, partnership, or corporation or an affiliate of any of these.

“Stop-loss” or *“stop-loss insurance”* means insurance protecting an employer or other person responsible for an otherwise self-insured health or life benefit plan against higher than expected obligations under the plan.

“Underwrites” or *“underwriting”* or *“underwritten”* means, but is not limited to, the acceptance of employer or individual applications for coverage of individuals in accordance with the written rules of the insurer or self-funded plan, or the overall planning and coordinating of a benefits program.

[ARC 8310B, IAB 11/18/09, effective 12/23/09; ARC 5250C, IAB 11/4/20, effective 12/9/20]

191—58.3(505,510) Registration required. A third-party administrator shall not operate as a third-party administrator in Iowa without an approved certificate of registration from the division. A third-party administrator that has a home state other than Iowa must apply for and obtain a nonresident third-party administrator certificate of registration from the division before operating as a third-party administrator in Iowa.

58.3(1) Exceptions.

a. The following persons doing the following corresponding actions shall not be required to have approved certificates of registration from the division if these are the only actions by the persons that would otherwise cause the persons to be considered third-party administrators:

(1) An employer administering its employee benefit plan or the plan of an affiliated employer under common management and control;

(2) A trust exempt from taxation under Section 507(a) of the Internal Revenue Code and its trustees and employees acting pursuant to such trust, or a custodian and the custodian's agents or employees acting pursuant to a custodian account that meets the requirements of Section 401(f) of the Internal Revenue Code; or

(3) A person licensed as a managing general agent in this state when acting within the scope of activities conveyed under such a license.

b. An insurer that underwrites, collects charges, collateral or premiums from, or adjusts or settles claims for other than its policyholders, subscribers and certificate holders is not required to be licensed as a third-party administrator and shall be exempt from rule 191—58.3(505,510), except that the insurer shall comply with paragraphs 58.3(1) “*c*,” “*e*” and “*f*” and rules 191—58.6(505,510) and 191—58.7(505,510), if applicable.

c. A person shall not be required to have an approved certificate of registration from the division if that person is affiliated with a licensed insurer and that person only acts as a third-party administrator for the direct and assumed insurance business of the affiliated insurer, provided that the insurer shall provide all of the third-party administrator's books and records to the insurance commissioner upon request.

d. A person shall not be required to have an approved certificate of registration from the division if that person only acts as a third-party administrator for a group plan based in another state that has fewer than 100 insureds under the plan residing in Iowa.

e. A person who is not required to be registered as a third-party administrator under Iowa Code chapter 510 or this chapter and who directly or indirectly underwrites, collects charges or premiums from, or adjusts or settles claims on residents of this state, only in connection with life, annuity or health coverage provided by a self-funded plan other than a governmental or church plan, shall file a statement with the commissioner triennially, verifying the person's status as described herein. An example of such a statement may be found on the division's website.

f. An administrator operating solely as a single-employer trust or Taft-Hartley labor union trust as defined under ERISA shall be required to file a statement triennially, verifying the administrator's status as described herein. An example of such a statement may be found on the division's website.

58.3(2) Application.

a. All third-party administrators wishing to do business in Iowa shall electronically file a completed application and any required attachments in the form prescribed by the division. The application shall be accompanied by a filing fee as stated in rule 191—58.18(510).

b. Application for resident third-party administrator certificate of registration.

(1) All applications shall include evidence of the existence of a surety bond issued by an insurance company licensed to do business in the state of Iowa. The bond must be in an amount equivalent to 10 percent of the third-party administrator's average daily client account balance during the preceding calendar year. In no case shall the bond be less than \$50,000 or more than \$1,000,000. The surety bond shall be in the form prescribed by the commissioner. The bond shall be payable to the Iowa Insurance Division to ensure the financial protection of the third-party administrator's customers, subject to the dollar limitation of the surety bond.

(2) An application by a third-party administrator that is a corporation, association or benefit society shall be accompanied by a certified copy of the articles of incorporation or association or a certification of good standing from the Iowa secretary of state.

c. Application for nonresident third-party administrator certificate of registration.

(1) A third-party administrator whose home state is not Iowa shall file with the division, in a manner acceptable to the division, a completed application and a certification from the home state that verifies that the applicant is in good standing in the home state.

(2) In lieu of requiring a third-party administrator to file a certification, the division may verify the nonresident third-party administrator's home state status through an electronic database maintained by the National Association of Insurance Commissioners, its affiliates or subsidiaries.

(3) A third-party administrator shall not be eligible for a nonresident third-party administrator certificate of registration under paragraph 58.3(2) “*c*” if the third-party administrator does not hold a certificate of registration as a resident in a home state that has adopted a law governing third-party

administrators substantially similar to Iowa Code chapter 510 and this chapter. A third-party administrator may designate a state other than the resident state as its home state. If a third-party administrator is not eligible under paragraph 58.3(2)“c,” it must meet the application requirements for a resident third-party administrator.

d. The division may refuse to issue a certificate of registration to an applicant as provided in Iowa Code section 510.21, or may refuse to issue a certificate of registration if the division determines that any of the grounds set forth in rule 191—58.16(510) exist with respect to the third-party administrator.

e. If an application is approved, the division will electronically deliver to the third-party administrator a certificate of registration.

58.3(3) *Validity.* A certificate of registration issued under Iowa Code chapter 510 and this rule shall remain valid, unless surrendered by the third-party administrator, or suspended, revoked, or not renewed by the commissioner, for as long as the third-party administrator continues to renew the certificate of registration timely, continues in business in this state, and remains in compliance with Iowa Code chapter 510 and this chapter.

[ARC 8310B, IAB 11/18/09, effective 12/23/09; ARC 5250C, IAB 11/4/20, effective 12/9/20]

191—58.4(510) Third-party administrator duties.

58.4(1) A third-party administrator registered or applying for a certificate of registration or renewal under Iowa Code section 510.21 and this chapter shall:

a. Make available for inspection on request by the commissioner copies of all contracts with insurers or other persons utilizing the services of the third-party administrator.

b. As often as reasonably required by the commissioner, produce its accounts, records and files for examination and make its officers available to give information with respect to its affairs.

c. Immediately notify the commissioner of any material change in its ownership, control, or other fact or circumstance affecting its qualification for a certificate of registration in this state.

d. Notify the commissioner in writing of any change in the information required to be filed under these rules including, but not limited to, a change of address or name, not later than 30 days after the change.

58.4(2) The commissioner may terminate a third-party administrator’s certificate of registration, following notice and an opportunity for a hearing, for failure to comply with this rule.

[ARC 8310B, IAB 11/18/09, effective 12/23/09]

191—58.5(510) Renewal procedure. A third-party administrator that wants to maintain its certificate of registration in Iowa shall file a completed request for renewal within 60 days prior to the expiration date on the certificate of registration.

58.5(1) The division shall provide notice to the third-party administrator of the upcoming renewal date.

58.5(2) The renewal form shall be filed in a manner as prescribed by the division. The renewal form shall be accompanied by the fee specified in rule 191—58.18(510).

58.5(3) Renewal requests filed after the certificate expiration date must include the late fee specified in rule 191—58.18(510).

58.5(4) A third-party administrator that allows the certificate of registration to lapse and does not renew within one year from the expiration date must apply for a new certificate of registration.

[ARC 8310B, IAB 11/18/09, effective 12/23/09; ARC 5250C, IAB 11/4/20, effective 12/9/20]

191—58.6(505,510) Responsibilities of the insurer.

58.6(1) If an insurer utilizes the services of a third-party administrator, the insurer shall be responsible for determining the benefits, premium rates, underwriting criteria, and claims payment procedures applicable to the coverage.

58.6(2) An insurer must supervise its contracted third-party administrators to ensure that its programs are administered in a competent and appropriate manner.

58.6(3) In cases where a third-party administrator administers benefits for more than 100 certificate holders, subscribers, claimants or policyholders on behalf of an insurer, the insurer shall, at least

annually, conduct a reasonable review of the operations of the third-party administrator. If a third-party administrator has an independent party conduct a review of the third-party administrator's operations and has provided that review to the insurer, and the insurer has determined that the review was reasonable for purposes of this subrule, the review may, at the discretion of the division, meet the requirement of this subrule.

58.6(4) The requirements of rule 191—58.6(505,510) also apply to any insurer that contracts with a person exempt from licensure, pursuant to the exceptions set forth in subrule 58.3(1), to act as a third-party administrator.

[ARC 8310B, IAB 11/18/09, effective 12/23/09]

191—58.7(505,510) Written agreement.

58.7(1) The written agreement required by Iowa Code section 510.12 shall include a statement of duties that the third-party administrator is expected to perform on behalf of the insurer and the lines, classes or types of insurance for which the third-party administrator is to be authorized to administer. The agreement shall make provision with respect to underwriting, claims handling and other standards pertaining to the business underwritten by the insurer. The rules pertaining to these matters shall be provided, in writing, by the insurer to the third-party administrator, pursuant to Iowa Code section 510.12 and rule 191—58.7(505,510).

58.7(2) The insurer or third-party administrator may, with written notice, terminate the written agreement for cause as provided in the agreement. The insurer may suspend the underwriting authority of the third-party administrator during the pendency of any dispute regarding the cause for termination of the written agreement. The insurer shall fulfill any lawful obligations with respect to policies affected by the written agreement, regardless of any dispute between the insurer and the third-party administrator.

58.7(3) The requirements of this rule shall also apply to any insurer that contracts with a person exempt from licensure, pursuant to the exceptions set forth in subrule 58.3(1), to act as a third-party administrator, unless that person and the insurer are the same.

[ARC 8310B, IAB 11/18/09, effective 12/23/09]

191—58.8(510) Compensation to the third-party administrator. A third-party administrator and an insurer shall not enter into an agreement or understanding that makes the amount of the third-party administrator's commissions, fees, or charges contingent upon savings effected in the adjustment, settlement and payment of losses covered by the insurer's obligations. Third-party administrators are not prohibited from receiving performance-based compensation for providing to the insurer cost control services, including hospital auditing or other auditing services, subrogation services, contractual discounting services, or claim negotiation with providers.

[ARC 8310B, IAB 11/18/09, effective 12/23/09]

191—58.9(510) Disclosure of charges and fees. The third-party administrator shall disclose to the insurer all charges, fees and commissions received from all services in connection with the provision of administrative services for the insurer, including any fees or commissions paid by insurers providing reinsurance. Additional charges may not be made for services to the extent the insurer has paid for those services.

[ARC 8310B, IAB 11/18/09, effective 12/23/09]

191—58.10(510) Delivery of materials to covered individuals. Any policies, certificates, booklets, termination notices or other written communications delivered by the insurer to the third-party administrator for delivery to insured parties or covered individuals shall be delivered by the third-party administrator promptly after receipt of delivery instructions from the insurer.

[ARC 8310B, IAB 11/18/09, effective 12/23/09]

191—58.11(510) Annual report and fee.

58.11(1) Each registered third-party administrator shall file by July 1 an annual report in a form and manner as prescribed by the commissioner. The report shall:

- a. Be verified by at least two officers of the third-party administrator;
- b. Include audited financial statements prepared by an independent certified public accountant using generally accepted accounting principles;
- c. Be prepared on a consolidated basis; and
- d. Include a columnar consolidating or combining worksheet that shall be filed with the report and include the following:
 - (1) Amounts shown on the consolidated audited financial report shall be shown on the worksheet;
 - (2) Amounts for each entity shall be stated separately; and
 - (3) Explanations of consolidating and eliminating entries shall be included.

58.11(2) A third-party administrator that makes a late filing shall pay a late fee as stated in rule 191—58.18(510).

58.11(3) Extensions of the July 1 filing date may be granted by the commissioner for 30-day periods upon showing by the insurer and its independent certified public accountant the reasons for requesting such extension and determination by the commissioner of good cause for an extension. The request for extension must be submitted in writing not less than ten days prior to the due date in sufficient detail to permit the commissioner to make an informed decision with respect to the requested extension.

[ARC 8310B, IAB 11/18/09, effective 12/23/09]

191—58.12(510) Change of information.

58.12(1) A third-party administrator shall notify the commissioner within 30 days of any change in the information required to be filed under these rules including, but not limited to, a change of original application content. Reports of changes shall be filed electronically as instructed on the division's website. Failure to timely file changes is grounds for suspension of a certificate of registration and imposition of a \$100 civil penalty.

58.12(2) A third-party administrator may not do business under any name other than the name on the original application unless the third-party administrator notifies the commissioner prior to using the assumed name. The notice shall include a detailed explanation of the manner in which the name will be used.

58.12(3) A third-party administrator who ceases doing business in Iowa may either allow its certificate of registration to expire or file a request to withdraw its certificate of registration. A request for withdrawal must include information demonstrating that the third-party administrator will no longer be acting in Iowa as a third-party administrator.

[ARC 8310B, IAB 11/18/09, effective 12/23/09; ARC 4780C, IAB 11/20/19, effective 12/25/19]

191—58.13(510) Inquiry by commissioner. A third-party administrator shall promptly respond in writing to inquiries from the commissioner. A third-party administrator's actions are deemed untimely under this rule if the third-party administrator fails to respond to an inquiry from the commissioner within 30 days of the receipt of the inquiry, unless good cause exists for delay and the commissioner has given the third-party administrator a time extension in writing.

[ARC 8310B, IAB 11/18/09, effective 12/23/09]

191—58.14(510) Complaints. A third-party administrator shall keep all complaints on file for a period of five years. Complaint information shall be made available to the division by the third-party administrator at any time upon the commissioner's request.

[ARC 8310B, IAB 11/18/09, effective 12/23/09]

191—58.15(510) Periodic examination. The commissioner reserves the right to examine a third-party administrator or require the most recent audited financial statements from the third-party administrator and such other interim evidence as the commissioner deems appropriate.

58.15(1) Reasonable costs of the examination or audited financial statements shall be paid by the third-party administrator.

58.15(2) Examination shall include, but not be limited to: financial condition, premium collection, claims processing, and marketing practices.

58.15(3) If one or more of the following factors are present, the commissioner may require and determine an amount of additional security:

- a.* Insufficient liquid assets or retained earnings;
- b.* A deteriorating financial condition, as evidenced through an examination by the commissioner or any other insurance commissioner;
- c.* Any other relevant considerations.

[ARC 8310B, IAB 11/18/09, effective 12/23/09]

191—58.16(510) Grounds for denial, nonrenewal, suspension or revocation of certificate of registration.

58.16(1) The commissioner may, at the commissioner's discretion and without advance notice or hearing, immediately suspend the certificate of registration of a third-party administrator if the commissioner finds that one or more of the following circumstances exist:

- a.* The third-party administrator is insolvent or impaired;
- b.* A proceeding for receivership, conservatorship, rehabilitation or other delinquency proceeding regarding the third-party administrator has been commenced in any state; or
- c.* The financial condition or business practices of the third-party administrator otherwise pose an imminent threat to the public health, safety or welfare of the residents of this state.

58.16(2) The commissioner shall deny, suspend, revoke, or not renew a third-party administrator's certificate of registration if the commissioner finds that the third-party administrator:

- a.* Is in unsound financial condition;
- b.* Is using such methods or practices in the conduct of its business so as to render its further transaction of business in this state hazardous or injurious to insured persons or the public; or
- c.* Has failed to pay any judgment rendered against it in this state within 60 days after the judgment has become final.

58.16(3) The commissioner may deny, suspend, revoke, or not renew a third-party administrator's certificate of registration if the commissioner finds that the third-party administrator:

- a.* Has violated or failed to comply with any lawful rule or order of the commissioner or any provision of the insurance laws of this state;
- b.* Has a financial condition that has deteriorated to the degree that it may adversely affect the third-party administrator's ability to operate as a third-party administrator;
- c.* Has filed an application or any necessary forms with the division that contain fraudulent information or omissions;
- d.* Has misappropriated, converted, illegally withheld, or refused to pay over upon proper demand any moneys that belong to a person otherwise entitled to the moneys and that have been entrusted to the third-party administrator in its fiduciary capacities;
- e.* Has provided insufficient explanation, as determined by the commissioner, of the circumstances surrounding evidence that an owner, principal, officer, partner, manager, director, stockholder, trustee, employee of the third-party administrator or the third-party administrator itself:
 - (1) Has had an insurance license or an application for an insurance license in any state denied, suspended, revoked, or not renewed;
 - (2) Has been the subject of an investigation, fine, penalty, order, withdrawal or informal settlement with any state insurance department;
 - (3) Has been the subject of a criminal investigation, summons, arrest, indictment or questioning;
 - (4) Has been charged, tried, convicted of, or pled guilty or no contest to any felony or misdemeanor;
- f.* Has been found by the commissioner not to be competent, trustworthy, financially responsible or of good personal and business reputation;

g. Has refused to be examined or to produce its accounts, records and files for examination, or that any of the following individuals responsible for the conduct of the affairs of the third-party administrator has refused to give information with respect to its affairs or has refused to perform any other legal obligation as to an examination, when required by the commissioner: members of the board of directors, board of trustees, executive committee or other governing board or committee; the principal officers in

the case of a corporation or the partners or members in the case of a partnership, association or limited liability company; any shareholder or member holding directly or indirectly 10 percent or more of the voting stock, voting securities or voting interest of the third-party administrator; or any other person who exercises control or influence over the affairs of the third-party administrator;

h. Has, without just cause, refused to pay proper claims or perform services arising under its contracts, caused covered individuals to accept less than the amount due them, or caused covered individuals to employ attorneys or bring suit against the third-party administrator to secure full payment or settlement of such claims;

i. At any time fails to meet any qualification for which issuance of the certificate of registration could have been refused had the failure then existed and been known to the commissioner;

j. Has, or any of the following individuals responsible for the conduct of the affairs of the third-party administrator has, been convicted of, or has entered a plea of guilty or nolo contendere to, a felony without regard to whether adjudication was withheld: members of the board of directors, board of trustees, executive committee or other governing board or committee; the principal officers in the case of a corporation or the partners or members in the case of a partnership, association or limited liability company; any shareholder or member holding directly or indirectly 10 percent or more of the voting stock, voting securities or voting interest of the third-party administrator; or any other person who exercises control or influence over the affairs of the third-party administrator;

k. Is under suspension or revocation in another state;

l. Has failed to promptly respond to one or more inquiries of the commissioner; or

m. Has failed to timely file its annual report.

58.16(4) If the commissioner finds that one or more grounds exist for the suspension or revocation of a certificate of registration issued under this chapter, the commissioner may, in addition to or in lieu of suspension or revocation, impose a monetary penalty that shall not exceed \$1,000 for each act or violation of this chapter, up to an aggregate of \$10,000, unless the person knew or reasonably should have known that the person was in violation of this chapter, in which case the penalty shall not exceed \$5,000 for each act or violation, up to an aggregate of \$50,000 in any one six-month period.

[ARC 8310B, IAB 11/18/09, effective 12/23/09]

191—58.17(510) Confidential information.

58.17(1) Neither the commissioner nor any person who received documents, materials or other information while acting under the authority of the commissioner shall be permitted or required to testify in any private civil action concerning any confidential documents, materials or information subject to Iowa Code section 510.14.

58.17(2) In order to assist in the performance of the commissioner's duties, the commissioner:

a. May share documents, materials or other information, including the confidential and privileged documents, materials or information subject to Iowa Code section 510.14, with other state, federal and international regulatory agencies, with the National Association of Insurance Commissioners, its affiliates or subsidiaries and with state, federal and international law enforcement authorities, provided that the recipient agrees to maintain the confidentiality and privileged status of the documents, materials or other information;

b. May receive documents, materials or information, including otherwise confidential and privileged documents, materials or information, from the National Association of Insurance Commissioners, its affiliates or subsidiaries, and from regulatory and law enforcement officials of other foreign or domestic jurisdictions, and shall maintain as confidential or privileged any document, material or information received with notice or the understanding that it is confidential or privileged under the laws of the jurisdiction that is the source of the document, material or information; and

c. May enter into agreements governing the sharing and use of information consistent with this subrule.

58.17(3) No waiver of any applicable privilege or claim of confidentiality in the documents, materials or information shall occur as a result of disclosure to the commissioner under rule 191—58.17(510) or as a result of sharing as authorized in subrule 58.17(2).

58.17(4) Nothing in this rule shall prohibit the commissioner from releasing final, adjudicated actions, including for-cause terminations that are open to public inspection pursuant to Iowa Code chapter 22 or Iowa Code section 505.8, to a database or other clearinghouse service maintained by the National Association of Insurance Commissioners, its affiliates or subsidiaries.

58.17(5) In the event the insurer and the third-party administrator cancel their agreement, the third-party administrator may, by written agreement with the insurer, transfer all records to a new third-party administrator rather than retain the records for the five years required under Iowa Code section 510.14. In such cases, the new third-party administrator shall acknowledge, in writing, that it is responsible for retaining the records of the prior third-party administrator as required in Iowa Code section 510.14.

[ARC 8310B, IAB 11/18/09, effective 12/23/09]

191—58.18(510) Fees.

58.18(1) Fees to be paid directly to the division shall be paid by check. Fees accompanying electronic filings shall be paid in a manner as directed by the commissioner.

58.18(2) Fees related to this chapter are as follows:

- a. The fee to accompany an application for a certificate of registration is \$100.
- b. The fee to accompany the filing of an annual report is \$50.
- c. The fee to renew a certificate of registration is \$100.
- d. The fee for the late filing of an annual report or of an application to renew a certificate of registration is \$100.

58.18(3) The division may charge a reasonable fee for the compilation and production of records necessary to evaluate an application for a certificate of registration, an application for the renewal of a certificate of registration, or an annual report.

[ARC 8310B, IAB 11/18/09, effective 12/23/09]

191—58.19(510) Severability clause. If any provision of this chapter, or the application thereof to any person or circumstance, is subsequently held to be invalid, such invalidity shall not affect other provisions or applications of this chapter.

[ARC 8310B, IAB 11/18/09, effective 12/23/09]

191—58.20(510) Compliance date. All persons shall comply with this chapter on and after January 1, 2010.

[ARC 8310B, IAB 11/18/09, effective 12/23/09]

These rules are intended to implement Iowa Code chapters 505 and 510.

[Filed 7/6/90, Notice 5/16/90—published 7/25/90, effective 8/29/90]

[Filed ARC 8310B (Notice ARC 8140B, IAB 9/9/09), IAB 11/18/09, effective 12/23/09]

[Filed ARC 4780C (Notice ARC 4660C, IAB 9/25/19), IAB 11/20/19, effective 12/25/19]

[Filed ARC 5250C (Notice ARC 5129C, IAB 8/12/20), IAB 11/4/20, effective 12/9/20]

TITLE III
COMMUNITY-BASED CORRECTIONS
CHAPTER 40
COMMUNITY-BASED CORRECTIONS ADMINISTRATION
[Prior to 3/20/91, Corrections Department[291]]

201—40.1(905) Title III definitions.

“Accreditation” shall mean certifying that a judicial district department of correctional services is in compliance with applicable state and federal laws and with applicable portions of the Iowa Administrative Code, which compliance is determined by the department of corrections reviewing the bylaws, policies, procedures and practices of the judicial district department of correctional services.

“Board of directors” shall mean the same as district board as defined in Iowa Code section 905.3.

“Community service” shall mean unpaid public service as a condition of probation established pursuant to Iowa Code chapter 907 or in lieu of restitution as authorized in Iowa Code chapter 910.

“Conditions of probation” shall mean the same as defined in Iowa Code section 907.6.

“Contraband” shall mean weapons, alcohol, drugs, money, obscene materials, or material advocating disruption of or injury to clients, employees, programs, or physical facilities. It shall also include anything which is illegal to possess under the law, or materials which are used in the production of drugs or alcohol or used in conjunction with the taking of illicit drugs.

“Curfew hours” means those hours between 12 midnight and 6 a.m.

“Deferred judgment, deferred sentence or suspended sentence” shall mean the same as defined in Iowa Code section 907.3.

“Deputy director” shall mean the deputy director for community-based corrections (CBC) of the department of corrections.

“District department” shall mean the judicial district department of correctional services as defined in Iowa Code section 905.2.

“District director” shall mean the director of a judicial district department of correctional services.

“Executive committee” shall mean the same as defined in Iowa Code section 905.3(2).

“Immediate family” means spouse, child, parent, sibling, natural grandparent, stepparent, legal guardian, or an individual with whom the offender lived and who was responsible for the offender while the offender was a minor for a period of at least one year.

“Medical practitioner” means medical doctor, osteopathic physician, physician assistant or nurse practitioner.

“Ongoing site visits” means any visit by the deputy director, the deputy director’s designee or representatives of the office of the state auditor which shall be to assure continuing compliance with the Code of Iowa and the Iowa Administrative Code or to follow up on areas designated as needing improvement based on corrective action plans from the previous accreditation review period, and which may be conducted at any time during the five-year interim following the most recent team review.

“Parole” means the same as defined in Iowa Code section 906.1.

“Parole agreement” shall mean the same as defined in Iowa Code section 906.11.

“Parole plan” means a document listing place of employment, residence and the supervising parole officer.

“Presentence investigations” shall mean the same as defined in Iowa Code sections 901.2 and 901.3.

“Pretrial release” shall mean the same as defined in Iowa Code section 811.2.

“Probation” shall mean the same as defined in Iowa Code chapter 907.

“Probation agreement” shall mean the same as defined in Iowa Code section 907.6.

“Probation service” shall mean the same as defined in Iowa Code section 907.2.

“Rehabilitative objectives or purposes” means activities designed to further the reintegration of the offender into the community as a productive, law-abiding citizen. Activities deemed to serve rehabilitative objectives shall include, but not be limited to, family visits, seeking employment, supervised recreational activities, shopping trips, counseling/consultation sessions, educational programs and activities, vocational training and religious activities.

“*Residential services*” shall mean housing facilities providing 24-hour supervision operated pursuant to Iowa Code section 905.7(1).

“*Restitution plan of payment and plan of restitution*” shall mean the same as defined in Iowa Code chapter 910.

“*Supervision*” shall mean supervision during the probationary period as defined in Iowa Code section 907.8.

“*Team review*” means a five-year review of overall program, policies and procedures for compliance with the Code of Iowa and the Iowa Administrative Code by one or more persons designated by the deputy director.

“*Technical violation*” means a noncriminal violation of the conditions of parole.

This rule is intended to implement Iowa Code section 905.7.

[ARC 3929C, IAB 8/1/18, effective 9/5/18; see Delay note at end of chapter; ARC 5247C, IAB 11/4/20, effective 12/9/20]

201—40.2(905) Accreditation.

40.2(1) The deputy director of the department of corrections shall be the accrediting authority. The decisions of the deputy director shall be final except as provided in Iowa Code chapters 17A and 905.

40.2(2) The deputy director shall conduct or assign staff the responsibility to conduct the five-year team review for accreditation purposes.

40.2(3) The deputy director shall make or assign staff to make ongoing site visits during the five-year interim following the most recent team review in order to follow up on areas designated as needing improvement based on corrective action plans from the previous accreditation review period.

40.2(4) The five-year team review shall include a complete review of the following:

a. District department structure as provided in Iowa Code chapter 905.

b. Bylaws, policies and procedures of the board and the district department.

c. Programs mandated by the Code of Iowa and any special programs approved by the department of corrections. Programs shall comply with program-specific standards developed and approved by the department of corrections with collaborative input from the judicial districts and other affected stakeholders, i.e., domestic abuse and sex offender treatment.

d. Business practices of the district department including the use of acceptable accounting procedures and the receipt and expenditure of funds. Any reports of the office of the state auditor and recommendations contained in those reports, as well as evidence of compliance with those recommendations.

e. Any regular or special evaluations of the services provided by the district department.

The five-year team review shall be conducted as provided in the “accreditation standards for community-based corrections” and any program-specific standards, which shall be open for public inspection at the offices of the department of corrections. A proposed draft of these standards will be made available to the districts 180 days prior to the five-year team review. The accreditation and program-specific final standards, and any changes in the standards, shall be made available to the district departments at least 90 days before the five-year team review.

40.2(5) The results of any five-year team review will be reported to the deputy director, who shall review the results, and when a district is in adequate compliance with the Code of Iowa, the Iowa Administrative Code and the accreditation standards, the deputy director shall issue a certificate of accreditation for the following five years. When a district is not in adequate compliance as provided in the accreditation standards, the deputy director will notify the chairperson of the district board and the district director of the specific deficiencies and allowable time frames for correcting the deficiencies. At the end of the period of time for bringing the deficiencies into compliance, the deputy director shall award a certificate of accreditation or shall notify the district board and proceed as provided in Iowa Code section 905.9.

40.2(6) The ongoing site review shall include periodic assessments of the district departments and its programs as set out in 40.2(4) and shall be designed to provide evidence of continuing compliance. If at any time during the five-year period, following the most recent team reviews, the deputy director, through information gathered in ongoing site reviews, concludes that the district department is no longer

in adequate compliance may conduct or order an interim team review. If in the team review the evidence indicates serious noncompliance, the deputy director may proceed as provided in 40.2(5).

This rule is intended to implement Iowa Code sections 905.7 and 905.9.
[ARC 3929C, IAB 8/1/18, effective 9/5/18; see Delay note at end of chapter; ARC 5247C, IAB 11/4/20, effective 12/9/20]

201—40.3(904) Investigations. The deputy director of the department of corrections may investigate charges of abuse, neglect, or mismanagement on the part of a judicial district department of correctional services and its employees. The deputy director may request the director of the department to exercise authority pursuant to Iowa Code sections 904.402 to 904.405.

This rule is intended to implement Iowa Code sections 904.402 to 904.405.

201—40.4(905) District board of directors.

40.4(1) The board of directors shall adopt bylaws as prescribed in Iowa Code section 905.4(1).

40.4(2) The board of directors shall establish minimum qualifications for the position of the district director which shall include, but not be limited to, those set out in Iowa Code section 905.6.

40.4(3) The board of directors shall select the district director of the overall community-based corrections program, who shall serve at the board's pleasure and the board shall set the director's salary consistent with Iowa Code section 905.4(2).

40.4(4) The board of directors shall set policies and ensure procedures are developed governing the expenditures of funds which are in compliance with the requirements of the department of corrections and the Code of Iowa.

40.4(5) The board of directors shall set policies and ensure procedures are developed governing the personnel employed by the judicial district department of correctional services.

40.4(6) The board of directors shall establish policies and ensure procedures are developed governing formal communications between the board and the staff.

40.4(7) The board of directors shall establish policies and ensure procedures are developed governing the training of staff.

40.4(8) The board of directors shall approve a table of organization reflecting current staffing of the judicial district department of correctional services.

40.4(9) The board of directors shall annually approve the budget and action plan of the judicial district department of correctional services which shall include the projected expenditures by program and identify the following source of revenue: (a) state purchase of services contract, (b) federal and local grants or contracts, (c) residential client fees, (d) county support, (e) interest, (f) other miscellaneous revenues.

40.4(10) One or more project advisory committees shall be established in accordance with Iowa Code chapter 905. The functions of the advisory committee(s) shall include, but need not be limited to, participation in and review of the district department's planning and program activities.

40.4(11) The judicial district board of directors shall decide whether to allow employees of the judicial district department of correctional services to carry a firearm while in performance of official duties. If the board allows employees to carry firearms, the judicial district board shall establish policies and ensure that procedures are developed governing the authorization of probation/parole officers and reserve peace officers subject to Iowa Code chapter 80D to carry a firearm while in performance of their duties. Policy shall specify when the possession of a weapon is appropriate and who may approve authorization to carry a weapon.

40.4(12) Through their approval, the director, Iowa department of corrections, and the Iowa corrections board shall ensure that the director of the district department of correctional services, of districts authorized to carry firearms, has written standards and procedures which regulate the safe conveying and use of firearms. The standards shall include, but not be limited to, the following:

a. Probation/parole officers and reserve peace officers subject to Iowa Code chapter 80D must have successfully completed the Iowa law enforcement academy curriculum prior to receiving authorization to carry a firearm. Probation/parole officers authorized to carry firearms prior to February 9, 2005, will be exempt from this paragraph.

b. An officer will not be given permission to carry a weapon unless the officer has successfully completed the requirements of Iowa Code chapter 724.

(1) In addition, the officer must show proficiency in the actual firing of a firearm as required for qualification on a qualified training course firing range.

(2) Officers holding valid permits to carry firearms shall requalify annually.

c. Weapons shall not be exhibited or used except in a perilous, life-threatening situation. Drawing, pointing, or discharging a weapon for effect or warning is prohibited.

d. The judicial district director shall maintain a list of all officers granted permission to carry a weapon. The list shall include the officer's name, permit number, dates of permit, place and dates of training, and caliber of weapon.

e. Permission granting an officer the right to carry a judicial district-purchased weapon shall be in writing.

f. Any officer who discharges a weapon shall submit a written report of the incident through the department of corrections critical incident reporting policy. The judicial district director shall file a report of the incident, the investigation, and the results of the investigation with the deputy director of CBCs within five days of the occurrence.

g. No officer shall be required to carry a firearm; however, refusal may affect job assignments.

h. Firearms shall be secured under lock and key when not in use in a location inaccessible to nonauthorized personnel.

[ARC 3929C, IAB 8/1/18, effective 9/5/18; see Delay note at end of chapter]

201—40.5(905) District director.

40.5(1) The department shall have procedures governing the personnel employed by the judicial district, and a system of fiscal accountability which ensures compliance with the requirements of the department of corrections and the Code of Iowa.

40.5(2) The director shall provide electronic access to the Code of Iowa and supplements thereof, the Iowa Administrative Code, and applicable federal regulations and shall prepare and maintain current a department of correctional services policies and procedures manual which shall include, but not be limited to, the following:

a. The written bylaws of the board of directors of the department of correctional services,

b. All departmental policies and procedures,

c. Written standard operating procedures governing the staff in the provision of services to clients,

d. A table of organization reflecting all positions employed within the department of correctional services,

e. Job descriptions of all positions employed within the department of correctional services,

f. A current pay plan.

40.5(3) The department shall ensure that an employee manual is readily accessible to all employees and shall include information which provides necessary guidance for the performance of the duties outlined in the employee's job description, personnel policies and procedures, and employee rights and responsibilities.

a. The district department shall have written policies and procedures which ensure that the district complies with the Iowa division of labor services' "Right to Know" rules, 875—Chapter 140.

b. The district department shall enter and maintain information required by the department of corrections statewide database application called the Iowa corrections offender network (ICON). That information will include all details necessary for the department of corrections to generate accurate and timely periodic statistical reports of district department, pretrial release, presentence investigations, field services workloads, residential facility occupancy, and specially funded treatment/monitoring programs. The district department shall devise and implement local policies and procedures to provide adequate training and support of data entry personnel and other end users, regularly audit data entry accuracy and timeliness and correct inaccurate or incomplete information discovered during that auditing process.

40.5(4) Written procedures shall exist concerning the security, maintenance, accessibility and destruction of case records.

40.5(5) The director shall ensure that there are written procedures governing the handling and dissemination of client file information, including access by the client, and the confidentiality of client records which comply with applicable state and federal laws.

40.5(6) The director shall maintain current documentation of inspection reports for all buildings under the director's purview which shall include when applicable, fire, building and health reports.

40.5(7) All reports required by the department of corrections shall be prepared and submitted on time in accordance with Iowa Code section 905.7.

40.5(8) The district department shall establish fiscal procedures in accordance with guidelines established by the department of corrections to ensure that funds generated from programs financed with state moneys or moneys collected by the use of state allocations be identified and expended to offset program costs as described and approved in the state purchase of service contract. All funds received by the district department and their source shall be reported to the department of corrections. All fund balances for the current fiscal year shall be reported by the district departments to the department of corrections quarterly on specific due dates. Funds so generated shall be expended during the fiscal year in which they are collected. However, such funds not expended during the fiscal year will be utilized by the judicial district department of correctional services to reduce budget requests for the subsequent fiscal year. All funds shall be applied as budgeted or be utilized as discretionary program funds with the approval of the department of corrections before applying other funds to an expenditure.

40.5(9) The district director shall administer the community-based corrections personnel classification system established by the district departments and the department of corrections and shall adhere to all salary ranges, policies, and procedures established for the purpose of implementing and maintaining the community-based corrections personnel classification manual.

The district director shall administer the collective bargaining contract and adhere to all policies and procedures established by the department of corrections and department of administrative services for contract administration.

Employee positions utilized by the district department shall be approved by the district board and the department of corrections through the purchase of service agreement. Any changes in the number and classification of positions authorized in the purchase of service agreement shall be approved by the district board and the department of corrections.

40.5(10) The district director shall administer preemployment testing to determine the suitability of applicants for corrections positions in district departments of correctional services in compliance with the Code of Iowa. Applicants, pursuant to the Code of Iowa, must satisfactorily complete mental fitness testing as approved by the department of corrections prior to hire. In addition, a background investigation and criminal records check will be completed on all hires.

[ARC 3929C, IAB 8/1/18, effective 9/5/18; see Delay note at end of chapter]

201—40.6 Infectious disease standard. Rescinded. IAB 3/20/91.

These rules are intended to implement Iowa Code chapters 905 and 907 and sections 908.11 and 910.5.

[Filed emergency 9/9/83—published 9/28/83, effective 10/1/83]

[Filed 11/18/83, Notice 9/28/83—published 12/7/83, effective 1/11/84]

[Filed 2/24/84, Notice 1/4/84—published 3/14/84, effective 7/1/84]

[Filed 5/4/84, Notice 2/15/84—published 5/23/84, effective 6/27/84]

[Filed 4/4/85, Notice 10/24/84—published 4/25/85, effective 5/29/85]

[Filed emergency after Notice 6/26/86, Notice 4/23/86—published 7/16/86, effective 6/26/86]

[Filed 12/21/87, Notice 7/1/87—published 1/13/88, effective 2/17/88]¹

[Filed 10/14/88, Notice 6/15/88—published 11/2/88, effective 12/7/88]

[Filed 3/31/89, Notice 12/28/88—published 4/19/89, effective 5/24/89]

[Filed emergency 2/20/91—published 3/20/91, effective 2/20/91]²

[Filed 3/26/93, Notice 11/11/92—published 4/14/93, effective 5/20/93]

[Filed 1/31/94, Notice 11/10/93—published 2/16/94, effective 3/23/94]

[Filed 12/14/04, Notice 10/13/04—published 1/5/05, effective 2/9/05]

[Filed ARC 3929C (Notice ARC 3806C, IAB 5/23/18), IAB 8/1/18, effective 9/5/18]³
[Filed ARC 5247C (Notice ARC 5145C, IAB 8/26/20), IAB 11/4/20, effective 12/9/20]

- ¹ Effective date of subrule 40.4(11) delayed 70 days by the Administrative Rules Review Committee at their February 11, 1988, meeting.
- ² Subrules 40.4(11) and 40.4(12) published as Notice of Intended Action, IAB 10/17/90.
- ³ September 5, 2018, effective date of ARC 3929C [amendments to chs 1, 5, 10, 11, 20, 38, 40, 41, 42, 43, 44, 45, 47, 50, 51] delayed 70 days by the Administrative Rules Review Committee at its meeting held August 14, 2018.

CHAPTER 47
OWI PROGRAMS

[Prior to 3/20/91, Corrections Department[291]]

201—47.1(904) OWI facilities.

47.1(1) Clients convicted of an offense under Iowa Code chapter 321J, sentenced to the custody of the director of corrections, and assigned to a continuum of programming, including treatment providers, residential facilities and institutions, for the supervision and treatment of clients shall be subject to the provisions of these rules and policies developed by the department of corrections.

47.1(2) The district department shall select appropriate facilities and treatment providers subject to the approval of the department of corrections, for the risk management and programming of clients defined in this chapter.

47.1(3) Any facility operated by a district department directly or through a contract shall comply with the provisions of 201—Chapters 40 and 43 and policies developed by the department of corrections to include all federal PREA standards.

47.1(4) All facilities and programs operated pursuant to this chapter shall be reviewed for approval by the department of corrections initially and every five years thereafter. A district department which fails to maintain compliance with this chapter shall be subject to the provisions of Iowa Code section 905.9.

47.1(5) Any program operated pursuant to this chapter shall comply with licensure standards for correctional facilities set forth in 641—Chapter 156 of the department of public health's rules.

47.1(6) The district director is responsible for all programs and clients that are subject to these rules and will develop consistent policies and procedures. Any change in the custody status of clients shall be approved by the department of corrections in consultation with a district department official.

[ARC 3929C, IAB 8/1/18, effective 9/5/18; see Delay note at end of chapter; ARC 5247C, IAB 11/4/20, effective 12/9/20]

201—47.2(904) Movement of clients.

47.2(1) The judicial district departments of correctional services and the department of corrections shall utilize standardized placement criteria founded on the presumption that assignment will be made to the least restrictive and most cost-effective component of the continuum for the purposes of risk management, substance abuse treatment, education, and employment. The continuum is defined as consisting of three basic components, namely (1) incarceration until released by the board of parole or expiration of sentence, (2) short-term incarceration for approximately 60 days with subsequent transfer to a community corrections OWI residential program with differential levels of treatment and intervention, and (3) direct placement to a community corrections OWI residential program with differential levels of treatment and intervention. The criteria established to determine continuum assignment consists of the client's previous criminal record, present charges and attitude toward treatment.

47.2(2) When there is insufficient bed space in the community-based correctional program to accommodate the client, the court may order the client to be released on personal recognizance or bond, released to the supervision of the judicial district department of correctional services, or held in jail.

47.2(3) Priority for placement in the treatment program shall be based on the date of institution admission or as soon as practical unless an exception is made by the department of corrections or district department for special circumstances.

47.2(4) When the client is sentenced to the director of the department of corrections and ordered to the supervision of the judicial district and space is not available in a community program, or supervision concerns arise, the district director or designee may request temporary placement at the Iowa medical and classification center (IMCC)/Iowa correctional institution for women (ICIW) for classification and assignment. Final approval is granted by the deputy director of community-based corrections or designee until space is available in the community program.

47.2(5) If medical conditions prohibit program participation and community resources, including University Hospitals, are not available to sufficiently meet client needs, the client may be assigned with the approval of the deputy director of community-based corrections or designee to the Iowa medical

and classification center (IMCC)/Iowa correctional institution for women (ICIW) for treatment until the client's health status permits placement into a community-based correctional program.

47.2(6) The transfer of clients placed with the department of corrections to community facilities may be delayed by the department of corrections for security or medical reasons. Clients with active detainers or clients refusing to participate in the program may be transferred to an institution.

47.2(7) Clients placed with the department of corrections shall typically transfer out of custody to their assigned facility unless an exception is required by the department of corrections.

47.2(8) The district department shall comply with established policies and develop procedures for the temporary confinement of clients who present a threat to the safety or security of the public, facility staff, or residents.

47.2(9) Clients housed in community facilities may be transferred to the Iowa medical and classification center (IMCC) or the Iowa correctional institution for women (ICIW) on the recommendation of the district director or designee and with the approval of the deputy director of institutions or designee for reclassification and assignment to an institution. Transfer recommendations may be made for security, disciplinary, treatment, medical, or legal reasons.

47.2(10) The district department shall maintain a current contingency plan to ensure the continuation of programs or custody of clients in the event of an emergency such as fire, tornado, chemical spill, or work stoppage.

47.2(11) Clients who have been housed in a community facility for substance abuse treatment, subsequently granted parole or work release, and said parole or work release is revoked, may be returned to the OWI Continuum, if eligible, or returned to the designated classification center for reclassification and placement in an institution.

[ARC 3929C, IAB 8/1/18, effective 9/5/18; see Delay note at end of chapter; ARC 5247C, IAB 11/4/20, effective 12/9/20]

201—47.3(904) Fiscal.

47.3(1) The district department shall submit an annual budget on the forms required by the department of corrections which includes a budget for all subcontractors participating in the program.

47.3(2) The district department shall maintain accounting records required by the department of corrections which account for revenues and expenditures of daily fees, interest, insurance reimbursement, and any other miscellaneous funds collected separately from appropriated funds.

47.3(3) The district department shall not enter into a subcontract for custody or treatment of clients without the written approval of the deputy director of community-based corrections.

a. Subcontractors shall be paid only for services provided on a reimbursement basis.

b. The district department shall not pay for substance abuse treatment otherwise available and funded from other sources.

c. The district department and any subcontractor shall, whenever possible, offset the cost of providing substance abuse treatment with third-party reimbursements.

d. The district department shall include, in any contract for housing or treatment, provisions to protect the district department and the department of corrections from liability arising from the actions of any subcontractor.

47.3(4) The district department shall maintain a schedule of daily fees to be assessed to clients.

47.3(5) Clients may not be denied services due to an inability to pay the daily fee.

47.3(6) The district department shall comply with established policies and develop procedures which require that all clients surrender their earnings to facility staff for the purpose of financial management and savings. Those policies and procedures shall provide for the proper accounting and disbursement of all client funds including, but not limited to, deduction of a daily fee where appropriate.

47.3(7) Upon request by the district director or designee, the county shall provide temporary confinement of clients allegedly violating the conditions of the assignment to a treatment program. The department of corrections shall negotiate a reimbursement rate with each county for the temporary confinement of clients.

47.3(8) A county holding clients ordered to jail due to insufficient space in a community-based corrections program will be reimbursed by the department of corrections.

47.3(9) If a client escapes or participates in an act of absconding from the facility to which the client is assigned, the client shall reimburse the department of corrections for the cost of transportation. [ARC 9097B, IAB 9/22/10, effective 10/27/10; ARC 3929C, IAB 8/1/18, effective 9/5/18; see Delay note at end of chapter]

201—47.4(904) Program structure.

47.4(1) The district department shall provide 24-hour housing and supervision of clients either directly or through a contract with other agencies or individuals.

47.4(2) Each client shall sign a supervision agreement approved by the department of corrections. Failure to sign said agreement or abide by the requirements therein shall constitute reason to recommend returning the client to an institution.

47.4(3) The district department shall ensure that all clients are involved in an appropriate continuum of programming which has been approved by the department of corrections.

47.4(4) Reserved.

47.4(5) The district department shall ensure, to the extent possible, that all capable clients are employed a minimum of 30 hours per week.

47.4(6) The district department shall comply with established policies and procedures to allow clients to leave the facility for treatment, employment, and food service when those activities are not provided at the facility. In all other circumstances, clients may only leave the facility without supervision in accordance with department of corrections furlough procedures.

47.4(7) The district department, or subcontractor, shall utilize the department of corrections policies and procedures concerning client discipline.

47.4(8) Each district department shall have policies and procedures for a restitution plan of payment for each client entering the program. Said policies and procedures shall comply with the Code of Iowa and local judicial procedure. Restitution payments shall be an integral part of each client's financial management.

47.4(9) The district department shall comply with established policies and develop procedures to ensure that the clients who are identified as needing continuing care receive follow-up treatment according to their identified needs. The client will receive correctional supervision following release from the facility unless the client's sentence has legally expired.

47.4(10) The district department shall have written policies and procedures which govern the medical care of OWI clients in case of emergencies, sudden illnesses, accidents, or death.

47.4(11) The district department shall comply with established policies and develop procedures to ensure that a report of violations and a transfer classification decision are completed timely on all clients who fail to satisfactorily complete the program and who are being recommended for placement at the Iowa medical and classification center/Iowa correctional institution for women.

47.4(12) The district department shall comply with established policies and develop procedures and criteria for recommending parole from the facility which shall include the completion of a department of corrections-approved continuum of programming.

47.4(13) Each client shall be awarded earned time in accordance with department of corrections policies and procedures. The district director or designee may recommend the loss of earned time pursuant to the same policy.

47.4(14) The district department shall comply with established policies and develop procedures which provide for visitation of clients. However, visiting privileges may be limited to the extent necessary for treatment, security, or management reasons.

47.4(15) Reserved.

47.4(16) The district department shall maintain and make available to the department of corrections requested data for the purpose of evaluating the facility and program.

47.4(17) The district department shall comply with established policies and develop procedures for addressing an escape when a client is absent from the facility without authorization or there is probable cause to believe the client is taking flight or involved in criminal activity.

[ARC 9097B, IAB 9/22/10, effective 10/27/10; ARC 3929C, IAB 8/1/18, effective 9/5/18; see Delay note at end of chapter]

These rules are intended to implement Iowa Code section 904.513.

[Filed emergency 3/4/88—published 3/23/88, effective 3/4/88]

[Filed emergency 2/20/91—published 3/20/91, effective 2/20/91]

[Filed 7/17/92, Notice 4/1/92—published 8/5/92, effective 9/9/92]

[Filed 11/17/04, Notice 9/15/04—published 12/8/04, effective 1/12/05]

[Filed ARC 9097B (Notice ARC 8926B, IAB 7/14/10), IAB 9/22/10, effective 10/27/10]

[Filed ARC 3929C (Notice ARC 3806C, IAB 5/23/18), IAB 8/1/18, effective 9/5/18]¹

[Filed ARC 5247C (Notice ARC 5145C, IAB 8/26/20), IAB 11/4/20, effective 12/9/20]

¹ September 5, 2018, effective date of ARC 3929C [amendments to chs 1, 5, 10, 11, 20, 38, 40, 41, 42, 43, 44, 45, 47, 50, 51] delayed 70 days by the Administrative Rules Review Committee at its meeting held August 14, 2018.

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.

TITLE I

GENERAL DEPARTMENTAL PROCEDURES

CHAPTER 1

DEPARTMENTAL ORGANIZATION AND PROCEDURES

- 1.1(17A) Director
- 1.2(17A) Council
- 1.3(17A) Organization at state level
- 1.4(17A) Field operations structure
- 1.5 Reserved
- 1.6(17A) Mental health and developmental disabilities commission
- 1.7(17A) Governor's developmental disabilities council (governor's DD council)
- 1.8(17A,217) Waivers of administrative rules (hereinafter referred to as exceptions to policy)
- 1.9 Reserved
- 1.10(17A,514I) HAWK-I board

CHAPTER 2

CONTRACTING OUT DEPARTMENT OF HUMAN SERVICES EMPLOYEES AND PROPERTY

- 2.1(23A,225C) Definitions
- 2.2(23A,225C) Contracts for use of the services of department employees
- 2.3(23A,225C) Contract provisions
- 2.4(23A,225C) Leasing of space at state institutions
- 2.5(23A,225C) Requirements prior to leasing

CHAPTER 3

DEPARTMENT PROCEDURE FOR RULE MAKING

- 3.1(17A) Applicability
- 3.2(17A) Advice on possible rules before notice of proposed rule adoption
- 3.3(17A) Public rule-making docket
- 3.4(17A) Notice of proposed rule making
- 3.5(17A) Public participation
- 3.6(17A) Regulatory analysis
- 3.7(17A,25B) Fiscal impact statement
- 3.8(17A) Time and manner of rule adoption
- 3.9(17A) Variance between adopted rule and published notice of proposed rule adoption
- 3.10(17A) Exemptions from public rule-making procedures
- 3.11(17A) Concise statement of reasons
- 3.12(17A) Contents, style, and form of rule
- 3.13(17A) Department rule-making record
- 3.14(17A) Filing of rules
- 3.15(17A) Effectiveness of rules prior to publication
- 3.16(17A) Review by department of rules

CHAPTER 4

PETITIONS FOR RULE MAKING

- 4.1(17A) Petition for rule making
- 4.2(17A) Briefs

- 4.3(17A) Inquiries
- 4.4(17A) Agency consideration

CHAPTER 5
DECLARATORY ORDERS

- 5.1(17A) Petition for declaratory order
- 5.2(17A) Notice of petition
- 5.3(17A) Intervention
- 5.4(17A) Briefs
- 5.5(17A) Inquiries
- 5.6(17A) Service and filing of petitions and other papers
- 5.7(17A) Consideration
- 5.8(17A) Action on petition
- 5.9(17A) Refusal to issue order
- 5.10(17A) Contents of declaratory order—effective date
- 5.11(17A) Copies of orders
- 5.12(17A) Effect of a declaratory order

CHAPTER 6
Reserved

CHAPTER 7
APPEALS AND HEARINGS

- 7.1(17A) Definitions
- 7.2(17A) Governing law and regulations

DIVISION I
GENERAL APPEALS PROCESS

- 7.3(17A) When a contested case hearing will be granted
- 7.4(17A) Initiating an appeal
- 7.5(17A) How to request an appeal
- 7.6(17A) Prehearing procedures
- 7.7(17A) Timelines for contested case hearings
- 7.8(17A) Contested case hearing procedures
- 7.9(17A) Miscellaneous rules governing contested case hearings
- 7.10(17A) Proposed decision
- 7.11(17A) Director's review
- 7.12(17A) Final decisions
- 7.13(17A) Expedited review
- 7.14(17A) Effect
- 7.15(17A) Calculating time
- 7.16(17A) Authorized representatives
- 7.17(17A) Continuation and reinstatement of benefits
- 7.18(17A) Emergency adjudicative proceedings
- 7.19 to 7.40 Reserved

DIVISION II
APPEALS BASED ON THE COMPETITIVE PROCUREMENT BID PROCESS

- 7.41(17A) Scope, bidder and applicability
- 7.42(17A) Requests for timely filing of an appeal
- 7.43(17A) Bidder appeals
- 7.44(17A) Procedures for bidder appeal
- 7.45(17A) Stay of agency action for bidder appeal
- 7.46(17A) Request for review of the proposed decision
- 7.47(17A) Other procedural considerations

- 7.48(17A) Appeal record
- 7.49(17A) Pleadings
- 7.50(17A) Ex parte communications
- 7.51(17A) Right of judicial review

CHAPTER 8
PAYMENT OF SMALL CLAIMS

- 8.1(217) Authorization to reimburse

CHAPTER 9
PUBLIC RECORDS AND FAIR
INFORMATION PRACTICES

- 9.1(17A,22) Definitions
- 9.2(17A,22) Statement of policy
- 9.3(17A,22) Requests for access to records
- 9.4(17A,22) Access to confidential records
- 9.5(17A,22) Requests for treatment of a record as a confidential record and its withholding from examinations
- 9.6(17A,22) Procedure by which additions, dissents, or objections may be entered into certain records
- 9.7(17A,22,228) Consent to disclosure by the subject of a confidential record
- 9.8(17A,22) Notice to suppliers of information
- 9.9(17A,22) Release to subject
- 9.10(17A,22) Use and disclosure without consent of the subject
- 9.11(22) Availability of records
- 9.12(22,252G) Personally identifiable information
- 9.13(217) Distribution of informational materials
- 9.14(17A,22) Special policies and procedures for protected health information
- 9.15(17A,22) Person who may exercise rights of the subject

CHAPTER 10
Reserved

CHAPTER 11
COLLECTION OF PUBLIC ASSISTANCE DEBTS

- 11.1(217) Definitions
- 11.2(217) Establishment of claim
- 11.3(217) Application of payment
- 11.4(217) Setoff against state income tax refund, rebate, or other state payments, including, for example, state employee wages
- 11.5(234) Setoff against federal income tax refund or other federal payments, including, for example, federal employee wages

CHAPTER 12
VOLUNTEER SERVICES

- 12.1(234) Definition
- 12.2(234) Allocation of block grant funds
- 12.3(234) Requirements for volunteers
- 12.4(234) Volunteer service programs
- 12.5(234) Services and benefits available to volunteers

CHAPTER 13
PROGRAM EVALUATION

- 13.1(234,239B,249A,514I) Definitions
- 13.2(234,239B,249A,514I) Review of public assistance records by the department
- 13.3(234,239B,249A,514I) Who shall be reviewed
- 13.4(234,239B,249A,514I) Notification of review
- 13.5(234,239B,249A,514I) Review procedure
- 13.6(234) Failure to cooperate
- 13.7(234,239B,249A,514I) Report of findings
- 13.8(234,237A,239B,249A,514I) Federal rereview

CHAPTER 14
OFFSET OF COUNTY DEBTS OWED DEPARTMENT

- 14.1(217,234) Definitions
- 14.2(217,234) Identifying counties with liabilities
- 14.3(217,234) List of counties with amounts owed
- 14.4(217,234) Notification to county regarding offset
- 14.5(217,234) Implementing the final decision
- 14.6(217,234) Offset completed

CHAPTER 15
Reserved

CHAPTER 16
NOTICES

- 16.1(17A) Definitions
- 16.2(17A) Governing laws and regulations
- 16.3(17A) Notices

TITLE II

CHAPTERS 17 to 21
Reserved

TITLE III
MENTAL HEALTH

CHAPTER 22
AUTISM SUPPORT PROGRAM

- 22.1(225D) Definitions
- 22.2(225D) Eligibility and application requirements
- 22.3(225D) Cost-sharing requirements and graduated schedule of cost sharing
- 22.4(225D) Review of financial eligibility, cost-sharing requirements, exemption from cost sharing, and disenrollment in the program
- 22.5(225D) Initial service authorization and renewal of service authorization
- 22.6(225D) Provider network
- 22.7(225D) Financial management of the program
- 22.8(225D) Appeal

CHAPTER 23
Reserved

CHAPTER 24
ACCREDITATION OF PROVIDERS OF SERVICES TO PERSONS WITH MENTAL ILLNESS,
INTELLECTUAL DISABILITIES, OR DEVELOPMENTAL DISABILITIES

DIVISION I
SERVICES FOR INDIVIDUALS WITH DISABILITIES

24.1(225C)	Definitions
24.2(225C)	Standards for policy and procedures
24.3(225C)	Standards for organizational activities
24.4(225C)	Standards for services
24.5(225C)	Accreditation
24.6(225C)	Deemed status
24.7(225C)	Complaint process
24.8(225C)	Appeal procedure
24.9(225C)	Exceptions to policy
24.10 to 24.19	Reserved

DIVISION II
CRISIS RESPONSE SERVICES

24.20(225C)	Definitions
24.21(225C)	Standards for crisis response services
24.22(225C)	Standards for policies and procedures
24.23(225C)	Standards for organizational activities
24.24(225C)	Standards for crisis response staff
24.25(225C)	Standards for services
24.26(225C)	Accreditation
24.27(225C)	Deemed status
24.28(225C)	Complaint process
24.29(225C)	Appeal procedure
24.30(225C)	Exceptions to policy
24.31(225C)	Standards for individual crisis response services
24.32(225C)	Crisis evaluation
24.33(225C)	Twenty-four-hour crisis response
24.34(225C)	Twenty-four-hour crisis line
24.35(225C)	Warm line
24.36(225C)	Mobile response
24.37(225C)	Twenty-three-hour crisis observation and holding
24.38(225C)	Crisis stabilization community-based services (CSCBS)
24.39(225C)	Crisis stabilization residential services (CSRS)
24.40(225C)	Medication—administration, storage and documentation

CHAPTER 25
DISABILITY SERVICES MANAGEMENT

DIVISION I
REGIONAL SERVICES

25.1(331)	Definitions
25.2(331)	Core service domains
25.3(331)	Implementation dates
25.4(331)	Access standards
25.5(331)	Practices
25.6(331)	Intensive mental health services
25.7(331)	Non-core services
25.8 to 25.10	Reserved

DIVISION II
REGIONAL SERVICE SYSTEM

25.11(331)	Definitions
25.12(331)	Regional governance structure
25.13(331)	Regional finances
25.14(331)	Regional governance agreement
25.15(331)	Eligibility, diagnosis, and functional assessment criteria
25.16(331)	Financial eligibility requirements
25.17(331)	Exempted counties
25.18(331)	Annual service and budget plan
25.19(331)	Annual service and budget plan approval
25.20(331)	Annual report
25.21(331)	Policies and procedures manual for the regional service system
25.22 to 25.40	Reserved

DIVISION III
MINIMUM DATA SET

25.41(331)	Minimum data set
25.42 to 25.50	Reserved

DIVISION IV
MENTAL HEALTH ADVOCATES

25.51(229)	Definitions
25.52(229)	Advocate appointment and qualifications
25.53(229)	Advocate assignment
25.54(229)	Advocate responsibilities
25.55(229)	County responsibilities
25.56(229)	Data collection requirements
25.57(229)	Quality assurance system

CHAPTERS 26 and 27
Reserved

CHAPTER 28
POLICIES FOR MENTAL HEALTH
INSTITUTES AND RESOURCE CENTERS

28.1(218)	Definitions
28.2(218,222)	Selection of facility
28.3	Reserved
28.4(225C,229)	Grievances
28.5(217,218)	Photographing and recording of individuals and use of cameras
28.6(217,218)	Interviews and statements
28.7(218)	Use of grounds, facilities, or equipment
28.8(218)	Tours of facility
28.9(218)	Donations
28.10 and 28.11	Reserved
28.12(217)	Release of confidential information
28.13(218)	Applying county institutional credit balances

CHAPTER 29
MENTAL HEALTH INSTITUTES

29.1(218)	Catchment areas
29.2(218,229)	Voluntary admissions
29.3(229,230)	Certification of county of residence
29.4(218,230)	Charges for care

- 29.5(229) Authorization for treatment
- 29.6(217,228,229) Rights of individuals
- 29.7(218) Visiting

CHAPTER 30
STATE RESOURCE CENTERS

- 30.1(218,222) Catchment areas
- 30.2(218,222) Admission
- 30.3(222) Non-Medicaid payment-eligible individuals
- 30.4(222) Liability for support
- 30.5(217,218,225C) Rights of individuals
- 30.6(218) Visiting

CHAPTER 31
CIVIL COMMITMENT UNIT

- 31.1(229A) Definitions
- 31.2(229A) Visitation
- 31.3(229A) Group visitation
- 31.4(229A) Grievances
- 31.5(229A) Photographing and recording individuals
- 31.6(229A) Release of information
- 31.7(229A) Communication with individuals
- 31.8(229A) Building and grounds
- 31.9(8,218) Gifts and bequests
- 31.10(229A) Cost of care

CHAPTERS 32 and 33
Reserved

CHAPTER 34
ALTERNATIVE DIAGNOSTIC FACILITIES

- 34.1(225C) Definitions
- 34.2(225C) Function
- 34.3(225C) Standards

CHAPTER 35
Reserved

CHAPTER 36
FACILITY ASSESSMENTS

DIVISION I
ASSESSMENT FEE FOR INTERMEDIATE CARE FACILITIES FOR PERSONS WITH AN INTELLECTUAL DISABILITY

- 36.1(249A) Assessment of fee
- 36.2(249A) Determination and payment of fee
- 36.3 Reserved
- 36.4(249A) Termination of fee assessment
- 36.5 Reserved

- DIVISION II
QUALITY ASSURANCE ASSESSMENT FOR NURSING FACILITIES
- 36.6(249L) Assessment
 - 36.7(249L) Determination and payment of assessment
 - 36.8 and 36.9 Reserved

DIVISION III
HEALTH CARE ACCESS ASSESSMENT FOR HOSPITALS

- 36.10(249M) Application of assessment
36.11(249M) Determination and payment of assessment
36.12(249M) Termination of health care access assessment

CHAPTER 37
Reserved

CHAPTER 38
DEVELOPMENTAL DISABILITIES BASIC STATE GRANT

- 38.1(225C,217) Definitions
38.2(225C,217) Program eligibility
38.3(225C,217) Contracts
38.4(225C,217) Conflict of interest policy

CHAPTER 39
Reserved

TITLE IV
FAMILY INVESTMENT PROGRAM

CHAPTER 40
APPLICATION FOR AID

DIVISION I
FAMILY INVESTMENT PROGRAM—CONTROL GROUP

- 40.1 to 40.20 Reserved

DIVISION II
FAMILY INVESTMENT PROGRAM—TREATMENT GROUP

- 40.21(239B) Definitions
40.22(239B) Application
40.23(239B) Date of application
40.24(239B) Procedure with application
40.25(239B) Time limit for decision
40.26(239B) Effective date of grant
40.27(239B) Continuing eligibility
40.28(239B) Referral for investigation

CHAPTER 41
GRANTING ASSISTANCE

DIVISION I
FAMILY INVESTMENT PROGRAM—
CONTROL GROUP

- 41.1 to 41.20 Reserved

DIVISION II
FAMILY INVESTMENT PROGRAM—TREATMENT GROUP

- 41.21(239B) Eligibility factors specific to child
41.22(239B) Eligibility factors specific to payee
41.23(239B) Home, residence, citizenship, and alienage
41.24(239B) Promoting independence and self-sufficiency through employment job opportunities and basic skills (PROMISE JOBS) program
41.25(239B) Uncategorized factors of eligibility
41.26(239B) Resources
41.27(239B) Income

41.28(239B) Need standards
 41.29(239B) Composite FIP/SSI cases
 41.30(239B) Time limits

CHAPTER 42

Reserved

CHAPTER 43 ALTERNATE PAYEES

DIVISION I

FAMILY INVESTMENT PROGRAM—CONTROL GROUP

43.1 to 43.20 Reserved

DIVISION II

FAMILY INVESTMENT PROGRAM—TREATMENT GROUP

43.21(239B) Conservatorship or guardianship
 43.22 and 43.23 Reserved
 43.24(239B) Emergency payee

CHAPTER 44

Reserved

CHAPTER 45

PAYMENT

DIVISION I

FAMILY INVESTMENT PROGRAM—CONTROL GROUP

45.1 to 45.20 Reserved

DIVISION II

FAMILY INVESTMENT PROGRAM—TREATMENT GROUP

45.21(239B) Issuing payment
 45.22(239B) Return
 45.23(239B) Held warrants
 45.24(239B) Underpayment
 45.25(239B) Deceased payees
 45.26(239B) Limitation on payment
 45.27(239B) Rounding of need standard and payment amount

CHAPTER 46

OVERPAYMENT RECOVERY

DIVISION I

FAMILY INVESTMENT PROGRAM—CONTROL GROUP

46.1 to 46.20 Reserved

DIVISION II

FAMILY INVESTMENT PROGRAM—TREATMENT GROUP

46.21(239B) Definitions
 46.22(239B) Monetary standards
 46.23(239B) Notification and appeals
 46.24(239B) Determination of overpayments
 46.25(239B) Source of recoupment
 46.26 Reserved
 46.27(239B) Procedures for recoupment
 46.28 Reserved
 46.29(239B) Fraudulent misrepresentation of residence

CHAPTER 47
DIVERSION INITIATIVES

DIVISION I
PROMOTING AWARENESS OF THE BENEFITS OF A HEALTHY MARRIAGE

- 47.1(234) Eligibility criteria
47.2(234) Notice and eligibility period
47.3 to 47.20 Reserved

DIVISION II
FAMILY SELF-SUFFICIENCY GRANTS PROGRAM

- 47.21(239B) Definitions
47.22(239B) Availability of the family self-sufficiency grants program
47.23(239B) General criteria
47.24(239B) Assistance available in family self-sufficiency grants
47.25(239B) Application, notification, and appeals
47.26(239B) Approved local plans for family self-sufficiency grants
47.27(239B) Evaluation of family self-sufficiency grants
47.28(239B) Recovery of FSSG overpayments

CHAPTERS 48 and 49

Reserved

TITLE V
STATE SUPPLEMENTARY ASSISTANCE

CHAPTER 50
APPLICATION FOR ASSISTANCE

- 50.1(249) Definitions
50.2(249) Application procedures
50.3(249) Approval of application and effective date of eligibility
50.4(249) Reviews
50.5(249) Application under conditional benefits

CHAPTER 51
ELIGIBILITY

- 51.1(249) Application for other benefits
51.2(249) Supplementation
51.3(249) Eligibility for residential care
51.4(249) Dependent relatives
51.5(249) Residence
51.6(249) Eligibility for supplement for Medicare and Medicaid eligibles
51.7(249) Income from providing room and board
51.8(249) Furnishing of social security number
51.9(249) Recovery

CHAPTER 52
PAYMENT

- 52.1(249) Assistance standards

CHAPTER 53
Reserved

CHAPTER 54
FACILITY PARTICIPATION

- 54.1(249) Application and contract agreement
- 54.2(249) Maintenance of case records
- 54.3(249) Payment for residential care facilities
- 54.4(249) Goods and services provided
- 54.5(249) Personal needs account
- 54.6(249) Case activity report
- 54.7(249) Billing procedures
- 54.8(249) Audits

TITLE VI
GENERAL PUBLIC ASSISTANCE PROVISIONS

CHAPTERS 55 and 56
Reserved

CHAPTER 57
INTERIM ASSISTANCE REIMBURSEMENT

- 57.1(249) Definitions
- 57.2(249) Requirements for reimbursement
- 57.3(249) Certificate of authority

CHAPTER 58
EMERGENCY ASSISTANCE

DIVISION I
IOWA DISASTER AID INDIVIDUAL ASSISTANCE GRANT PROGRAM

- 58.1(29C) Definitions
- 58.2(29C) Program implementation
- 58.3(29C) Application for assistance
- 58.4(29C) Eligibility criteria
- 58.5(29C) Eligible categories of assistance
- 58.6(29C) Eligibility determination and payment
- 58.7(29C) Contested cases
- 58.8(29C) Discontinuance of program
- 58.9 to 58.20 Reserved

DIVISION II
IOWA DISASTER CASE MANAGEMENT

- 58.21(29C) Purpose
- 58.22(29C) Definitions
- 58.23(29C) Program implementation
- 58.24(29C) Eligibility criteria
- 58.25(29C) Services
- 58.26(29C) Disaster-caused unmet needs
- 58.27(29C) Resources
- 58.28(29C) Standards and policies
- 58.29(29C) Planning and training
- 58.30(29C) Payment for services
- 58.31(29C) Contested cases

CHAPTER 59
Reserved

CHAPTER 60
REFUGEE CASH ASSISTANCE

60.1(217)	Alienage requirements
60.2(217)	Application procedures
60.3(217)	Effective date of grant
60.4(217)	Accepting other assistance
60.5(217)	Eligibility factors
60.6(217)	Students in institutions of higher education
60.7(217)	Time limit for eligibility
60.8(217)	Criteria for exemption from registration for employment services, registration, and refusal to register
60.9(217)	Work and training requirements
60.10(217)	Uncategorized factors of eligibility
60.11(217)	Temporary absence from home
60.12(217)	Application
60.13(217)	Continuing eligibility
60.14(217)	Alternate payees
60.15(217)	Payment
60.16(217)	Overpayment recovery

CHAPTER 61
REFUGEE SERVICES PROGRAM

61.1(217)	Definitions
61.2(217)	Authority
61.3(217)	Eligibility for refugee services
61.4(217)	Planning and coordinating the placement of refugees in advance of their arrival
61.5(217)	Services of the department available for refugees
61.6(217)	Provision of services
61.7(217)	Application for services
61.8(217)	Adverse service actions
61.9(217)	Client appeals
61.10(217)	Refugee sponsors
61.11(217)	Adverse actions regarding sponsor applications
61.12(217)	Administrative review of denial of sponsorship application
61.13(217)	Refugee resettlement moneys
61.14(217)	Unaccompanied refugee minors program
61.15(217,622A)	Interpreters and translators for legal proceedings
61.16(217)	Pilot recredentialing services
61.17(217)	Targeted assistance grants
61.18(217)	Iowa refugee services foundation

CHAPTERS 62 to 64
Reserved

TITLE VII
FOOD PROGRAMS

CHAPTER 65
FOOD ASSISTANCE PROGRAM ADMINISTRATION

DIVISION I

65.1(234)	Definitions
65.2(234)	Application
65.3(234)	Administration of program

65.4(234)	Issuance
65.5(234)	Simplified reporting
65.6(234)	Delays in certification
65.7	Reserved
65.8(234)	Deductions
65.9(234)	Treatment centers and group living arrangements
65.10	Reserved
65.11(234)	Discrimination complaint
65.12(234)	Appeals
65.13(234)	Joint processing
65.14	Reserved
65.15(234)	Proration of benefits
65.16(234)	Complaint system
65.17(234)	Involvement in a strike
65.18 and 65.19	Reserved
65.20(234)	Notice of expiration issuance
65.21(234)	Claims
65.22(234)	Verification
65.23(234)	Prospective budgeting
65.24(234)	Inclusion of foster children in household
65.25(234)	Effective date of change
65.26(234)	Eligible students
65.27(234)	Voluntary quit or reduction in hours of work
65.28(234)	Work requirements
65.29(234)	Income
65.30(234)	Resources
65.31(234)	Homeless meal providers
65.32(234)	Basis for allotment
65.33(234)	Dependent care deduction
65.34 to 65.36	Reserved
65.37(234)	Eligibility of noncitizens
65.38(234)	Income deductions
65.39(234)	Categorical eligibility
65.40	Reserved
65.41(234)	Actions on changes increasing benefits
65.42 and 65.43	Reserved
65.44(234)	Reinstatement
65.45	Reserved
65.46(234)	Disqualifications
65.47 to 65.49	Reserved
65.50(234)	No increase in benefits
65.51(234)	State income and eligibility verification system
65.52(234)	Systematic alien verification for entitlements (SAVE) program

CHAPTER 66

EMERGENCY FOOD ASSISTANCE PROGRAM

66.1(234)	Definitions
66.2(234)	Application to be a TEFAP contractor
66.3(234)	Contracts
66.4(234)	Distribution
66.5(234)	Household eligibility
66.6(234)	Reimbursement for allowable costs

66.7(234)	Commodity losses and claims
66.8(234)	State monitoring
66.9(234)	Limits on unrelated activities
66.10(234)	Complaints

CHAPTERS 67 to 72

Reserved

TITLE VIII

MEDICAL ASSISTANCE

CHAPTER 73

MANAGED CARE

73.1(249A)	Definitions
73.2(249A)	Contracts with a managed care organization
73.3(249A)	Enrollment
73.4(249A)	Disenrollment process
73.5(249A)	Covered services
73.6(249A)	Amount, duration and scope of services
73.7(249A)	Emergency services
73.8(249A)	Access to service
73.9(249A)	Incident reporting
73.10(249A)	Discharge planning
73.11(249A)	Level of care assessment and annual reviews
73.12(249A)	Appeal of managed care organization actions
73.13(249A)	Appeal to department
73.14(249A)	Continuation of benefits
73.15(249A)	Grievances
73.16(249A)	Written record
73.17(249A)	Information concerning procedures relating to the review of managed care organization decisions and actions
73.18(249A)	Records and reports
73.19(249A)	Audits
73.20(249A)	Marketing
73.21(249A)	Enrollee education
73.22(249A)	Payment to the managed care organization
73.23(249A)	Claims payment by the managed care organization
73.24(249A)	Quality assurance
73.25(249A)	Certifications and program integrity

CHAPTER 74

IOWA HEALTH AND WELLNESS PLAN

74.1(249A,85GA,SF446)	Definitions
74.2(249A,85GA,SF446)	Eligibility factors
74.3(249A,85GA,SF446)	Application
74.4(249A,85GA,SF446)	Financial eligibility
74.5(249A,85GA,SF446)	Enrollment period
74.6(249A,85GA,SF446)	Reporting changes
74.7(249A,85GA,SF446)	Reenrollment
74.8(249A,85GA,SF446)	Terminating enrollment
74.9(249A,85GA,SF446)	Recovery
74.10(249A,85GA,SF446)	Right to appeal
74.11(249A,85GA,SF446)	Financial participation
74.12(249A,85GA,SF446)	Benefits and service delivery

74.13(249A,85GA,SF446) Claims and reimbursement methodologies

74.14(249A,85GA,SF446) Discontinuance of program

CHAPTER 75 CONDITIONS OF ELIGIBILITY

DIVISION I

GENERAL CONDITIONS OF ELIGIBILITY, COVERAGE GROUPS, AND SSI-RELATED PROGRAMS

75.1(249A)	Persons covered
75.2(249A)	Medical resources
75.3(249A)	Acceptance of other financial benefits
75.4(249A)	Medical assistance lien
75.5(249A)	Determination of countable income and resources for persons in a medical institution
75.6(249A)	Entrance fee for continuing care retirement community or life care community
75.7(249A)	Furnishing of social security number
75.8(249A)	Medical assistance corrective payments
75.9(249A)	Treatment of Medicaid qualifying trusts
75.10(249A)	Residency requirements
75.11(249A)	Citizenship or alienage requirements
75.12(249A)	Inmates of public institutions
75.13(249A)	Categorical relatedness
75.14(249A)	Establishing paternity and obtaining support
75.15(249A)	Disqualification for long-term care assistance due to substantial home equity
75.16(249A)	Client participation in payment for medical institution care
75.17(249A)	Verification of pregnancy
75.18(249A)	Continuous eligibility for pregnant women
75.19(249A)	Continuous eligibility for children
75.20(249A)	Disability requirements for SSI-related Medicaid
75.21(249A)	Health insurance premium payment (HIP) program
75.22(249A)	AIDS/HIV health insurance premium payment program
75.23(249A)	Disposal of assets for less than fair market value after August 10, 1993
75.24(249A)	Treatment of trusts established after August 10, 1993
75.25(249A)	Definitions
75.26	Reserved
75.27(249A)	AIDS/HIV settlement payments
75.28(249A)	Recovery
75.29(249A)	Investigation by quality control or the department of inspections and appeals
75.30 to 75.49	Reserved

DIVISION II

ELIGIBILITY FACTORS SPECIFIC TO COVERAGE GROUPS RELATED TO THE FAMILY MEDICAL ASSISTANCE PROGRAM (FMAP)

75.50(249A)	Definitions
75.51	Reserved
75.52(249A)	Continuing eligibility
75.53(249A)	Iowa residency policies specific to FMAP and FMAP-related coverage groups
75.54(249A)	Eligibility factors specific to child
75.55(249A)	Eligibility factors specific to specified relatives
75.56(249A)	Resources
75.57(249A)	Income
75.58(249A)	Need standards

- 75.59(249A) Persons who may be voluntarily excluded from the eligible group when determining eligibility for the family medical assistance program (FMAP) and FMAP-related coverage groups
- 75.60(249A) Pending SSI approval
- 75.61 to 75.69 Reserved

DIVISION III
FINANCIAL ELIGIBILITY BASED ON MODIFIED ADJUSTED GROSS INCOME (MAGI)

- 75.70(249A) Financial eligibility based on modified adjusted gross income (MAGI)
- 75.71(249A) Income limits

CHAPTER 76
ENROLLMENT AND REENROLLMENT

- 76.1(249A) Definitions
- 76.2(249A) Application with the department
- 76.3(249A) Referrals from a health insurance marketplace
- 76.4(249A) Express lane eligibility
- 76.5(249A) Enrollment through SSI
- 76.6(249A) Referral for Medicare savings program
- 76.7(249A) Presumptive eligibility
- 76.8(249A) Applicant responsibilities
- 76.9(249A) Responsible persons and authorized representatives
- 76.10(249A) Right to withdraw the application
- 76.11(249A) Choice of electronic notifications
- 76.12(249A) Application not required
- 76.13(249A) Initial enrollment
- 76.14(249A) Reenrollment
- 76.15(249A) Report of changes
- 76.16(249A) Action on information received
- 76.17(249A) Automatic redetermination of eligibility

CHAPTER 77
CONDITIONS OF PARTICIPATION FOR PROVIDERS
OF MEDICAL AND REMEDIAL CARE

- 77.1(249A) Physicians
- 77.2(249A) Retail pharmacies
- 77.3(249A) Hospitals
- 77.4(249A) Dentists
- 77.5(249A) Podiatrists
- 77.6(249A) Optometrists
- 77.7(249A) Opticians
- 77.8(249A) Chiropractors
- 77.9(249A) Home health agencies
- 77.10(249A) Medical equipment and appliances, prosthetic devices and medical supplies
- 77.11(249A) Ambulance service
- 77.12(249A) Behavioral health intervention
- 77.13(249A) Hearing aid dispensers
- 77.14(249A) Audiologists
- 77.15(249A) Community mental health centers
- 77.16(249A) Screening centers
- 77.17(249A) Physical therapists
- 77.18(249A) Orthopedic shoe dealers and repair shops
- 77.19(249A) Rehabilitation agencies

77.20(249A)	Independent laboratories
77.21(249A)	Rural health clinics
77.22(249A)	Psychologists
77.23(249A)	Maternal health centers
77.24(249A)	Ambulatory surgical centers
77.25(249A)	Home- and community-based habilitation services
77.26(249A)	Behavioral health services
77.27(249A)	Birth centers
77.28(249A)	Area education agencies
77.29(249A)	Case management provider organizations
77.30(249A)	HCBS health and disability waiver service providers
77.31(249A)	Occupational therapists
77.32(249A)	Hospice providers
77.33(249A)	HCBS elderly waiver service providers
77.34(249A)	HCBS AIDS/HIV waiver service providers
77.35(249A)	Federally qualified health centers
77.36(249A)	Advanced registered nurse practitioners
77.37(249A)	Home- and community-based services intellectual disability waiver service providers
77.38(249A)	Assertive community treatment
77.39(249A)	HCBS brain injury waiver service providers
77.40(249A)	Lead inspection agencies
77.41(249A)	HCBS physical disability waiver service providers
77.42(249A)	Public health agencies
77.43(249A)	Infant and toddler program providers
77.44(249A)	Local education agency services providers
77.45(249A)	Indian health facilities
77.46(249A)	HCBS children's mental health waiver service providers
77.47(249A)	Health home services providers
77.48(249A)	Speech-language pathologists
77.49(249A)	Physician assistants
77.50(249A)	Ordering and referring providers
77.51(249A)	Child care medical services
77.52(249A)	Community-based neurobehavioral rehabilitation services
77.53(249A)	Qualified Medicare beneficiary (QMB) providers
77.54(249A)	Health insurance premium payment (HIPP) providers
77.55(249A)	Crisis response services
77.56(249A)	Subacute mental health services
77.57(249A)	Pharmacists

CHAPTER 78
AMOUNT, DURATION AND SCOPE OF
MEDICAL AND REMEDIAL SERVICES

78.1(249A)	Physicians' services
78.2(249A)	Prescribed outpatient drugs
78.3(249A)	Inpatient hospital services
78.4(249A)	Dentists
78.5(249A)	Podiatrists
78.6(249A)	Optometrists
78.7(249A)	Opticians
78.8(249A)	Chiropractors
78.9(249A)	Home health agencies

78.10(249A)	Durable medical equipment (DME), prosthetic devices and medical supplies
78.11(249A)	Ambulance service
78.12(249A)	Behavioral health intervention
78.13(249A)	Nonemergency medical transportation
78.14(249A)	Hearing aids
78.15(249A)	Orthopedic shoes
78.16(249A)	Community mental health centers
78.17(249A)	Physical therapists
78.18(249A)	Screening centers
78.19(249A)	Rehabilitation agencies
78.20(249A)	Independent laboratories
78.21(249A)	Rural health clinics
78.22(249A)	Family planning clinics
78.23(249A)	Other clinic services
78.24(249A)	Psychologists
78.25(249A)	Maternal health centers
78.26(249A)	Ambulatory surgical center services
78.27(249A)	Home- and community-based habilitation services
78.28(249A)	List of medical services and equipment requiring prior authorization, preprocedure review or preadmission review
78.29(249A)	Behavioral health services
78.30(249A)	Birth centers
78.31(249A)	Hospital outpatient services
78.32(249A)	Area education agencies
78.33(249A)	Case management services
78.34(249A)	HCBS ill and handicapped waiver services
78.35(249A)	Occupational therapist services
78.36(249A)	Hospice services
78.37(249A)	HCBS elderly waiver services
78.38(249A)	HCBS AIDS/HIV waiver services
78.39(249A)	Federally qualified health centers
78.40(249A)	Advanced registered nurse practitioners
78.41(249A)	HCBS intellectual disability waiver services
78.42(249A)	Pharmacists providing covered vaccines
78.43(249A)	HCBS brain injury waiver services
78.44(249A)	Lead inspection services
78.45(249A)	Assertive community treatment
78.46(249A)	Physical disability waiver service
78.47(249A)	Pharmaceutical case management services
78.48(249A)	Public health agencies
78.49(249A)	Infant and toddler program services
78.50(249A)	Local education agency services
78.51(249A)	Indian health service 638 facility services
78.52(249A)	HCBS children's mental health waiver services
78.53(249A)	Health home services
78.54(249A)	Speech-language pathology services
78.55(249A)	Services rendered via telehealth
78.56(249A)	Community-based neurobehavioral rehabilitation services
78.57(249A)	Child care medical services
78.58(249A)	Qualified Medicare beneficiary (QMB) provider services
78.59(249A)	Health insurance premium payment (HIPP) provider services

- 78.60(249A) Crisis response services
- 78.61(249A) Subacute mental health services

CHAPTER 79

OTHER POLICIES RELATING TO PROVIDERS OF MEDICAL AND REMEDIAL CARE

- 79.1(249A) Principles governing reimbursement of providers of medical and health services
- 79.2(249A) Sanctions
- 79.3(249A) Maintenance of records by providers of service
- 79.4(249A) Reviews and audits
- 79.5(249A) Nondiscrimination on the basis of handicap
- 79.6(249A) Provider participation agreement
- 79.7(249A) Medical assistance advisory council
- 79.8(249A) Requests for prior authorization
- 79.9(249A) General provisions for Medicaid coverage applicable to all Medicaid providers and services
- 79.10(249A) Requests for preadmission review
- 79.11(249A) Requests for preprocedure surgical review
- 79.12(249A) Advance directives
- 79.13(249A) Requirements for enrolled Medicaid providers supplying laboratory services
- 79.14(249A) Provider enrollment
- 79.15(249A) Education about false claims recovery
- 79.16(249A) Electronic health record incentive program

CHAPTER 80

PROCEDURE AND METHOD OF PAYMENT

- 80.1 Reserved
- 80.2(249A) Submission of claims
- 80.3(249A) Payment from other sources
- 80.4(249A) Time limit for submission of claims and claim adjustments
- 80.5(249A) Authorization process
- 80.6(249A) Payment to provider—exception
- 80.7(249A) Health care data match program

CHAPTER 81

NURSING FACILITIES

DIVISION I GENERAL POLICIES

- 81.1(249A) Definitions
- 81.2 Reserved
- 81.3(249A) Initial approval for nursing facility care
- 81.4(249A) Arrangements with residents
- 81.5(249A) Discharge and transfer
- 81.6(249A) Financial and statistical report and determination of payment rate
- 81.7(249A) Continued review
- 81.8 Reserved
- 81.9(249A) Records
- 81.10(249A) Payment procedures
- 81.11(249A) Billing procedures
- 81.12(249A) Closing of facility
- 81.13(249A) Conditions of participation for nursing facilities
- 81.14(249A) Audits
- 81.15 Reserved

81.16(249A)	Nurse aide requirements and training and testing programs
81.17	Reserved
81.18(249A)	Sanctions
81.19	Reserved
81.20(249A)	Out-of-state facilities
81.21(249A)	Outpatient services
81.22(249A)	Rates for Medicaid eligibles
81.23(249A)	State-funded personal needs supplement
81.24 to 81.30	Reserved

DIVISION II
ENFORCEMENT OF COMPLIANCE

81.31(249A)	Definitions
81.32(249A)	General provisions
81.33(249A)	Factors to be considered in selecting remedies
81.34(249A)	Available remedies
81.35(249A)	Selection of remedies
81.36(249A)	Action when there is immediate jeopardy
81.37(249A)	Action when there is no immediate jeopardy
81.38(249A)	Action when there is repeated substandard quality of care
81.39(249A)	Temporary management
81.40(249A)	Denial of payment for all new admissions
81.41(249A)	Secretarial authority to deny all payments
81.42(249A)	State monitoring
81.43(249A)	Directed plan of correction
81.44(249A)	Directed in-service training
81.45(249A)	Closure of a facility or transfer of residents, or both
81.46(249A)	Civil money penalties—basis for imposing penalty
81.47(249A)	Civil money penalties—when penalty is collected
81.48(249A)	Civil money penalties—notice of penalty
81.49(249A)	Civil money penalties—waiver of hearing, reduction of penalty amount
81.50(249A)	Civil money penalties—amount of penalty
81.51(249A)	Civil money penalties—effective date and duration of penalty
81.52(249A)	Civil money penalties—due date for payment of penalty
81.53(249A)	Use of penalties collected by the department
81.54(249A)	Continuation of payments to a facility with deficiencies
81.55(249A)	State and federal disagreements involving findings not in agreement when there is no immediate jeopardy
81.56(249A)	Duration of remedies
81.57(249A)	Termination of provider agreement

CHAPTER 82
INTERMEDIATE CARE FACILITIES FOR PERSONS
WITH AN INTELLECTUAL DISABILITY

82.1(249A)	Definition
82.2(249A)	Licensing and certification
82.3(249A)	Conditions of participation for intermediate care facilities for persons with an intellectual disability
82.4	Reserved
82.5(249A)	Financial and statistical report
82.6(249A)	Eligibility for services
82.7(249A)	Initial approval for ICF/ID care
82.8(249A)	Determination of need for continued stay

82.9(249A)	Arrangements with residents
82.10(249A)	Discharge and transfer
82.11 and 82.12	Reserved
82.13(249A)	Records
82.14(249A)	Payment procedures
82.15(249A)	Billing procedures
82.16(249A)	Closing of facility
82.17(249A)	Audits
82.18(249A)	Out-of-state facilities
82.19(249A)	State-funded personal needs supplement

CHAPTER 83 MEDICAID WAIVER SERVICES

DIVISION I—HCBS HEALTH AND DISABILITY WAIVER SERVICES

83.1(249A)	Definitions
83.2(249A)	Eligibility
83.3(249A)	Application
83.4(249A)	Financial participation
83.5(249A)	Redetermination
83.6(249A)	Allowable services
83.7(249A)	Service plan
83.8(249A)	Adverse service actions
83.9(249A)	Appeal rights
83.10 to 83.20	Reserved

DIVISION II—HCBS ELDERLY WAIVER SERVICES

83.21(249A)	Definitions
83.22(249A)	Eligibility
83.23(249A)	Application
83.24(249A)	Client participation
83.25(249A)	Redetermination
83.26(249A)	Allowable services
83.27(249A)	Service plan
83.28(249A)	Adverse service actions
83.29(249A)	Appeal rights
83.30(249A)	Enhanced services
83.31 to 83.40	Reserved

DIVISION III—HCBS AIDS/HIV WAIVER SERVICES

83.41(249A)	Definitions
83.42(249A)	Eligibility
83.43(249A)	Application
83.44(249A)	Financial participation
83.45(249A)	Redetermination
83.46(249A)	Allowable services
83.47(249A)	Service plan
83.48(249A)	Adverse service actions
83.49(249A)	Appeal rights
83.50 to 83.59	Reserved

DIVISION IV—HCBS INTELLECTUAL DISABILITY WAIVER SERVICES

83.60(249A)	Definitions
83.61(249A)	Eligibility
83.62(249A)	Application

83.63(249A)	Client participation
83.64(249A)	Redetermination
83.65	Reserved
83.66(249A)	Allowable services
83.67(249A)	Service plan
83.68(249A)	Adverse service actions
83.69(249A)	Appeal rights
83.70 and 83.71	Reserved
83.72(249A)	Rent subsidy program
83.73 to 83.80	Reserved

DIVISION V—BRAIN INJURY WAIVER SERVICES

83.81(249A)	Definitions
83.82(249A)	Eligibility
83.83(249A)	Application
83.84(249A)	Client participation
83.85(249A)	Redetermination
83.86(249A)	Allowable services
83.87(249A)	Service plan
83.88(249A)	Adverse service actions
83.89(249A)	Appeal rights
83.90 to 83.100	Reserved

DIVISION VI—PHYSICAL DISABILITY WAIVER SERVICES

83.101(249A)	Definitions
83.102(249A)	Eligibility
83.103(249A)	Application
83.104(249A)	Client participation
83.105(249A)	Redetermination
83.106(249A)	Allowable services
83.107(249A)	Individual service plan
83.108(249A)	Adverse service actions
83.109(249A)	Appeal rights
83.110 to 83.120	Reserved

DIVISION VII—HCBS CHILDREN'S MENTAL HEALTH WAIVER SERVICES

83.121(249A)	Definitions
83.122(249A)	Eligibility
83.123(249A)	Application
83.124(249A)	Financial participation
83.125(249A)	Redetermination
83.126(249A)	Allowable services
83.127(249A)	Service plan
83.128(249A)	Adverse service actions
83.129(249A)	Appeal rights

CHAPTER 84

EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT

84.1(249A)	Definitions
84.2(249A)	Eligibility
84.3(249A)	Screening services
84.4(249A)	Referral
84.5(249A)	Follow up

CHAPTER 85
SERVICES IN PSYCHIATRIC INSTITUTIONS

DIVISION I
PSYCHIATRIC HOSPITALS

- 85.1(249A) Acute care in psychiatric hospitals
- 85.2(249A) Out-of-state placement
- 85.3(249A) Eligibility of persons under the age of 21
- 85.4(249A) Eligibility of persons aged 65 and over
- 85.5(249A) Client participation
- 85.6(249A) Responsibilities of hospitals
- 85.7(249A) Psychiatric hospital reimbursement
- 85.8(249A,81GA,ch167) Eligibility of persons aged 21 through 64
- 85.9 to 85.20 Reserved

DIVISION II
PSYCHIATRIC MEDICAL INSTITUTIONS FOR CHILDREN

- 85.21(249A) Conditions for participation
- 85.22(249A) Eligibility of persons under the age of 21
- 85.23(249A) Client participation
- 85.24(249A) Responsibilities of facilities
- 85.25(249A) Reimbursement to psychiatric medical institutions for children
- 85.26(249A) Outpatient day treatment for persons aged 20 or under
- 85.27 to 85.40 Reserved

DIVISION III
NURSING FACILITIES FOR PERSONS WITH MENTAL ILLNESS

- 85.41(249A) Conditions of participation
- 85.42(249A) Out-of-state placement
- 85.43(249A) Eligibility of persons aged 65 and over
- 85.44(249A) Client participation
- 85.45(249A) Responsibilities of nursing facility
- 85.46(249A) Policies governing reimbursement
- 85.47(249A) State-funded personal needs supplement

CHAPTER 86
HEALTHY AND WELL KIDS IN IOWA (HAWKI) PROGRAM

- 86.1(514I) Definitions
- 86.2(514I) Eligibility factors
- 86.3(514I) Application process
- 86.4(514I) Coordination with Medicaid
- 86.5(514I) Effective date of coverage
- 86.6(514I) Selection of a plan
- 86.7(514I) Cancellation
- 86.8(514I) Premiums and copayments
- 86.9(514I) Annual reviews of eligibility
- 86.10(514I) Reporting changes
- 86.11(514I) Notice requirements
- 86.12(514I) Appeals and fair hearings
- 86.13 Reserved
- 86.14(514I) Covered services
- 86.15(514I) Participating health and dental plans
- 86.16(514I) Clinical advisory committee
- 86.17(514I) Use of donations to the hawki program
- 86.18(505) Health insurance data match program

- 86.19(514I) Recovery
- 86.20(514I) Supplemental dental-only coverage

CHAPTER 87
FAMILY PLANNING PROGRAM

- 87.1(217) Definitions
- 87.2(217) Eligibility
- 87.3(217) Enrollment
- 87.4(217) Effective date of eligibility
- 87.5(217) Period of eligibility
- 87.6(217) Reporting changes
- 87.7(217) Funding of family planning services program
- 87.8(217) Availability of services
- 87.9(217) Payment of covered services
- 87.10(217) Submission of claims
- 87.11(217) Providers eligible to participate

CHAPTER 88
SPECIALIZED MANAGED CARE PROGRAMS

DIVISION I
PREPAID HEALTH PLANS

- 88.1(249A) Definitions
- 88.2(249A) Participation
- 88.3(249A) Enrollment
- 88.4(249A) Disenrollment
- 88.5(249A) Covered services
- 88.6(249A) Emergency services
- 88.7(249A) Access to service
- 88.8(249A) Grievance procedures
- 88.9(249A) Records and reports
- 88.10(249A) Marketing
- 88.11(249A) Patient education
- 88.12(249A) Payment to the PHP
- 88.13(249A) Quality assurance
- 88.14 to 88.20 Reserved

DIVISION II
PROGRAMS OF ALL-INCLUSIVE CARE FOR THE ELDERLY

- 88.21(249A) Scope and definitions
- 88.22(249A) PACE organization application and waiver process
- 88.23(249A) PACE program agreement
- 88.24(249A) Enrollment and disenrollment
- 88.25(249A) Program services
- 88.26(249A) Access to PACE services
- 88.27(249A) Program administrative requirements
- 88.28(249A) Payment

CHAPTER 89
DEBTS DUE FROM TRANSFERS OF ASSETS

- 89.1(249F) Definitions
- 89.2(249F) Creation of debt
- 89.3(249F) Exceptions
- 89.4(249F) Presumption of intent
- 89.5(249F) Notice of debt

- 89.6(249F) No timely request of a hearing
- 89.7(249F) Timely request for a hearing
- 89.8(249F) Department-requested hearing
- 89.9(249F) Filing and docketing of the order
- 89.10(249F) Exemption from Iowa Code chapter 17A

CHAPTER 90

CASE MANAGEMENT SERVICES

- 90.1(249A) Definitions
- 90.2(249A) Targeted case management
- 90.3(249A) Termination of targeted case management services
- 90.4(249A) Case management services
- 90.5(249A) Rights restrictions
- 90.6(249A) Documentation and billing
- 90.7(249A) Case management services provider requirements

CHAPTER 91

MEDICARE DRUG SUBSIDY

- 91.1(249A) Definitions
- 91.2(249A) Application
- 91.3(249A) Eligibility determination
- 91.4(249A) Notice of decision
- 91.5(249A) Effective date
- 91.6(249A) Changes in circumstances
- 91.7(249A) Reinvestigation
- 91.8(249A) Appeals

CHAPTER 92

Reserved

TITLE IX

WORK INCENTIVE DEMONSTRATION

CHAPTER 93

PROMISE JOBS PROGRAM

- 93.1(239B) Definitions
- 93.2(239B) Program administration
- 93.3(239B) Registration and referral
- 93.4(239B) The family investment agreement (FIA)
- 93.5(239B) Assessment
- 93.6(239B) Job readiness and job search activities
- 93.7(239B) Work activities
- 93.8(239B) Education and training activities
- 93.9(239B) Other FIA activities
- 93.10(239B) Required documentation and verification
- 93.11(239B) Supportive payments
- 93.12(239B) Recovery of PROMISE JOBS expense payments
- 93.13(239B) Resolution of participation issues
- 93.14(239B) Problems that may provide good cause for participation issues
- 93.15(239B) Right of appeal
- 93.16(239B) Resolution of a limited benefit plan
- 93.17(239B) Worker displacement grievance procedure

CHAPTER 94

Reserved

TITLE X

SUPPORT RECOVERY

CHAPTER 95

COLLECTIONS

95.1(252B)	Definitions
95.2(252B)	Child support recovery eligibility and services
95.3(252B)	Crediting of current and delinquent support
95.4(252B)	Prepayment of support
95.5(252B)	Lump sum settlement
95.6(252B)	Offset against state income tax refund or rebate
95.7(252B)	Offset against federal income tax refund and federal nontax payment
95.8(96)	Child support offset of unemployment insurance benefits
95.9 to 95.11	Reserved
95.12(252B)	Procedures for providing information to consumer reporting agencies
95.13(17A)	Appeals
95.14(252B)	Termination of services
95.15(252B)	Child support recovery unit attorney
95.16(252B)	Handling and use of federal 1099 information
95.17(252B)	Effective date of support
95.18(252B)	Continued services available to canceled family investment program (FIP) or Medicaid recipients
95.19(252B)	Cooperation of public assistance recipients in establishing and obtaining support
95.20(252B)	Cooperation of public assistance applicants in establishing and obtaining support
95.21(252B)	Cooperation in establishing and obtaining support in nonpublic assistance cases
95.22(252B)	Charging pass-through fees
95.23(252B)	Reimbursing assistance with collections of assigned support
95.24(252B)	Child support account
95.25(252B)	Emancipation verification

CHAPTER 96

INFORMATION AND RECORDS

96.1(252B)	Access to information and records from other sources
96.2(252B)	Refusal to comply with written request or subpoena
96.3(252B)	Procedure for refusal
96.4(252B)	Conference conducted
96.5(252B)	Fine assessed
96.6(252B)	Objection to fine or failure to pay

CHAPTER 97

COLLECTION SERVICES CENTER

97.1(252B)	Definitions
97.2(252B)	Transfer of records and payments
97.3(252B)	Support payment records
97.4(252B)	Method of payment
97.5(252D)	Electronic transmission of payments
97.6(252B)	Authorization of payment
97.7(252B)	Processing misdirected payments

CHAPTER 98
SUPPORT ENFORCEMENT SERVICES

DIVISION I
MEDICAL SUPPORT ENFORCEMENT

98.1(252E)	Definitions
98.2(252E)	Provision of services
98.3 and 98.4	Reserved
98.5(252E)	Health benefit plan information
98.6(252E)	Insurer authorization
98.7(252E)	Enforcement
98.8(252E)	Contesting the order
98.9 to 98.20	Reserved

DIVISION II
INCOME WITHHOLDING
PART A
DELINQUENT SUPPORT PAYMENTS

98.21(252D)	When applicable
98.22 and 98.23	Reserved
98.24(252D)	Amount of withholding
98.25(252D)	Amendment of amount of withholding due to hardship
98.26(252D)	Additional information about hardship
98.27 to 98.30	Reserved

PART B
IMMEDIATE INCOME WITHHOLDING

98.31(252D)	Effective date
98.32(252D)	Withholding automatic
98.33	Reserved
98.34(252D)	Approval of request for immediate income withholding
98.35	Reserved
98.36(252D)	Immediate income withholding amounts
98.37(252D)	Immediate income withholding amounts when current support has ended
98.38	Reserved

PART C
INCOME WITHHOLDING—GENERAL PROVISIONS

98.39(252D,252E)	Provisions for medical support
98.40(252D,252E)	Maximum amounts to be withheld
98.41(252D)	Multiple obligations
98.42(252D)	Notice to employer and obligor
98.43(252D)	Contesting the withholding
98.44(252D)	Termination of order
98.45(252D)	Modification of income withholding
98.46(252D)	Refunds of amounts improperly withheld
98.47 to 98.50	Reserved

DIVISION III
REVIEW AND ADJUSTMENT OF CHILD SUPPORT OBLIGATIONS

98.51 to 98.60	Reserved
----------------	----------

DIVISION IV
PUBLICATION OF NAMES

98.61(252B)	List for publication
98.62(252B)	Releasing the list
98.63 to 98.70	Reserved

DIVISION V
ADMINISTRATIVE SEEK EMPLOYMENT ORDERS

98.71(252B)	Seek employment order
98.72(252B)	Effective date of order
98.73(252B)	Method and requirements of reporting
98.74(252B)	Reasons for noncompliance
98.75(252B)	Method of service
98.76(252B)	Duration of order
98.77 to 98.80	Reserved

DIVISION VI
DEBTOR OFFSET

98.81(252B)	Offset against payment owed to a person by a state agency
98.82 to 98.90	Reserved

DIVISION VII
ADMINISTRATIVE LEVY

98.91(252I)	Administrative levy
98.92	Reserved
98.93(252I)	Verification of accounts
98.94(252I)	Notice to financial institution
98.95(252I)	Notice to support obligor
98.96(252I)	Responsibilities of financial institution
98.97(252I)	Challenging the administrative levy
98.98 to 98.100	Reserved

DIVISION VIII
LICENSE SANCTION

98.101(252J)	Referral for license sanction
98.102(252J)	Reasons for exemption
98.103(252J)	Notice of potential sanction of license
98.104(252J)	Conference
98.105(252J)	Payment agreement
98.106(252J)	Staying the process due to full payment of support
98.107(252J)	Duration of license sanction
98.108 to 98.120	Reserved

DIVISION IX
EXTERNAL ENFORCEMENT

98.121(252B)	Difficult-to-collect arrearages
98.122(252B)	Enforcement services by private attorney entitled to state compensation

CHAPTER 99
SUPPORT ESTABLISHMENT AND ADJUSTMENT SERVICES

DIVISION I
CHILD SUPPORT GUIDELINES

99.1(234,252B,252H)	Income considered
99.2(234,252B)	Allowable deductions
99.3(234,252B)	Determining net income
99.4(234,252B)	Applying the guidelines
99.5(234,252B)	Deviation from guidelines
99.6 to 99.9	Reserved

DIVISION II
PATERNITY ESTABLISHMENT
PART A
JUDICIAL PATERNITY ESTABLISHMENT

99.10(252A) Temporary support
99.11 to 99.20 Reserved

PART B
ADMINISTRATIVE PATERNITY ESTABLISHMENT

99.21(252F) When paternity may be established administratively
99.22(252F) Mother's certified statement
99.23(252F) Notice of alleged paternity and support debt
99.24(252F) Conference to discuss paternity and support issues
99.25(252F) Amount of support obligation
99.26(252F) Court hearing
99.27(252F) Paternity contested
99.28(252F) Paternity test results challenge
99.29(252F) Agreement to entry of paternity and support order
99.30(252F) Entry of order establishing paternity only
99.31(252F) Exception to time limit
99.32(252F) Genetic test costs assessed
99.33 to 99.35 Reserved

PART C
PATERNITY DISESTABLISHMENT

99.36(598,600B) Definitions
99.37(598,600B) Communication between parents
99.38(598,600B) Continuation of enforcement
99.39(598,600B) Satisfaction of accrued support
99.40 Reserved

DIVISION III
ADMINISTRATIVE ESTABLISHMENT OF SUPPORT

99.41(252C) Establishment of an administrative order
99.42 to 99.60 Reserved

DIVISION IV
REVIEW AND ADJUSTMENT OF CHILD SUPPORT OBLIGATIONS

99.61(252B,252H) Definitions
99.62(252B,252H) Review of permanent child support obligations
99.63(252B,252H) Notice requirements
99.64(252B,252H) Financial information
99.65(252B,252H) Review and adjustment of a child support obligation
99.66(252B,252H) Medical support
99.67(252B,252H) Confidentiality of financial information
99.68(252B,252H) Payment of service fees and other court costs
99.69(252B,252H) Denying requests
99.70(252B,252H) Withdrawing requests
99.71(252H) Effective date of adjustment
99.72 to 99.80 Reserved

DIVISION V
ADMINISTRATIVE MODIFICATION

99.81(252H) Definitions
99.82(252H) Availability of service
99.83(252H) Modification of child support obligations
99.84(252H) Notice requirements

99.85(252H)	Financial information
99.86(252H)	Challenges to the proposed modification action
99.87(252H)	Misrepresentation of fact
99.88(252H)	Effective date of modification
99.89(252H)	Confidentiality of financial information
99.90(252H)	Payment of fees
99.91(252H)	Denying requests
99.92(252H)	Withdrawing requests
99.93 to 99.100	Reserved

DIVISION VI
SUSPENSION AND REINSTATEMENT OF SUPPORT
PART A
SUSPENSION BY MUTUAL CONSENT

99.101(252B)	Definitions
99.102(252B)	Availability of service
99.103(252B)	Basis for suspension of support
99.104(252B)	Request for assistance to suspend
99.105(252B)	Order suspending support
99.106(252B)	Suspension of enforcement of current support

PART B
SUSPENSION BY PAYOR'S REQUEST

99.107(252B)	Definitions
99.108(252B)	Availability of service
99.109(252B)	Basis for suspension of support
99.110(252B)	Request for assistance to suspend
99.111(252B)	Determining eligibility for suspension
99.112(252B)	Order suspending support
99.113(252B)	Suspension of enforcement of current support

PART C
REINSTATEMENT OF SUPPORT

99.114(252B)	Request for reinstatement
99.115(252B)	Reinstatement
99.116(252B)	Reinstatement of enforcement of support
99.117(252B)	Temporary suspension becomes final

CHAPTER 100
CHILD SUPPORT PROMOTING OPPORTUNITIES FOR PARENTS PROGRAM

100.1(252B)	Definitions
100.2(252B)	Incentives
100.3(252B)	Establishment of designated providers
100.4(252B)	Selection of designated providers
100.5(252B)	Termination of designated providers
100.6(252B)	Reports and records
100.7(252B)	Receipt of incentives

TITLE XI
CHILDREN'S INSTITUTIONS

CHAPTER 101
IOWA JUVENILE HOME

101.1(218)	Definitions
101.2(218)	Standards
101.3(218)	Admission
101.4(218)	Plan of care

101.5(218)	Communication with individuals
101.6(218)	Photographing and recording of individuals
101.7(218)	Employment of individual
101.8(218)	Temporary home visits
101.9(218)	Grievances
101.10(218)	Alleged child abuse
101.11(233B)	Cost of care
101.12(218)	Buildings and grounds
101.13(8,218)	Gifts and bequests

CHAPTER 102

Reserved

CHAPTER 103

STATE TRAINING SCHOOL

103.1(218)	Definitions
103.2(218)	Admission
103.3(218)	Plan of care
103.4(218)	Communication with individuals
103.5(218)	Photographing and recording of individuals
103.6(218)	Employment of individual
103.7(218)	Temporary home visits
103.8(218)	Grievances
103.9(692A)	Sex offender registration
103.10(218)	Alleged child abuse
103.11(233A)	Cost of care
103.12(218)	Buildings and grounds
103.13(8,218)	Gifts and bequests

CHAPTER 104

Reserved

TITLE XII

LICENSING AND APPROVED STANDARDS

CHAPTER 105

JUVENILE DETENTION
AND SHELTER CARE HOMES

105.1(232)	Definitions
105.2(232)	Buildings and grounds
105.3(232)	Personnel policies
105.4	Reserved
105.5(232)	Staff
105.6(232)	Intake procedures
105.7(232)	Assessments
105.8(232)	Program services
105.9(232)	Medication management and administration
105.10(232)	Control room—juvenile detention home only
105.11(232)	Clothing
105.12(232)	Staffings
105.13(232)	Child abuse
105.14(232)	Daily log
105.15(232)	Children's rights
105.16(232)	Discipline

105.17(232)	Case files
105.18(232)	Discharge
105.19(232)	Approval
105.20(232)	Provisional approval
105.21(232)	Mechanical restraint—juvenile detention only
105.22(232)	Chemical restraint
105.23(232)	Mandatory reporting of child abuse and training

CHAPTER 106

CERTIFICATION STANDARDS FOR CHILDREN'S RESIDENTIAL FACILITIES

106.1(237C)	Definitions
106.2(237C)	Application of the standards
106.3(237C)	Application for a certificate of approval
106.4(237C)	Certificate of approval
106.5(237C)	Denial, suspension, or revocation
106.6(237C)	Providing for basic needs
106.7(237C)	Educational programs and services
106.8(237C)	Protection from mistreatment, physical abuse, sexual abuse, and neglect
106.9(237C)	Discipline
106.10(237C)	Record checks
106.11(237C)	Seclusion and restraints
106.12(237C)	Health
106.13(237C)	Safety
106.14(237C)	Emergencies
106.15(237C)	Buildings and physical premises
106.16(237C)	Sanitation, water, and waste disposal
106.17(237C)	Staffing
106.18(237C)	Reports and inspections
106.19(232)	Mandatory reporting of child abuse

CHAPTER 107

CERTIFICATION OF ADOPTION INVESTIGATORS

107.1(600)	Introduction
107.2(600)	Definitions
107.3(600)	Application
107.4(600)	Requirements for certification
107.5(600)	Granting, denial, or revocation of certification
107.6(600)	Certificate
107.7(600)	Renewal of certification
107.8(600)	Investigative services
107.9(600)	International adoptions postplacement report
107.10(600)	Retention of adoption records
107.11(600)	Reporting of violations
107.12(600)	Appeals

CHAPTER 108

LICENSING AND REGULATION OF CHILD-PLACING AGENCIES

108.1(238)	Definitions
108.2(238)	Licensing procedure
108.3(238)	Administration and organization
108.4(238)	Staff qualifications
108.5(238)	Staffing requirements
108.6(238)	Personnel administration

108.7(238)	Foster care services
108.8(238)	Foster home studies
108.9(238)	Adoption services
108.10(238)	Supervised apartment living placement services

CHAPTER 109
CHILD CARE CENTERS

109.1(237A)	Definitions
109.2(237A)	Licensure procedures
109.3(237A)	Inspection and evaluation
109.4(237A)	Administration
109.5(237A)	Parental participation
109.6(237A)	Personnel
109.7(237A)	Professional growth and development
109.8(237A)	Staff ratio requirements
109.9(237A)	Records
109.10(237A)	Health and safety policies
109.11(237A)	Physical facilities
109.12(237A)	Activity program requirements
109.13(237A)	Extended evening care
109.14(237A)	Get-well center
109.15(237A)	Food services

CHAPTER 110
CHILD DEVELOPMENT HOMES

110.1(237A)	Definitions
110.2(237A)	Application for registration
110.3(237A)	Renewal of registration
110.4(237A)	Compliance checks
110.5(237A)	Parental access
110.6(237A)	Number of children
110.7(237A)	Provider requirements
110.8(237A)	Standards
110.9(237A)	Files
110.10(237A)	Professional development
110.11(234)	Registration decision
110.12(237A)	Complaints
110.13(237A)	Additional requirements for child development home category A
110.14(237A)	Additional requirements for child development home category B
110.15(237A)	Additional requirements for child development home category C
110.16(237A)	Registration actions for nonpayment of child support
110.17(237A)	Prohibition from involvement with child care

CHAPTER 111
FAMILY-LIFE HOMES

111.1(249)	Definitions
111.2(249)	Application for certification
111.3(249)	Provisions pertaining to the certificate
111.4(249)	Physical standards
111.5(249)	Personal characteristics of family-life home family
111.6(249)	Health of family
111.7(249)	Planned activities and personal effects
111.8(249)	Client eligibility

- 111.9(249) Medical examinations, records, and care of a client
- 111.10(249) Placement agreement
- 111.11(249) Legal liabilities
- 111.12(249) Emergency care and release of client
- 111.13(249) Information about client to be confidential

CHAPTER 112

LICENSING AND REGULATION OF CHILD FOSTER CARE FACILITIES

- 112.1(237) Applicability
- 112.2(237) Definitions
- 112.3(237) Application for license
- 112.4(237) License
- 112.5(237) Denial
- 112.6(237) Revocation
- 112.7(237) Provisional license
- 112.8(237) Adverse actions
- 112.9(237) Suspension
- 112.10(232) Mandatory reporting of child abuse and training
- 112.11(237) Required training on the reasonable and prudent parent standard
- 112.12(237) Record checks

CHAPTER 113

LICENSING AND REGULATION OF FOSTER FAMILY HOMES

- 113.1(237) Applicability
- 113.2(237) Definitions
- 113.3(237) Licensing procedure
- 113.4(237) Provisions pertaining to the license
- 113.5(237) Physical standards
- 113.6(237) Sanitation, water, and waste disposal
- 113.7(237) Safety
- 113.8(237) Foster parent training
- 113.9(237) Involvement of kin
- 113.10(237) Information on the foster child
- 113.11(237) Health of foster family
- 113.12(237) Characteristics of foster parents
- 113.13(237) Record checks
- 113.14(237) Reference checks
- 113.15(237) Unannounced visits
- 113.16(237) Planned activities and personal effects
- 113.17(237) Medical examinations and health care of the child
- 113.18(237) Training and discipline of foster children
- 113.19(237) Emergency care and release of children
- 113.20(237) Changes in foster family home

CHAPTER 114

LICENSING AND REGULATION OF ALL GROUP LIVING FOSTER CARE FACILITIES FOR CHILDREN

- 114.1(237) Applicability
- 114.2(237) Definitions
- 114.3(237) Physical standards
- 114.4(237) Sanitation, water, and waste disposal
- 114.5(237) Safety
- 114.6(237) Organization and administration

114.7(237)	Policies and record-keeping requirements
114.8(237)	Staff
114.9(237)	Intake procedures
114.10(237)	Program services
114.11(237)	Case files
114.12(237)	Drug utilization and control
114.13(237)	Children's rights
114.14(237)	Personal possessions
114.15(237)	Religion—culture
114.16(237)	Work or vocational experiences
114.17(237)	Family involvement
114.18(237)	Children's money
114.19(237)	Child abuse
114.20(237)	Discipline
114.21(237)	Illness, accident, death, or unauthorized absence from the facility
114.22(237)	Records
114.23(237)	Unannounced visits
114.24(237)	Record check information
114.25(237)	Standards for private juvenile shelter care and detention homes

CHAPTER 115
LICENSING AND REGULATION OF
COMPREHENSIVE RESIDENTIAL FACILITIES FOR CHILDREN

115.1(237)	Applicability
115.2(237)	Definitions
115.3(237)	Information upon admission
115.4(237)	Staff
115.5(237)	Casework services
115.6(237)	Restraints
115.7(237)	Control room
115.8(237)	Locked cottages
115.9(237)	Mechanical restraint
115.10(237)	Restraint and control room use debriefing
115.11(237)	Chemical restraint

CHAPTER 116
LICENSING AND REGULATION OF RESIDENTIAL FACILITIES
FOR CHILDREN WITH AN INTELLECTUAL DISABILITY OR BRAIN INJURY

116.1(237)	Applicability
116.2(237)	Definitions
116.3(237)	Qualifications of staff
116.4(237)	Staff to client ratio
116.5(237)	Program components
116.6(237)	Restraint

CHAPTER 117
FOSTER PARENT TRAINING

117.1(237)	Required preservice training
117.2(237)	Required orientation
117.3(237)	Application materials for in-service training
117.4(237)	Application process for in-service training
117.5(237)	Application decisions
117.6(237)	Application conference available

- 117.7(237) Required in-service training
- 117.8(237) Specific in-service training required
- 117.9(237) Foster parent training expenses

CHAPTER 118

CHILD CARE QUALITY RATING SYSTEM

- 118.1(237A) Definitions
- 118.2(237A) Application for quality rating
- 118.3(237A) Rating standards for child care centers and preschools (sunsetting on July 31, 2011)
- 118.4(237A) Rating criteria for child development homes (sunsetting on July 31, 2011)
- 118.5(237A) Rating standards for child care centers, preschools, and programs operating under the authority of an accredited school district or nonpublic school
- 118.6(237A) Rating criteria for child development homes
- 118.7(237A) Award of quality rating
- 118.8(237A) Adverse actions

CHAPTER 119

RECORD CHECK EVALUATIONS FOR CERTAIN EMPLOYERS AND EDUCATIONAL TRAINING PROGRAMS

- 119.1(135B,135C) Definitions
- 119.2(135B,135C) When record check evaluations are requested
- 119.3(135C) Request for evaluation
- 119.4(135B,135C) Completion of evaluation
- 119.5(135B,135C) Appeal rights

CHAPTER 120

CHILD CARE HOMES

- 120.1(237A) Definitions
- 120.2(237A) Application for payment
- 120.3(237A) Renewal of agreement
- 120.4(237A) Compliance checks
- 120.5(237A) Parental access
- 120.6(237A) Number of children
- 120.7(237A) Provider requirements
- 120.8(237A) Standards
- 120.9(237A) Children's files
- 120.10(237A) Professional development
- 120.11(237A) Child care assistance provider agreement decision
- 120.12(237A) Complaints
- 120.13(237A) Prohibition from involvement with child care

CHAPTERS 121 to 129

Reserved

TITLE XIII

SERVICE ADMINISTRATION

CHAPTER 130

GENERAL PROVISIONS

- 130.1(234) Definitions
- 130.2(234) Application
- 130.3(234) Eligibility
- 130.4(234) Fees
- 130.5(234) Adverse service actions

130.6(234)	Social casework
130.7(234)	Case plan
130.8	Reserved
130.9(234)	Entitlement

CHAPTER 131
SOCIAL CASEWORK

131.1(234)	Definitions
131.2(234)	Eligibility
131.3(234)	Service provision
131.4	Reserved
131.5(234)	Adverse actions

CHAPTER 132
Reserved

CHAPTER 133
IV-A EMERGENCY ASSISTANCE PROGRAM

133.1(235)	Definitions
133.2(235)	Application
133.3(235)	Eligibility
133.4(235)	Method of service provision
133.5(235)	Duration of services
133.6(235)	Discontinuance of the program

CHAPTERS 134 to 141
Reserved

CHAPTER 142
INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

142.1(232)	Compact agreement
142.2(232)	Compact administrator
142.3(232)	Article II(d)
142.4(232)	Article III(a)
142.5(232)	Article III(a) procedures
142.6(232)	Article III(c)
142.7(232)	Article VIII(a)
142.8(232)	Applicability
142.9(232)	NEICE database

CHAPTER 143
INTERSTATE COMPACT ON JUVENILES

143.1(232)	Compact agreement
143.2(232)	Compact administrator
143.3(232)	Sending a juvenile out of Iowa under the compact
143.4(232)	Receiving cases in Iowa under the interstate compact
143.5(232)	Runaways

CHAPTERS 144 to 149
Reserved

TITLE XIV
GRANT/CONTRACT/PAYMENT ADMINISTRATION

CHAPTER 150

Reserved

CHAPTER 151

JUVENILE COURT SERVICES DIRECTED PROGRAMS

DIVISION I
GENERAL PROVISIONS

151.1(232)	Definitions
151.2(232)	Administration of funds for court-ordered services and graduated sanction services
151.3(232)	Administration of juvenile court services programs within each judicial district
151.4(232)	Billing and payment
151.5(232)	Appeals
151.6(232)	District program reviews and audits
151.7 to 151.19	Reserved

DIVISION II
COURT-ORDERED SERVICES

151.20(232)	Juvenile court services responsibilities
151.21(232)	Certification process
151.22(232)	Expenses
151.23 to 151.29	Reserved

DIVISION III
GRADUATED SANCTION SERVICES

151.30(232)	Community-based interventions
151.31(232)	School-based supervision
151.32(232)	Supportive enhancements
151.33	Reserved
151.34(232)	Administration of graduated sanction services
151.35(232)	Contract development for graduated sanction services

CHAPTER 152
FOSTER CARE CONTRACTING

152.1(234)	Definitions
152.2(234)	Conditions of participation
152.3(234)	Provider reviews
152.4(234)	Sanctions against providers
152.5(234)	Adverse actions

CHAPTER 153
FUNDING FOR LOCAL SERVICES

DIVISION I
SOCIAL SERVICES BLOCK GRANT

153.1(234)	Definitions
153.2(234)	Development of preexpenditure report
153.3(234)	Amendment to preexpenditure report
153.4(234)	Service availability
153.5(234)	Allocation of block grant funds
153.6 and 153.7	Reserved
153.8(234)	Expenditure of supplemental funds
153.9 and 153.10	Reserved

DIVISION II
DECATEGORIZATION OF CHILD WELFARE AND JUVENILE JUSTICE FUNDING

- 153.11(232) Definitions
- 153.12(232) Implementation requirements
- 153.13(232) Role and responsibilities of decategorization project governance boards
- 153.14(232) Realignment of decategorization project boundaries
- 153.15(232) Decategorization services funding pool
- 153.16(232) Relationship of decategorization funding pool to other department child welfare funding
- 153.17(232) Relationship of decategorization funding pool to juvenile court services funding streams
- 153.18(232) Requirements for annual services plan
- 153.19(232) Requirements for annual progress report
- 153.20 to 153.30 Reserved

DIVISION III
MENTAL ILLNESS, MENTAL RETARDATION, AND
DEVELOPMENTAL DISABILITIES—LOCAL SERVICES

- 153.31 to 153.50 Reserved

DIVISION IV
STATE PAYMENT PROGRAM FOR LOCAL MENTAL HEALTH, MENTAL RETARDATION, AND
DEVELOPMENTAL DISABILITIES SERVICES TO ADULTS WITHOUT LEGAL SETTLEMENT

- 153.51(331) Definitions
- 153.52(331) Eligibility requirements
- 153.53(331) Application procedure
- 153.54(331) Eligibility determination
- 153.55(331) Eligible services
- 153.56(331) Program administration
- 153.57(331) Reduction, denial, or termination of benefits
- 153.58(331) Appeals

CHAPTER 154
Reserved

CHAPTER 155
CHILD ABUSE PREVENTION PROGRAM

- 155.1(235A) Definitions
- 155.2(235A) Contract for program administration
- 155.3(235A) Awarding of grants
- 155.4(235A) Grantee requirements

CHAPTER 156
PAYMENTS FOR FOSTER CARE

- 156.1(234) Definitions
- 156.2(234) Foster care recovery
- 156.3 to 156.5 Reserved
- 156.6(234) Rate of maintenance payment for foster family care
- 156.7 Reserved
- 156.8(234) Additional payments
- 156.9(234) Rate of payment for foster group care
- 156.10(234) Payment for reserve bed days
- 156.11(234) Emergency juvenile shelter care payment
- 156.12(234) Supervised apartment living
- 156.13 Reserved

- 156.14(234,252C) Voluntary placements
- 156.15(234) Child's earnings
- 156.16(234) Trust funds and investments
- 156.17(234) Preadoptive homes
- 156.18 and 156.19 Reserved
- 156.20(234) Eligibility for foster care payment

CHAPTER 157

Reserved

CHAPTER 158

FOSTER HOME INSURANCE FUND

- 158.1(237) Payments from the foster home insurance fund
- 158.2(237) Payment limits
- 158.3(237) Claim procedures
- 158.4(237) Time frames for filing claims
- 158.5(237) Appeals

CHAPTER 159

CHILD CARE RESOURCE AND REFERRAL SERVICES

- 159.1(237A) Definitions
- 159.2(237A) Availability of funds
- 159.3(237A) Participation requirements
- 159.4(237A) Request for proposals for project grants
- 159.5(237A) Selection of proposals

CHAPTER 160

ADOPTION OPPORTUNITY GRANT PROGRAM

- 160.1(234) Definitions
- 160.2(234) Availability of grant funds
- 160.3(234) Project eligibility
- 160.4(234) Request for proposals for project grants
- 160.5(234) Selection of proposals
- 160.6(234) Project contracts
- 160.7(234) Records
- 160.8(234) Evaluation of projects
- 160.9(234) Termination
- 160.10(234) Appeals

CHAPTER 161

IOWA SENIOR LIVING TRUST FUND

- 161.1(249H) Definitions
- 161.2(249H) Funding and operation of trust fund
- 161.3(249H) Allocations from the senior living trust fund
- 161.4(249H) Participation by government-owned nursing facilities

CHAPTER 162

NURSING FACILITY CONVERSION
AND LONG-TERM CARE SERVICES
DEVELOPMENT GRANTS

- 162.1(249H) Definitions
- 162.2(249H) Availability of grants
- 162.3(249H) Grant eligibility
- 162.4(249H) Grant application process

162.5(249H)	Grant dispersal stages
162.6(249H)	Project contracts
162.7(249H)	Grantee responsibilities
162.8(249H)	Offset
162.9(249H)	Appeals

CHAPTER 163
 ADOLESCENT PREGNANCY PREVENTION AND SERVICES
 TO PREGNANT AND PARENTING ADOLESCENTS
 PROGRAMS

163.1(234)	Definitions
163.2(234)	Availability of grants for projects
163.3(234)	Project eligibility
163.4(234)	Request for proposals for pilot project grants
163.5(234)	Selection of proposals
163.6(234)	Project contracts
163.7(234)	Records
163.8(234)	Evaluation
163.9(234)	Termination of contract
163.10(234)	Appeals

CHAPTER 164
 IOWA HOSPITAL TRUST FUND

164.1(249I)	Definitions
164.2(249I)	Funding and operation of trust fund
164.3(249I)	Allocations from the hospital trust fund
164.4(249I)	Participation by public hospitals

CHAPTER 165
 Reserved

CHAPTER 166
 QUALITY IMPROVEMENT INITIATIVE GRANTS

166.1(249A)	Definitions
166.2(249A)	Availability of grants
166.3(249A)	Grant eligibility
166.4(249A)	Grant application process and selection of proposals
166.5(249A)	Project contracts

CHAPTER 167
 JUVENILE DETENTION REIMBURSEMENT

DIVISION I
 ANNUAL REIMBURSEMENT PROGRAM

167.1(232)	Definitions
167.2(232)	Availability of funds
167.3(232)	Eligible detention homes
167.4(232)	Available reimbursement
167.5(232)	Submission of voucher
167.6(232)	Reimbursement by the department

CHAPTER 168
 CHILD CARE EXPANSION PROGRAMS

168.1(234)	Definitions
168.2(234)	Availability of funds

168.3(234)	Eligibility requirements
168.4(234)	Request for proposals
168.5(234)	Selection of proposals
168.6(234)	Appeals
168.7(234)	Contracts
168.8(234)	Reporting requirements
168.9(234)	Termination of contract

CHAPTER 169

Reserved

TITLE XV

*INDIVIDUAL AND FAMILY SUPPORT
AND PROTECTIVE SERVICES*

CHAPTER 170

CHILD CARE SERVICES

170.1(237A)	Definitions
170.2(237A,239B)	Eligibility requirements
170.3(237A,239B)	Application and determination of eligibility
170.4(237A)	Elements of service provision
170.5(237A)	Adverse actions
170.6(237A)	Appeals
170.7(237A)	Provider fraud
170.8	Reserved
170.9(237A)	Child care assistance overpayments

CHAPTER 171

Reserved

CHAPTER 172

FAMILY-CENTERED SERVICES

172.1(234)	Definitions
172.2(234)	Purpose and scope
172.3(234)	Authorization
172.4	Reserved
172.5(234)	Client appeals

CHAPTERS 173 and 174

Reserved

CHAPTER 175

ABUSE OF CHILDREN

DIVISION I
CHILD ABUSE

175.1 to 175.20	Reserved
-----------------	----------

DIVISION II
CHILD ABUSE ASSESSMENT

175.21(232,235A)	Definitions
175.22(232)	Receipt of a report of suspected child abuse
175.23(232)	Sources of report of suspected child abuse
175.24(232)	Assessment intake process
175.25(232)	Assessment process
175.26(232)	Completion of a written assessment report
175.27(232)	Contact with juvenile court or the county attorney

175.28(232)	Consultation with health practitioners or mental health professionals
175.29(232)	Consultation with law enforcement
175.30(232)	Information shared with law enforcement
175.31(232)	Completion of required correspondence
175.32(232,235A)	Case records
175.33(232,235A)	Child protection centers
175.34(232)	Department-operated facilities
175.35(232,235A)	Jurisdiction of assessments
175.36(235A)	Multidisciplinary teams
175.37(232)	Community education
175.38(235)	Written authorizations
175.39(232)	Founded child abuse
175.40	Reserved
175.41(235A)	Access to child abuse information
175.42(235A)	Person conducting research
175.43(235A)	Child protection services citizen review panels

CHAPTER 176
DEPENDENT ADULT ABUSE

176.1(235B)	Definitions
176.2(235B)	Denial of critical care
176.3(235B)	Appropriate evaluation
176.4(235B)	Reporters
176.5(235B)	Reporting procedure
176.6(235B)	Duties of the department upon receipt of report
176.7(235B)	Appropriate evaluation or assessment
176.8(235B)	Immunity from liability for reporters
176.9(235B)	Registry records
176.10(235B)	Adult abuse information disseminated
176.11(235B)	Person conducting research
176.12(235B)	Examination of information
176.13(235B)	Dependent adult abuse information registry
176.14	Reserved
176.15(235B)	Multidisciplinary teams
176.16(235B)	Medical and mental health examinations
176.17(235B)	Request for correction or expungement

CHAPTER 177
IN-HOME HEALTH-RELATED CARE

177.1(249)	In-home health-related care
177.2(249)	Own home
177.3(249)	Service criteria
177.4(249)	Eligibility
177.5(249)	Providers of health care services
177.6(249)	Health care plan
177.7(249)	Client participation
177.8(249)	Determination of reasonable charges
177.9(249)	Written agreements
177.10(249)	Emergency services
177.11(249)	Termination

CHAPTERS 178 to 183
Reserved

CHAPTER 184
INDIVIDUAL AND FAMILY DIRECT SUPPORT

DIVISION I
FAMILY SUPPORT SUBSIDY PROGRAM

184.1(225C)	Definitions
184.2(225C)	Eligibility requirements
184.3(225C)	Application process
184.4(225C)	Family support services plan
184.5	Reserved
184.6(225C)	Amount of subsidy payment
184.7(225C)	Redetermination of eligibility
184.8(225C)	Termination of subsidy payments
184.9(225C)	Appeals
184.10 to 184.20	Reserved

DIVISION II
COMPREHENSIVE FAMILY SUPPORT PROGRAM

184.21(225C)	Definitions
184.22(225C)	Eligibility
184.23(225C)	Application
184.24(225C)	Contractor selection and duties
184.25(225C)	Direct assistance
184.26(225C)	Appeals
184.27(225C)	Parent advisory council

CHAPTERS 185 and 186
Reserved

CHAPTER 187
AFTERCARE SERVICES PROGRAM

187.1(234)	Purpose
187.2(234)	Aftercare services program eligibility requirements
187.3(234)	Services and supports provided
187.4(234)	Termination of aftercare services
187.5(234)	Waiting list
187.6(234)	Administration

CHAPTERS 188 to 199
Reserved

TITLE XVI
ALTERNATIVE LIVING

CHAPTER 200
ADOPTION SERVICES

200.1(600)	Definitions
200.2(600)	Release of custody services
200.3(600)	Application
200.4(600)	Adoption services
200.5(600)	Termination of parental rights
200.6 and 200.7	Reserved
200.8(600)	Interstate placements
200.9	Reserved
200.10(600)	Requests for home studies
200.11(600)	Reasons for denial

200.12(600)	Removal of child from preadoptive family
200.13(600)	Consents
200.14(600)	Requests for access to information for research or treatment
200.15(600)	Requests for information for purposes other than research or treatment
200.16(600)	Appeals

CHAPTER 201
SUBSIDIZED ADOPTIONS

201.1(600)	Administration
201.2(600)	Definitions
201.3(600)	Conditions of eligibility or ineligibility
201.4(600)	Application
201.5(600)	Negotiation of amount of presubsidy or subsidy
201.6(600)	Types of subsidy
201.7(600)	Termination of subsidy
201.8(600)	Reinstatement of subsidy
201.9(600)	New application
201.10(600)	Determination of ongoing subsidy eligibility and suspension of subsidy payments
201.11(600)	Medical assistance based on residency
201.12(600)	Presubsidy recovery

CHAPTER 202
FOSTER CARE PLACEMENT AND SERVICES

202.1(234)	Definitions
202.2(234)	Eligibility
202.3(234)	Voluntary placements
202.4(234)	Selection of facility
202.5(234)	Preplacement
202.6(234)	Placement
202.7(234)	Out-of-area placements
202.8(234)	Out-of-state placements
202.9(234)	Supervised apartment living
202.10(234)	Services to foster parents
202.11(234)	Services to the child
202.12(234)	Services to parents
202.13(234)	Removal of the child
202.14(234)	Termination
202.15(234)	Case permanency plan
202.16(135H)	Department approval of need for a psychiatric medical institution for children
202.17(232)	Area group care targets
202.18(235)	Local transition committees

CHAPTER 203
IOWA ADOPTION EXCHANGE

203.1(232)	Definitions
203.2(232)	Children to be registered on the exchange system
203.3(232)	Families to be registered on the exchange system
203.4(232)	Matching process

CHAPTER 204
SUBSIDIZED GUARDIANSHIP PROGRAM

204.1(234)	Definitions
204.2(234)	Eligibility

- 204.3(234) Application
- 204.4(234) Negotiation of amount of subsidy
- 204.5(234) Parental liability
- 204.6(234) Termination of subsidy
- 204.7(234) Reinstatement of subsidy
- 204.8(234) Appeals
- 204.9(234) Medical assistance

CHAPTER 80
PROCEDURE AND METHOD OF PAYMENT
[Prior to 7/1/83, Social Services[770] Ch 80]

441—80.1(249A) The fiscal agent function in medical assistance. Rescinded IAB 5/25/05, effective 7/1/05.

441—80.2(249A) Submission of claims. Providers of medical and remedial care participating in the program shall submit claims for services rendered to the Iowa Medicaid enterprise on at least a monthly basis. All nursing facilities and providers of home- and community-based services shall submit claims for services after end of the calendar month in which the services are provided. Following audit of the claim, the Iowa Medicaid enterprise will make payment to the provider of care.

80.2(1) Electronic submission. Providers are encouraged to submit claims electronically whenever possible.

a. Ambulance service providers may bill electronically only when the procedures performed are identified by codes based on the ones that Medicare recognizes as emergency and support medical necessity without a review by the Iowa Medicaid enterprise.

b. When filing electronic claims, pharmacies shall use the format prescribed by the National Council for Prescription Drug Programs.

c. Claims submitted electronically after implementation of the Health Insurance Portability and Accountability Act of 1996 shall be filed on the Accredited Standards Committee (ASC) X12N 837 transaction, Health Care Claim. The department shall send all providers written notice when the Act is implemented.

(1) Providers listed as filing claims on Form CMS-1500 or on the Claim for Targeted Medical Care shall file claims on the professional version of the Health Care Claim.

(2) Providers listed as filing claims on Form CMS-1450 or on the Iowa Medicaid Long-Term Care Claim shall file the institutional version of the Health Care Claim.

(3) Dentists shall file the dental version of the Health Care Claim.

(4) Pharmacists providing drugs and injections shall use the format prescribed by the National Council for Prescription Drug Programs.

d. If a claim submitted electronically requires attachments or supporting clinical documentation and a national electronic attachment has not been adopted, the provider shall:

(1) Use Form 470-3969, Claim Attachment Control, as the cover sheet for the paper attachments or supporting clinical documentation; and

(2) Reference on Form 470-3969 the attachment control number submitted on the ASC X12N 837 electronic transaction.

80.2(2) Claim forms. Claims for payment for services provided recipients shall be submitted on Form CMS-1500, Health Insurance Claim Form, except as noted below.

a. The following providers shall submit claims on Form UB-04, CMS-1450:

(1) Home health agencies providing services other than home- and community-based services.

(2) Hospitals providing inpatient care or outpatient services, including inpatient psychiatric hospitals.

(3) Psychiatric medical institutions for children.

(4) Rehabilitation agencies.

(5) Hospice providers.

(6) Medicare-certified nursing facilities.

(7) Nursing facilities for the mentally ill.

(8) Special population nursing facilities as defined in rule 441—81.6(249A).

(9) Out-of-state nursing facilities.

(10) Health insurance premium payment (HIP) providers.

b. All other nursing facilities and intermediate care facilities for persons with an intellectual disability shall file claims using an electronic version of Form UB-04 CMS-1450.

c. Pharmacies shall submit claims on the Universal Pharmacy Claim Form when filing paper claims.

d. Dentists shall submit claims on the dental claim form approved by the American Dental Association.

e. Rescinded IAB 8/1/07, effective 9/5/07.

f. Providers of home- and community-based waiver services, including home health agencies, shall submit claims on Form 470-2486, Claim for Targeted Medical Care. In the event of the death of the member, the case manager or service worker shall sign and date the claim form if the services were delivered.

g. Case management providers billing services provided pursuant to 441—Chapter 90 to fee-for-service members shall submit claims using a HIPAA-compliant electronic claim.

h. For fee-for-service members, providers billing claims for Medicare beneficiaries that do not cross over electronically to the Iowa Medicaid enterprise must submit the following electronically, in accordance with the All Providers, IV. Billing Iowa Medicaid manual, located at dhs.iowa.gov/sites/default/files/All-IV.pdf:

(1) Form UB-04.

(2) Form CMS-1500. The Explanation of Medicare Benefits (EOMB) is only required when requested by the Iowa Medicaid enterprise.

i. For managed care members, providers billing claims for Medicare beneficiaries that do not cross over electronically must submit the following electronically:

(1) Form UB-04 and the Explanation of Medicare Benefits (EOMB); and

(2) Form CMS-1500 and the Explanation of Medicare Benefits (EOMB).

j. Health insurance premium payment (HIP) providers shall submit Form 470-5475, Health Insurance Premium Payment (HIP) Provider Invoice, along with an explanation of benefits (EOB).

80.2(3) Providers shall purchase their supplies of forms CMS-1450 and CMS-1500 for use in billing.

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

[ARC 9403B, IAB 3/9/11, effective 5/1/11; ARC 9724B, IAB 9/7/11, effective 9/1/11; ARC 9889B, IAB 11/30/11, effective 1/4/12; ARC 2165C, IAB 9/30/15, effective 12/1/15; ARC 3159C, IAB 7/5/17, effective 7/1/17; ARC 3296C, IAB 8/30/17, effective 10/4/17; ARC 3494C, IAB 12/6/17, effective 1/10/18; ARC 4751C, IAB 11/6/19, effective 12/11/19; ARC 5248C, IAB 11/4/20, effective 1/1/21]

441—80.3(249A) Payment from other sources.

80.3(1) Payments deducted. The amount of any payment made directly to the provider of care by the recipient, relatives, or any source shall be deducted from the established cost standard for the service provided to establish the amount of payment to be made by Iowa Medicaid.

80.3(2) Third-party liability. When a third-party liability for medical expenses exists, this resource shall be utilized before the Medicaid program makes payment unless:

a. The department pays the total amount allowed under the Medicaid payment schedule and then seeks reimbursement from the liable third party. This “pay and chase” provision applies to claims for:

(1) Prenatal care,

(2) Preventive pediatric services, and

(3) All services provided to a person for whom there is court-ordered medical support.

b. Otherwise authorized by the department.

80.3(3) Recovery from third parties legally responsible to pay for health care. Parties that are, by statute, contract, or agreement, legally responsible for payment of a claim for a health care item or service shall:

a. Respond to any inquiry by the state regarding a claim for payment for any health care item or service that is submitted no later than three years after the date of the provision of the item or service.

b. Agree not to deny any claim submitted by the state solely because of the date of submission of the claim, the type or format of the claim form, or a failure to present proper documentation at the point of sale that is the basis of the claim, if both of the following conditions are met:

(1) The claim is submitted to the entity by the state within the three-year period beginning on the date on which the item or service was furnished.

(2) Any action by the state to enforce its rights with respect to the claim is commenced within six years of the date that the claim was submitted by the state.

c. Reimburse the Medicaid program within 90 days of the request for repayment.

This rule is intended to implement Iowa Code chapter 249A.

[ARC 7547B, IAB 2/11/09, effective 3/18/09]

441—80.4(249A) Time limit for submission of claims and claim adjustments.

80.4(1) *Submission of claims.* Payment will not be made on any claim when the amount of time that has elapsed between the date the service was rendered and the date the initial claim is received by the Iowa Medicaid enterprise exceeds 365 days. The department shall consider claims submitted beyond the 365-day limit for payment only if retroactive eligibility on newly approved cases is made that exceeds 365 days or if attempts to collect from a third-party payer delay the submission of a claim. In the case of retroactive eligibility, the claim must be received within 365 days of the first notice of eligibility by the department.

80.4(2) *Claim adjustments and resubmissions.* A provider's request for an adjustment to a paid claim or resubmission of a denied claim must be received by the Iowa Medicaid enterprise within 365 days from the date the claim was last adjudicated in order to have the adjustment or resubmission considered. In no case will a claim be paid if the claim is received beyond two years from the date of service.

80.4(3) *Definition.* For purposes of this rule, a claim is "received" when entered into the department's payment system with an action of pay, deny, or suspend. Any claim returned to the provider without such action is not "received."

This rule is intended to implement Iowa Code sections 249A.3, 249A.4 and 249A.12.

[ARC 1155C, IAB 10/30/13, effective 1/1/14]

441—80.5(249A) Authorization process.

80.5(1) *Identification cards.* The department shall issue Form 470-1911, Medical Assistance Eligibility Card, to members for use in securing medical and health services available under the program except as provided in 441—76.6(249A).

a. The department shall issue the Medical Assistance Eligibility Card:

- (1) When the member's eligibility is initially determined.
- (2) Annually thereafter.
- (3) Upon the member's request for replacement of a lost, stolen, or damaged card.

b. The Medical Assistance Eligibility Card is valid only for months in which the member has established eligibility, as indicated on the department's eligibility verification system (ELVS). Payment will be made for services provided to an ineligible person when ELVS indicates that the person was eligible for the period in which the service was provided.

80.5(2) *Third-party liability.* Rescinded IAB 2/11/09, effective 3/18/09.

[ARC 7547B, IAB 2/11/09, effective 3/18/09]

441—80.6(249A) Payment to provider—exception. Payments for medical services may be made only to the provider of the services except as provided below:

80.6(1) *Medical assistance corrective payments.* Payment may be made to the client or county relief agency in accordance with rule 441—75.8(249A).

80.6(2) *Assignment.* Payment may be made in accordance with an assignment to a county for medical services received while the recipient was receiving interim assistance or while an appeal of a denial of medical assistance was pending.

80.6(3) *Business agent of provider.* Payment may be made to a business agent that furnishes statements and receives payments in the name of the provider if the agent's compensation is:

- a. Related to the cost of processing the billing.
- b. Not related on a percentage or other basis to the amount that is billed or collected.
- c. Not dependent upon the collection of the payment.

441—80.7(249A) Health care data match program. As a condition of doing business in Iowa, health insurers shall provide, upon the request of the state, information with respect to individuals who are eligible for or are provided medical assistance under the state's medical assistance state plan to determine (1) during what period the member or the member's spouse or dependents may be or may have been covered by a health insurer and (2) the nature of the coverage that is or was provided by the health insurer. This requirement applies to self-insured plans, group health plans as defined in the federal Employee Retirement Income Security Act of 1974 (Public Law 93-406), service benefit plans, managed care organizations, pharmacy benefits managers, and other parties that are, by statute, contract, or agreement, legally responsible for payment of a claim for a health care item or service.

80.7(1) Agreement required. The parties shall sign a data use agreement for the purposes of this rule. The agreement shall prescribe the manner in which information shall be provided to the department of human services and the acceptable uses of the information provided.

a. The initial provision of data shall include the data necessary to enable the department to match covered persons and identify third-party payers for the two-year period before the initial provision of the data. The data shall include the name, address, and identifying number of the plan.

b. Ongoing monthly matches may be limited to changes in the data previously provided, including additional covered persons, with the effective dates of the changes.

80.7(2) Agreement form.

a. An agreement with the department shall be in substantially the same form as Form 470-4415, Agreement for Use of Data.

b. An agreement with the department's designee shall be in a form approved by the designee, which shall include privacy protections equivalent to those provided in Form 470-4415, Agreement for Use of Data.

80.7(3) Confidentiality of data. The exchange of information carried out under this rule shall be consistent with all laws, regulations, and rules relating to the confidentiality or privacy of personal information or medical records, including but not limited to:

a. The federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191; and

b. Regulations promulgated in accordance with that Act and published in 45 CFR Parts 160 through 164.

[ARC 1070C, IAB 10/2/13, effective 10/1/13]

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

[Filed March 11, 1970; amended September 5, 1973]

[Filed 6/25/76, Notice 5/17/76—published 7/12/76, effective 8/16/76]

[Filed 12/9/76, Notice 11/3/76—published 12/29/76, effective 2/2/77]

[Filed 8/2/79, Notice 5/30/79—published 8/22/79, effective 9/26/79]

[Filed 1/28/82, Notice 11/11/81—published 2/17/82, effective 4/1/82]

[Filed 4/29/82, Notice 12/9/81—published 5/26/82, effective 7/1/82]

[Filed emergency 5/20/83—published 6/8/83, effective 6/1/83]

[Filed emergency 10/7/83—published 10/26/83, effective 11/1/83]

[Filed without Notice 10/7/83—published 10/26/83, effective 12/1/83]

[Filed 11/18/83, Notice 10/12/83—published 12/7/83, effective 2/1/84]

[Filed emergency 5/31/84 after Notice 4/11/84—published 6/20/84, effective 7/1/84]

[Filed 1/22/86, Notice 12/4/85—published 2/12/86, effective 4/1/86]

[Filed 4/28/86, Notice 2/26/86—published 5/21/86, effective 7/1/86]

[Filed emergency 1/15/87—published 2/11/87, effective 1/15/87]

[Filed emergency 6/9/88—published 6/29/88, effective 7/1/88]

[Filed 9/2/88, Notice 6/29/88—published 9/21/88, effective 11/1/88]

[Filed emergency 11/23/88 after Notices 7/13/88, 9/21/88—published 12/14/88, effective 1/1/89]

[Filed emergency 12/8/88 after Notices 10/19/88, 11/2/88—published 12/28/88, effective 1/1/89]

[Filed 7/14/89, Notices 4/19/89, 5/31/89—published 8/9/89, effective 10/1/89]

[Filed 9/15/89, Notice 8/9/89—published 10/4/89, effective 12/1/89]

- [Filed emergency 12/15/89 after Notice 10/4/89—published 1/10/90, effective 1/1/90]
 [Filed 4/13/90, Notice 11/29/90—published 5/2/90, effective 8/1/90]
 [Filed 7/13/90, Notice 5/30/90—published 8/8/90, effective 10/1/90]
 [Filed 10/12/90, Notice 8/8/90—published 10/31/90, effective 2/1/91]
 [Filed emergency 1/17/91—published 2/6/91, effective 2/1/91]
 [Filed 3/14/91, Notice 2/6/91—published 4/3/91, effective 6/1/91]
 [Filed 8/8/91, Notice 6/26/91—published 9/4/91, effective 11/1/91]
 [Filed 9/18/91, Notice 7/10/91—published 10/16/91, effective 12/1/91]
 [Filed emergency 1/16/92 after Notice 11/29/91—published 2/5/92, effective 3/1/92]
 [Filed 3/12/92, Notice 2/5/92—published 4/1/92, effective 7/1/92]
 [Filed 1/14/93, Notice 11/11/92—published 2/3/93, effective 4/1/93]
 [Filed without Notice 8/12/93—published 9/1/93, effective 11/1/93]
 [Filed 12/16/93, Notice 9/1/93—published 1/5/94, effective 3/1/94]
 [Filed 4/14/94, Notice 2/16/94—published 5/11/94, effective 7/1/94]
 [Filed 4/11/97, Notice 2/12/97—published 5/7/97, effective 7/1/97]
 [Filed emergency 5/14/97 after Notice 3/12/97—published 6/4/97, effective 7/1/97]
 [Filed 6/12/97, Notice 4/23/97—published 7/2/97, effective 9/1/97]
 [Filed 6/8/00, Notice 4/19/00—published 6/28/00, effective 8/2/00]
 [Filed emergency 12/14/00 after Notice 9/20/00—published 1/10/01, effective 1/1/01]
 [Filed 12/14/00, Notice 11/1/00—published 1/10/01, effective 3/1/01]
 [Filed emergency 6/13/01—published 7/11/01, effective 7/1/01][◇]
 [Filed 7/11/01, Notice 5/16/01—published 8/8/01, effective 10/1/01]
 [Filed 12/12/01, Notice 7/11/01—published 1/9/02, effective 3/1/02]
 [Filed emergency 1/9/02 after Notice 11/14/01—published 2/6/02, effective 2/1/02]
 [Filed 2/14/02, Notice 1/9/02—published 3/6/02, effective 5/1/02]
 [Filed emergency 12/12/02 after Notice 10/16/02—published 1/8/03, effective 1/1/03]
 [Filed 5/16/03, Notice 4/2/03—published 6/11/03, effective 7/16/03]
 [Filed without Notice 5/4/05—published 5/25/05, effective 7/1/05]
 [Filed 5/16/07, Notice 2/14/07—published 6/6/07, effective 8/1/07]
 [Filed 7/12/07, Notice 5/23/07—published 8/1/07, effective 9/5/07]
 [Filed ARC 7547B (Notice ARC 7355B, IAB 11/19/08), IAB 2/11/09, effective 3/18/09]
 [Filed ARC 9403B (Notice ARC 9170B, IAB 10/20/10), IAB 3/9/11, effective 5/1/11]
 [Filed Emergency ARC 9724B, IAB 9/7/11, effective 9/1/11]
 [Filed ARC 9889B (Notice ARC 9725B, IAB 9/7/11), IAB 11/30/11, effective 1/4/12]
 [Filed Emergency After Notice ARC 1070C (Notice ARC 0909C, IAB 8/7/13), IAB 10/2/13, effective 10/1/13]
 [Filed ARC 1155C (Notice ARC 0912C, IAB 8/7/13), IAB 10/30/13, effective 1/1/14]
 [Filed ARC 2165C (Notice ARC 2061C, IAB 7/22/15), IAB 9/30/15, effective 12/1/15]
 [Filed Emergency ARC 3159C, IAB 7/5/17, effective 7/1/17]
 [Filed ARC 3296C (Notice ARC 3163C, IAB 7/5/17), IAB 8/30/17, effective 10/4/17]
 [Filed ARC 3494C (Notice ARC 3321C, IAB 9/27/17), IAB 12/6/17, effective 1/10/18]
 [Filed ARC 4751C (Notice ARC 4600C, IAB 8/14/19), IAB 11/6/19, effective 12/11/19]
 [Filed ARC 5248C (Notice ARC 5131C, IAB 8/12/20), IAB 11/4/20, effective 1/1/21]

[◇] Two or more ARCs

CHAPTER 133
IV-A EMERGENCY ASSISTANCE PROGRAM

PREAMBLE

This chapter defines and structures the department of human services' IV-A emergency assistance program. This program is designed to extend a menu of services to children who are victims or at risk of abuse or neglect, at risk of out-of-home placement, or in need of care or treatment. These rules define emergency assistance services as family-centered services, family preservation services, foster care, protective day care and wrap-around services. The rules further outline an application process, eligibility criteria, methods of service provision, and duration of service.

441—133.1(235) Definitions.

“*Child*” means a person under 18 years of age.

“*Department worker*” means the worker who is responsible for providing social casework as described in 441—Chapter 131.

“*Emergency assistance*” means any one or more of the following services provided in response to a IV-A emergency assistance application:

1. Family-centered services as set forth in 441—Chapter 172.
2. Shelter care as set forth in 441—Chapters 156 and 202, except for placements of less than 48 hours.
3. Protective child care as set forth in 441—Chapter 170.
4. Tracking, monitoring, and outreach as set forth in 441—Chapter 151, Division III.

“*Family*” includes the following members:

1. Legal spouses (including common law) who reside in the same household.
2. Natural, adoptive, or stepmother or stepfather, and children who reside in the same household.
3. An individual or child who lives alone or who resides with a person, or persons, not legally responsible for the child's support.

[ARC 7741B, IAB 5/6/09, effective 7/1/09; ARC 5248C, IAB 11/4/20, effective 1/1/21]

441—133.2(235) Application. An application for emergency assistance shall be made according to rule 441—130.2(234). An application shall be completed anytime a decision is made to provide emergency assistance or when an adult family member requests emergency assistance on behalf of a child.

133.2(1) The application shall be filed by a parent, except where both parents are absent or unwilling to apply on behalf of a child who meets all other eligibility conditions, in which case another adult member of the family with whom the child resides or has resided within the past six months acting on behalf of the child may file the application.

133.2(2) If the application is made on behalf of a child for whom the department has legal custody, the department worker may sign the application on behalf of the child.

[ARC 7741B, IAB 5/6/09, effective 7/1/09]

441—133.3(235) Eligibility. To be eligible for emergency assistance, the family shall meet all of the following criteria:

133.3(1) Existence of an emergency. An emergency situation shall exist. An emergency exists when one of the following situations exists:

- a. Abuse, neglect, or abandonment of a child exists, or risk of same.
- b. Children are in imminent danger where continued presence in the home is not in the best interests of the child.
- c. Children have been removed from the home or are at risk of removal from the home because of abuse, neglect, which may include homelessness, or inability of parents to provide needed care or treatment or to control the behavior of the child.

133.3(2) No refusal to accept employment or training. The emergency situation did not arise out of an applicant's or applicant's family's refusal without good cause to accept employment or training for employment within 30 days of the date of the application.

133.3(3) Residence. The child is living, or within six months prior to the month in which assistance is requested has been living, with one or both parents, or a grandparent, adoptive parent, stepparent, sibling, aunt, uncle or cousin in a place of residence maintained as the child's own home.

133.3(4) Service need. The applicant must demonstrate a need for one or more of the emergency assistance services as follows:

- a. Family-centered services as established in 441—Chapter 172.
- b. Shelter care as established at rule 441—202.2(234).
- c. Protective child care as established at 441—subparagraph 170.2(2) “b”(3).
- d. Tracking, monitoring, and outreach as established at rule 441—151.33(232).

133.3(5) Receipt of assistance. An application for IV-A emergency assistance was not previously approved within 12 months of the current application for IV-A emergency assistance.

133.3(6) Financial eligibility. The applicant family:

- a. Is receiving FIP, SSI, food assistance benefits, or Medicaid in the month of the application, or
- b. Does not have cash to provide needed emergency care or services as evidenced by the applicant family's income not exceeding 800 percent of the poverty guidelines established by the Office of Management and Budget.

[ARC 7741B, IAB 5/6/09, effective 7/1/09; ARC 5248C, IAB 11/4/20, effective 1/1/21]

441—133.4(235) Method of service provision. Except for tracking, monitoring, and outreach services, services shall be provided through department workers or through purchase of service agreements with providers that are approved by the department as qualified to provide specified services and have a current contract with the department of human services to provide services.

[ARC 7741B, IAB 5/6/09, effective 7/1/09]

441—133.5(235) Duration of services. Services to families and children provided through the emergency assistance program as a result of a single application may be provided for either a period not to exceed 12 months or until there is no longer a need for services according to eligibility criteria for the specified services, whichever occurs first.

[ARC 7741B, IAB 5/6/09, effective 7/1/09]

441—133.6(235) Discontinuance of the program. The program shall be discontinued when federal funds have been exhausted.

These rules are intended to implement Iowa Code section 235.2.

[Filed emergency 9/15/94—published 10/12/94, effective 10/1/94]

[Filed emergency 12/14/94—published 1/4/95, effective 12/14/94]

[Filed 2/16/95, Notices 10/12/94, 1/4/95—published 3/15/95, effective 5/1/95]

[Filed emergency 3/20/95—published 4/12/95, effective 4/1/95]

[Filed 6/7/95, Notice 4/12/95—published 7/5/95, effective 9/1/95]

[Filed without Notice 6/10/98—published 7/1/98, effective 8/15/98]

[Filed 8/12/98, Notice 7/1/98—published 9/9/98, effective 11/1/98]

[Filed ARC 7741B (Notice ARC 7526B, IAB 1/28/09), IAB 5/6/09, effective 7/1/09]

[Filed ARC 5248C (Notice ARC 5131C, IAB 8/12/20), IAB 11/4/20, effective 1/1/21]

CHAPTER 172
FAMILY-CENTERED SERVICES

PREAMBLE

These rules define and describe procedures for delivery of family-centered services. The rules describe the service definitions, eligibility criteria, and procedures for client appeals.

[ARC 9491B, IAB 5/4/11, effective 7/1/11; ARC 5248C, IAB 11/4/20, effective 1/1/21]

441—172.1(234) Definitions.

“Agency” means the Iowa department of human services.

“Agency child welfare service case” means at least one child in a household is involved in agency services with an agency-assigned social work case manager.

“Agency worker” means the agency child welfare worker who has been assigned responsibility for a child and family’s case, either to perform a child abuse assessment, family assessment, or child in need of assistance (CINA) assessment or assume case management responsibility for ongoing agency child welfare service cases.

“Candidate for foster care” means a child who is identified in a prevention plan as being at imminent risk of entering foster care but who can remain safely in the child’s home or in a kinship placement as long as services or programs that are necessary to prevent the entry of the child into foster care are provided. “Candidate for foster care” includes a child whose adoption or guardianship arrangement is at risk of a disruption or dissolution that would result in a foster care placement.

“Child,” “children,” or “youth” means a person or persons who meet the definition of a child in Iowa Code section 234.1(2).

“Child abuse” means one or more of the categories of child abuse defined in Iowa Code section 232.68.

“Child abuse assessment” means an assessment process by which the agency responds to all accepted reports of child abuse that allege child abuse as defined in Iowa Code section 232.68(2) “a”(1) through (3) and (5) through (11); or that allege child abuse as defined in Iowa Code section 232.68(2) “a”(4) that also allege imminent danger, death, or injury to a child. A child abuse assessment results in a disposition and a determination of whether a case meets the definition of child abuse and a determination of whether criteria for placement on the registry are met.

“Child in need of assistance” or “CINA” means a child adjudicated by juvenile court to be a child in need of assistance pursuant to Iowa Code section 232.2.

“Child vulnerability” means the degree that a child cannot on the child’s own avoid, negate, or minimize the impact of present or impending danger.

“Contractor” means a private organization authorized to do business in Iowa that has entered into a contract with the agency to provide one or more of the services defined in this chapter. “Contractor” refers to the organization that is named as the responsible party in the contract and whose authorized representative has signed the contract.

“Family assessment” means an assessment process by which the agency responds to all accepted reports of child abuse that allege child abuse as defined in Iowa Code section 232.68(2) “a”(4), but do not allege imminent danger, death, or injury to a child. A family assessment does not include a determination of whether a case meets the definition of child abuse and does not include a determination of whether criteria for placement on the registry are met.

“Family-centered services” means the services provided by contract pursuant to this chapter.

“Family preservation services” or “FPS” means short-term, intensive, home-based crisis interventions targeted to families that have children at imminent risk of removal and placement in foster care. Family preservation services combine skill-based interventions and flexibility so that services are available to families according to their individual needs.

“Fictive kin” means a person who is unrelated to a child by blood, adoption, or marriage, but who has an emotionally significant relationship with the child or the child’s family.

“Household” means the place where a child resides.

“*Kinship caregiver*” means a relative or fictive kin providing care for a child.

“*Non-agency-involved case*” means a case in which no one in the household is involved with an agency-assigned social work case manager.

“*Permanency*” means a child has a safe, stable, custodial environment in which to grow up and a lifelong relationship with a nurturing caregiver.

“*Protective capacities*” means the family strengths or resources that reduce, control, or prevent risks from arising or from having an unsafe impact on a child.

“*Risk*” means the probability or likelihood that a child will experience maltreatment.

“*Safe*” means that no signs of present or impending danger to a child are identified or that one or more signs of present or impending danger are identified but the child’s degree of vulnerability or the caregiver’s protective capacities offset the current threat. The child is not likely to be in imminent danger of maltreatment.

“*SafeCare®*” means an evidence-based training curriculum for parents who are at risk or have been reported for child abuse. Through SafeCare®, parents receive weekly home visits to improve skills in several areas, including home safety, health care, and parent-child interaction.

“*Solution Based Casework®*” or “*SBC*” means an evidence-based, family-centered model of child welfare assessment, case planning, and ongoing casework. The goal of SBC is to work in partnership with the family to help identify the family’s strengths, to focus on everyday life events, and to help the family build the skills necessary to manage difficult situations.

[ARC 9491B, IAB 5/4/11, effective 7/1/11; ARC 1156C, IAB 10/30/13, effective 1/1/14; ARC 5248C, IAB 11/4/20, effective 1/1/21]

441—172.2(234) Purpose and scope. Family-centered services are designed for the child, parent, or kinship caregiver of the child when the needs of the child, parent, or kinship caregiver for the services are directly related to the safety, permanency, or well-being of the child, or to preventing the child from entering foster care. The outcome of the services may be to maintain the child with a parent or in the home of the kinship caregiver, to reunify the child safely with a parent or kinship caregiver, or to achieve permanent family connections for the child.

172.2(1) Family-centered services provide interventions and supports based on identified needs of children and families that have come to the agency’s attention because of:

- a. Evaluation of the findings of a child abuse assessment report and the family’s risk assessment score; or
 - b. The child’s adjudication as a child in need of assistance pursuant to Iowa Code section 232.2;
- or
- c. The child’s placement out of home under the agency’s care and supervision.

172.2(2) Family-centered services shall be designed to:

- a. Identify and build on the family’s strengths and enhance the family’s protective capacities;
- b. Address the risk factors that affect the child’s safety, permanency, and well-being;
- c. Strengthen family connections to community resources and informal support systems in order to promote greater self-reliance; and
- d. Remain culturally competent and respectful of the family’s cultural, ethnic, and racial identity and values.

172.2(3) Family-centered services shall utilize evidence-based interventions to the greatest possible extent.

172.2(4) Family-centered services shall include the following persons:

- a. A child eligible for services under this rule, as defined by the agency;
- b. Any sibling of that child who resides in the same household at the time of service referral or moves into the household during the service delivery period; and
- c. A parent, stepparent, or kinship caregiver of the child.

172.2(5) Family-centered services shall include SBC for agency child welfare service cases and non-agency-involved cases when criteria in subrule 172.2(1) are met.

172.2(6) Based on child and family needs, a child and family with an open agency child welfare service case that are receiving SBC may also be approved to receive the following additional services, which are referred separately:

- a. SafeCare®.
- b. Family preservation services.
- c. Family team decision-making (FTDM) and youth transition decision-making (YTDM) meeting facilitation.

172.2(7) Case management. During the time that a child and the child's family are approved to receive family-centered services on an open agency child welfare service case, the agency worker shall be responsible for maintaining contact with the child and family to ensure that:

- a. The factors that present risks of harm to the safety and well-being of all children in the family are being adequately addressed; and
- b. Services and supports are in place to achieve the child's permanency goal.

[ARC 9491B, IAB 5/4/11, effective 7/1/11; ARC 5248C, IAB 11/4/20, effective 1/1/21]

441—172.3(234) Authorization. When the agency has approved provision of family-centered services for a child and family, the agency worker shall notify the contractor by issuing the referral and authorization for child welfare services form. This authorization form shall indicate:

1. The specific service category authorized; and
2. The duration of the authorization.

[ARC 9491B, IAB 5/4/11, effective 7/1/11; ARC 1156C, IAB 10/30/13, effective 1/1/14; ARC 5248C, IAB 11/4/20, effective 1/1/21]

441—172.4(234) Reimbursement. Rescinded ARC 5248C, IAB 11/4/20, effective 1/1/21.

441—172.5(234) Client appeals. Clients may appeal the agency's decision pursuant to 441—Chapter 7 when:

1. The client's application for services as described in this chapter is denied, or
2. The services are terminated.

[ARC 9491B, IAB 5/4/11, effective 7/1/11]

441—172.6(234) Reviews and audits. Rescinded ARC 5248C, IAB 11/4/20, effective 1/1/21.

These rules are intended to implement Iowa Code section 234.6.

[Filed 5/16/07, Notice 1/31/07—published 6/6/07, effective 10/1/07]

[Filed emergency 11/14/07—published 12/5/07, effective 11/15/07]

[Filed 2/13/08, Notice 12/5/07—published 3/12/08, effective 4/16/08]

[Filed ARC 9491B (Notice ARC 9353B, IAB 2/9/11), IAB 5/4/11, effective 7/1/11]

[Filed ARC 1156C (Notice ARC 0915C, IAB 8/7/13), IAB 10/30/13, effective 1/1/14]

[Filed ARC 2885C (Notice ARC 2771C, IAB 10/12/16), IAB 1/4/17, effective 3/1/17]

[Filed ARC 5248C (Notice ARC 5131C, IAB 8/12/20), IAB 11/4/20, effective 1/1/21]

CHAPTER 175
ABUSE OF CHILDREN

[Prior to 7/1/83, Social Services[770] Ch 135]
[Previously appeared as Ch 135—renumbered IAB 2/29/84]
[Prior to 2/11/87, Human Services[498]]

DIVISION I
CHILD ABUSE

[Rescinded IAB 5/6/98, effective 9/1/98]

441—175.1 to 175.20 Reserved.

DIVISION II
CHILD ABUSE ASSESSMENT

PREAMBLE

The purpose of this division is to implement requirements established in the Iowa Code which charge the department of human services with accepting reports of child abuse, assessing those reports and taking necessary steps to ensure a reported child's safety. Protection is provided through encouraging the reporting of suspected cases of abuse, conducting a thorough and prompt assessment of the reports, and providing rehabilitative services to abused children and their families. This response to reports of child abuse emphasizes child safety and engagement of a family in services, where necessary. The assessment-based approach recognizes that child protection and strong families are the responsibility not only of the family itself, but also of the larger community (including formal and informal service networks). It is the department's legal mandate to respond to reports of child abuse. The assessment approach shall allow the department to develop divergent strategies when responding to reports of child abuse, adjusting its response according to the severity of abuse, to the functioning of the family, and to the resources available within the child and family's community.

441—175.21(232,235A) Definitions.

"Adequate food, shelter, clothing, medical or mental health treatment, supervision or other care" means that food, shelter, clothing, medical or mental health treatment, supervision or other care which, if not provided, would constitute a denial of critical care.

"Allegation" means a statement setting forth a condition or circumstance yet to be proven.

"Assessment" means the process by which the department responds to all accepted reports of alleged child abuse. An "assessment" addresses child safety, family functioning, culturally competent practice, and identifies the family strengths and needs, and engages the family in services if needed. The department's assessment process occurs either through a child abuse assessment or a family assessment.

"Assessment intake" means the process by which the department receives and records a report of suspected child abuse.

"Caretaker" means a person responsible for the care of a child as defined in Iowa Code section 232.68.

"Case" means a report of suspected child abuse that has been accepted for assessment services.

"Child abuse assessment" means an assessment process by which the department responds to all accepted reports of child abuse which allege child abuse as defined in Iowa Code section 232.68(2) "a"(1) through (3) and (5) through (11) as amended by 2016 Iowa Acts, Senate File 2258; or which allege child abuse as defined in Iowa Code section 232.68(2) "a"(4) that also allege imminent danger, death, or injury to a child. A "child abuse assessment" results in a disposition and a determination of whether a case meets the definition of child abuse and a determination of whether criteria for placement on the registry are met.

"Denial of critical care" means the failure on the part of a person responsible for the care of a child to provide for the adequate food, shelter, clothing, medical or mental health treatment, supervision or other care necessary for the child's health and welfare when financially able to do so, or when offered financial or other reasonable means to do so, and shall mean any of the following:

1. Failure to provide adequate food and nutrition to the extent that there is danger of the child suffering injury or death.
2. Failure to provide adequate shelter to the extent that there is danger of the child suffering injury or death.
3. Failure to provide adequate clothing to the extent that there is danger of the child suffering injury or death.
4. Failure to provide adequate health care to the extent that there is danger of the child suffering injury or death. A parent or guardian legitimately practicing religious beliefs who does not provide specified medical treatment for a child for that reason alone shall not be considered abusing the child and shall not be placed on the child abuse registry. However, a court may order that medical service be provided where the child's health requires it.
5. Failure to provide the mental health care necessary to adequately treat an observable and substantial impairment in the child's ability to function.
6. Gross failure to meet the emotional needs of the child necessary for normal development.
7. Failure to provide for the adequate supervision of the child that a reasonable and prudent person would provide under similar facts and circumstances when the failure results in direct harm or creates a risk of harm to the child.
8. Failure to respond to the infant's life-threatening conditions (also known as withholding medically indicated treatment) by providing treatment (including appropriate nutrition, hydration and medication) which in the treating physician's reasonable medical judgment will be most likely to be effective in ameliorating or correcting all conditions, except that the term does not include the failure to provide treatment (other than appropriate nutrition, hydration, or medication) to an infant when, in the treating physician's reasonable medical judgment any of the following circumstances apply: the infant is chronically and irreversibly comatose; the provision of the treatment would merely prolong dying, not be effective in ameliorating or correcting all of the infant's life-threatening conditions, or otherwise be futile in terms of the survival of the infant; the provision of the treatment would be virtually futile in terms of the survival of the infant and the treatment itself under the circumstances would be inhumane.

"Department" means the Iowa department of human services and includes the local offices of the department.

"Differential response" means an assessment system in which there are two discrete pathways to respond to accepted reports of child abuse, a child abuse assessment and a family assessment. The child abuse assessment pathway shall require a determination of abuse and a determination of whether criteria for placement on the central abuse registry are met.

"Facility providing care to a child" means any public or private facility, including an institution, hospital, health care facility, intermediate care facility for persons with an intellectual disability, residential care facility for persons with an intellectual disability, or skilled nursing facility, group home, mental health facility, residential treatment facility, shelter care facility, detention facility, or child care facility which includes licensed day care centers, all registered family and group day care homes and licensed family foster homes. A public or private school is not a facility providing care to a child, unless it provides overnight care. Public facilities which are operated by the department of human services are assessed by the department of inspections and appeals.

"Family assessment" means an assessment process by which the department responds to all accepted reports of child abuse which allege child abuse as defined in Iowa Code section 232.68(2) "a"(4), but do not allege imminent danger, death, or injury to a child. A "family assessment" does not include a determination of whether a case meets the definition of child abuse and does not include a determination of whether criteria for placement on the central abuse registry are met.

"Home" means a permanent or temporary structure where one resides, including a licensed foster family home. For the purpose of this chapter, "home" shall not be construed to include any public or private facility, such as an institution, hospital, health care facility, intermediate care facility for persons with an intellectual disability, residential care facility for persons with an intellectual disability, skilled nursing facility, group care, mental health facility, residential treatment facility, shelter care facility, detention facility, licensed day care center, or child foster care provided by an agency.

“Illegal drug” means cocaine, heroin, amphetamine, methamphetamine or other illegal drugs, including marijuana, or combinations or derivatives of illegal drugs which were not prescribed by a health practitioner.

“Immediate threat” or *“imminent danger”* means conditions which, if no response were made, would be more likely than not to result in sexual abuse, injury or death to a child.

“Infant,” as used in the definition of “denial of critical care,” numbered paragraph “8,” means an infant less than one year of age or an infant older than one year of age who has been hospitalized continuously since birth, who was born extremely prematurely, or who has a long-term disability.

“Nonaccidental physical injury” means an injury which was the natural and probable result of a caretaker’s actions which the caretaker could have reasonably foreseen, or which a reasonable person could have foreseen in similar circumstances, or which resulted from an act administered for the specific purpose of causing an injury.

“Physical injury” means damage to any bodily tissue to the extent that the tissue must undergo a healing process in order to be restored to a sound and healthy condition or damage to any bodily tissue which results in the death of the person who has sustained the damage.

“Preponderance of evidence” means evidence which is of greater weight or more convincing than the evidence which is offered in opposition to it.

“Proper supervision” means that supervision which a reasonable and prudent person would exercise under similar facts and circumstances, but in no event shall the person place a child in a situation that may endanger the child’s life or health, or cruelly or unduly confine the child. Dangerous operation of a motor vehicle is a failure to provide proper supervision when the person responsible for the care of a child is driving recklessly, or driving while intoxicated with the child in the motor vehicle. The failure to restrain a child in a motor vehicle does not, by itself, constitute a cause to assess a child abuse report.

“Rejected intake” means a report of suspected child abuse that has not been accepted for assessment.

“Reporter” means the person making a verbal or written statement to the department, alleging child abuse.

“Report of suspected child abuse” means a verbal or written statement made to the department by a person who suspects that child abuse has occurred.

“Reside” or *“resides”* means to habitually sleep or live. A person’s subjective intent as to where the person resides is not relevant.

“Sex trafficking” means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of commercial sexual activity as defined in Iowa Code section 710A.1.

“Sex trafficking victim” means a victim of sex trafficking.

“Subject of a report of child abuse” means any of the following:

1. A child named in a report as having been abused, or the child’s attorney or guardian ad litem.
2. A parent or the attorney for the parent of a child named in a child abuse assessment summary as having been abused.
3. A guardian or legal custodian, or that person’s attorney, of a child named in a child abuse assessment summary as having been abused.
4. A person or the attorney for the person named in a child abuse assessment summary as having abused a child.

“Unduly” shall mean improper or unjust, or excessive.

[ARC 9698B, IAB 9/7/11, effective 8/15/11; ARC 1156C, IAB 10/30/13, effective 1/1/14; ARC 2069C, IAB 8/5/15, effective 10/1/15; ARC 2742C, IAB 10/12/16, effective 12/1/16; ARC 5248C, IAB 11/4/20, effective 1/1/21]

441—175.22(232) Receipt of a report of suspected child abuse. Reports of suspected child abuse shall be received by local department offices, the central abuse registry, or the Child Abuse Hotline.

175.22(1) Any report made to the department which alleges child abuse, as defined in Iowa Code section 232.68, or constitutes a complaint that a child is a child in need of assistance, as defined in Iowa Code section 232.2(6), shall be accepted for assessment.

175.22(2) Reports of suspected child abuse which do not meet the legal definition of child abuse shall become rejected intakes.

a. If a report of suspected child abuse does not meet the legal definition of child abuse or is accepted as a family assessment, but a criminal act harming a child is alleged, the department shall immediately refer the matter to the appropriate law enforcement agency.

b. If a report constitutes an allegation of child sexual abuse as defined under Iowa Code section 232.68(2)“a”(3) as amended by 2016 Iowa Acts, Senate File 2258, except that the suspected abuse resulted from the acts or omissions of a person who was not a caretaker or was not a person who resides in a home with the child, the department shall refer the report to law enforcement orally as soon as practicable and follow up in writing within 72 hours of receiving the report.

[ARC 1156C, IAB 10/30/13, effective 1/1/14; ARC 2069C, IAB 8/5/15, effective 10/1/15; ARC 2742C, IAB 10/12/16, effective 12/1/16]

441—175.23(232) Sources of report of suspected child abuse.

175.23(1) *Mandatory reporters.* Any person meeting the criteria of a mandatory reporter is required to make an oral report of the suspected child abuse to the department within 24 hours of becoming aware of the abusive incident and make a written report to the department within 48 hours following the oral report. If the person making the report has reason to believe that immediate protection for the child is advisable, that person shall also make an oral report to an appropriate law enforcement agency.

175.23(2) *Others required to report.* In addition to mandatory reporters which are so designated by the Iowa Code, there are other classifications of persons who are required, either by administrative rule or department policy, to report suspected child abuse when this is a duty identified through the person’s employment. Others required to report include:

- a.* Income maintenance workers.
- b.* Certified adoption investigators.

175.23(3) *Permissive reporters.* Any person who suspects child abuse may make an oral or written report, or both, to the department. Mandatory reporters may report as permissive reporters when they suspect abuse of a child outside the scope of their professions. A permissive reporter may remain anonymous and is not required by law to report abuse.

[ARC 1156C, IAB 10/30/13, effective 1/1/14]

441—175.24(232) Assessment intake process. The primary purpose of intake is to obtain available and pertinent information regarding an allegation of child abuse and determine whether a report of suspected child abuse becomes accepted for assessment or a rejected intake.

175.24(1) To result in an assessment, the report of suspected child abuse must include some information to indicate all of the following.

- a.* The alleged victim of child abuse is a child.
- b.* The alleged perpetrator of child abuse is:
 - (1) A caretaker; or
 - (2) A person who resides in a home with the child, if the allegation is sexual abuse as defined in Iowa Code section 232.68(2)“a”(3) as amended by 2016 Iowa Acts, Senate File 2258; or
 - (3) A person who engages in or allows child sex trafficking as defined in Iowa Code section 232.68(2)“a”(11) as amended by 2016 Iowa Acts, Senate File 2258.
- c.* The alleged incident falls within the definition of child abuse.

175.24(2) If the report constitutes a child abuse allegation, a determination is made as to whether the assessment will be assigned as a child abuse assessment, to be commenced within 24 hours of receiving the report, or a family assessment, to be commenced within 72 hours of receiving the report.

a. A child abuse assessment is required for all accepted reports which allege child abuse as defined in Iowa Code section 232.68(2)“a”(1) through (3) and (5) through (11) as amended by 2016 Iowa Acts, Senate File 2258; or which allege child abuse as defined in Iowa Code section 232.68(2)“a”(4) that also allege imminent danger, death, or injury to a child. If one or more of the following factors are met, a child abuse assessment shall be required:

- (1) The alleged abuse type includes a category other than denial of critical care.

(2) The allegation requires a one-hour response or alleges imminent danger, death, or injury to a child.

(3) The child has been taken into protective custody as a result of the allegation.

(4) There is an open service case on the alleged child victim or any sibling or any other child who resides in the home or in the home of the noncustodial parent if the noncustodial parent is the alleged person responsible.

(5) The alleged person responsible is not a birth or adoptive parent, a legal guardian, or a member of the child's household.

(6) There has been a termination of parental rights in juvenile court on the alleged person responsible or on any caretaker who resides in the home.

(7) There has been prior confirmed or founded abuse within the past six months which lists any caretaker who resides in the home as the person responsible.

(8) It is alleged that illegal drugs are being manufactured or sold from the family home.

(9) The allegation is failure to thrive or that the caretaker has failed to respond to an infant's life-threatening condition.

(10) The allegation involves an incident for which the caretaker has been charged with a felony under Iowa Code chapter 726.

b. A family assessment is required for all accepted reports which allege child abuse as defined in Iowa Code section 232.68(2) "a"(4) but do not allege imminent danger, death, or injury to a child. If all of the following factors are met, a family assessment shall be required:

(1) The alleged abuse type is denial of critical care only.

(2) The allegation does not require a one-hour response or allege imminent danger, death, or injury to a child.

(3) The child has not been taken into protective custody as a result of the allegation.

(4) There is no current open service case on the alleged child victim or any sibling or any other child who resides in the home or in the home of the noncustodial parent if the noncustodial parent is the alleged person responsible.

(5) The alleged person responsible is a birth or adoptive parent, a legal guardian, or a member of the child's household.

(6) There has not been a termination of parental rights in juvenile court on the alleged person responsible or on any caretaker who resides in the home.

(7) There has been no prior confirmed or founded abuse within the past six months which lists any caretaker who resides in the home as the person responsible.

(8) It is not alleged that illegal drugs are being manufactured or sold from the family home.

(9) The allegation is not failure to thrive or that the caretaker has failed to respond to an infant's life-threatening condition.

(10) The allegation does not involve an incident for which the caretaker has been charged with a felony under Iowa Code chapter 726.

175.24(3) Only the person making a report of suspected abuse may be contacted during the intake process to expand upon or to clarify information in the report. Any contact with subjects of the report or with anyone outside the department of human services, other than the original reporter(s), automatically causes the report of suspected child abuse to be accepted for assessment.

175.24(4) If the report of suspected child abuse fails to constitute a child abuse allegation.

a. When it is determined that the report of suspected child abuse fails to constitute a child abuse allegation, the report of suspected child abuse shall become a rejected intake and shall be evaluated to determine whether the information reported constitutes a complaint that a child is a child in need of assistance.

b. When it is determined that a report of a child needing the assistance of the court fails to meet the definition of a child in need of assistance, the report shall become a rejected intake.

c. Rejected intake information shall be maintained by the department for three years from the date the report was rejected and shall then be destroyed.

175.24(5) Intake information shall be provided as follows:

- a. The county attorney shall be notified of all reports of suspected child abuse.
- b. When a report of suspected child abuse is received which does not meet the requirements for an assessment or is accepted as a family assessment and there is information about a criminal act harming a child, the department shall notify law enforcement of the report.
- c. If the department has reasonable cause to believe that a child or youth for whom the department has responsibility for placement, care, or supervision is or is at risk of being a victim of sex trafficking or a severe form of trafficking in persons, the department must identify that child or youth as such, document it in agency records, and refer the information as necessary to determine appropriate services, in accordance with 42 U.S.C. Section 671(a)(9)(C). Additionally, the department shall report the child or youth immediately, and in no case later than 24 hours, to law enforcement authorities, in accordance with 42 U.S.C. Section 671(a)(34).

[ARC 8453B, IAB 1/13/10, effective 3/1/10; ARC 1156C, IAB 10/30/13, effective 1/1/14; ARC 2069C, IAB 8/5/15, effective 10/1/15; ARC 2742C, IAB 10/12/16, effective 12/1/16]

441—175.25(232) Assessment process. A child abuse assessment shall be initiated within 24 hours following the report of suspected child abuse. A family assessment shall be initiated within 72 hours following the report of suspected child abuse. The primary purpose in conducting an assessment is to protect the safety of the child named in the report. The secondary purpose of the assessment is to engage the child's family in services in a culturally competent way, to enhance family strengths and to address needs, where this is necessary and desired.

175.25(1) Observing and evaluating the child's safety. A safety assessment and risk assessment will be completed during the course of a child abuse assessment or family assessment.

a. During a child abuse assessment, when there is an immediate threat to the child's safety, reasonable efforts shall be made to observe the alleged child victim and evaluate the safety of the child named in the report within one hour of receipt of the report of suspected child abuse. Otherwise, reasonable efforts shall be made to observe the alleged child victim and evaluate the child's safety within 24 hours of receipt of the report of suspected child abuse.

(1) When the alleged perpetrator clearly does not have access to the alleged child victim, reasonable efforts shall be made to observe the alleged child victim and evaluate the child's safety within 96 hours of receipt of the report of suspected child abuse.

(2) When reasonable efforts have been made to observe the alleged child victim within the specified time frames and the worker has established that there is no risk to the alleged child victim, the observation of the alleged child victim may be delayed or waived with supervisory approval.

b. During a family assessment, reasonable efforts shall be made to observe the alleged child victim and evaluate the child's safety within 72 hours of receipt of the report of suspected child abuse.

(1) When reasonable efforts have been made to observe the alleged child victim within the specified time frame and the worker has established that there is no risk to the alleged child victim, the observation of the alleged child victim may be delayed or waived with supervisory approval.

(2) If at any time during a family assessment a child is determined unsafe or in imminent danger, it appears that the immediate safety or well-being of a child is endangered, it appears that the family may flee or the child may disappear, or that the facts otherwise warrant, the department shall immediately commence a child abuse assessment as defined in Iowa Code section 232.71B as amended by 2013 Iowa Acts, House File 590.

(3) If the department determines that safety issues continue to require a child to reside outside of the child's home at the conclusion of a family assessment, the department shall transfer the assessment to the child abuse assessment pathway for a disposition.

c. If the department has reasonable cause to believe that a child or youth for whom the department has responsibility for placement, care, or supervision is or is at risk of being a victim of sex trafficking or a severe form of trafficking in persons, the department must identify that child or youth as such, document it in agency records, and determine appropriate services, in accordance with 42 U.S.C. Section 671(a)(9)(C). Additionally, the department shall report the child or youth immediately, and in no case later than 24 hours, to law enforcement authorities, in accordance with 42 U.S.C. Section 671(a)(34).

175.25(2) *Interviewing the alleged child victim.* The primary purpose of an interview with the child, during the course of a child abuse assessment or family assessment, is to gather information regarding the abuse allegation, the child's immediate safety, and risk of abuse. During a child abuse assessment, the child protection worker shall also identify the person or persons responsible for the alleged abuse as well as the nature, extent, and cause of injuries, if any, to the child named in the report of suspected child abuse.

175.25(3) *Interviewing subjects of the report and other sources.*

a. During a child abuse assessment, attempts shall be made to conduct interviews with subjects of the report and persons who have relevant information to share regarding the allegations. This may include contact with physicians to assess the child's condition. The child's custodial parents or guardians and the alleged perpetrator (if different) shall be interviewed or offered the opportunity to be interviewed. The court may waive the requirement of the interview for good cause.

b. During a family assessment, the child's custodial parents or guardians shall be interviewed or offered the opportunity to be interviewed. The child protection worker may request information from any person believed to have knowledge regarding a child named in an assessment. A family assessment requires the cooperation of the family; should a family choose not to participate, the department is required to transfer the assessment to the child abuse assessment pathway for a disposition.

175.25(4) *Gathering of physical and documentary evidence.* During a child abuse assessment, evidence shall be gathered from, but not be limited to, interviews, observations, photographs, medical and psychological reports and records, reports from child protection centers, written reports, audiotapes and their transcripts or summaries, videotapes and their transcripts or summaries, or other electronic forms.

175.25(5) *Evaluating the home environment and relationships of household members.* An evaluation of the home environment shall be conducted during the course of an assessment with the consent of the parent or guardian. If permission is refused, the juvenile court may authorize the worker to enter the home to observe or interview the child.

a. If protective concerns are identified, the child protection worker shall evaluate the child named in the report and any other children in the same home as the parents or other persons responsible for their care.

(1) Each assessment shall include a full description of observations and information gathered during the assessment process. This description shall provide information which evaluates the safety of the child named in the report.

(2) If the child protection worker has concerns about a child's safety or a family's functioning, the worker shall conduct a more intensive assessment until those concerns are addressed.

b. When an assessment is conducted at an out-of-home setting, an evaluation of the environment and relationships where the abuse allegedly occurred shall be conducted.

c. The child abuse assessment shall include a description of the name, age, and condition of other children in the same home as the child named in the report.

175.25(6) *Evaluating the information.* During a child abuse assessment, evaluation of information shall include an analysis, which considers the credibility of the physical evidence, observations, and interviews, and shall result in a conclusion of whether or not to confirm the report of suspected child abuse.

175.25(7) *Determining placement on central abuse registry.* During a child abuse assessment, a determination of whether the report data and disposition data of a confirmed case of child abuse is subject to placement on the central abuse registry pursuant to Iowa Code section 232.71D shall be made on each assessment. Determining placement on the central abuse registry is not applicable in a family assessment.

175.25(8) *Service recommendations and referrals.* During or at the conclusion of a child abuse assessment or a family assessment, the department shall consult with the child's family to offer services to the child and the child's family which address strengths and needs identified in the assessment. The department may recommend information, information and referral, community care referral, or services provided by the department. If it is believed that services are necessary for the protection of the abused child or other children in the home, juvenile court intervention shall be sought.

a. Information or information and referral.

- (1) Either information or information and referral shall be offered when:
1. A family assessment has identified the child to be at low risk of future abuse or neglect; or
 2. A child abuse assessment has identified the abuse is not confirmed and the child is believed to be at low risk of future abuse or neglect; or
 3. A child abuse assessment has identified the abuse is confirmed and not placed on the registry and the child is believed to be at low risk of future abuse or neglect.
- (2) Recommendation options for information and information and referral.
1. When no service needs are identified, the worker may recommend no service; or
 2. When service needs are identified, the worker may recommend new or continuing services to the family to be provided through informal supports; or
 3. When service needs are identified, the worker may recommend new or continuing services to the family to be provided through community organizations.

b. Referral to community care.

- (1) A referral to community care shall be offered when:
1. A family assessment has identified the child to be at moderate or high risk of future abuse or neglect; or
 2. A child abuse assessment has identified the abuse is not confirmed and the child is believed to be at moderate or high risk of future abuse or neglect; or
 3. A child abuse assessment has identified the abuse is confirmed and not placed on the registry and the child is believed to be at moderate risk of future abuse or neglect.

(2) Referral to community care not offered. A referral to community care shall not be offered when any child in the family has an open child welfare service case with the department, a child in need of assistance petition was filed or is pending, or if the abuse occurred in an out-of-home setting.

(3) Responsibilities for community care referral.

1. At the conclusion of a family assessment, the department shall transfer the case, if appropriate, to a contracted provider to review the service plan for the child and family.
2. The contracted provider shall make a referral to the department abuse hotline if a family's noncompliance with a service plan places a child at risk.
 - If any of the criteria for child abuse as defined in Iowa Code section 232.68 are met, the department shall commence a child abuse assessment.
 - If criteria for a child in need of assistance as defined in Iowa Code section 232.2(6) are met, the department shall determine whether to request a child in need of assistance petition.

c. Referral for department services.

- (1) The department shall provide or arrange for and monitor services for abused children and their families on a voluntary basis or under a final or intermediate order of the juvenile court when:
1. A child abuse assessment has identified the abuse is confirmed and not placed on the registry and the child is believed to be at high risk of future abuse or neglect; or
 2. A child abuse assessment has identified the abuse is founded.
- (2) The worker shall recommend new or continuing services to the family to be provided by the department, either directly or through contracted agencies.
- (3) Families that refuse voluntary services shall be referred for a child in need of assistance petition through juvenile court.

175.25(9) Court action following assessment. If, upon completion of an assessment performed under Iowa Code section 232.71B as amended by 2013 Iowa Acts, House File 590, the department determines that the best interests of the child require juvenile court action, the department shall act appropriately to initiate the action.

- a.* If at any time during the assessment process the department believes court action is necessary to safeguard a child, the department shall act appropriately to initiate the action.

b. The department shall assist the juvenile court or district court during all stages of court proceedings involving an alleged child abuse case in accordance with Iowa Code section 232.71C as amended by 2013 Iowa Acts, House File 590.

[ARC 9698B, IAB 9/7/11, effective 8/15/11; ARC 1156C, IAB 10/30/13, effective 1/1/14; ARC 2069C, IAB 8/5/15, effective 10/1/15]

441—175.26(232) Completion of a written assessment report. The child protection worker shall complete a written assessment report as follows:

175.26(1) Completion of a child abuse assessment report. A child abuse assessment report shall be completed within 20 business days of the receipt of the child abuse report. In most instances, a child abuse assessment report shall be developed in conjunction with the child and family being assessed. A child abuse assessment report shall consist of two parts as follows:

a. *Report and disposition data.* A child abuse assessment report shall include report and disposition data as follows:

(1) Allegations: the report of suspected child abuse which caused the assessment to be initiated and additional allegations raised after the report of suspected child abuse becomes a case that have not been previously investigated or assessed. If the report of suspected child abuse was initially accepted as a family assessment, the reason why it was transferred to a child abuse assessment shall be identified.

(2) Evaluation of the child's safety: evaluation of the child's safety and the risk for occurrence or recurrence of abuse. Criteria to be used in the evaluation of the child's safety include, but are not limited to, the severity of the incident or condition, chronicity of the incident or condition, age of the child, attitude of the person alleged responsible, current services or supports, access of the person alleged responsible for the abuse to the child, and protectiveness of the parent or caretaker who is not alleged responsible for the abuse.

(3) Findings and contacts: a description of the child's condition including identification of the nature, extent, and cause of the injuries, if any, to the child named in the report; identification of the injury or risk to which the child was exposed; the circumstances which led to the injury or risk to the child; the identity of the person alleged to be responsible for the injury or risk to the child; an evaluation of the home environment; the name and condition of other children in the same home as the child named in the report if protective concerns are identified; a list of collateral contacts; and a history of confirmed or founded abuse.

(4) Determination regarding the allegations of child abuse: a statement of determination of whether the allegation of child abuse was founded, confirmed but not placed on the central abuse registry, or not confirmed. The statement shall include a rationale for placing or not placing the report on the central abuse registry.

(5) Recommendation for services as specified in 175.25(8) and a statement describing whether services are necessary to ensure the safety of the child or to prevent or remedy other identified problems.

1. The statement shall include the type of services recommended, if any, and whether these services are to be provided by the department, a child welfare service contractor, another community organization, other informal supports, or another source.

2. If services are already being provided, the statement shall include a recommendation whether these services should continue.

(6) Juvenile court recommendation: a statement describing whether juvenile court action is necessary to ensure the safety of the child; the type of action needed, if any; and the rationale for the recommendation.

(7) Criminal court recommendation: a statement describing whether criminal court action is necessary and the rationale for the recommendation.

(8) Addendum: An addendum to a child abuse assessment report shall be completed within 20 business days when any of the following occur:

1. New information becomes available that would alter the finding, conclusion, or recommendation of the report.

2. Substantive information that supports the finding becomes available.

3. A subject who was not previously interviewed requests an interview to address the allegations of the report.

4. A review or a final appeal decision modifies the report.

b. Use of assessment data. A safety assessment, family risk assessment, and safety plan, if applicable, may be used as part of the child's initial case plan, referenced at 441—subrule 130.7(3), for cases in which the department will provide services.

175.26(2) Completion of a family assessment report. A family assessment report shall be completed within ten business days of the receipt of the report of suspected child abuse. A family assessment report shall consist of assessment data only.

a. Assessment data. A family assessment report shall include information pertaining to the department's evaluation of a family, which includes:

(1) Allegations: the report of suspected child abuse which caused the assessment to be initiated and additional allegations raised after the report of suspected child abuse becomes a case that have not been previously assessed.

(2) Evaluation of the child's safety: evaluation of the child's safety and the risk for occurrence or reoccurrence of abuse. Criteria to be used in the evaluation of the child's safety include, but are not limited to, the severity of the incident or condition, chronicity of the incident or condition, age of the child, attitude of the person alleged responsible, current services or supports, access of the person alleged responsible for the abuse to the child, and protectiveness of the parent or caretaker who is not alleged responsible for the abuse.

(3) Contacts: description of the circumstances that led to the allegations of abuse; strengths and needs of the child, and of the child's parent, home, and family; any information obtained from others during the assessment; a history of confirmed or founded abuse; and an evaluation of the home environment and evaluation of any other children in the same home as the parents or other persons responsible for the children's care.

(4) Recommendation for services as specified in 175.25(8) and a statement describing whether services are necessary to ensure the safety of the child or to prevent or remedy other identified problems.

1. The statement shall include the type of services recommended, if any, and whether these services are to be provided by the department, a child welfare service contractor, another community organization, other informal supports, or another source.

2. If services are already being provided, the statement shall include a recommendation whether these services should continue.

b. Use of assessment data. A safety assessment, family risk assessment, and safety plan may be used as part of the information referred for any services in which the family voluntarily agrees to participate.

[ARC 1156C, IAB 10/30/13, effective 1/1/14]

441—175.27(232) Contact with juvenile court or the county attorney. The child protection worker may orally contact juvenile court or the county attorney, or both, as circumstances warrant.

175.27(1) Report of intake. When a report of suspected child abuse is accepted or rejected for assessment, the county attorney shall be provided a child protective service intake form, with information about the allegation of child abuse and with identifying information about the subjects of the report.

175.27(2) Report of disposition. The child protection worker shall provide the juvenile court and the county attorney with a copy of the child abuse assessment report, which pertains to the findings, determinations, and recommendations regarding the child abuse assessment.

175.27(3) Report of assessment. The child protection worker shall provide the county attorney and the juvenile court with a copy of the family risk assessment, safety assessment, safety plan, and family assessment report when any of the following occur:

a. County attorney's or juvenile court's assistance necessary. The worker requires the court's or the county attorney's assistance to complete the assessment process.

b. Court's protection needed. The worker believes that the child requires the court's protection.

c. Child adjudicated. The child is currently adjudicated or pending adjudication under a child in need of assistance petition or a delinquency petition.

d. County attorney or juvenile court requests copy. The county attorney or juvenile court requests a copy of the child abuse assessment data. The child protection worker shall document when the assessment data is provided to the county attorney or juvenile court and the rationale provided for the request.

[ARC 8453B, IAB 1/13/10, effective 3/1/10; ARC 1156C, IAB 10/30/13, effective 1/1/14]

441—175.28(232) Consultation with health practitioners or mental health professionals. The child protection worker may contact a health practitioner or a mental health professional as circumstances warrant and shall contact a health practitioner or a mental health professional when the worker requires the assistance of the health practitioner or mental health professional in order to complete the assessment process or when the worker requires the opinion or advice of the health practitioner or mental health professional in order to determine if the child requires or should have required medical, health or mental health care as a result of suspected abuse.

[ARC 1156C, IAB 10/30/13, effective 1/1/14]

441—175.29(232) Consultation with law enforcement.

175.29(1) During the course of a child abuse assessment, the child protection worker may contact law enforcement as warranted and shall contact law enforcement when the worker believes that:

- a.* The abuse reported may require a criminal investigation and subsequent prosecution.
- b.* The child must be separated from the person responsible for the abuse.
- c.* Contact by the child protection worker with the family will result in a volatile and dangerous response by the child or family members.

175.29(2) During the course of a family assessment, the child protection worker shall not involve law enforcement for the purposes of a joint investigation, but shall immediately refer any information regarding a criminal act harming a child to the appropriate law enforcement agency.

[ARC 1156C, IAB 10/30/13, effective 1/1/14]

441—175.30(232) Information shared with law enforcement. When the department is jointly conducting a child abuse assessment with law enforcement personnel, the department may share information gathered during the child abuse assessment process when an assessment is conducted in conjunction with a criminal investigation. When the department has rejected an intake or an intake is accepted for a family assessment, only the information collected at intake (excluding reporter information) may be shared with law enforcement.

[ARC 1156C, IAB 10/30/13, effective 1/1/14]

441—175.31(232) Completion of required correspondence.

175.31(1) *Notification to parents that an assessment is being conducted.* Written notice shall be provided to the parents of a child who is the subject of an assessment within five working days of commencing an assessment. Both custodial and noncustodial parents shall be notified, if their whereabouts are known. If it is believed that notification will result in danger to the child or others, an emergency order to prohibit parental notification shall be sought from juvenile court.

175.31(2) *Notification of completion of assessment and right to request correction.* Written notice which indicates that the child abuse assessment is completed shall be provided to all subjects of a child abuse assessment and to the mandatory reporter who made the report of child abuse. Both custodial and noncustodial parents shall be notified if their whereabouts are known.

- a.* The notice shall contain the following information pursuant to Iowa Code section 235A.19:
 - (1) A subject may request correction of the information contained within the child abuse assessment report if the subject disagrees with the information.
 - (2) A person named responsible for the abuse has the right to appeal if the department does not correct the data or findings as requested.

(3) A subject, other than the person named responsible for the abuse, has the opportunity to file a motion to intervene in an appeal hearing.

b. If the child abuse assessment results in a determination that abuse is confirmed, the notice shall indicate the type of abuse, name of the child and name of the person responsible for the abuse and whether the report has been placed on the central abuse registry.

c. The department shall provide written notice to the parent or guardian of each child listed in the family assessment report of the completion of the assessment and review any service recommendations. Because no determination concerning child abuse or neglect is made and nothing is reported to the central abuse registry, a subject of a family assessment shall not be afforded the opportunity for a contested case hearing pursuant to Iowa Code chapter 17A.

[ARC 0487C, IAB 12/12/12, effective 2/1/13; ARC 1156C, IAB 10/30/13, effective 1/1/14]

441—175.32(232,235A) Case records. The assessment case record shall contain the assessment report as described in rule 441—175.26(232) and any related correspondence or information which pertains to the assessment or to the child and family. The name of the person who made the report of child abuse shall not be disclosed.

175.32(1) Child abuse assessment report. A child abuse assessment report has two parts.

a. Report and disposition data as described in 175.26(1) “a.” Subjects of the report have access to report and disposition data, including, where applicable, confirmation of placement on the central abuse registry for abuse reports meeting the criteria pursuant to Iowa Code section 232.71D as amended by 2013 Iowa Acts, House File 590. A child abuse assessment report shall be submitted to the central abuse registry only if the abuse is confirmed and determined to meet the criteria pursuant to Iowa Code section 232.71D as amended by 2013 Iowa Acts, House File 590.

b. Assessment data as described in 175.26(1) “b” shall be available to subjects. Release of assessment data shall be accomplished only when the parent or guardian approves the release as provided in Iowa Code section 217.30 or as specified in Iowa Code section 235A.15. Assessment data shall not be submitted to the central abuse registry.

175.32(2) Family assessment report. A family assessment report includes assessment data only as described in 175.26(2) “b.” Assessment data shall be available to subjects. Release of assessment data shall be accomplished only when the parent or guardian of a child named in a family assessment report approves the release as provided in Iowa Code section 217.30 or as specified in Iowa Code section 235A.15. Assessment data shall not be submitted to the central abuse registry.

175.32(3) Child abuse assessments where abuse was confirmed but not placed on the central abuse registry. The following conditions apply to case records for assessments in which abuse was confirmed but not placed on the central registry.

a. Access to the report data and disposition data is authorized only to the subjects of the report, the child protection worker, the law enforcement officer responsible for assisting in the assessment or for the temporary emergency removal of a child from the child’s home, the multidisciplinary team assisting the department in the assessment of the abuse, the county attorney, juvenile court, a person or agency responsible for the care of the child if the department or juvenile court determines that access is necessary, the department or contract personnel necessary for official duties, the department of justice, and the attorney for the department.

b. The child abuse assessment is retained for five years from the date of intake or five years from the date of closure of the service record, whichever occurs later.

c. The child abuse assessment report is subject to the confidentiality provisions of Iowa Code section 217.30 and 441—Chapter 9. No confidential information shall be released without consent except where there is otherwise authorized access to information as specified in the provisions of Iowa Code section 235A.15.

175.32(4) Child abuse assessments not placed on the central abuse registry where abuse was not confirmed. The following conditions apply to case records for assessments in which abuse was not confirmed and not placed on the central registry:

a. Access to the assessment data on a child abuse assessment summary where abuse was not determined to have occurred and, therefore, the assessment was not placed on the central abuse registry is authorized only to the subjects of the assessment, the child protection worker, the county attorney, juvenile court, a person or agency responsible for the care of the child if the department or juvenile court determines that access is necessary, the department of justice, and department or contract personnel necessary for official duties.

b. Records are retained for five years from the date of intake or five years from the date of closure of the service record, whichever occurs later.

c. The child abuse assessment report is subject to the confidentiality provisions of Iowa Code section 217.30 and 441—Chapter 9. No confidential information shall be released without consent except where there is otherwise authorized access to information as specified in the provisions of Iowa Code section 235A.15.

175.32(5) Family assessment. The following conditions apply to case records for all family assessments:

a. Access to the assessment data on a family assessment report is authorized only to the subjects of the assessment, the child protection worker, a person or agency responsible for the care of the child if the department or juvenile court determines that access is necessary, the department of justice, and department or contract personnel necessary for official duties.

b. Records are retained for five years from the date of intake or five years from the date of closure of the service record, whichever occurs later.

c. The family assessment report is subject to the confidentiality provisions of Iowa Code section 217.30 and 441—Chapter 9. No confidential information shall be released without consent except where there is otherwise authorized access to information as specified in the provisions of Iowa Code section 235A.15.

[ARC 9698B, IAB 9/7/11, effective 8/15/11; ARC 1156C, IAB 10/30/13, effective 1/1/14]

441—175.33(232,235A) Child protection centers. The department may contract with designated child protection centers for assistance in conducting child abuse assessments. When a child who is the subject of an assessment is interviewed by staff at a child protection center, that interview may be used in conjunction with an interview conducted by the child protection worker. Written reports developed by the child protection center shall be provided to the child protection worker and may be included in the assessment case record. Video or audio records are considered to be part of the assessment process and shall be maintained by the child protection center under the same confidentiality provisions of Iowa Code section 217.30 and 441—Chapter 9. Services or assistance from a child protection center will not be available through a family assessment. Law enforcement may refer families as appropriate.

[ARC 1156C, IAB 10/30/13, effective 1/1/14]

441—175.34(232) Department-operated facilities. When an allegation of child abuse occurs at a department-operated facility, the allegation shall be referred to the department of inspections and appeals for investigation or assessment.

441—175.35(232,235A) Jurisdiction of assessments. Child protection workers serving the county in which the child's home is located have primary responsibility for completing the assessment except when the suspected abuse occurs in an out-of-home placement. Circumstances in which the department shall conduct an assessment when another state is involved include the following:

175.35(1) Child resides in Iowa but incident occurred in another state. When the child who is the subject of a report of suspected abuse physically resides in Iowa but has allegedly been abused in another state, the worker shall do all of the following:

- a.* Obtain available information from the reporter.
- b.* Make an oral report to the office of the other state's protective services agency and request assistance from the other state in completing the assessment.
- c.* Complete the assessment with assistance, as available, of the other state.

175.35(2) *Child resides in another state, but is present within Iowa.* When the child who is the subject of a report of abuse is a legal resident of another state, but is present within Iowa, the worker receiving the report shall do all of the following:

- a. Act to ensure the safety of the child.
- b. Contact the child's state of legal residency to coordinate the assessment of the report.
- c. Commence an assessment if the state of legal residency declines to conduct an investigation.

175.35(3) *Child resides in another state and perpetrator resides in Iowa.* When the child who is the subject of a report of abuse resides in another state and the perpetrator resides in Iowa, the worker receiving the report shall do all of the following:

a. Contact the state where the child resides and offer assistance to that state in its completion of a child abuse assessment. This assistance shall include an offer to interview the person allegedly responsible for the abuse and any other relevant source of information.

b. Commence an assessment if the child's state of legal residency declines to conduct an investigation.

[ARC 1156C, IAB 10/30/13, effective 1/1/14]

441—175.36(235A) Multidisciplinary teams. Multidisciplinary teams shall be developed in county or multicounty areas in which more than 50 child abuse cases are received annually. These teams may be used as an advisory group to assist the department in conducting child abuse assessments. Multidisciplinary teams consist of professionals practicing in the disciplines of medicine, public health, mental health, social work, child development, education, law, juvenile probation, law enforcement, nursing, and substance abuse counseling. Members of multidisciplinary teams shall maintain confidentiality of cases in which they provide consultation. Rejected intakes shall not be shared with multidisciplinary teams since the rejected intakes are not considered to be child abuse information. During the course of a child abuse assessment, information regarding the initial report of child abuse and information related to the child and family functioning may be shared with the multidisciplinary team. After a conclusion is made, only report data and disposition data on confirmed cases of child abuse may be shared with the team members. When the multidisciplinary team is created, all team members shall execute an agreement, filed with the central abuse registry, which specifies:

175.36(1) Consultation. The team shall be consulted solely for the purpose of assisting the department in the child abuse assessment and diagnosis of child abuse cases.

175.36(2) Redissemination. No team member shall redisseminate child abuse information obtained through the multidisciplinary team. This shall not preclude redissemination of information as authorized by Iowa Code section 235A.17 when an individual team member has received information as a result of another authorized access provision of the Iowa Code.

175.36(3) Department not bound. The department shall consider the recommendation of the team in a specific child abuse case but shall not, in any way, be bound by the recommendation.

175.36(4) Confidentiality provisions. Any written report or document produced by the team pertaining to an assessment case shall be made a part of the file for the case and shall be subject to all confidentiality provisions of 441—Chapter 9, unless the child abuse assessment results in placement on the central abuse registry in which case the written report or document shall be subject to all confidentiality provisions of Iowa Code chapter 235A.

175.36(5) Written records. Any written records maintained by the team which identify an individual child abuse assessment case shall be destroyed when the agreement lapses.

175.36(6) Compensation. Consultation team members shall serve without compensation.

175.36(7) Withdrawal from contract. Any party to the agreement may withdraw with or without cause upon the giving of 30 days' notice.

175.36(8) Expiration date. The date on which the agreement will expire shall be included.

[ARC 1156C, IAB 10/30/13, effective 1/1/14]

441—175.37(232) Community education. The department shall conduct a continuing publicity and educational program for the personnel of the department, mandatory reporters, and the general public to encourage recognition and reporting of child abuse, to improve the quality of reports of child abuse

made to the department, and to inform the community about the assessment-based approach to child abuse cases.

441—175.38(235) Written authorizations. Requests for information from members of the general public as to whether a person is named on the central abuse registry as having abused a child shall be submitted on the authorization for release of child abuse information form to the county office of the department or the central abuse registry. The form shall be completed and signed by the person requesting the information and the person authorizing the check for the release of child abuse information.

[ARC 1156C, IAB 10/30/13, effective 1/1/14]

441—175.39(232) Founded child abuse. Reports of child abuse where abuse has been confirmed shall be placed on the central abuse registry as founded child abuse for either five or ten years under any of the circumstances specified by Iowa Code section 232.71D as amended by 2013 Iowa Acts, House File 590. When none of the placement criteria listed in Iowa Code section 232.71D(3) “b” as amended by 2013 Iowa Acts, House File 590, are applicable, reports of denial of critical care by failure to provide adequate clothing or failure to provide adequate supervision and physical abuse where abuse has been confirmed and determined to be minor, isolated, and unlikely to reoccur shall not be placed on the central abuse registry as a case of founded child abuse. The confirmed abuse shall be placed on the registry unless all three conditions are met.

175.39(1) Confidentiality of founded child abuse report and data. The confidentiality of report and disposition data pertaining to founded child abuse shall be maintained as provided in Iowa Code chapter 235A. Access to the report and disposition data on founded child abuse is authorized only as provided in Iowa Code section 235A.15.

175.39(2) Sealing and expungement of founded child abuse report and data. Report and disposition data pertaining to founded child abuse shall be sealed and expunged as provided in Iowa Code section 235A.18.

[ARC 9698B, IAB 9/7/11, effective 8/15/11; ARC 0487C, IAB 12/12/12, effective 2/1/13; ARC 1156C, IAB 10/30/13, effective 1/1/14]

441—175.40(235A) Retroactive reviews. Rescinded IAB 9/7/11, effective 8/15/11.

441—175.41(235A) Access to child abuse information. Requests for child abuse information shall include sufficient information to demonstrate that the requesting party has authorized access to the information.

175.41(1) Written requests. Requests for child abuse information shall be submitted on a Request for Child Abuse Information form to the county office of the department, except requests made for the purpose of determining employability of a person in a department-operated facility shall be submitted to the central abuse registry. Subjects of a report may submit a request for child abuse information to the county office of the department on a request for child abuse information form, a notice of child abuse assessment: founded form, a notice of child abuse assessment: confirmed not registered form, a notice of child abuse assessment: not confirmed form, or a family assessment report form. The county office is granted permission to release child abuse information to the subject of a report immediately upon verification of the identity and subject status.

175.41(2) Oral requests. Oral requests for child abuse information may be made when a person making the request believes that the information is needed immediately and if the person is authorized to access the information. When an oral request to obtain child abuse information is granted, the person approving the request shall document the approval to the central abuse registry through use of a request for child abuse information form or a notice of child abuse assessment: founded form.

Upon approval of any request for child abuse information authorized by this rule, the department shall withhold the name of the person who made the report of child abuse unless ordered by a juvenile court or district court after a finding that the person’s name is needed to resolve an issue in any phase of a case involving child abuse. Written requests and oral requests do not apply to child abuse information

that is disseminated to an employee of the department, to a juvenile court, or to the attorney representing the department as authorized by Iowa Code section 235A.15.

175.41(3) *Written authorizations.* Requests for information from members of the general public as to whether a person is named on the central abuse registry as having abused a child shall be submitted on an Authorization for release of child abuse information form to the county office of the department or the central abuse registry. The form shall be completed and signed by the person requesting the information and the person authorizing the check for the release of child abuse information. The department shall not provide requested information when the authorization form is incomplete. Incomplete authorization forms shall be returned to the requester.

[ARC 1156C, IAB 10/30/13, effective 1/1/14]

441—175.42(235A) Person conducting research. The supervisor of the central abuse registry shall be responsible for determining whether a person requesting child abuse information is conducting bona fide research, whether the research will further the official duties and functions of the central abuse registry, and whether identified information is essential to the research design. A bona fide research design is one which shows evidence of a good-faith, academically objective and sincere intent to add to the body of knowledge about child abuse. To make this determination, the central abuse registry shall require the person to submit credentials and the research design. Additional criteria for approval of a research project may include whether the research involves contact with subjects of child abuse information, and whether contact with department personnel is required to complete the research design. If it is determined that the research will involve use of identified information, the central abuse registry shall also determine under what circumstances and in what format the information is to be used and shall execute an agreement with the researcher which will enable the researcher to obtain access to identified information on subjects of child abuse investigations, as an agent of the central abuse registry. The department will require the researcher to assume costs incurred by the department in obtaining or providing information for research purposes. The department shall keep a public record of persons conducting this research.

175.42(1) *Child abuse factors.* For purposes of conducting research pursuant to Iowa Code sections 235A.15 and 235A.23, official duties and functions of the central abuse registry shall include analysis or identification of child abuse factors in at least one of the following areas:

- a. Causes of abuse—victim, parent and perpetrator characteristics, types of abuse, and correlations to family and environmental factors.
- b. Effects of abuse—immediate and long-term effects of abuse on the individual child victim, the child’s family and the perpetrator, in areas such as family functioning, foster placement, emotional and medical problems, and criminal activity; and effects of abuse on the community and society in general.
- c. Prevention of abuse—intervention, prevention and treatment strategies.
- d. Treatment of abuse—impact of service delivery upon recidivism and maintenance of the family unit.
- e. Reporting of abuse—mandatory and permissive reporter characteristics, training needs, and perception of the department’s protective services to children and families.
- f. Identification of strengths and weaknesses in statute, policy or practice concerning child abuse services.

175.42(2) *Guidelines.* To be accepted by the central abuse registry, a research proposal originating outside the department shall meet the following guidelines:

- a. The proposal shall meet the criteria listed above as “official duties and functions” of the central abuse registry.
- b. The research shall be conducted by a competent researcher, evidenced by affiliation with a recognized human services agency, government body, or academic, social work or medical facility. The researcher shall demonstrate an ability to conduct nonbiased research and present findings in a professional and responsible manner which will benefit the department in providing protective services to children and families.
- c. The proposed research shall not unduly interfere with the ongoing duties and responsibilities of department staff.

d. When the proposed research includes contact with subjects of child abuse information, the research design shall reflect a plan for initial subject contact by the department, which includes the following:

- (1) Subjects shall be informed in writing of their right to refuse to participate in the research.
- (2) Subjects shall receive written assurance that their participation in the research will not affect eligibility for services.
- (3) Department staff shall be advised of research goals and procedures prior to contact with subjects, in order to answer questions which may arise.
- (4) Subjects shall receive written assurance that when identifying information is released by the central abuse registry to research staff, the information will remain confidential and that all child abuse information will be deidentified prior to publication of the research findings.

175.42(3) Approval procedures. Procedures for approval of a research proposal are conducted as follows:

a. The supervisor of the central abuse registry shall designate a person to be the single point of contact (SPOC) for all research proposals requesting child abuse information or involving department staff who provide child protective services. All proposals shall be routed to the SPOC at the Division of Adult, Children and Family Services, Department of Human Services, 1305 E. Walnut Street, Des Moines, Iowa 50319-0114.

b. Having received a research proposal, the SPOC shall log the date the proposal was received and other identifying information about the researcher and the research design and shall convene a research advisory committee to review the proposal. This committee may consist of:

- (1) The unit supervisor of the child and dependent adult abuse registry, when applicable.
- (2) The unit managers for the programs addressed by the research proposal.
- (3) The research specialist.
- (4) Representatives from the field, including a service area manager or designee and one representative from a service area, appointed by the service area manager, if a specific service area is involved.
- (5) A representative from the department's division of data management, when the proposal involves use of one of the department's computerized data systems.
- (6) A representative of the attorney general's office, when the proposal involves legal questions or issues.
- (7) Other persons whom the SPOC may designate to assist in the review.

c. The SPOC is responsible for ensuring that advisory committee members receive copies of the research proposal.

d. The advisory committee may meet in person or by teleconference.

e. The researcher may, at the discretion of the SPOC, be provided an opportunity to address the advisory committee concerning the research proposal and answer questions about the research design.

f. The committee shall determine the value of the proposed research and formulate recommendations for acceptance of the proposal (with conditions as necessary) or rejection of the proposal (with rationale for the rejection). These recommendations shall be submitted to the SPOC.

g. The SPOC shall transmit the committee's recommendations, with additional comments and recommendations, as needed, to the division administrators for the divisions involved.

h. The division administrators shall review committee recommendations and submit the research proposal to the director or designee for final approval.

i. After review by the director, the proposal shall be returned to the SPOC, who shall notify the researcher of the director's decision, which decision shall be final.

j. If the research proposal is approved, the SPOC shall prepare a written research agreement with the researcher which provides:

- (1) The purpose of the research.
- (2) The research design or methodology.
- (3) The control of research findings and publication rights of all parties, including the deidentification of child abuse information prior to publication.

- (4) The duties of all parties in conducting the research.
- (5) The transfer of funds, if applicable.
- k. The SPOC shall be responsible for securing written approval of the research agreement from the attorney general's office, applicable division administrators, and the researcher.
- l. The SPOC shall be responsible for maintaining the research agreement throughout the research project and renewing or modifying the agreement when necessary.

441—175.43(235A) Child protection services citizen review panels. The purposes of the child protection services citizen review panels established in this rule are to comply with requirements set forth by the Child Abuse Prevention and Treatment Act and to take advantage of this process to identify strengths and weaknesses of the child protective service system as a whole, including community-based services and agencies. The specific objectives are to clarify expectations for child protective services with current policy; to review consistency of practice with current policy; to analyze trends and recommend policy to address them; and to provide feedback on what is or is not working, and why, and to suggest corrective action if needed.

175.43(1) Establishment of panels. The department shall establish at least three panels, with at least one panel each at the state level, multicounty level, and county level. The department may designate as panels one or more existing entities established under state or federal law, such as multidisciplinary teams, if the entities have the capacity to satisfy the requirements of the function of a citizen review panel set forth in the Child Abuse Prevention and Treatment Act and the department ensures that the entities will satisfy the requirements. The department shall establish procedures to be used for selecting the panels.

175.43(2) Membership of panels. Each panel established shall be composed of a multidisciplinary team of volunteer members who are broadly representative of the community in which the panel is established, including members who possess knowledge and skills related to the diagnosis, assessments, and disposition of child abuse cases, and who have expertise in the prevention and treatment of child abuse. The membership of each panel shall include professionals practicing in the disciplines of medicine, nursing, public health, substance abuse, domestic violence, mental health, social work, child development, education, law, juvenile probation, law enforcement; or representatives from organizations that advocate for the protection of children. The panel shall function under the leadership of a chairperson and vice-chairperson who are elected annually by the membership. Members shall enter into a contract with the department.

175.43(3) Meetings. Each panel established pursuant to this rule shall meet not less than once every three months.

175.43(4) Functions. Each panel established pursuant to this rule shall:

a. Evaluate the extent to which the department effectively discharges the child protection responsibilities in accordance with: the state plan and the child protection standards under subsection (b) of the Child Abuse Prevention and Treatment Act of 1996; the child protection duties of the department set forth in Iowa Code chapters 232 and 235A; and any other criteria that the panel considers important to ensure the protection of children, including:

(1) A review of the extent to which the child protective services system is coordinated with the foster care and adoption programs established under Part E of Title IV of the Social Security Act (42 U.S.C.S. 670 et seq.); and

(2) A review of child fatalities and near fatalities.

b. Provide for public outreach and comment in order to:

(1) Assess the impact of current procedures and practices upon children and families in the community; and

(2) Make recommendations to the state and the public on improving the child protective services system at the state and local levels.

175.43(5) Redissemination. No panel member shall redisseminate child abuse information obtained through the citizen review panel. This shall not preclude redissemination of information as authorized

by Iowa Code section 235A.17 when an individual panel member has received information as a result of another authorized access provision of the Iowa Code.

175.43(6) *Department not bound.* The department shall consider the recommendations of the panel but shall not, in any way, be bound by the recommendations.

175.43(7) *Confidentiality.* Members and staff of a panel may not disclose child abuse information about any specific child abuse case to any person or government official and may not make public any information unless authorized by the Iowa Code to do so.

175.43(8) *Reports.* Each panel established under this rule shall prepare and make available to the public, on an annual basis, a report containing a summary of the activities of the panel.

175.43(9) *Staff assistance.* The department shall provide staff assistance to citizen review panels for the performance of their duties, upon request of the panel.

175.43(10) *Access to child abuse information.* Citizen review panels shall be under contract to carry out official duties and functions of the department and have access to child abuse information according to Iowa Code section 235A.15 [2“e”(2)].

[ARC 1156C, IAB 10/30/13, effective 1/1/14]

These rules are intended to implement Iowa Code sections 232.68, 232.71D, 232.67, 232.69, 232.70, 232.71B, 232.71C, and 232.72 to 232.77 and Iowa Code chapter 235A.

[Filed August 26, 1974]

[Filed 4/30/76, Notice 3/22/76—published 5/17/76, effective 6/21/76]

[Filed 5/8/78, Notice 11/30/77—published 5/31/78, effective 7/5/78]

[Filed 10/24/79, Notice 2/21/79—published 11/14/79, effective 12/19/79]

[Filed 6/2/81, Notice 2/18/81—published 6/24/81, effective 7/29/81]

[Filed 9/26/83, Notice 8/3/83—published 10/12/83, effective 12/1/83]

[Filed emergency 2/10/84—published 2/29/84, effective 2/10/84]

[Filed emergency 6/15/84—published 7/4/84, effective 7/1/84]

[Filed emergency 6/14/85—published 7/3/85, effective 7/1/85]

[Filed 7/26/85, Notice 6/19/85—published 8/14/85, effective 10/1/85]

[Filed 8/23/85, Notice 7/3/85—published 9/11/85, effective 11/1/85]

[Filed emergency 1/15/87—published 2/11/87, effective 1/15/87]

[Filed 3/3/87, Notice 12/31/86—published 3/25/87, effective 5/1/87]¹

[Filed emergency 6/19/87—published 7/15/87, effective 7/1/87]

[Filed 8/28/87, Notice 7/15/87—published 9/23/87, effective 11/1/87]

[Filed 10/12/90, Notice 8/22/90—published 10/31/90, effective 1/1/91]

[Filed emergency 7/17/92 after Notice 5/13/92—published 8/5/92, effective 8/1/92]

[Filed 7/14/93, Notice 5/26/93—published 8/4/93, effective 10/1/93]

[Filed 9/15/94, Notice 5/11/94—published 10/12/94, effective 12/1/94]

[Filed 11/16/95, Notice 9/13/95—published 12/6/95, effective 1/10/96]²

[Filed emergency 6/13/96—published 7/3/96, effective 6/13/96]

[Filed 8/15/96, Notices 6/19/96, 7/3/96—published 9/11/96, effective 11/1/96]

[Filed emergency 6/12/97—published 7/2/97, effective 7/1/97]

[Filed 9/16/97, Notice 7/2/97—published 10/8/97, effective 12/1/97]

[Filed 4/8/98, Notice 2/11/98—published 5/6/98, effective 7/1/98]³

[Filed 4/8/98, Notice 2/11/98—published 5/6/98, effective 9/1/98]

[Filed 4/15/99, Notice 2/10/99—published 5/5/99, effective 7/1/99]

[Filed emergency 7/9/04—published 8/4/04, effective 7/9/04]

[Filed 9/23/04, Notice 8/4/04—published 10/13/04, effective 11/17/04]

[Filed emergency 6/17/05—published 7/6/05, effective 7/1/05]

[Filed 10/21/05, Notice 7/6/05—published 11/9/05, effective 12/14/05]

[Filed emergency 6/14/07 after Notice 4/11/07—published 7/4/07, effective 7/1/07]

[Filed ARC 8453B (Notice ARC 8209B, IAB 10/7/09), IAB 1/13/10, effective 3/1/10]

[Filed Emergency After Notice ARC 9698B (Notice ARC 9589B, IAB 6/29/11), IAB 9/7/11, effective 8/15/11]

[Filed ARC 0487C (Notice ARC 0325C, IAB 9/5/12), IAB 12/12/12, effective 2/1/13]
[Filed ARC 1156C (Notice ARC 0915C, IAB 8/7/13), IAB 10/30/13, effective 1/1/14]
[Filed ARC 2069C (Notice ARC 1997C, IAB 5/27/15), IAB 8/5/15, effective 10/1/15]
[Filed ARC 2742C (Notice ARC 2651C, IAB 8/3/16), IAB 10/12/16, effective 12/1/16]
[Filed ARC 5248C (Notice ARC 5131C, IAB 8/12/20), IAB 11/4/20, effective 1/1/21]

- ¹ Effective date of amendments to subrule 175.8(4), paragraph “a,” subparagraphs (7), (9), and (10); subrule 175.8(5); rules 175.9 and 175.15 delayed 70 days by the Administrative Rules Review Committee.
- ² Effective date of 175.25(4) “d” delayed 70 days by the Administrative Rules Review Committee at its meeting held January 3, 1996; delay lifted by the Committee at its meeting held February 5, 1996, effective February 6, 1996.
- ³ Effective date of amendments adopted in ARC 7975A delayed 70 days by the Administrative Rules Review Committee at its meeting held June 9, 1998.

CHAPTER 185
REHABILITATIVE TREATMENT SERVICES
Rescinded IAB 5/6/09, effective 7/1/09

CHAPTER 186
COMMUNITY CARE
Rescinded **ARC 5248C**, IAB 11/4/20, effective 1/1/21

CHAPTER 202
FOSTER CARE PLACEMENT AND SERVICES

[Prior to 7/1/83, Social Services[770] Ch 136]
[Previously appeared as Ch 136—renumbered IAB 2/29/84]
[Prior to 2/11/87, Human Services[498]]

441—202.1(234) Definitions.

“Age- or developmentally appropriate activities” means activities or items that are generally accepted as suitable for children of the same chronological age or level of maturity or that are determined to be developmentally appropriate for a child, based on the development of cognitive, emotional, physical, and behavioral capacities that are typical for an age or age group; and in the case of a specific child, activities or items that are suitable for the child based on the developmental stages attained by the child with respect to the cognitive, emotional, physical, and behavioral capacities of the child.

“Case permanency plan” shall mean the plan identifying goals, needs, strengths, problems, services, time frames for meeting goals and for delivery of the services to the child and parents, objectives, desired outcomes, and responsibilities of all parties involved and reviewing progress. This includes information describing efforts to retain existing medical and mental health care providers for a child entering or in foster care and activities to evaluate service needs to avoid inappropriate diagnoses of mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities.

“Child” shall mean the same as defined by Iowa Code section 234.1.

“Department” shall mean the Iowa department of human services and includes the local offices of the department.

“Eligible child” shall mean a child for whom the court has given guardianship to the department or has transferred legal custody to the department or for whom the department has agreed to provide foster care services on the basis of a signed placement agreement or who has been placed in emergency care for a period of not more than 30 days upon the approval of the director or the director’s designee.

“Facility” means the personnel, program, plant and equipment of a person or agency providing child foster care.

“Family safety, risk, and permanency service” means a service provided under 441—Chapter 172 that uses strategies and interventions designed to achieve safety and permanency for a child with an open department child welfare case, regardless of the setting in which the child resides.

“Foster care” shall mean substitute care furnished on a 24-hour-a-day basis to an eligible child in a licensed or approved facility by a person or agency other than the child’s parent or guardian but does not include care provided in a family home through an informal arrangement for a period of 20 days or less. Child foster care shall include but is not limited to the provision of food, lodging, training, education, supervision, and health care.

“Natural parent” shall mean a parent by blood, marriage, or adoption.

“Person” or *“agency”* shall mean individuals, institutions, partnerships, voluntary associations, and corporations, other than institutions under the management or control of the department, who are licensed by the department as a foster family home, child caring agency or child placing agency, or approved as a shelter care facility.

“Reasonable and prudent parent standard” means the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encourage the emotional and developmental growth of the child, that a caregiver shall use when determining whether to allow a child in foster care under the responsibility of the state to participate in extracurricular, enrichment, cultural, and social activities. For the purposes of this definition, “caregiver” means a foster parent with whom a child in foster care has been placed or a designated official for a child care institution (including group homes, residential treatment, shelters, or other congregate care settings) in which a child in foster care has been placed.

“Resource family” means an individual person or married couple who is licensed to provide foster family care or approved for adoption.

“*Safety-related information*” means information that indicates whether the child has behaved in a manner that threatened the safety of another person, has committed a violent act causing bodily injury to another person, or has been a victim or perpetrator of sexual abuse.

“*Service area manager*” shall mean the department employee responsible for managing department offices and personnel within the service area and for implementing policies and procedures of the department.

“*Social history*” or “*child study*” means a written description of the child that includes strengths and needs; medical, mental, social, educational, placement and court history; and the child’s relationships with the birth family and significant others.

This rule is intended to implement Iowa Code section 234.6(6) “b.”
 [ARC 8010B, IAB 7/29/09, effective 10/1/09; ARC 2069C, IAB 8/5/15, effective 10/1/15; ARC 5249C, IAB 11/4/20, effective 1/1/21]

441—202.2(234) Eligibility.

202.2(1) Only an eligible child as defined in these rules shall be considered for foster care services supervised by the department.

202.2(2) The need for foster care placement and social and other related services, including but not limited to medical, psychiatric, psychological, and educational services, shall be determined by an assessment of the child and family to determine their needs and the appropriateness of services.

a. Assessments shall include:

(1) The educational, physical, psychological, social, family living, and recreational needs of the child,

(2) The family’s ability to meet those needs, and

(3) A family genogram to determine relatives and other suitable support persons who have a kinship bond with the child.

b. The assessment is a continual process to identify needed changes in service or placement for the child.

202.2(3) With the exception of emergency care, a social history shall be completed on each child before a department recommendation for foster care placement, using the outline RC-0027, Social History Format.

a. For voluntary emergency placements, a social history shall be completed before a decision is made to extend the placement beyond 30 days.

b. For court-ordered emergency placements, a social history shall be completed before the disposition hearing.

202.2(4) Foster care placement shall be recommended by the department only after efforts have been made to prevent or eliminate the need for removal of the child from the family unless the child is in immediate danger at home.

202.2(5) The need for foster care and the efforts to prevent placement shall be evaluated by a review committee prior to placement or, for emergency placements only, within 30 days after the date of placement. For children who are mentally retarded or developmentally disabled and receive case management services, this requirement may be met by the interdisciplinary staffing described in 441—Chapter 90, as long as the service area manager approves, the department worker attends the staffing, and the staffing meets the requirements of paragraphs “b” to “h” below.

The review shall meet the following requirements:

a. Department staff on the review committee shall be the child’s service worker, a supervisor knowledgeable in child welfare, and one or more additional persons appointed by the service area manager.

b. The review shall be open to the participation of the parents or guardian of the child, local and area education staff, juvenile court staff, the guardian ad litem, current service providers and previous service providers who have maintained a license.

c. The present foster care provider, if any, shall be notified of the review and have the opportunity to participate.

d. Written notice of the review shall be sent to the child's parents or guardian at least five working days prior to the date of the review.

e. Other persons may be invited to the review with the consent of the parents or guardian.

f. A written summary of the review recommendations shall be sent to the child's parents or guardian following the review.

g. Review committee recommendations shall be advisory to the service worker and supervisor, who are responsible for development of the department case plan and for reports and recommendations to the juvenile court.

h. At least one of the persons on the review committee shall be someone without responsibility for the case management or the delivery of services to either the child or the parents or guardian who are the subject of the review.

202.2(6) The citizenship or alien status of a child who enters foster care must be verified.

a. When the child will remain in foster care for no more than 60 days, Form 470-4500, Statement of Citizenship Status: Foster Care, signed by the parent or guardian of the child is sufficient.

b. When the child will remain in foster care for more than 60 days, one of the documents listed in this paragraph is required. Any one of the following documents shall be accepted as satisfactory documentation of citizenship or nationality:

(1) A certificate of birth in the United States.

(2) Form FS-240 (Report of Birth Abroad of a Citizen of the United States) issued by the U.S. Citizenship and Immigration Services.

(3) Form FS-545 or Form DS-1350 (Certification of Birth Abroad) issued by the U.S. Citizenship and Immigration Services.

(4) A United States passport.

(5) Form I-97 (United States Citizen Identification Card) issued by the U.S. Citizenship and Immigration Services.

(6) Form N-560 or N-561 (Certificate of United States Citizenship) issued by the U.S. Citizenship and Immigration Services.

(7) Form N-550 or N-570 (Certificate of Naturalization) issued by the U.S. Citizenship and Immigration Services.

(8) A valid state-issued driver's license or other identity document described in Section 274A(b)(1)(D) of the United States Immigration and Nationality Act, but only if the state issuing the license or document either:

1. Requires proof of United States citizenship before issuance of the license or document; or

2. Obtains a social security number from the applicant and verifies before certification that the number is valid and is assigned to the applicant who is a citizen.

(9) Another document that provides proof of United States citizenship or nationality as the Secretary of the U.S. Department of Health and Human Services may specify by regulation pursuant to 42 U.S.C. Section 1396b(x)(3)(B)(v) or 1396b(x)(3)(C)(v).

c. A child entering foster care is exempt from these requirements when the family has previously presented satisfactory documentary evidence of citizenship, as specified by the Secretary of the U.S. Department of Health and Human Services.

d. The parent or guardian of the child shall have a reasonable period to obtain and provide proof of citizenship. For the purposes of this requirement, the "reasonable period" begins on the date when the child is placed in foster care and continues to the date when the proof is provided or when the department establishes that the parent or guardian is no longer making a good-faith effort to obtain the proof.

This rule is intended to implement Iowa Code sections 234.6(1) and 234.6(6) "b."

[ARC 8010B, IAB 7/29/09, effective 10/1/09]

441—202.3(234) Voluntary placements.

202.3(1) All voluntary placement agreements initiated after July 1, 2003, for children under the age of 18 shall terminate after 90 days.

202.3(2) When the voluntary placement is of a child who is under the age of 18, a Voluntary Foster Care Placement Agreement, Form 470-0715, shall be completed and signed by the parent(s) or guardian and the county office where the parent or guardian resides. Voluntary Foster Care Placement Agreements shall not be used to place children outside Iowa and shall not be signed with parents or guardians who reside outside Iowa. Voluntary Foster Care Placement Agreements shall terminate if the child's parent or guardian moves outside Iowa after the placement.

202.3(3) Voluntary placement of a child aged 18 or older may be granted for six months at a time.

a. The department shall enter into the agreement only when the child:

- (1) Meets the definition of "child" in Iowa Code section 234.1,
- (2) Was in foster care or a state institution immediately before reaching the age of 18,
- (3) Has continued in foster care or a state institution since reaching the age of 18,
- (4) Has demonstrated a willingness to participate in case planning and to fulfill responsibilities as defined in the case permanency plan, and
- (5) Will be placed in foster family care or supervised apartment living in Iowa.

b. Payment shall be limited pursuant to 441—paragraph 156.20(1) "b."

c. When the voluntary placement is of a child who is aged 18 or older and who has a court-ordered guardian, the Voluntary Foster Care Placement Agreement, Form 470-0715, shall be completed and signed by the guardian and the local office where the guardian resides. Voluntary Foster Care Placement Agreements shall not be signed with guardians who reside outside Iowa. Voluntary Foster Care Placement Agreements shall terminate if the child's guardian moves outside Iowa after the placement.

d. When the voluntary placement is of a child who is aged 18 or older and who does not have a court-appointed guardian, the Voluntary Foster Care Placement Agreement, Form 470-0715, shall be completed and signed by the child and the local office where the child resides.

e. An exception to the requirement for continuous placement may be made for a youth who leaves foster care at age 18 and voluntarily returns to supervised apartment living foster care before the youth's twentieth birthday in order to complete high school or obtain a general equivalency diploma (GED).

202.3(4) All voluntary placements shall be approved by the service area manager or designee.

This rule is intended to implement Iowa Code sections 234.6(6) "b" and 234.35(1) "c."

[ARC 8010B, IAB 7/29/09, effective 10/1/09]

441—202.4(234) Selection of facility.

202.4(1) Placement consistent with the best interests and special needs of the child shall be made in the least restrictive, most family-like facility available and in close proximity to the child's home. Race, color, or national origin may not be routinely considered in placement selections.

202.4(2) Efforts shall be made to place siblings together unless to do so would be detrimental to any of the children's physical, emotional or mental well-being. Efforts to prevent separating siblings, reasons for separating siblings, and plans to maintain sibling contact shall be documented in the child's case permanency plan.

202.4(3) The department shall first consider placing the child in a relative's home unless no relatives are available or willing to accept placement or such placement would be detrimental to the child's physical, emotional or mental well-being.

a. If a relative or a suitable person who has a kinship bond with the child will accept placement of the child:

- (1) The person shall sign Form 595-1489, Non-Law Enforcement Record Check Request, and
- (2) The department shall complete record checks as listed in 441—subrule 113.13(1) to evaluate if the person's home is appropriate for the child before making the placement.

b. Efforts to place the child in a relative's home and reasons for using a nonrelative placement shall be documented in the child's case permanency plan.

202.4(4) If the child cannot be placed with a relative or a suitable person who has a kinship bond with the child, foster family care shall be used for a child unless the child has problems which require specialized services that cannot be provided in a family setting. Reasons for using a more restrictive placement shall be documented in the child's case permanency plan.

202.4(5) A foster family shall be selected on the basis of compatibility with the child, taking into consideration:

- a.* The extent to which interests, strengths, abilities and needs of the foster family enable the foster family members to understand, accept and provide for the individual needs of the child.
- b.* The child's individual problems, medical needs, and plans for future care. The department shall not place a child with asthma or other respiratory health issues in a foster home where any member of the household smokes.
- c.* The capacity of the foster family to understand and accept the child's case permanency plan, the needs and attitudes of the child's parents, and the relationship of the child to the parents.
- d.* The characteristics of the foster family that offer a positive experience for the child who has specific problems as a consequence of past relationships.
- e.* An environment that will cause minimum disruption of the child including few changes in placement for the child.
- f.* Rescinded IAB 4/11/07, effective 7/1/07.

202.4(6) A foster group care facility shall be selected on the basis of its ability to meet the needs of the child, promote the child's growth and development, and ensure physical, intellectual and emotional progress during the stay in the facility. The department shall place a child only in a licensed or approved facility which has a current contract with the department pursuant to 441—Chapter 152.

This rule is intended to implement Iowa Code section 234.6(6) "b."
[ARC 8010B, IAB 7/29/09, effective 10/1/09]

441—202.5(234) Preplacement.

202.5(1) Except for placements made in less than 24 hours, a child placed in a facility shall have a preplacement visit involving:

- a.* The child,
- b.* The foster parents or agency staff, if the child is placed in a public or private agency,
- c.* The department service worker, and
- d.* The child's parents, unless their presence would be disruptive to the child's placement.

202.5(2) Before placement, the worker shall provide the facility with general information regarding the child, including a description of the child's medical needs, behavioral patterns including safety-related information, educational plans, and permanency goal. Safety-related information shall be withheld only if:

- a.* Withholding the information is ordered by the court; or
- b.* The department or the agency developing the service plan determines that providing the information would be detrimental to the child or to the family with whom the child is living.

202.5(3) The child shall have a physical examination by a physician, advanced registered nurse practitioner, or a physician assistant before the initial placement into foster care, or the physical examination shall be scheduled within 14 calendar days of placement. The physician, advanced registered nurse practitioner, or a physician assistant shall complete a preliminary screening for dental and mental health and refer the child to a dentist or mental health professional if appropriate. To address any immediate medical needs, the child shall be seen immediately at an emergency room, an urgent care center, or other community health resource.

This rule is intended to implement Iowa Code section 234.6(6) "b."
[ARC 7606B, IAB 3/11/09, effective 5/1/09; ARC 8010B, IAB 7/29/09, effective 10/1/09; ARC 3185C, IAB 7/5/17, effective 9/1/17]

441—202.6(234) Placement.

202.6(1) At the time of placement, the department worker shall furnish to the foster care provider any available information regarding the child.

- a.* The information provided shall include:
 - (1) The child's full name and date of birth;
 - (2) The names, work addresses, and telephone numbers of the placement worker and the worker's supervisor, including a home telephone, cell phone, or on-call number;
 - (3) The names, addresses, and telephone numbers of the child's physician and dentist;

(4) The names, addresses, and telephone numbers of significant relatives of the child, including parents, grandparents, brothers and sisters, aunts and uncles, and any other significant persons (for an adopted child, the adoptive parents and adoptive relatives);

(5) The case permanency plan;

(6) The results of a physical examination, including immunization history;

(7) The child's medical needs including allergies, physical limitations, dental and medical recommendations, and special needs of HIV;

(8) Behavioral patterns including safety-related information;

(9) Educational arrangements including, but not limited to, the school the child attends, special education needs, and school contacts;

(10) The placement contract or agreement including the date of acceptance for care;

(11) Medical authorizations, service authorizations, and other releases as needed; and

(12) If the child is an Indian, the identification of the child's tribe and tribal social service agency including telephone number and contact person.

b. Before releasing specific information about HIV, the department shall use Form 470-3225, Authorization to Release HIV-Related Information, to obtain a release from the child or the child's parent or guardian, or a court order permitting the release of the information.

(1) The person receiving this information shall complete Form 470-3227, Receipt of HIV-Related Information, to document understanding of the confidentiality of this knowledge.

(2) Form 470-3226, HIV General Agreement, shall be completed by foster parents who have agreed to care for children who have AIDS, test HIV positive, or are at risk for HIV infection.

c. Safety-related information shall be withheld only if:

(1) Withholding the information is ordered by the court; or

(2) The department or the agency developing the service plan determines that providing the information would be detrimental to the child or to the family with whom the child is living.

202.6(2) For each foster care placement in a foster family home supervised directly by department staff, Form 470-0716 or 470-0716(S), Foster Family Placement Contract, shall be completed by the foster family and the placement worker and supervisor. A new foster family placement contract shall be completed when the rate of payment or special provisions change.

202.6(3) A follow-up visit shall be made to the child at the foster family home within two weeks of the initial placement for placements supervised directly by the department.

202.6(4) The case permanency plan shall be reviewed at least every six months to ensure appropriateness of the child's placement. A copy of the subsequent case plan shall be submitted to the court every six months unless the court orders a different frequency for reports.

202.6(5) In conjunction with the case plan review, the case shall be presented every six months to a review committee which conforms to the requirements in subrule 202.2(5). The service area manager may also approve a review by a local foster care review board authorized in Iowa Code section 237.19 or the court as meeting this requirement as long as the review conforms to subrule 202.2(5), paragraphs "b" to "h," and to subrule 202.6(5), paragraphs "a" to "e." The review committee shall:

a. Evaluate the continuing necessity for foster care placement.

b. Evaluate the continuing appropriateness of the foster care placement.

c. Evaluate the extent of compliance with the case plan.

d. Evaluate the extent of progress made toward lessening the causes for foster care placement.

e. Project a likely date by which the child will leave foster care.

This rule is intended to implement Iowa Code sections 234.6(6) "b," and 237.19.

[ARC 8010B, IAB 7/29/09, effective 10/1/09]

441—202.7(234) Out-of-area placements.

202.7(1) When the department makes a placement of a child in the foster care system out of the service area in which the child resides, this placement shall occur only when there is no appropriate placement within the service area, when the placement is necessary to facilitate reunification of the child

with the parents, or when an out-of-area agency is closer to the community where the child resides than an in-area agency offering the same services.

202.7(2) The authority for approving out-of-area placements rests with both the placing and receiving service area managers.

202.7(3) Transfer of responsibility for supervision, planning, and visitation shall be approved by the placing and receiving service area managers and, when appropriate, by the court.

This rule is intended to implement Iowa Code section 234.6(6) "b."

441—202.8(234) Out-of-state placements.

202.8(1) The department shall make an out-of-state foster family care placement only with the approval of the service area manager or designee. Approval shall be granted only when the placement will not interfere with the goals of the child's case permanency plan and when one of the following conditions exists:

- a. The foster family with whom the child is placed is moving out of state.
- b. An out-of-state family having previous knowledge of the child desires to provide foster care to the child.
- c. An out-of-state family is approved to adopt the child under subsidy and is eligible to receive maintenance payments until the adoption is final.
- d. An out-of-state placement is necessary to facilitate reunification of the child with the parents.

202.8(2) Placements shall be made in an out-of-state group care facility only with the approval of the service area manager or designee.

202.8(3) All out-of-state placements shall be made pursuant to interstate compact procedures.

202.8(4) The reasons for selecting an out-of-state placement shall be documented in the child's case permanency plan.

202.8(5) Regional out-of-state placement committees. Rescinded IAB 7/6/94, effective 7/1/94.

This rule is intended to implement Iowa Code section 234.6(6) "b."

[ARC 8010B, IAB 7/29/09, effective 10/1/09]

441—202.9(234) Supervised apartment living. A supervised apartment living arrangement shall provide a child with an environment in which the child can experience living in the community with supervision and prepare for self-sufficiency. The child must have the capacity to live in the community with less supervision than that provided by a foster family or in a group care setting and must be able to follow the provisions of the case plan and participate in activities and services to achieve self-sufficiency.

202.9(1) Living arrangements.

a. The two types of supervised apartment living arrangements are as follows:

(1) A cluster setting, which provides support in a structured setting. Up to six children reside in apartments or bedrooms in one building (such as an apartment building or residential housing), supervised by one agency. The supervising agency must have an adult staff member present and available on site in the living arrangement at any time when more than one child is present.

(2) A scattered-site setting, which is the less restrictive of the two types of living arrangements. Up to three children supervised by one agency may reside in individual housing arrangements, such as apartments or residential housing, located in one building. Children must be able to contact supervising agency staff 24 hours a day, seven days a week.

b. If an agency rents an apartment to the child, there shall be a signed lease between both parties that includes, but is not limited to:

- (1) Amount to be paid for the rental unit.
- (2) The term of the lease with both a beginning and an ending date.
- (3) Rights and responsibilities of the tenant.
- (4) Rights and responsibilities of the landlord.

(5) Conditions under which the lease can be terminated.

202.9(2) Eligibility. To be eligible for supervised apartment living placement, a child shall meet all of the following conditions:

- a. The child must be at least 16½ years old for placement in a cluster setting.
- b. The child must be at least 17 years old, and it has been determined by the department or juvenile court services referral worker that the child has lived successfully in a SAL cluster setting until the child is able to live in a more independent placement in a scattered-site setting.
- c. If the child is under the age of 18, the child must:
 - (1) Satisfactorily attend school, in accordance with the school's attendance policies, with the objective of obtaining a high school diploma; or
 - (2) Satisfactorily attend an instructional program, pursuant to the program's policies, necessary to obtain a high school equivalency diploma; or
 - (3) Attend school to obtain postsecondary education or training on a full-time basis (based upon the institution's definition of full-time) or attend on a part-time basis and be either working or participating in a work training program leading to employment; or
 - (4) Work at least an average of 80 hours per month if not enrolled in school; or
 - (5) Participate in a work training program leading to employment if not enrolled in school.
- d. If the child is aged 18 or older, the child must:
 - (1) Meet the definition of "child" in Iowa Code section 234.1; and
 - (2) Have been in foster care immediately before reaching the age of 18 and have continued in foster care since reaching the age of 18. The service area manager or designee may waive the requirement for continuous placement for a child who leaves foster care at age 18 and voluntarily returns before the child's twentieth birthday in order to complete high school or obtain a high school equivalency diploma, consistent with Iowa Code sections 234.35(1) "f" and 234.35(3) "c"; and
 - (3) Attend school on a full-time basis leading to a high school diploma or attend an instructional program leading to a high school equivalency diploma.
- e. The child must need foster care placement and services, based on an assessment completed according to rule 441—202.2(234) and subrule 202.6(5).
- f. The child must participate in services and activities to achieve self-sufficiency.
- g. The child must have the capacity to live in the community with less supervision than that provided by a foster family or in a group care setting, as determined by an assessment that reviews available information on the child to identify the needs, strengths, and resources of the child, especially as they pertain to the child's ability to function in the community. To determine if a supervised apartment living foster care placement is suitable for the child, the department worker must complete Form 470-4063, Preplacement Screening for Supervised Apartment Living Foster Care.
- h. The child must have an approved living situation that meets the following minimum standards:
 - (1) Comply with applicable state and local zoning, fire, sanitary and safety regulations.
 - (2) Be located so as to provide reasonably convenient access to schools, places of employment, and services and supports required by the child.
 - (3) Be reasonably priced so as to fit within the child's budget.
- i. If supervised apartment living foster care is deemed suitable for the child, the worker shall complete Form 470-3186, Request for Approval of Supervised Apartment Living Foster Care Placement, to request that the service area manager or designee approve the placement. This form is also to be used to request that the service area manager or designee waive the requirement for continuous placement for a child who leaves foster care on or after the child's eighteenth birthday and voluntarily returns before the child's twentieth birthday in order to complete high school or obtain a GED.
- j. The placement must have the approval of the juvenile court if the child is under court jurisdiction.

202.9(3) Services to be provided. To ensure that the supervised apartment living arrangement is meeting the child's needs, required services shall be provided directly by the department or purchased from an agency that has a contract with the department to provide supervised apartment living foster care services. The following services are required:

a. Development of a case or service plan (by either the department worker or the service provider, if contracted out) in consultation with the child and the child's family (unless a reason for noninvolvement is documented in the case record) and significant others whenever appropriate that documents the following:

(1) Goals, intended to meet the specific needs of the child to achieve self-sufficiency, with projected dates of accomplishment.

(2) Objectives (action steps) to be taken by the child, the child's support system, and staff, with projected dates of accomplishment.

(3) Services to be provided and activities to be undertaken, the frequency of such services, who will provide the services, the child's progress with the goals and objectives, and the child's compliance with the service plan.

(4) A budget, developed with the child, based upon the child's monthly stipend payment, any start-up allowance, any earned or unearned incomes and financially related assistance (e.g., food assistance). Staff will work with the child to ensure payment of bills and receipt of necessary items as outlined in the budget.

b. Life skills training involving interpersonal and daily living skills training to prepare the child to maintain a safe, healthy, and stable lifestyle and achieve self-sufficiency. Life skills training includes training of "hard" skills (e.g., money management, self-care and hygiene, physical and mental health care, skills related to educational and employment goals, housing and home management, time management, accessing community resources) and training of "soft" skills (e.g., decision making, problem solving, developing healthy relationships, self-advocacy). Life skills training should be individualized to the needs of the child toward achieving self-sufficiency. If a child needs a specific life skills training service or services (e.g., parenting skill development, counseling services to reduce stress and social, emotional, or behavioral problems that affect the child's stability or ability to achieve self-sufficiency) in addition to basic life skills training services and services are purchased, the department worker will specify the necessary services under special provisions on Form 470-5081, Placement Agreement and Service Authorization for Supervised Apartment Living (SAL).

c. Through visits with the child and to the living situation, determination and documentation that:

(1) The living arrangement and mode of living are safe and suitable and provide an environment that allows for the child's social and emotional needs to be met; and

(2) There is no reasonable cause to believe that the child's living situation or mode of living presents any unacceptable risks to the child's health or safety; and

(3) The child has access to a telephone; and

(4) There is an operating smoke alarm on each level of occupancy; and

(5) The child is receiving any necessary medical care; and

(6) The child is receiving appropriate and sufficient services and supports to achieve the child's goals and facilitate objectives according to the child's service plan.

d. Supervision to assist the child in developing the needed structure to live in the supervised apartment living setting and in locating and using other needed services. If the child is under the age of 18, supervision shall include a minimum of weekly face-to-face contacts. For a child aged 18 or older, supervision shall include a minimum of biweekly (every other week) face-to-face contacts. Supervision may include guidance, oversight, and behavior monitoring.

e. Ongoing assessment activities to monitor the child's ability to achieve self-sufficiency.

f. If services are purchased, visits by the department to the child according to subrule 202.11(2).

g. If services are purchased, compliance by the provider with all reporting requirements as required by the provider's contract with the department, including requirements for the individual service plan, quarterly reports, and a termination summary.

h. A review of the case and case plan every six months, in accordance with subrules 202.6(4) and 202.6(5).

202.9(4) Method of service provision. Supervised apartment living services may be provided directly by the department or purchased from an agency that has a contract with the department to provide supervised apartment living foster care services. If services are purchased:

a. Department staff shall be responsible to determine the specific service components to be provided and any special provisions of this care. The department case permanency plan shall specify the goals and objectives (action steps) of the services that are being purchased. If services are purchased, the worker shall complete Form 470-5081, Placement Agreement and Service Authorization for Supervised Apartment Living (SAL), to place the child with the contractor, to authorize the SAL service, and to identify any special provisions for the case.

b. Supervised apartment living billings shall follow the terms of the contract with the department.

202.9(5) Termination of services.

a. Mandatory termination. Supervised apartment living services shall be terminated when the child:

- (1) No longer meets eligibility criteria;
- (2) No longer needs services or needs a more restrictive level of placement;
- (3) Chooses to live in a nonapproved setting; or
- (4) Refuses to follow the provisions of the case plan.

b. When services are purchased and the department plans to remove a child from the supervised apartment living placement, the department shall inform the provider in writing of the date of removal, the reason for the removal, the recourse available, if any, and that the contested case (appeal) proceeding does not apply to the removal.

c. The provider shall be informed ten days in advance of the removal, except when the court orders removal of the child from the placement or there is evidence of neglect or physical or sexual abuse.

This rule is intended to implement Iowa Code section 234.6.

[ARC 0417C, IAB 10/31/12, effective 1/1/13; ARC 2342C, IAB 1/6/16, effective 2/10/16; ARC 2885C, IAB 1/4/17, effective 3/1/17; ARC 3442C, IAB 11/8/17, effective 1/1/18]

441—202.10(234) Services to foster parents. Foster parents shall be provided necessary supportive services for the purpose of aiding them in the care and supervision of the child. These services shall include, but not be limited to:

202.10(1) Availability of social service staff on a 24-hour basis in case of emergency.

202.10(2) Conferences to develop in-depth planning regarding family visits, expectations of the department, future objectives and time frames, use of resources, and termination of placements.

202.10(3) Visitation by the service worker at least monthly regardless of the duration of the placements.

202.10(4) Making available all known pertinent information needed for the care of the child including HIV status, safety-related information, and special confidentiality requirements.

a. Before releasing specific information about HIV, the department shall use Form 470-3225, Authorization to Release HIV-Related Information, to obtain a release from the child or the child's parent or guardian, or a court order permitting the release of the information. The person receiving this information shall complete Form 470-3227, Receipt of HIV-Related Information, to document understanding of the confidentiality of this knowledge.

b. Safety-related information shall be withheld only if:

- (1) Withholding the information is ordered by the court; or
- (2) The department or the agency developing the service plan determines that providing the information would be detrimental to the child or to the family with whom the child is living.

c. When continued breastfeeding of the child is determined to be in the best interest of the child, the service worker and the foster parents shall make reasonable efforts to support the continued breastfeeding of the child by the mother.

This rule is intended to implement Iowa Code section 234.6(6) "b."

441—202.11(234) Services to the child. The department service worker shall maintain a continuous relationship with the child.

202.11(1) The department service worker shall:

- a.* Help the child plan for the future,
- b.* Evaluate the child's needs and progress,

- c. Supervise the living arrangement,
- d. Arrange for social and other related services including, but not limited to, medical, psychiatric, psychological, and educational services from other resources as needed, and
- e. Counsel the child in adjusting to the placement.

202.11(2) The assigned department service worker shall personally visit each child in out-of-home care at least once every calendar month, with the frequency of the visits based upon the needs of the child.

- a. The visit shall take place in the child's place of residence the majority of the time.
- b. The visit shall be of sufficient length to focus on issues pertinent to case planning. During the visit, the worker shall address the safety, permanency, and well-being of the child, including the child's needs, services to the child, and achievement of the case permanency plan goals.

202.11(3) When placement of a breastfeeding child is made, the service worker shall:

- a. Assess in consultation with the worker's supervisor whether continued breastfeeding by the mother is in the best interest of the child;
- b. Make every reasonable effort to support the mother's continued breastfeeding for the child if determined appropriate; and
- c. Document the assessment and efforts in the child's case plan and case notes.

202.11(4) When a child is in continuous foster care, a new physical examination shall not be required when the child transfers from one foster care placement to another unless there is some indication that an examination is necessary. The service worker shall obtain from the health practitioner or practitioners an annual medical review of treatment the child has received.

This rule is intended to implement Iowa Code section 234.6(6) "b."

202.11(5) Throughout the provision of care, the foster care provider shall actively ensure that the child stays connected to the child's kin, culture, and community as documented in the child's case permanency plan.

202.11(6) Throughout the provision of care, the foster care provider is permitted to use the reasonable and prudent parent standard to create opportunities for participation of the child in age- or developmentally appropriate activities.

202.11(7) Transition planning program. The purpose of the transition planning program is to provide services, supports, activities and referrals to programs that assist children currently or formerly in foster care in acquiring skills and abilities necessary for transition to successful adulthood. The transition planning program offers a life skills assessment, transition plan development, and transition-related services, supports, activities and referrals to programs.

a. *Eligibility.* To be eligible for the transition planning program, a child must be or have been in foster care as defined by rule 441—202.1(234) or 45 Code of Federal Regulations 1355.20 as amended to October 1, 2008, and must meet at least one of the following eligibility requirements:

- (1) Is currently in foster care and is 14 years of age or older.
- (2) Is under the age of 21 and was adopted from foster care at 16 years of age or older.
- (3) Is under the age of 21 and was placed in a subsidized guardianship arrangement from foster care at 16 years of age or older.
- (4) Was formerly in foster care and is eligible for and participating in Iowa's aftercare services program as described at 441—Chapter 187.
- (5) Was formerly in foster care and is eligible for and participating in Iowa's postsecondary education and training voucher (ETV) program as described at 42 U.S.C. Section 677(a)(6-7).

b. *Assessment.* A life skills assessment shall be administered to all children in foster care who are aged 14 or older. An assessment shall be available upon request to any child who has been discharged from foster care but meets the eligibility requirements in paragraph "a." The assessment is designed to evaluate the child's strengths and needs in areas including, but not limited to:

- (1) Education,
- (2) Physical and mental health,
- (3) Employment,
- (4) Housing and money management, and
- (5) Supportive relationships.

c. Transition plan development. A transition plan shall be completed for all children in foster care who are aged 14 or older, as provided in Iowa Code section 232.2(4) "f." Transition plan development shall also be available upon request to any child who has been discharged from foster care but meets the eligibility requirements in paragraph "a," but the transition plan will not be part of a case permanency plan. Transition plan requirements include the following:

(1) The transition plan shall be personalized at the direction of the child and shall be developed in consultation with the child and reviewed by the department in collaboration with a child-centered transition team, honoring the goals and concerns of the child.

(2) The transition plan shall document that the child received and signed a document that describes the rights of the child with respect to education, health, visitation, and court participation. The document must be signed by the child indicating that the child has been provided with a copy of the document and that the rights contained in the document have been explained to the child in an age-appropriate way.

(3) The transition plan shall document that the child received a copy of any credit report pertaining to the child as provided by the child's caseworker on an annual basis until the child is discharged from foster care. The child must receive assistance from the child's caseworker in interpreting and resolving any inaccuracies in the report.

(4) The transition plan shall document that any child leaving foster care at the age of 18 or older was provided with the following documents and information unless the child has been in foster care for less than 30 days or is not eligible to receive such document:

1. An official or certified copy of the child's birth certificate.
2. The child's social security card.
3. A driver's license or identification card issued by the state to the child.
4. Health insurance information.
5. A copy of the child's medical and education records.

(5) The transition plan shall document that the caseworker provided to the child, at the case permanency plan review in the 90 days before the child reached the age of 18, information and education about the importance of having a durable power of attorney for health care and a copy of the state's form used to identify such a proxy. The child has the option to complete the form at the age of 18 or older.

(6) The transition plan shall address the strengths and needs identified in the assessment and detail the services, supports, activities and referrals to programs needed to implement the plan to best assist the child in preparing for successful adulthood. The membership of the transition team and the meeting dates for the team shall be documented in the transition plan.

(7) The transition plan shall be reviewed and updated at each case review after the plan's initial development; within 90 days before the child's eighteenth birthday; and within 90 days before the child is expected to leave foster care if the child remains in care after reaching the age of 18.

d. Transition services. Children shall be offered services, supports, activities and referrals to programs within, but not limited to, the five areas described below according to the child's age and development, strengths and needs, permanency goal, and placement as documented in the case permanency plan.

(1) Education skills increase the child's chances of completing high school or obtaining high school equivalency and of entering a satisfying career. Services may include assistance in academic advising and guidance, secondary and postsecondary educational support, records transfer coordination, tutoring, financial aid planning, career exploration, mentoring, and career advising. Financial assistance for postsecondary education and training may be available to eligible children.

(2) Physical and mental health skills promote healthy physical, mental and emotional functioning. Health education services may include guidance on risk prevention, how to be healthy and fit, how to self-advocate for health care needs and access to health insurance, how to select medical professionals, and how to make informed decisions regarding treatment, lifestyle considerations, spirituality, and recreation. Provision must be made for the child's application for adult services if it is likely the child will need or be eligible for services or other support from the adult service system.

(3) Employment skills enable children to prepare for, seek, and maintain gainful career employment. Services may include employment programs or vocational training, employment search

resources, career advising, résumé writing, interview skills, workplace etiquette, and on-the-job training.

(4) Housing and money management skills prepare a child to select, manage, and maintain safe and stable housing. Services may include lessons on the physical maintenance and cleaning of a house and guidance on managing personal finances, such as financial decisions, budgeting, bill paying, use of credit, and financing. Financial assistance for items, including room and board, may be available to children who meet the eligibility criteria of the aftercare services program pursuant to 441—Chapter 187.

(5) Supportive relationships skills promote the healthy development and maintenance of rewarding, lasting relationships. Services may include family support and healthy marriage education, mentoring opportunities, and guidance on how to recognize the needs of others, how to identify and understand personal motivations, how to ensure personal safety, and how to communicate effectively.

[ARC 7606B, IAB 3/11/09, effective 5/1/09; ARC 8010B, IAB 7/29/09, effective 10/1/09; ARC 8718B, IAB 5/5/10, effective 7/1/10; ARC 0417C, IAB 10/31/12, effective 1/1/13; ARC 2069C, IAB 8/5/15, effective 10/1/15; ARC 2743C, IAB 10/12/16, effective 12/1/16]

441—202.12(234) Services to parents.

202.12(1) Child welfare services shall be made available to the parents throughout the period of placement for the purpose of reuniting the family in an agreed-upon time frame. Family safety, risk, and permanency services may be provided to:

- a. Promote identification and enhancement of family strengths and protective capacities;
- b. Address the factors that resulted in the child's being removed from the family home; and
- c. Strengthen family connections to community resources and informal supports.

202.12(2) Placement notification.

a. The parents shall be notified of the location and nature of the child's placement, unless the conditions of this subrule are met.

(1) The department evaluates the situation and determines that notifying the child's parents of the location of the placement would be detrimental to the child's safety and well-being and to the stability of the child's placement due to:

1. Evidence of a direct or indirect threat to harm the foster child or the foster family; or
2. Credible third-party information of a threat of harm to the foster child or the foster family.

(2) The department includes a statement in the child's case permanency plan explaining the decision not to disclose the location of the child to the parents.

b. The decision not to disclose the location of a child's placement shall be reviewed at least every six months when the child's case permanency plan is revised.

202.12(3) The case plan and treatment plan shall specify the services to be provided and the time frame for reuniting the family. These plans shall be developed in cooperation with the parents.

202.12(4) Personal contact shall be made regularly with the parents and the progress towards goal attainment reviewed and documented in the case record. The frequency of the personal contact shall be at least monthly and shall be specified in the child's case permanency plan.

202.12(5) When placement of a breastfeeding child is made, the service worker shall:

a. Assess in consultation with the worker's supervisor whether continued breastfeeding by the mother is in the best interest of the child;

b. Make every reasonable effort to support the mother's continued breastfeeding of the child if determined appropriate; and

c. Document the assessment and efforts in the child's case plan and case notes.

This rule is intended to implement Iowa Code section 234.6(6) "b."
[ARC 8010B, IAB 7/29/09, effective 10/1/09; ARC 9961B, IAB 1/11/12, effective 12/15/11]

441—202.13(234) Removal of the child.

202.13(1) When the department plans to remove a child from a facility, the facility shall be informed in writing of the date of the removal, the reason for the removal, the recourse available to the facility, if any, and that the chapter 17A contested case proceeding is not applicable to the removal. The department

shall inform the facility ten days in advance of the removal, except that the facility may be informed less than ten days prior to the removal in the following instances:

- a. When the parent or guardian removes the child from voluntary placement.
- b. When the court orders removal of a child from placement.
- c. When there is evidence of neglect or physical or sexual abuse.

202.13(2) The department may remove a child from a facility when any of the following conditions exist:

- a. There is evidence of abuse, neglect, or exploitation of the child.
- b. The child needs a specialized service that the facility does not offer.
- c. The child is unable to benefit from the placement as evidenced by lack of progress of the child.
- d. There is evidence the facility is unable to provide the care needed by the child and fulfill its responsibilities under the case plan.
- e. There is lack of cooperation of the facility with the department.

202.13(3) If a foster family objects in writing within seven days from the date that the department furnishes notice of plans to remove the child, the service area manager or designee shall grant a conference to the foster family to determine whether the removal is in the child's best interest.

a. This conference shall not be construed to be a contested case under the Iowa administrative procedure Act, Iowa Code chapter 17A.

b. The conference shall be provided before the child is removed except in instances listed in 202.13(1) "a" to "c." The service area manager or designee shall review the propriety of the removal and explain the decision to the foster family.

c. The service area manager or designee, on finding that the removal is not in the child's best interests, may overrule the removal decision unless a court order or parental decision prevents the department from doing so.

202.13(4) When the facility requests a child be removed from its care, it shall give a minimum of ten days' notice to the department so planning may be made on behalf of the child.

This rule is intended to implement Iowa Code section 234.6(6) "b."

[ARC 8010B, IAB 7/29/09, effective 10/1/09]

441—202.14(234) Termination. The foster care services shall be terminated when the child is no longer an eligible child, or when the attainment of goals in the case plan has been achieved, or when the goals for whatever reasons cannot be achieved, or when it is evident that the family or individual is unable to benefit from the service or unwilling to accept further services.

This rule is intended to implement Iowa Code section 234.6(6) "b."

441—202.15(234) Case permanency plan.

202.15(1) The department worker shall ensure that a case permanency plan is developed for each child who is placed in foster care if the department has agreed to provide foster care through a voluntary placement agreement, if a court has transferred custody or guardianship to the department for the purpose of foster care, or if a court has placed the child in foster care and ordered the department to supervise the placement.

202.15(2) The department worker shall develop the case permanency plan with the child's parents, unless the child's parents are unwilling to participate in the plan's development, and with the child, unless the child is unable or unwilling to participate. For a child 14 years of age or older in foster care, the case permanency plan must be developed in consultation with the child. The child may choose up to two members of the case planning team who are not the child's foster parent or caseworker. The department may reject an individual selected by a child at any time if the department has good cause to believe the individual would not act in the best interests of the child. One individual selected by the child to be a member of a child's case planning team may be designated to be the child's advisor and, as necessary, advocate with respect to the use of the reasonable and prudent parent standard.

202.15(3) The department worker shall be responsible for ensuring the development of the case permanency plan within the time frames specified in rule 441—130.7(234). In all cases, the case permanency plan shall be completed within 60 days of the date the child entered foster care.

202.15(4) Copies of the initial and subsequent case permanency plans shall be provided to the child, the child's parents, and the foster care provider. Copies shall also be provided to the following, if involved in services to the child: the juvenile court officer, the judge, the child's attorney, the child's guardian ad litem, the child's guardian, the child's custodian, the child's court-appointed special advocate, the parents' attorneys, the county attorney, the state foster care review board, and any other interested parties identified in the plan.

202.15(5) The initial and subsequent case permanency plans shall be completed on the forms specified in rule 441—130.7(234).

202.15(6) Rescinded IAB 4/28/04, effective 6/2/04.
[ARC 2069C, IAB 8/5/15, effective 10/1/15]

441—202.16(135H) Department approval of need for a psychiatric medical institution for children.

202.16(1) Applicants for departmental approval of need shall submit the following to the division of child and family services:

a. A description of the population to be served, including age, sex, and types of disorders, and an estimate of the number of these youth in need of psychiatric care in the area of the state in which the applicant is located.

b. A statement of the number of beds requested and a description of the treatment program to be provided, the outcomes to be achieved and the techniques for measuring outcomes.

c. A proposed date of operation as a psychiatric medical institution for children.

d. A description of the applicant's experience with providing similar services to youth, especially the target population.

e. A description of the applicant's plan, including the timeline for achieving accreditation to provide psychiatric services from a federally recognized accrediting organization under the organization's standards for residential settings and licensure as a psychiatric medical institution for children, or a copy of the organization's report if already accredited.

f. References from the service area manager for the department service area in which the proposed psychiatric medical institution for children would be located, the chief juvenile court officer of the judicial district in which the proposed psychiatric medical institution for children would be located and the applicant's licensor from the department of inspections and appeals or department of public health.

202.16(2) The department shall evaluate proposals and issue a decision based on the following criteria:

a. The number of psychiatric medical institutions for children beds for the proposed population which are needed in the area of the state in which the facility would be located, based on the department's most recent needs assessment.

b. The steps the facility has taken towards achieving accreditation from a federally recognized accrediting organization and licensure as a psychiatric medical institution for children.

c. The applicant's ability to provide services and support consistent with the requirements under Iowa Code chapter 232 including, but not limited to, evidence that:

(1) Children will be served in a setting which is in close proximity to their parents' home.

(2) Each child will receive services consistent with the child's best interests and special psychiatric needs as identified in the child's case permanency plan.

(3) Children and their families will receive services to facilitate the children's return home or other permanent placement.

d. The applicant's ability to provide children with a non-hospital-type living environment if the applicant is not freestanding from a hospital or health care facility.

e. The limits on the number of beds found in Iowa Code section 135H.6, subsection 5.

202.16(3) If a facility has not been licensed as a psychiatric medical institution for children within one year after the date of the department's approval of need, the department's approval shall expire

unless the department has approved an extension. An extension may be approved up to a maximum of six months if the agency has documented extenuating circumstances which prevented completion of the licensing process.

This rule is intended to implement Iowa Code section 135H.6.

441—202.17(232) Area group care targets.

202.17(1) Area target. A group care budget target shall be established for each departmental service area, which shall be based on the annual statewide group care appropriation established by the general assembly.

a. The department and the judicial branch shall jointly develop a formula for allocating the group care appropriation among the departmental service areas. The formula shall be based on:

- (1) Proportional child population.
- (2) Proportional group foster care usage in the previous five completed fiscal years.
- (3) Other indicators of need.

b. Any portion of the group care appropriation allocated for 50 highly structured juvenile program beds and not used may be used for group care.

c. Upon written agreement of the affected service area managers and chief juvenile court officers, service areas may transfer part of their group care budget from one service area to another. A service area may exceed its budget target figure up to 5 percent during the fiscal year, providing that the overall funding allocation by the department for all child welfare services in the service area is not exceeded.

d. Notwithstanding the statewide appropriation established in this subrule, a budget established in a service area's group care plan pursuant to Iowa Code section 232.143 may be exceeded, a group care placement may be ordered, and state payment may be made if the review organization finds that the placement is necessary to meet the child's service needs and if the service area has additional funds transferred from another service area or if the service area is within 5 percent of its group care budget target figure pursuant to 441—paragraph 202.17(1) "c."

The department and juvenile court services shall work together to ensure that a service area's group care expenditures shall not exceed the funds allocated to the service area for group care in the fiscal year.

e. If at any time after September 30, 1998, annualization of a service area's current expenditures indicates a service area is at risk of exceeding its group foster care expenditure target under Iowa Code section 232.143 by more than 5 percent, the department and juvenile court services shall examine all group foster care placements in that service area in order to identify those which might be appropriate for termination. In addition, any aftercare services believed to be needed for the children whose placements may be terminated shall be identified.

The department and juvenile court services shall initiate action to set dispositional review hearings for the placements identified. In the dispositional review hearing, the juvenile court shall determine whether needed aftercare services are available and whether termination of the placement is in the best interest of the child and the community.

202.17(2) Plan for achieving target. For each of the departmental service areas, representatives appointed by the department and juvenile court services shall establish a plan for containing the expenditure for children placed in group care within the budget target allocated to that service area. The plan shall include monthly targets and strategies for developing alternatives to group care placements.

The plans shall also ensure potential group care referrals are reviewed by the review organization prior to submission of a recommendation for group care placement to the court.

Each area plan shall be established in advance of the fiscal year to which the plan applies. To the extent possible, the department and the juvenile court shall coordinate the planning required under this subrule with planning for services paid under Iowa Code section 232.141, subsection 4. The department's service area manager shall communicate regularly, as specified in the area plan, with the juvenile courts within the service area concerning the current status of the plan's implementation.

This rule is intended to implement Iowa Code section 232.143.

441—202.18(235) Local transition committees. Local transition committees shall be established in each of the department service areas. The service area manager or designee shall determine the number of local transition committees needed within the service area, set operating policies and procedures, and appoint committee membership.

202.18(1) Purpose. The purpose of local transition committees, as established by Iowa Code Supplement section 235.7, is to ensure that the transition needs of youth in foster care who are 16 years of age or older have been addressed in order to assist the youth in preparing for the transition from foster care to adulthood.

202.18(2) Membership. Each committee shall have a designated number of members.

a. The standing committee membership may include, but is not limited to:

- (1) Department staff involved with child welfare, adult services, or transition planning.
- (2) Juvenile court services staff.
- (3) Adult service system staff.
- (4) Education staff.
- (5) Service care provider representation.
- (6) Others knowledgeable about community resources.

b. Additionally, nonstanding membership may include those knowledgeable about the youth, including the child's court-appointed special advocate, guardian ad litem, and service or care providers.

c. In areas where teams or boards already in existence are involved in review and planning for youth needs, such as the foster care review board or child welfare funding decategorization boards, such teams or boards may serve as local transition committees.

202.18(3) Duties. Local transition committees shall address the transition needs of youth in foster care who are 16 years of age or older and who have a case permanency plan as defined in Iowa Code Supplement section 232.2. Each committee shall have operating policies and procedures to carry out the duties below.

a. Each committee shall establish a process for review and approval of written transition plans for youth for whom the committee has placement responsibility that meets a continuum of case needs and coordinates with local transition planning protocol. The process may include a paper review or an in-person review, or both, according to case need.

b. The committee may be involved when the youth is at least 16 years of age, but shall be involved in reviewing and approving a youth's transition plan before the youth reaches age 17½. When a youth enters foster care at age 17½ or older, the committee shall be involved in reviewing and approving the youth's transition plan within 30 days of completion.

c. In reviewing a youth's transition plan, the committee shall identify and act to address gaps existing in services or supports available that would assist the youth in the transition from foster care to adulthood.

d. For those youth expected to need services as adults, the committee shall ensure that the transition plan was developed with the participation of any person reasonably expected to be a service provider when the youth becomes an adult or to become responsible for the costs of services at that time.

e. The committee shall ensure that transition planning and review is coordinated with overall case planning and review. Committee review and approval shall be indicated in the youth's case permanency plan.

f. With respect to meetings involving a specific youth receiving foster care and the youth's family, the local transition committees are not subject to Iowa Code chapter 21.

g. The information and records of or provided to a local transition committee regarding a youth receiving foster care and the youth's family are not public records pursuant to Iowa Code chapter 22 when the records relate to the foster care placement and transition needs of the youth.

h. Members of the committees are subject to the standards of confidentiality set forth in Iowa Code sections 600.16, 217.30 and 235A.15.

202.18(4) Report. The service area manager or designee shall submit a report on transition planning committees to the department's division of child and family services. The report shall be submitted

annually by October 1 for the immediately preceding fiscal year. The report shall include, but not be limited to, the following:

- a. The geographical area covered for each committee within the service area.
- b. Standing committee membership for each committee.
- c. The number of cases reviewed by each committee.
- d. Identification of barriers to successful transition and gaps in community services or supports.
- e. Suggestions for ways to transition youth from foster care to adulthood more effectively.

This rule is intended to implement Iowa Code Supplement section 235.7.

[Filed 9/28/77, Notice 8/10/77—published 10/19/77, effective 11/23/77]

[Filed 9/6/79, Notice 6/27/79—published 10/3/79, effective 11/7/79]

[Filed 10/23/80, Notice 9/3/80—published 11/12/80, effective 12/17/80]

[Filed 11/5/82, Notice 9/15/82—published 11/24/82, effective 1/1/83]

[Filed 3/25/83, Notices 9/29/82, 11/24/82—published 4/13/83, effective 7/1/83]

[Filed 10/28/83, Notice 9/14/83—published 11/23/83, effective 1/1/84]

[Filed 11/18/83, Notice 10/12/83—published 12/7/83, effective 2/1/84]

[Filed emergency 2/10/84—published 2/29/84, effective 2/10/84]

[Filed 4/2/84, Notice 2/1/84—published 4/25/84, effective 6/1/84]

[Filed emergency 8/31/84—published 9/26/84, effective 10/1/84]

[Filed emergency 6/14/85—published 7/3/85, effective 7/1/85]

[Filed 8/23/85, Notice 7/3/85—published 9/11/85, effective 11/1/85]

[Filed emergency 1/15/87—published 2/11/87, effective 1/15/87]

[Filed 3/3/87, Notice 12/31/86—published 3/25/87, effective 5/1/87]

[Filed emergency 6/19/87—published 7/15/87, effective 7/1/87]

[Filed 8/28/87, Notice 7/15/87—published 9/23/87, effective 11/1/87]

[Filed 9/24/87, Notice 8/12/87—published 10/21/87, effective 12/1/87]

[Filed 11/25/87, Notice 10/7/87—published 12/16/87, effective 2/1/88]

[Filed 4/22/88, Notice 2/10/88—published 5/18/88, effective 7/1/88]

[Filed 5/12/89, Notice 2/8/89—published 5/31/89, effective 8/1/89]

[Filed emergency 6/8/89—published 6/28/89, effective 7/1/89]

[Filed 7/14/89, Notice 4/19/89—published 8/9/89, effective 10/1/89]

[Filed 8/17/89, Notice 6/28/89—published 9/6/89, effective 10/11/89]

[Filed 9/15/89, Notice 7/26/89—published 10/4/89, effective 12/1/89]

[Filed 5/17/91, Notice 4/3/91—published 6/12/91, effective 8/1/91]

[Filed 9/18/91, Notice 7/10/91—published 10/16/91, effective 12/1/91]

[Filed 12/11/91, Notice 10/16/91—published 1/8/92, effective 3/1/92]¹

[Filed 2/13/92, Notice 1/8/92—published 3/4/92, effective 5/1/92]

[Filed emergency 4/15/92—published 5/13/92, effective 4/16/92]

[Filed emergency 6/12/92—published 7/8/92, effective 7/1/92]

[Filed 8/14/92, Notices 5/27/92, 7/8/92—published 9/2/92, effective 11/1/92]

[Filed emergency 6/11/93—published 7/7/93, effective 7/1/93]

[Filed without Notice 8/12/93—published 9/1/93, effective 11/1/93]

[Filed 8/12/93, Notices 2/17/93, 7/7/93—published 9/1/93, effective 11/1/93]

[Filed 12/16/93, Notice 9/1/93—published 1/5/94, effective 3/1/94]

[Filed emergency 5/11/94 after Notice 3/16/94—published 6/8/94, effective 6/1/94]

[Filed emergency 6/16/94—published 7/6/94, effective 7/1/94]

[Filed 8/12/94, Notice 7/6/94—published 8/31/94, effective 11/1/94]

[Filed 3/20/95, Notice 1/18/95—published 4/12/95, effective 6/1/95]

[Filed emergency 6/7/95—published 7/5/95, effective 7/1/95]

[Filed 8/10/95, Notice 7/5/95—published 8/30/95, effective 11/1/95]

[Filed 12/12/95, Notice 10/25/95—published 1/3/96, effective 3/1/96]

[Filed emergency 6/13/96—published 7/3/96, effective 7/1/96]

[Filed 8/15/96, Notice 7/3/96—published 9/11/96, effective 11/1/96]

[Filed emergency 6/12/97—published 7/2/97, effective 7/1/97]
[Filed 8/13/97, Notice 7/2/97—published 9/10/97, effective 11/1/97]
[Filed emergency 6/10/98—published 7/1/98, effective 7/1/98]
[Filed without Notice 6/10/98—published 7/1/98, effective 8/15/98]
[Filed 8/12/98, Notice 7/1/98—published 9/9/98, effective 11/1/98]
[Filed 8/12/99, Notice 6/30/99—published 9/8/99, effective 11/1/99]
[Filed 9/12/00, Notice 7/26/00—published 10/4/00, effective 12/1/00]
[Filed emergency 7/10/03—published 8/6/03, effective 7/10/03]
[Filed 10/10/03, Notice 8/6/03—published 10/29/03, effective 1/1/04]
[Filed 3/11/04, Notice 1/21/04—published 3/31/04, effective 6/1/04]
[Filed 4/9/04, Notice 2/18/04—published 4/28/04, effective 6/2/04]
[Filed 11/16/05, Notice 9/28/05—published 12/7/05, effective 1/11/06]
[Filed emergency 10/12/06—published 11/8/06, effective 11/1/06]
[Filed emergency 12/13/06 after Notice 11/8/06—published 1/3/07, effective 1/1/07]
[Filed 3/14/07, Notice 8/30/06—published 4/11/07, effective 7/1/07]
[Filed 2/13/08, Notice 12/19/07—published 3/12/08, effective 5/1/08]
[Filed 9/17/08, Notice 7/2/08—published 10/8/08, effective 12/1/08]
[Filed ARC 7606B (Notice ARC 7372B, IAB 12/3/08), IAB 3/11/09, effective 5/1/09]
[Filed ARC 8010B (Notice ARC 7712B, IAB 4/8/09), IAB 7/29/09, effective 10/1/09]
[Filed ARC 8718B (Notice ARC 8537B, IAB 2/24/10), IAB 5/5/10, effective 7/1/10]
[Filed Emergency After Notice ARC 9961B (Notice ARC 9776B, IAB 10/5/11), IAB 1/11/12, effective 12/15/11]
[Filed ARC 0417C (Notice ARC 0257C, IAB 8/8/12), IAB 10/31/12, effective 1/1/13]
[Filed ARC 2069C (Notice ARC 1997C, IAB 5/27/15), IAB 8/5/15, effective 10/1/15]
[Filed ARC 2342C (Notice ARC 2124C, IAB 9/2/15), IAB 1/6/16, effective 2/10/16]
[Filed ARC 2743C (Notice ARC 2652C, IAB 8/3/16), IAB 10/12/16, effective 12/1/16]
[Filed ARC 2885C (Notice ARC 2771C, IAB 10/12/16), IAB 1/4/17, effective 3/1/17]
[Filed ARC 3185C (Notice ARC 3040C, IAB 4/26/17), IAB 7/5/17, effective 9/1/17]
[Filed ARC 3442C (Notice ARC 3260C, IAB 8/16/17), IAB 11/8/17, effective 1/1/18]
[Filed ARC 5249C (Notice ARC 5130C, IAB 8/12/20), IAB 11/4/20, effective 1/1/21]

¹ Effective date of 3/1/92 delayed until adjournment of the 1992 General Assembly by the Administrative Rules Review Committee at its meeting held February 3, 1992.

CHAPTER 303
CONTINUING EDUCATION FOR SPEECH PATHOLOGISTS
AND AUDIOLOGISTS

645—303.1(147) Definitions. For the purpose of these rules, the following definitions shall apply:

“AAA” means the American Association of Audiology.

“Active license” means a license that is current and has not expired.

“Approved program/activity” means a continuing education program/activity meeting the standards set forth in these rules.

“ASHA” means the American Speech-Language Hearing Association.

“Audit” means the selection of licensees for verification of satisfactory completion of continuing education requirements during a specified time period.

“Board” means the board of speech pathology and audiology.

“Continuing education” means an approved program/activity that is directly related to the sciences or contemporary clinical practice of audiology, speech-language pathology and speech-language-hearing science and whose content and focus are beyond the basic preparation required for entry into the professions. These activities result in improving, adding to, or positively changing the knowledge and skills of the licensee to improve the safety and welfare of the public.

“Hour of continuing education” means at least 50 minutes spent by a licensee in actual attendance at and completion of an approved continuing education activity.

“Inactive license” means a license that has expired because it was not renewed by the end of the grace period. The category of “inactive license” may include licenses formerly known as lapsed, inactive, delinquent, closed, or retired.

“License” means license to practice.

“Licensee” means any person licensed to practice speech pathology or audiology or both in the state of Iowa.

[ARC 1397C, IAB 4/2/14, effective 5/7/14; ARC 3591C, IAB 1/17/18, effective 2/21/18]

645—303.2(147) Continuing education requirements.

303.2(1) The biennial continuing education compliance period shall extend for a two-year period between January 1 of each even-numbered year and December 31 of each odd-numbered year. Each biennium, each person who is licensed to practice as a speech pathology or audiology licensee in this state shall be required to complete a minimum of 30 hours of continuing education approved by the board. A person holding licensure in both speech pathology and audiology must meet the requirements for each profession.

303.2(2) Requirements of new licensees. Those persons licensed for the first time shall not be required to complete continuing education as a prerequisite for the first renewal of their licenses. Continuing education hours acquired anytime from the initial licensing until the second license renewal may be used. The new licensee will be required to complete a minimum of 30 hours of continuing education per biennium for each subsequent license renewal.

303.2(3) Hours of continuing education credit may be obtained by participation in an approved program or activity. Such programs and activities may take place individually or in group settings including in-person conferences, journal readings, teleconferences, videoconferences and online programs or activities as long as such programs and activities meet the criteria specified in the definition of continuing education in rule 645—303.1(147).

303.2(4) No hours of continuing education shall be carried over into the next biennium except as stated for second renewal. A licensee whose license was reactivated during the current renewal compliance period may use continuing education earned during the compliance period for the first renewal following reactivation.

303.2(5) It is the responsibility of each licensee to finance the cost of continuing education.
[ARC 1397C, IAB 4/2/14, effective 5/7/14; ARC 3591C, IAB 1/17/18, effective 2/21/18]

645—303.3(147,272C) Standards.

303.3(1) *General criteria.* A continuing education program or activity that meets all of the following criteria is appropriate for continuing education credit if the continuing education program or activity:

a. Meets the definition of continuing education as defined in rule 645—303.1(147);
b. Is conducted by individuals who have specialized education, training and experience by reason of which said individuals should be considered qualified concerning the subject matter of the program. At the time of audit, the board may request the qualifications of presenters;

c. Fulfills state program goals, objectives, or both; and

d. Provides proof of attendance to licensees in attendance including:

(1) Date(s), location, course title, presenter(s);

(2) Number of program contact hours; and

(3) Certificate of completion or evidence of successful completion of the course provided by the course sponsor.

303.3(2) *Specific criteria.*

a. Subject matters that integrally relate to the practice of speech pathology or audiology or both that will be considered for approval are:

(1) Basic communication processes. Information (beyond the basic licensure requirements) applicable to the normal development and use of speech, language, and hearing, i.e., anatomic and physiologic bases for the normal development and use of speech, language, and hearing; physical bases and processes of the production and perception of speech, language, and hearing; linguistic and psycholinguistic variables related to normal development and use of speech, language, and hearing; and technological, biomedical, engineering, and instrumentation information which would enable expansion of knowledge in the basic communication processes.

(2) Professional areas. Information pertaining to disorders of speech, language, and hearing, i.e., various types of disorders of communication, their manifestations, classification and causes; evaluation skills, including procedures, techniques, and instrumentation for assessment; and management procedures and principles in habilitation and rehabilitation of communication disorders. The board shall accept dysphagia courses provided by qualified instructors.

(3) Related areas. Study pertaining to the understanding of human behavior, both normal and abnormal, as well as services available from related professions which apply to the contemporary practice of speech-language pathology/audiology, e.g., theories of learning and behavior; services available from related professions that also deal with persons who have disorders of communication; information from these professions about the sensory, physical, emotional, social or intellectual states of child or adult; professional ethics; clinical supervision; counseling; and interviewing.

Unacceptable subject matter includes personal development, human relations, collective bargaining, and tours. While desirable, these subjects are not applicable to licensees' skill, knowledge and competence as expressed in Iowa Code section 272C.2, paragraph "g." Such courses will receive no credit toward the minimum 30 hours required for license renewal.

b. A licensee may elect to take the Praxis Examination in speech pathology or audiology in lieu of earning continuing education credits. The licensee shall have the results of the examination sent to the board by the agency administering the examination.

c. A licensee may present professional programs which meet the criteria in this rule. Two hours of credit will be allowed for each hour of newly developed presentation material. A maximum of 16 hours may be obtained per biennium. A course schedule or brochure must be maintained for audit.

d. A combined total of six hours per biennium may be used for the following activities:

(1) Government regulations;

(2) CPR, child abuse and dependent adult abuse; and

(3) A maximum of two hours may be used for business-related topics.

e. An applicant shall provide official transcripts indicating successful completion of academic courses which apply to the field of speech pathology and audiology in order to receive the following continuing education credits:

1 academic semester hour = 15 continuing education hours of credit

1 academic trimester hour = 12 continuing education hours of credit

1 academic quarter hour = 10 continuing education hours of credit

f. Continuing education credit may be earned by participation in continuing education programs and activities which meet the criteria in this rule and which are completed through journal readings, teleconference or videoconference participation, and online program participation. In addition, such programs and activities must include a posttest that the participant must pass in order to receive continuing education credit.

g. Continuing education shall be obtained by attending a program that meets the criteria in subrule 303.3(1) including but not limited to continuing education programs offered by AAA and ASHA. Other individuals or groups may offer continuing education programs that meet the criteria in rule 645—303.3(147,272C) through one of the following organizations:

- (1) National, state or local associations of speech pathology and audiology;
- (2) Schools and institutes of speech pathology and audiology;
- (3) Universities, colleges or community colleges.

Continuing education must be offered by or approved in advance of delivery by the organizations stated above.

[ARC 1397C, IAB 4/2/14, effective 5/7/14; ARC 3591C, IAB 1/17/18, effective 2/21/18; ARC 5268C, IAB 11/4/20, effective 12/9/20]

645—303.4(147,272C) Audit of continuing education report. Rescinded IAB 6/30/10, effective 8/4/10.

645—303.5(147,272C) Automatic exemption. Rescinded IAB 6/30/10, effective 8/4/10.

645—303.6(147,272C) Continuing education exemption for disability or illness. Rescinded IAB 6/30/10, effective 8/4/10.

645—303.7(147,272C) Grounds for disciplinary action. Rescinded IAB 6/30/10, effective 8/4/10.

645—303.8(147,272C) Continuing education exemption for inactive practitioners. Rescinded IAB 9/14/05, effective 10/19/05.

645—303.9(147,272C) Continuing education waiver for disability or illness. Rescinded IAB 9/14/05, effective 10/19/05.

645—303.10(147,272C) Reinstatement of inactive practitioners. Rescinded IAB 9/14/05, effective 10/19/05.

645—303.11(272C) Hearings. Rescinded IAB 9/14/05, effective 10/19/05.

These rules are intended to implement Iowa Code section 272C.2 and chapter 147.

[Filed 11/9/00, Notice 9/20/00—published 11/29/00, effective 1/3/01]

[Filed 8/30/01, Notice 5/30/01—published 9/19/01, effective 10/24/01]

[Filed 5/9/02, Notice 4/3/02—published 5/29/02, effective 7/3/02]

[Filed 8/14/03, Notice 5/28/03—published 9/3/03, effective 10/8/03]

[Filed 8/22/05, Notice 6/8/05—published 9/14/05, effective 10/19/05][◇]

[Filed 12/22/08, Notice 10/22/08—published 1/14/09, effective 2/18/09]

[Filed ARC 8872B (Notice ARC 8639B, IAB 4/7/10), IAB 6/30/10, effective 8/4/10]

[Filed ARC 1397C (Notice ARC 1314C, IAB 2/5/14), IAB 4/2/14, effective 5/7/14]

[Filed ARC 3591C (Notice ARC 3410C, IAB 10/25/17), IAB 1/17/18, effective 2/21/18]

[Filed ARC 5268C (Notice ARC 5163C, IAB 9/9/20), IAB 11/4/20, effective 12/9/20]

[◇] Two or more ARCs

MEDICINE BOARD[653]

[Prior to 5/4/88, see Health Department[470], Chs 135 and 136, renamed Medical Examiners Board[653] under the “umbrella” of Public Health Department[641] by 1986 Iowa Acts, ch 1245]
[Prior to 7/4/07, see Medical Examiners Board[653]; renamed by 2007 Iowa Acts, Senate File 74]

CHAPTER 1

ADMINISTRATIVE AND REGULATORY AUTHORITY

- 1.1(17A,147) Definitions
- 1.2(17A) Purpose of board
- 1.3(17A) Organization of board
- 1.4(17A) Official communications
- 1.5(17A) Office hours
- 1.6(17A) Meetings
- 1.7(17A,147) Petition to promulgate, amend or repeal a rule
- 1.8(17A) Public hearings prior to the adoption, amendment or repeal of any rule
- 1.9(17A) Declaratory orders
- 1.10(68B) Selling of goods or services by members of the board or Iowa physician health committee (IPHC)

CHAPTER 2

PUBLIC RECORDS AND FAIR INFORMATION PRACTICES

(Uniform Rules)

- 2.1(17A,22) Definitions
- 2.3(17A,22) Requests for access to records
- 2.6(17A,22) Procedure by which additions, dissents, or objections may be entered into certain records
- 2.7(17A,22) Consent to disclosure by the subject of a confidential record
- 2.9(17A,22) Disclosures without the consent of the subject
- 2.10(17A,22) Routine use
- 2.11(17A,22) Consensual disclosure of confidential records
- 2.12(17A,22) Release to subject
- 2.13(17A,22) Availability of records
- 2.14(17A,22) Personally identifiable information
- 2.15(17A,22) Other groups of records
- 2.16(17A,22) Data processing system
- 2.17(17A,22) Applicability

CHAPTER 3

WAIVERS AND VARIANCES

- 3.1(17A,147,148) Definition
- 3.2(17A,147,148) Scope of chapter
- 3.3(17A,147,148) Applicability of chapter
- 3.4(17A,147,148) Criteria for waiver or variance
- 3.5(17A,147,148) Filing of petition
- 3.6(17A,147,148) Content of petition
- 3.7(17A,147,148) Additional information
- 3.8(17A,147,148) Notice
- 3.9(17A,147,148) Hearing procedures
- 3.10(17A,147,148) Ruling
- 3.11(17A,147,148) Public availability
- 3.12(17A,147,148) Summary reports
- 3.13(17A,147,148) Cancellation of a waiver
- 3.14(17A,147,148) Violations

- 3.15(17A,147,148) Defense
- 3.16(17A,147,148) Judicial review
- 3.17(17A,147,148) Sample petition for waiver

CHAPTERS 4 to 7

Reserved

CHAPTER 8

FEES

- 8.1(147,148,272C) Definitions
- 8.2(147,148,272C) Application and licensure fees for acupuncturists
- 8.3(147,148,272C) Interstate medical licensure compact (IMLC)
- 8.4(147,148,272C) Application and licensure fees to practice medicine and surgery or osteopathic medicine and surgery or administrative medicine
- 8.5(147,148,272C) Fees for verification of physician licensure and certification of examination scores
- 8.6(147,148,272C) Public records
- 8.7(147,148,272C) Licensee data list
- 8.8(147,148,272C) Returned checks
- 8.9(147,148,272C) Copies of the laws and rules
- 8.10(147,148,272C) Refunds
- 8.11(17A,147,148,272C) Waiver or variance prohibited
- 8.12(8,147,148,272C) Request for reports
- 8.13(8,147,148,272C) Monitoring fee
- 8.14(147,148,272C) Application and licensure fees for genetic counselors

CHAPTER 9

PERMANENT AND ADMINISTRATIVE MEDICINE PHYSICIAN LICENSURE

- 9.1(147,148) Definitions
- 9.2(147,148) General licensure provisions
- 9.3(147,148) Eligibility for licensure
- 9.4(147,148) Licensure application
- 9.5 and 9.6 Reserved
- 9.7(147,148) Licensure examinations
- 9.8(147,148) Permanent licensure application review process
- 9.9(147,148) Licensure application cycle
- 9.10(147,148) Discretionary board actions on licensure applications
- 9.11(147,148) Issuance of a license
- 9.12(147,148) Notification required to change the board's data system
- 9.13(147,148) Renewal of a permanent or administrative medicine license
- 9.14(147,148) Inactive status and reinstatement of a license
- 9.15(147,148) Reinstatement of an unrestricted Iowa license
- 9.16(147,148) Reinstatement of a restricted Iowa license
- 9.17(147,148) Denial of licensure or determined to be ineligible for licensure through the IMLC or termination of a license issued through the IMLC
- 9.18(17A,147,148,272C) Waiver or variance requests
- 9.19(147,148) Relinquishment of license to practice
- 9.20(147,148) Administrative medicine licensure
- 9.21(147,147B,148) Licensure through IMLC

CHAPTER 10

RESIDENT, SPECIAL AND TEMPORARY PHYSICIAN LICENSURE

- 10.1(147,148) Definitions
- 10.2(148) Licensure required
- 10.3(147,148) Resident physician licensure
- 10.4(147,148) Special licensure
- 10.5(147,148) Temporary licensure
- 10.6(17A,147,148,272C) Waiver or variance requests

CHAPTER 11

CONTINUING EDUCATION AND
TRAINING REQUIREMENTS

- 11.1(272C) Definitions
- 11.2(272C) Continuing education credit and alternatives
- 11.3(272C) Accreditation of providers
- 11.4(272C) Continuing education and training requirements for renewal or reinstatement
- 11.5(272C) Failure to fulfill requirements for continuing education and training for identifying and reporting abuse
- 11.6(17A,147,148E,272C) Waiver or variance requests

CHAPTER 12

NONPAYMENT OF STATE DEBT

- 12.1(272D) Definitions
- 12.2(272D) Issuance or renewal of a license—denial
- 12.3(272D) Suspension or revocation of a license

CHAPTER 13

STANDARDS OF PRACTICE AND PRINCIPLES OF MEDICAL ETHICS

- 13.1(148,272C) Standards of practice—packaging, labeling and records of prescription drugs dispensed by a physician
- 13.2(124,148,272C) Standards of practice—appropriate pain management
- 13.3 Reserved
- 13.4(148) Supervision of pharmacists engaged in collaborative drug therapy management
- 13.5(147,148) Standards of practice—chelation therapy
- 13.6(79GA,HF726) Standards of practice—automated dispensing systems
- 13.7(147,148,272C) Standards of practice—office practices
- 13.8(148,272C) Standards of practice—medical directors at medical spas—delegation and supervision of medical aesthetic services performed by qualified licensed or certified nonphysician persons or qualified laser technicians
- 13.9(147,148,272C) Standards of practice—interventional chronic pain management
- 13.10(147,148,272C) Standards of practice—physicians who prescribe or administer abortion-inducing drugs
- 13.11(147,148,272C) Standards of practice—telemedicine
- 13.12(135,147,148,272C,280) Standards of practice—prescribing epinephrine auto-injectors in the name of an authorized facility
- 13.13(144E,147,148,272C) Standards of practice—experimental treatments for patients with a terminal illness
- 13.14(147,148,272C) Standards of practice—tick-borne disease diagnosis and treatment
- 13.15(124E,147,148,272C) Standards of practice—medical cannabidiol
- 13.16 to 13.19 Reserved
- 13.20(147,148) Principles of medical ethics
- 13.21(17A,147,148,272C) Waiver or variance prohibited

CHAPTER 14

IOWA PHYSICIAN HEALTH COMMITTEE—IOWA PHYSICIAN HEALTH PROGRAM

- 14.1(272C) Iowa physician health committee—Iowa physician health program
- 14.2(272C) Definitions
- 14.3(272C) Purpose
- 14.4(272C) Organization of the committee
- 14.5(272C) Eligibility
- 14.6(272C) Type of program
- 14.7(272C) Terms of participation
- 14.8(272C) Limitations
- 14.9(272C) Confidentiality
- 14.10(28E) Authority for 28E agreements
- 14.11(272C) Board referrals to the Iowa physician health program

CHAPTER 15

CHILD SUPPORT NONCOMPLIANCE

- 15.1(252J) Definitions
- 15.2(252J) Issuance or renewal of a license—denial
- 15.3(252J) Suspension or revocation of a license

CHAPTER 16

Reserved

CHAPTER 17

LICENSURE OF ACUPUNCTURISTS

- 17.1(148E) Purpose
- 17.2(148E) Scope of chapter
- 17.3(148E) Definitions
- 17.4(147,148E) Eligibility for licensure
- 17.5(147,148E) Application requirements
- 17.6(147,148E) Display of license and disclosure of information to patients
- 17.7(147,148E,272C) Biennial renewal of license required
- 17.8(147,272C) Reinstatement of an inactive license
- 17.9(272C) Continuing education requirements
- 17.10(147,148E,272C) General provisions
- 17.11(147,148E,272C) General disciplinary provisions
- 17.12(147,148E,272C) Grounds for discipline
- 17.13(272C) Procedure for peer review
- 17.14(272C) Reporting duties and investigation of reports
- 17.15(272C) Complaints, immunities and privileged communications
- 17.16(272C) Confidentiality of investigative files
- 17.17 to 17.28 Reserved
- 17.29(17A,147,148E,272C) Disciplinary procedures
- 17.30(147,148E,272C) Waiver or variance prohibited

CHAPTER 18

MILITARY SERVICE AND VETERAN RECIPROCITY

- 18.1(272C) Definitions
- 18.2(85GA,ch1116) Military education, training, and service credit
- 18.3(272C) Veteran and spouse reciprocity

CHAPTER 19
PRESCRIBING PSYCHOLOGISTS

- 19.1(148,154B) Definitions—joint rule
- 19.2(148,154B) Educational requirements for conditional prescription certificate—joint rule
- 19.3(148,154B) Supervised practice as a conditional prescribing psychologist—joint rule
- 19.4(148,154B) Prescribing—joint rule
- 19.5(148,154B) Consultation with primary care physicians—joint rule
- 19.6(148,154B) Collaborative practice—joint rule
- 19.7(148,154B) Complaints—joint rule
- 19.8(148,154B) Joint waiver or variance—joint rule
- 19.9(148,154B) Amendment—joint rule
- 19.10(17A,124,147,148,154B,272C) Standards of practice—supervision of a conditional prescribing psychologist
- 19.11(17A,124,147,148,154B,272C) Standards of practice—collaboration with a prescribing psychologist
- 19.12(17A,124,147,148,272C) Grounds for discipline

CHAPTER 20
LICENSURE OF GENETIC COUNSELORS

- 20.1(148H) Purpose
- 20.2(148H) Scope of chapter
- 20.3(148H) Definitions
- 20.4(148H) Scope of practice
- 20.5(148H) Titles used
- 20.6(148H) Qualifications for licensure
- 20.7(148H) Qualifications for provisional licensure
- 20.8(147,148H) Application requirements
- 20.9(147,148H) Display of license and notification required to change the board's data system
- 20.10(147,148H,272C) Biennial renewal of license required
- 20.11(147,272C) Reinstatement of an inactive license
- 20.12(272C) Code of ethics
- 20.13(272C) Nonpayment of state debt
- 20.14(272C) Standards of practice—office practices
- 20.15(272C) Iowa physician health committee
- 20.16(272C) Child support noncompliance
- 20.17(272C) Student loan default or delinquency—prohibited grounds for discipline
- 20.18(272C) Military service and veteran reciprocity
- 20.19(272C) Mandatory reporting
- 20.20(147,148H,272C) Grounds for discipline of genetic counselors
- 20.21(272C) Complaints and investigations
- 20.22(272C) Contested case proceedings
- 20.23(272C) Reinstatement after disciplinary action
- 20.24(148H,272C) Surrender of license to the board
- 20.25(147,148H,272C) Waiver or variance prohibited

CHAPTER 21
PHYSICIAN SUPERVISION OF A PHYSICIAN ASSISTANT

- 21.1(148,272C) Ineligibility determinants
- 21.2(148,272C) Exemptions from this chapter
- 21.3(148) Board notification
- 21.4(148,272C) Supervisory agreements
- 21.5(148,272C) Grounds for discipline

- 21.6(148,272C) Disciplinary sanction
- 21.7(148,272C) Communication with physician assistant supervisees
- 21.8(17A,147,148,272C) Waiver or variance requests

CHAPTER 22

MANDATORY REPORTING

- 22.1(272C) Mandatory reporting—judgments or settlements
- 22.2(272C) Mandatory reporting—wrongful acts or omissions
- 22.3(272C) Mandatory reporting—disciplinary action in another jurisdiction
- 22.4(272C) Mandatory reporting—child abuse and dependent adult abuse
- 22.5(272C) Mandatory reporting—hospital disciplinary action

CHAPTER 23

GROUND FOR DISCIPLINE

- 23.1(272C) Grounds for discipline
- 23.2(272C) Student loan default or delinquency—prohibited grounds for discipline

CHAPTER 24

COMPLAINTS AND INVESTIGATIONS

- 24.1(17A,147,148,272C) Complaints
- 24.2(17A,147,148,272C) Processing complaints and investigations
- 24.3(272C) Peer review
- 24.4(272C) Order for physical, mental, or clinical competency evaluation

CHAPTER 25

CONTESTED CASE PROCEEDINGS

- 25.1(17A) Definitions
- 25.2(17A) Scope and applicability
- 25.3(17A) Combined statement of charges and settlement agreement
- 25.4(17A) Statement of charges
- 25.5(17A) Legal representation
- 25.6(17A) Presiding officer in a disciplinary contested case
- 25.7(17A) Presiding officer in a nondisciplinary contested case
- 25.8(17A) Disqualification
- 25.9(17A) Consolidation—severance
- 25.10(17A) Pleadings
- 25.11(17A) Service and filing
- 25.12(17A) Discovery
- 25.13(17A,272C) Subpoenas in a contested case
- 25.14(17A) Motions
- 25.15(17A) Prehearing conferences
- 25.16(17A) Continuances
- 25.17(272C) Settlement agreements
- 25.18(17A) Hearing procedures
- 25.19(17A) Evidence
- 25.20(17A) Default
- 25.21(17A) Ex parte communication
- 25.22(17A) Recording costs
- 25.23(17A) Interlocutory appeals
- 25.24(17A) Decisions
- 25.25(272C) Disciplinary sanctions
- 25.26(17A) Application for rehearing
- 25.27(17A) Stays of agency actions

- 25.28(17A) No factual dispute contested cases
- 25.29(17A) Emergency adjudicative proceedings
- 25.30(17A) Appeal of license denial
- 25.31(17A) Judicial review and appeal
- 25.32(17A) Open record
- 25.33(272C) Disciplinary hearings—fees and costs

CHAPTER 26

REINSTATEMENT AFTER DISCIPLINARY ACTION

- 26.1(17A) Reinstatement

CHAPTER 14

IOWA PHYSICIAN HEALTH COMMITTEE—IOWA PHYSICIAN HEALTH PROGRAM

653—14.1(272C) Iowa physician health committee—Iowa physician health program.

14.1(1) Iowa physician health committee. Pursuant to the authority of Iowa Code section 272C.3(1) “k,” the board establishes the Iowa physician health committee.

14.1(2) Iowa physician health program. To assist in executing its duties under Iowa Code section 272C.3(1) “k,” the committee establishes the Iowa physician health program. The program shall operate under the direction of the committee and shall be supervised by the executive director of the board.
[ARC 5251C, IAB 11/4/20, effective 12/9/20]

653—14.2(272C) Definitions.

“*Applicant*” means any person who has submitted an application to the board for a license to practice medicine, acupuncture, or genetic counseling.

“*Board*” means the board of medicine of the state of Iowa.

“*Health contract*” or “*contract*” means the written document executed by an applicant or licensee and the IPHC which establishes the terms for participation in the Iowa physician health program.

“*Impairment*” means any of the following that renders or, if left untreated, is reasonably likely to render a licensee unable to practice the licensee’s profession with reasonable skill and safety:

1. Mental disorder;
2. Physical illness or condition, including but not limited to those illnesses or conditions that would adversely affect cognitive, motor, or perceptive skills; or
3. Substance-related disorder, including abuse of or dependence on drugs or alcohol.

“*Initial agreement*” means the written document establishing the initial terms for participation in the Iowa physician health program.

“*IPHC*” or “*committee*” means the Iowa physician health committee.

“*IPHP*” or “*program*” means the Iowa physician health program.

“*Licensee*” means any person who has an Iowa license to practice medicine, acupuncture, or genetic counseling issued by the board.

“*Mental disorder*” means any disorder, condition, illness, or syndrome characterized by a clinically significant disturbance in an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities.

“*Participant*” means an applicant or licensee who signs an initial agreement with the Iowa physician health committee or signs a contract with the Iowa physician health committee.

“*Prospective participant*” means a licensee or applicant who self-reports an impairment to the Iowa physician health program or is referred to the Iowa physician health program by the board pursuant to 653—14.11(272C).

“*Referral by the board*” means the board has determined, with or without having taken disciplinary action, that the applicant or licensee is an appropriate candidate for participation in the IPHP pursuant to 653—14.11(272C).

“*Self-report*” means an applicant’s or a licensee’s providing written notification to the IPHC that the applicant or the licensee has been, is, or may be impaired. Information related to an impairment or a potential impairment which is provided on a license application or renewal form may be considered a self-report upon the request of the applicant or licensee and authorization from the board and agreement by the IPHC.

[ARC 8917B, IAB 6/30/10, effective 8/4/10; ARC 1188C, IAB 11/27/13, effective 1/1/14; ARC 5251C, IAB 11/4/20, effective 12/9/20]

653—14.3(272C) Purpose. The IPHC and IPHP assist and monitor the recovery, rehabilitation, or maintenance of licensees who self-report impairments or are referred by the board pursuant to 653—14.11(272C) and, as necessary, notify the board in the event of noncompliance with contract

provisions. The IPHC and IPHP both advocate for licensees' health and promote and protect the health and safety of the public.

[ARC 8917B, IAB 6/30/10, effective 8/4/10; ARC 5251C, IAB 11/4/20, effective 12/9/20]

653—14.4(272C) Organization of the committee. The board shall appoint the members of the IPHC.

14.4(1) Membership. The membership of the IPHC includes, but is not limited to:

- a. The medical director of the board or the executive director of the board;
- b. One physician who has remained free of addiction for a period of no less than two years following successful completion of a board-approved recovery program, a board-ordered probation for alcohol or drug abuse, dependency, or addiction, or an IPHC contract;
- c. One practitioner with expertise in substance abuse/addiction treatment programs;
- d. One psychiatrist; and
- e. One public member.

14.4(2) Officers. The IPHC shall elect two co-chairpersons at the last meeting of each calendar year to begin serving a one-year term on January 1.

- a. A co-chairperson is responsible for presiding over IPHC meetings.
- b. The medical director and co-chairpersons are responsible for offering guidance and direction to staff between regularly scheduled committee meetings, including negotiation and execution of initial agreements, contracts, and program descriptions and interim restrictions on practice on behalf of the committee. The IPHC retains authority to review all interim decisions at its discretion.
- c. A co-chairperson is responsible for providing guidance and direction to staff between regularly scheduled committee meetings if the medical director is unavailable or unable to assist in a particular matter.

14.4(3) Terms. Committee members, except the medical director, shall be appointed for three-year terms, for a maximum of three terms. Terms shall expire on December 31 of the third year of the term.
[ARC 1188C, IAB 11/27/13, effective 1/1/14; ARC 5251C, IAB 11/4/20, effective 12/9/20]

653—14.5(272C) Eligibility. To be eligible for participation in the IPHP, an applicant or a licensee must self-report an impairment or potential impairment directly to the IPHP or be referred by the board for an impairment or potential impairment pursuant to 653—14.11(272C) and be determined by the IPHC to be an appropriate candidate for participation in the IPHP.

14.5(1) Participation in the program does not divest the board of its authority or jurisdiction over the participant. A participant with an impairment or potential impairment as defined at 653—14.2(272C) may retain eligibility to participate in the program if appropriate while subject to investigation or discipline by the board for matters other than the alleged impairment.

14.5(2) A prospective participant may be determined to be ineligible to participate in the program as a self-reporter or a referral from the board if the committee finds sufficient evidence of any of the following:

- a. The prospective participant provided inaccurate, misleading, or fraudulent information or failed to fully cooperate with the IPHC.
- b. The prospective participant fails to sign a contract when recommended by the IPHC.
- c. The IPHC determines it will be unable to assist the prospective participant.

14.5(3) The IPHC shall report to the board any knowledge of violations of administrative rules or statutes other than the impairment, including, but not limited to, competency concerns or sexual misconduct.

[ARC 8917B, IAB 6/30/10, effective 8/4/10; ARC 1188C, IAB 11/27/13, effective 1/1/14; ARC 5251C, IAB 11/4/20, effective 12/9/20]

653—14.6(272C) Type of program. The IPHP is an individualized recovery, rehabilitation, or maintenance program designed to meet the specific needs of the participant. The committee, in consultation with committee-approved evaluators and treatment providers, shall determine the type of recovery, rehabilitation, or maintenance program required to treat the participant's impairment based on the diagnosis and treatment recommendations from the evaluator or treatment provider. The IPHC shall

prepare a contract, to be signed by the participant, that shall provide a detailed description of the goals of the program, the requirements for successful participation, and the participant's obligations therein. The IPHC may delegate its obligations and duties under these rules to the IPHP staff and the medical director as appropriate pursuant to policies and procedures adopted by the IPHC.

[ARC 1188C, IAB 11/27/13, effective 1/1/14; ARC 5251C, IAB 11/4/20, effective 12/9/20]

653—14.7(272C) Terms of participation. A participant shall agree to comply with the terms for participation in the IPHP established in the initial agreement and contract. Terms of participation specified in the contract shall include, but are not limited to:

14.7(1) Duration. Length of participation in the program can vary from one to five years depending on the individual participant's diagnosis, recommendations from approved evaluators and treatment providers, and the IPHC following a review of all relevant information. A contract shall only terminate once the IPHC has determined that the licensee is no longer impaired.

14.7(2) Noncompliance. A participant is responsible for promptly notifying the IPHC of all instances of noncompliance including a relapse. Notification of noncompliance made to the IPHC by the participant, any person responsible for monitoring or treating the participant, or another party shall result in the following:

a. First instance. Upon receiving notification of a first instance of significant noncompliance including, but not limited to, a relapse, the IPHC shall make a report to the board which identifies the participant by IPHP case number, describes the relevant terms of the participant's contract and the noncompliance, and includes the IPHC's recommendation as to whether the participant should remain in the program. Upon receiving the report, the board shall determine if formal disciplinary charges should be filed, pursuant to 653—subrule 23.1(12).

b. Second instance. Upon receiving notification of a second instance of significant noncompliance including, but not limited to, a relapse, the IPHC shall refer the case and the participant's identity to the board for a determination of whether formal disciplinary charges should be filed or other appropriate action taken. In its referral, the IPHC may make recommendations as to whether the participant should be allowed to remain in the program.

14.7(3) Practice restrictions. The IPHC may impose restrictions on the license to practice the applicable profession as a term of the initial agreement or contract until such time as it receives a report from an approved evaluator and the IPHC determines, based on all relevant information, that the participant is capable of practicing with reasonable skill and safety. As a condition of participation in the program, a participant is required to agree to restrict practice in accordance with the terms specified in the initial agreement or contract. In the event that a participant refuses to agree to or comply with the restrictions established in the initial agreement or contract, the IPHC shall refer the participant to the board for appropriate action.

[ARC 8917B, IAB 6/30/10, effective 8/4/10; ARC 1188C, IAB 11/27/13, effective 1/1/14; ARC 5251C, IAB 11/4/20, effective 12/9/20]

653—14.8(272C) Limitations.

14.8(1) The IPHC establishes the terms of and monitors a participant's compliance with the program specified in the initial agreement and contract. The IPHC is not responsible for participants who fail to comply with the terms of the initial agreement or contract or who fail to otherwise successfully complete the IPHP.

14.8(2) Participation in the IPHP shall not relieve the board of any duties and shall not divest the board of any authority or jurisdiction otherwise provided. A participant who violates a statute or administrative rule of the board which is unrelated to impairment, including, but not limited to, competency concerns or sexual misconduct, shall be referred to the board in accordance with these administrative rules for appropriate action.

[ARC 1188C, IAB 11/27/13, effective 1/1/14]

653—14.9(272C) Confidentiality. Information in the possession of the board or the committee shall be subject to the confidentiality requirements of Iowa Code section 272C.6. Information about applicants or licensees in the program shall not be disclosed except as provided in this rule.

14.9(1) The IPHC is authorized pursuant to Iowa Code section 272C.6(4) to communicate information about a current or former IPHP participant to the applicable regulatory authorities or impaired licensee programs in the state of Iowa and in any jurisdiction of the United States or foreign nations in which the participant is currently licensed to practice medicine or in which the participant seeks licensure. IPHP participants must report their participation to the applicable physician health program or licensing authority in any state in which the participant is currently licensed or in which the participant seeks licensure.

14.9(2) The IPHC is authorized to communicate information about an IPHP participant to any person assisting in the participant's treatment, recovery, rehabilitation, monitoring, or maintenance for the duration of the contract.

14.9(3) The IPHC is authorized to communicate information about an IPHP participant to the board in the event a participant does not comply with the terms of the contract as set forth in subrule 14.7(2). The IPHC may provide the board with a participant's IPHP file in the event the participant does not comply with the terms of the contract and the IPHC refers the case to the board for the filing of formal disciplinary charges or other appropriate action. If the board initiates disciplinary action against a licensee for noncompliance with the terms of the contract, the board may include information about a licensee's participation in the IPHP in the statement of charges, settlement agreement and final order, or order following hearing. The IPHC is also authorized to communicate information about an IPHP participant to the board in the event the participant is under investigation by the board.

14.9(4) The IPHC is authorized to communicate information about a current or former IPHP participant to the board if reliable information held by the IPHC reasonably indicates a significant risk to the public exists. If the board initiates disciplinary action based upon this information, the board may include information about a licensee's participation in the IPHP in the statement of charges, settlement agreement and final order, or order following hearing if necessary to address impairment issues related to the violations which are the subject of the disciplinary action.

14.9(5) The IPHC shall file with the board a report on board-referred cases upon the licensee's successful completion of the program.

14.9(6) The IPHC shall maintain a participant's complete IPHP file for the ten-year period after a participant's contract has expired or is terminated. After that period, the Executive Summary and contract shall be retained.

[ARC 8917B, IAB 6/30/10, effective 8/4/10; ARC 1188C, IAB 11/27/13, effective 1/1/14]

653—14.10(28E) Authority for 28E agreements. The IPHC may enter into 28E agreements with other health professional licensing boards to evaluate, assist, and monitor impaired licensees from other health professions who self-report and to report to those professional licensing boards regarding the compliance of individual licensees. In the event of noncompliance, the licensee may be referred to the appropriate licensing board for appropriate disciplinary action. If the IPHC enters into a 28E agreement with another health professional licensing board, this chapter applies and the word "physician" shall be replaced with the word "licensee" for the purpose of interpreting this chapter.

653—14.11(272C) Board referrals to the Iowa physician health program.

14.11(1) Eligibility for board referral to IPHP. The board may refer to the IPHP a licensee or applicant for whom the following circumstances apply:

- a. The applicant or licensee has a potential impairment as defined in rule 653—14.2(272C).
- b. The board determines that the applicant or licensee is an appropriate candidate for participation in the IPHP.
- c. The IPHC determines that the applicant or licensee is an appropriate candidate for participation in the IPHP.

14.11(2) Referral process.

a. Determination of whether an applicant or licensee is appropriate for referral to the IPHP is in the sole discretion of the board. Upon the board's approval, a referral shall be made to the IPHP and board staff shall provide relevant information about the applicant or licensee to the IPHC.

b. The IPHC shall make a determination whether the applicant or licensee is an appropriate candidate for participation in the IPHP. Upon this determination, the IPHC shall offer the referred applicant or licensee a health contract which provides a detailed description of the goals of the program, the requirements for successful participation, and the applicant's or licensee's obligations therein. See 653—14.6(272C).

c. If the IPHC finds that the applicant or licensee is not an appropriate candidate for participation in the IPHP or if the applicant or licensee fails to sign the initial agreement or contract in the time period specified by the IPHC, the IPHC shall notify the board promptly.

d. When the referred applicant or licensee signs the contract, the IPHC shall notify the board.

e. The IPHC shall notify the board upon the participant's successful completion of the program. The board may file an order recognizing the participant's successful completion of the program in cases where the referral was included in a public record. An order recognizing completion of the program shall be a public record.

f. Referral of an applicant or licensee by the board to the IPHP shall not relieve the board of any duties of the board and shall not divest the board of any authority or jurisdiction otherwise provided. Upon referral, the applicant or licensee shall be subject to the provisions of 653—Chapter 14. Specifically, the applicant or licensee shall be subject to board review and potential formal disciplinary action pursuant to subrule 14.7(2) for noncompliance with the provisions of the IPHP health contract. [ARC 8917B, IAB 6/30/10, effective 8/4/10; ARC 1188C, IAB 11/27/13, effective 1/1/14; ARC 5251C, IAB 11/4/20, effective 12/9/20]

These rules are intended to implement Iowa Code section 272C.3 .

[Filed 4/30/99, Notice 3/24/99—published 5/19/99, effective 7/1/99]

[Filed 12/1/00, Notice 10/18/00—published 12/27/00, effective 1/31/01]

[Filed 2/14/02, Notice 11/28/01—published 3/6/02, effective 4/10/02]

[Filed 9/25/03, Notice 8/20/03—published 10/15/03, effective 11/19/03]

[Filed 11/5/04, Notice 9/29/04—published 11/24/04, effective 12/29/04]

[Filed ARC 8917B (Notice ARC 8751B, IAB 5/5/10), IAB 6/30/10, effective 8/4/10]

[Filed ARC 1188C (Notice ARC 0977C, IAB 8/21/13), IAB 11/27/13, effective 1/1/14]

[Filed ARC 5251C (Notice ARC 5132C, IAB 8/12/20), IAB 11/4/20, effective 12/9/20]

CHAPTER 21
PHYSICIAN SUPERVISION OF A PHYSICIAN ASSISTANT

653—21.1(148,272C) Ineligibility determinants. A physician with an active permanent, special, or temporary Iowa license who is actively engaged in the practice of medicine in Iowa may supervise a physician assistant. A physician is ineligible to supervise a physician assistant for any of the following reasons:

21.1(1) The physician does not hold an active, permanent, special or temporary Iowa medical license.

21.1(2) The physician is subject to a disciplinary order of the board that restricts or rescinds the physician's authority to supervise a physician assistant. The physician may supervise a physician assistant to the extent that the order allows.

21.1(3) The physician does not have a written supervisory agreement in place with each physician assistant supervised by the physician.

21.1(4) The physician is already supervising five physician assistants.
[ARC 3264C, IAB 8/16/17, effective 9/20/17; ARC 5252C, IAB 11/4/20, effective 12/9/20]

653—21.2(148,272C) Exemptions from this chapter. This chapter shall not apply to the following:

21.2(1) A physician working in a federal facility or under federal authority when the provisions of this chapter conflict with federal regulations.

21.2(2) A physician who supervises a physician assistant providing medical care created by an emergency or a state or local disaster pursuant to Iowa Code section 148C.4.

653—21.3(148) Board notification. A physician who supervises a physician assistant shall notify the board of the supervisory relationship within 60 days of the provision of initial supervision and at the time of the physician's license renewal.

[ARC 3264C, IAB 8/16/17, effective 9/20/17]

653—21.4(148,272C) Supervisory agreements.

21.4(1) A physician who supervises a physician assistant shall establish a written supervisory agreement prior to supervising a physician assistant. A sample supervisory agreement form is available from the board. The purpose of the supervisory agreement is to define the nature and extent of the supervisory relationship and the expectations of each party. The supervisory agreement shall take into account the physician assistant's demonstrated skills, training and experience, proximity of the supervising physician to the physician assistant, and the nature and scope of the medical practice. The supervising physician shall maintain a copy of the supervisory agreement and provide a copy of the agreement to the board upon request. The supervisory agreement shall, at a minimum, address the following provisions.

a. Review of requirements. The supervising physician and the physician assistant shall review all of the requirements of physician assistant licensure, practice, supervision, and delegation of medical services as set forth in Iowa Code section 148.13 and chapter 148C, these rules, and 645—Chapters 326 to 329.

b. Assessment of education, training, skills, and experience. Each supervising physician shall assess the education, training, skills, and relevant experience of the physician assistant prior to providing supervision. Each supervising physician and physician assistant shall ensure that the other party has the appropriate education, training, skills, and relevant experience necessary to successfully collaborate on patient care delivered by the team. The method for assessing and providing feedback regarding the physician assistant's education, training, skills, and experience shall be reflected in the supervisory agreement.

21.4(2) The supervisory agreement between the physician assistant and the physician shall address all of the following:

a. The medical services the supervising physician delegates to the physician assistant. The medical services and medical tasks delegated to and provided by the physician assistant shall be in

compliance with 645—subrule 327.1(1). All delegated medical services shall be within the scope of practice of the supervising physician and the physician assistant.

b. Methods for communication between the physician assistant and the physician and whether the physician assistant practices at the same site or a remote site. Each supervising physician and physician assistant shall conduct ongoing discussions and evaluation of the supervisory agreement, including supervision; expectations for both parties; assessment of education, training, skills, and relevant experience; review of delegated services; review of the medical services provided by the physician assistant; and the types of cases and situations when the supervising physician expects to be consulted.

(1) The plan for completing and documenting chart reviews. A licensed physician within the same facility or health care system as the physician assistant shall conduct an ongoing review of a representative sample of the physician assistant's patient charts encompassing the scope of the physician assistant's practice. The finding of the review shall be discussed with the physician assistant in a manner determined by the practice in consultation with the physician assistant's primary supervising physician.

(2) Remote medical site. "Remote medical site" means a medical clinic for ambulatory patients which is more than 30 miles away from the main practice location of the supervising physician and in which the supervising physician is present less than 50 percent of the time when the remote medical site is open. "Remote medical site" will not apply to nursing homes, patient homes, hospital outpatient departments, outreach clinics, or any location at which medical care is incidentally provided (e.g., diet center, free clinic, site for athletic physicals, jail facility). The supervisory agreement shall include a provision which ensures that the supervising physician visits the remote medical site, or communicates with a physician assistant at the remote medical site via electronic communications, at least every two weeks to provide additional medical direction, medical services and consultation specific to the medical services provided at the remote medical site. For purposes of this subparagraph, communication may consist of, but shall not be limited to, in-person meetings or two-way, interactive communication directly between the supervising physician and the physician assistant via the telephone, secure messaging, electronic mail, or chart review. The board shall only grant a waiver of this provision if substantially equal protection of public health, safety, and welfare will be afforded by a means other than that prescribed in this subparagraph.

(3) The expectations and plan for alternate supervision. The supervising physician will ensure that the alternate supervising physician is available for a timely consultation and will ensure that the physician assistant is notified of the means by which to reach the alternate supervising physician.

[ARC 3264C, IAB 8/16/17, effective 9/20/17; ARC 4213C, IAB 1/2/19, effective 2/6/19; ARC 5252C, IAB 11/4/20, effective 12/9/20]

653—21.5(148,272C) Grounds for discipline. A physician may be subject to disciplinary action for supervising a physician assistant in violation of these rules or the rules found in 653—Chapter 23 or 645—Chapters 326 and 327, which relate to duties and responsibilities for physician supervision of physician assistants. Grounds for discipline also include:

21.5(1) The physician supervises a physician assistant when the physician does not have sufficient training or experience to supervise a physician assistant in the area of medical practice in which a physician assistant is to be utilized.

21.5(2) A physician supervises more than five physician assistants at the same time.

21.5(3) The physician fails to ensure that the physician assistant is adequately supervised, including being available in person or by telecommunication to respond to the physician assistant.

21.5(4) The physician fails to adequately direct and supervise a physician assistant or fails to comply with the minimum standards of supervision in accordance with this chapter, Iowa Code section 148.13 and chapter 148C, and 645—Chapters 326 to 329.

[ARC 0870C, IAB 7/24/13, effective 8/28/13; ARC 2532C, IAB 5/11/16, effective 6/15/16; see Rescission note at end of chapter; ARC 3264C, IAB 8/16/17, effective 9/20/17]

653—21.6(148,272C) Disciplinary sanction. The board may restrict or rescind a physician's authority to supervise a physician assistant as part of a disciplinary sanction following a contested case proceeding, if the reason for the disciplinary action impacts the ability of the physician to supervise a physician

assistant. The board shall notify the board of physician assistants when it takes a disciplinary action against a physician's license that affects the physician's authority to supervise a physician assistant. [ARC 2532C, IAB 5/11/16, effective 6/15/16; see Rescission note at end of chapter; ARC 3264C, IAB 8/16/17, effective 9/20/17]

653—21.7(148,272C) Communication with physician assistant supervisees. The physician shall notify all physician assistant supervisees within one workday upon receiving disciplinary action from the board or any other change in status that affects the physician's eligibility to supervise a physician assistant. [ARC 2532C, IAB 5/11/16, effective 6/15/16; see Rescission note at end of chapter; ARC 3264C, IAB 8/16/17, effective 9/20/17]

653—21.8(17A,147,148,272C) Waiver or variance requests. Waiver or variance requests shall be submitted in conformance with 653—Chapter 3.

[ARC 2532C, IAB 5/11/16, effective 6/15/16; see Rescission note at end of chapter; ARC 3264C, IAB 8/16/17, effective 9/20/17]

These rules are intended to implement Iowa Code sections 148.13 and 272C.3.

[Filed 1/4/89, Notice 11/16/88—published 1/25/89, effective 3/1/89]¹²³

[Filed 8/31/89, Notice 5/31/89—published 9/20/89, effective 10/25/89]

[Filed 2/23/96, Notice 1/3/96—published 3/13/96, effective 4/17/96]⁴

[Filed emergency 10/4/96—published 10/23/96, effective 10/4/96]

[Filed 9/29/00, Notice 8/23/00—published 10/18/00, effective 11/22/00]

[Filed 12/4/03, Notice 8/20/03—published 12/24/03, effective 1/28/04]⁵

[Filed emergency 3/9/04—published 3/31/04, effective 3/9/04]

[Filed ARC 0870C (Notice ARC 0692C, IAB 4/17/13), IAB 7/24/13, effective 8/28/13]

[Filed ARC 2532C (Notice ARC 2372C, IAB 1/20/16), IAB 5/11/16, effective 6/15/16]⁶

[Filed ARC 3264C (Notice ARC 3069C, IAB 5/24/17), IAB 8/16/17, effective 9/20/17]

[Filed ARC 4213C (Notice ARC 3992C, IAB 9/12/18), IAB 1/2/19, effective 2/6/19]

[Filed ARC 5252C (Notice ARC 5133C, IAB 8/12/20), IAB 11/4/20, effective 12/9/20]

- ¹ Effective date of 3/1/89 delayed 70 days by Administrative Rules Review Committee at its February 13, 1989, meeting.
- ² Effective date of 3/1/89 delayed until adjournment of the 1990 Session of the General Assembly at its May 9, 1989, meeting.
- ³ Delay until adjournment of the 1990 G.A. lifted by the Administrative Rules Review Committee at its August 3, 1989, meeting which allowed the rules to become effective August 4, 1989.
- ⁴ Effective date of 4/17/96 delayed 70 days by the Administrative Rules Review Committee at its meeting held April 16, 1996. Effective date delayed until adjournment of the 1997 General Assembly by the Administrative Rules Review Committee at its meeting held June 11, 1996.
- ⁵ Effective date of 1/28/04 delayed 70 days by the Administrative Rules Review Committee at its January 6, 2004, meeting; at its meeting held March 8, 2004, the Committee lifted the delay, effective March 9, 2004.
- ⁶ Amendments to ch 21 in ARC 2532C, which included the renumbering of 21.4 to 21.7 as 21.5 to 21.8 (Item 1), the adoption of new 21.4 (Item 2), and the amendment to the implementation sentence (Item 3), rescinded by 2017 Iowa Acts, House File 591, section 2, paragraph "a," on 4/12/17 and, pursuant to paragraph "b," prior language restored IAC Supplement 5/10/17.

PUBLIC SAFETY DEPARTMENT[661]

Rules transferred from agency number 680 to 661 to conform with the reorganization numbering scheme in general

CHAPTER 1 THE DEPARTMENT

- | | |
|----------|---|
| 1.1(17A) | Establishment of the department of public safety |
| 1.2(17A) | Organization |
| 1.3(17A) | Offices |
| 1.4(17A) | Methods by which and location where the public may obtain information or make submissions or requests |
| 1.5 | Reserved |
| 1.6(17A) | Legal advice |
| 1.7(17A) | Surety companies |
| 1.8(17A) | Construction of rules |

CHAPTER 2 Reserved

CHAPTER 3 SHERIFF'S UNIFORMS

- | | |
|---------------|--------------------|
| 3.1(17A,331) | General provisions |
| 3.2(17A,331) | Trousers |
| 3.3(17A,331) | Shirts |
| 3.4(17A,331) | Hats |
| 3.5(17A,331) | Ties |
| 3.6(17A,331) | Raingear |
| 3.7(17A,331) | Shoes and boots |
| 3.8(17A,331) | Gloves |
| 3.9(17A,331) | Jackets |
| 3.10(17A,331) | Accessories |

CHAPTERS 4 and 5 Reserved

CHAPTER 6 VEHICLE IMPOUNDMENT

- | | |
|--------------|--|
| 6.1(17A,321) | Vehicle impoundment |
| 6.2(17A,321) | Vehicles which may be impounded immediately |
| 6.3(17A,321) | Vehicles which need not be impounded immediately |
| 6.4(17A,321) | Impoundment procedure |
| 6.5(17A,321) | Abandoned vehicles |
| 6.6(321) | Scope |

CHAPTER 7 Reserved

CHAPTER 8 CRIMINAL JUSTICE INFORMATION

- | | |
|--------------|----------|
| 8.1 to 8.100 | Reserved |
|--------------|----------|

DIVISION I IOWA ON-LINE WARRANTS AND ARTICLES SYSTEM

- | | |
|---------------|---|
| 8.101(80,692) | Iowa on-line warrants and articles (IOWA) criminal justice information system |
| 8.102(80,692) | Information available through the IOWA system |

- 8.103(80) Human immunodeficiency virus-related information
- 8.104(80,692) IOWA system security
- 8.105(80,692) Subpoenas and court orders

CHAPTER 9

Reserved

CHAPTER 10

PRACTICE AND PROCEDURE BEFORE THE DEPARTMENT OF PUBLIC SAFETY

- 10.1(17A) Definitions
- 10.2 to 10.100 Reserved

DECLARATORY ORDERS

- 10.101(17A) Petition for declaratory order
- 10.102(17A) Notice of petition
- 10.103(17A) Intervention
- 10.104(17A) Briefs
- 10.105(17A) Inquiries
- 10.106(17A) Service and filing of petitions and other papers
- 10.107(17A) Consideration
- 10.108(17A) Action on petition
- 10.109(17A) Refusal to issue order
- 10.110(17A) Contents of declaratory order—effective date
- 10.111(17A) Copies of orders
- 10.112(17A) Effect of a declaratory order
- 10.113 to 10.200 Reserved

AGENCY PROCEDURE FOR RULE MAKING

- 10.201(17A) Applicability
- 10.202(17A) Advice on possible rules before notice of proposed rule adoption
- 10.203(17A) Public rule-making docket
- 10.204(17A) Notice of proposed rule making
- 10.205(17A) Public participation
- 10.206(17A) Regulatory analysis
- 10.207(17A,25B) Fiscal impact statement
- 10.208(17A) Time and manner of rule adoption
- 10.209(17A) Variance between adopted rule and published notice of proposed rule adoption
- 10.210(17A) Exemptions from public rule-making procedures
- 10.211(17A) Concise statement of reasons
- 10.212(17A) Contents, style, and form of rule
- 10.213(17A) Agency rule-making record
- 10.214(17A) Filing of rules
- 10.215(17A) Effectiveness of rules prior to publication
- 10.216(17A) General statements of policy
- 10.217(17A) Review by department of rules
- 10.218(17A) Petition for rule making
- 10.219(17A) Briefs
- 10.220(17A) Inquiries
- 10.221(17A) Agency consideration
- 10.222(17A) Waivers of rules
- 10.223 to 10.300 Reserved

CONTESTED CASES

10.301(17A)	Scope and applicability
10.302(17A)	Definitions
10.303(17A)	Time requirements
10.304(17A)	Requests for contested case proceeding
10.305(17A)	Notice of hearing
10.306(17A)	Presiding officer
10.307(17A)	Waiver of procedures
10.308(17A)	Telephone proceedings
10.309(17A)	Disqualification
10.310(17A)	Consolidation—severance
10.311(17A)	Pleadings
10.312(17A)	Service and filing of pleadings and other papers
10.313(17A)	Discovery
10.314(17A)	Subpoenas
10.315(17A)	Motions
10.316(17A)	Prehearing conference
10.317(17A)	Continuances
10.318(17A)	Withdrawals
10.319(17A)	Intervention
10.320(17A)	Hearing procedures
10.321(17A)	Evidence
10.322(17A)	Default
10.323(17A)	Ex parte communication
10.324(17A)	Recording costs
10.325(17A)	Interlocutory appeals
10.326(17A)	Final decision
10.327(17A)	Appeals and review
10.328(17A)	Applications for rehearing
10.329(17A)	Stays of agency actions
10.330(17A)	No factual dispute contested cases
10.331(17A)	Emergency adjudicative proceedings
10.332(17A)	Burden of proof

CHAPTERS 11 and 12

Reserved

CHAPTER 13

SPECIAL RAILWAY AGENTS

13.1(17A,80)	Appointment of railway special agents
13.2(17A,80)	Standards
13.3(17A,80)	Training requirements
13.4(17A,80)	Letter of request
13.5(17A,80)	Application form
13.6(17A,80)	Photographs
13.7(17A,80)	Vision classification
13.8(17A,80)	Surety bond
13.9(17A,80)	Background investigation
13.10(17A,80)	Weapons permit
13.11(17A,80)	Renewal of permit
13.12(17A,80)	Weapons training
13.13(17A,80)	Review of application

- 13.14(17A,80) Identification card
- 13.15(17A,80) Notification
- 13.16(17A,80) Notice of termination of employment

CHAPTER 14

Reserved

CHAPTER 15

LAW ENFORCEMENT ADMINISTRATOR'S TELECOMMUNICATIONS
ADVISORY COMMITTEE (LEATAC)

- 15.1(693) Establishment of committee
- 15.2(693) Membership of committee
- 15.3(693) Terms of appointment
- 15.4(693) Officers
- 15.5(693) Bylaws
- 15.6(693) Duties

CHAPTER 16

STATE BUILDING CODE—FACTORY-BUILT STRUCTURES

- 16.1 to 16.609 Reserved

PART 1—MODULAR FACTORY-BUILT STRUCTURES

- 16.610(103A) “Modular factory-built structures”
- 16.611 to 16.619 Reserved

PART 2—MANUFACTURED HOUSING

- 16.620(103A) Manufactured home construction
- 16.621(103A) Installation of manufactured homes
- 16.622 Reserved
- 16.623(103A) Installation seal and certificate procedures for manufactured homes
- 16.624 to 16.626 Reserved
- 16.627(103A) Approval of existing manufactured home tie-down systems
- 16.628(103A) Procedure for governmental subdivisions for installation of factory-built structures
- 16.629(103A) Support and anchoring systems submission

CHAPTER 17

Reserved

CHAPTER 18

PARKING FOR PERSONS WITH DISABILITIES

- 18.1(321L) Scope
- 18.2(321L) Location
- 18.3(321L) Dimensions
- 18.4(321L) Access aisles and loading zones
- 18.5(321L) Designation
- 18.6(321L) Numbers of parking spaces for persons with disabilities required in off-street parking facilities
- 18.7(321L) Persons with disabilities parking at residential facilities
- 18.8(321L) On-street parking

CHAPTER 19

Reserved

CHAPTER 20

GOVERNOR'S TRAFFIC SAFETY BUREAU

- 20.1(23USC402,ExecOrd23) Authority
- 20.2(23USC402,ExecOrd23) Purpose
- 20.3(23USC402,ExecOrd23) Responsibilities
- 20.4(23USC402,ExecOrd23) Funding criteria
- 20.5(23USC402,ExecOrd23) Program requirements

CHAPTERS 21 to 27

Reserved

CHAPTER 28

MARIJUANA ERADICATION PROCEDURES

- 28.1(80) Reports of marijuana
- 28.2(80) Cultivated marijuana
- 28.3(80) Uncultivated marijuana
- 28.4(80) Scope and limitation

CHAPTERS 29 to 34

Reserved

CHAPTER 35

COMPLAINTS AGAINST EMPLOYEES

- 35.1(80) Definitions
- 35.2(80) Filing a complaint
- 35.3(80) Notification to complainant

CHAPTERS 36 to 40

Reserved

CHAPTER 41

PAYMENT OF SMALL CLAIMS TO EMPLOYEES

- 41.1(17A,80) Authorization to reimburse

CHAPTERS 42 to 52

Reserved

CHAPTER 53

FIRE SERVICE TRAINING BUREAU

- 53.1(80) Fire service training bureau
- 53.2(80) Programs, services, and fees

CHAPTERS 54 to 60

Reserved

CHAPTER 61

REDUCED IGNITION PROPENSITY CIGARETTES

- 61.1(101B) Definitions
- 61.2(101B) Restriction on sale of cigarettes
- 61.3(101B) Test method, performance standard, test report
- 61.4(101B) Alternate test method
- 61.5(101B) Acceptance of alternate test method approved by another state
- 61.6(101B) Retention of reports of testing
- 61.7(101B) Testing performed or sponsored by the department
- 61.8 and 61.9 Reserved

61.10(101B)	Certification and fee
61.11(101B)	Changes to the manufacture of a certified reduced ignition propensity cigarette
61.12(101B)	Notification of certification
61.13(101B)	Marking reduced ignition propensity cigarette packaging
61.14 to 61.19	Reserved
61.20(101B)	Applicability—preemption
61.21(17A)	Violations and penalties

CHAPTERS 62 to 79

Reserved

CHAPTER 80

PUBLIC RECORDS AND FAIR INFORMATION PRACTICES

80.1(17A,22)	Definition
80.2(17A,22)	Statement of policy
80.3(17A,22)	Requests for access to records
80.4(17A,22)	Procedures for access to confidential records
80.5(17A,22)	Requests for treatment of a record as a confidential record
80.6(17A,22)	Procedure by which a subject may have additions, dissents, or objections entered into the record
80.7(17A,22)	Consent to disclosure by the subject of a confidential record
80.8	Reserved
80.9(17A,22)	Disclosures without the consent of the subject
80.10(17A,22)	Routine use
80.11(17A,22)	Records retention manual
80.12(17A,22)	Data processing system
80.13(22)	Confidential records
80.14(252J)	Release of confidential licensing information for child support recovery purposes
80.15(22,80F)	Release of official photographs of employees

CHAPTER 81

CRIMINAL INTELLIGENCE INFORMATION

81.1(692)	Definitions
81.2(692)	Iowa law enforcement intelligence network (LEIN) information system
81.3(692)	Criminal intelligence file security
81.4(692)	Review of criminal intelligence files—purging
81.5(692)	Subpoenas and court orders

CHAPTER 82

CRIMINAL HISTORY AND FINGERPRINT RECORDS

82.1(690,692)	Records and identification section
82.2(690,692)	Definitions
82.3(690,692)	Tracking criminal history data
82.4 to 82.100	Reserved

DIVISION I
CRIMINAL HISTORY DATA

82.101(690,692)	Release of information
82.102(690,692)	Right of review
82.103(690,692)	Review of record
82.104(17A,690,692)	Inaccuracies in criminal history record
82.105(17A,690,692)	Arresting agency portion of final disposition form
82.106(690,692)	Final disposition form
82.107(692)	Release of information to the public

- 82.108(692) Scope of record checks for non-criminal justice agencies and individuals
- 82.109(692) Fees
- 82.110(17A,22,692) Requests for criminal history data
- 82.111(690) Administrative sanctions
- 82.112(692) Criminal history record checks for qualified entities or authorized agencies
- 82.113 to 82.200 Reserved

DIVISION II
FINGERPRINT RECORDS

- 82.201(17A,690,692) Fingerprint files and crime reports
- 82.202(690) Taking of fingerprints
- 82.203 to 82.300 Reserved

DIVISION III
JUVENILE RECORDS

- 82.301(232) Juvenile fingerprints and criminal histories

CHAPTER 83
IOWA SEX OFFENDER REGISTRY

- 83.1(692A) Sex offender registry established
- 83.2(692A) Definitions
- 83.3(692A) Forms and procedures
- 83.4(692A) Availability of records
- 83.5(692A) Expungement of records

CHAPTERS 84 to 86
Reserved

CHAPTER 87
WIRELESS COMMUNICATIONS SERVICE PROVIDER DATABASE

- 87.1(34A) Wireless communications service provider database established
- 87.2(34A) Definitions
- 87.3(34A) Administration of database
- 87.4(34A) Confidentiality
- 87.5(34A) Database requirements
- 87.6(34A) Procedures to request provider information

- CHAPTER 88
NOTIFICATION OF LAW ENFORCEMENT AGENCY BY HOSPITAL PRIOR TO DISCHARGE
OF A PERSON WITH SERIOUS MENTAL IMPAIRMENT
- 88.1(229) Notification request

CHAPTER 89
MISSING PERSONS

- 89.1 to 89.99 Reserved

DIVISION I
MISSING PERSON INFORMATION CLEARINGHOUSE

- 89.100(694) Missing person information clearinghouse
- 89.101(694) Administration of missing person information clearinghouse
- 89.102(694) Definitions
- 89.103(694) Program information
- 89.104(694) Prevention and education programs and materials
- 89.105(694) Release of information
- 89.106(694) Dissemination
- 89.107(694) Training

89.108 to 89.199 Reserved

DIVISION II
AMBER ALERT PROGRAM

89.200(694) AMBER alert program
89.201(694) Criteria
89.202(694) Activation procedures
89.203(694) Alternative alert if criteria are not satisfied

CHAPTER 90
Reserved

CHAPTER 91

WEAPONS AND IOWA PROFESSIONAL PERMITS TO CARRY WEAPONS

91.1(724) Definitions
91.2(724) Forms
91.3(724) Federal and state prohibitions—permit to carry weapons
91.4(724) Application procedures for an Iowa professional permit to carry weapons
91.5(724) Issuance or denial of application for permit to carry weapons
91.6(724) Suspension or revocation of permit to carry weapons
91.7(724) Appeals
91.8(724) Reports and remittance to the state
91.9(724) Offensive weapons as collector's items—method of classification

CHAPTER 92
Reserved

CHAPTER 93

IDENTIFICATION CARDS FOR FORMER PEACE OFFICERS
OF THE IOWA DEPARTMENT OF PUBLIC SAFETY

93.1(18USC926C) General provisions
93.2(18USC926C) Definitions
93.3(18USC926C) Application for former peace officer ID card
93.4(18USC926C) Annual firearms qualification—certification card
93.5(17A) Appeals

CHAPTER 94
Reserved

CHAPTER 95

DISPOSITION OF SEIZED AND FORFEITED WEAPONS AND AMMUNITION

95.1(809,809A) Definitions
95.2(809,809A) Ammunition and firearms
95.3(809,809A) Firearms inventory
95.4(809,809A) Deposit of firearms in the firearms reference file
95.5(809,809A) Disposition of firearms (interstate)
95.6(809A) Transfer of rifles and shotguns to the department of natural resources
95.7(809,809A) Disposition of firearms (intrastate)
95.8(809,809A) Final disposition and destruction of firearms
95.9(809,809A) Claims
95.10(809,809A) Disposition of explosives
95.11(809,809A) Disposition of weapons other than firearms and explosives

CHAPTERS 96 to 120
Reserved

CHAPTER 121
BAIL ENFORCEMENT, PRIVATE INVESTIGATION, AND
PRIVATE SECURITY BUSINESSES

121.1(80A)	Licensing
121.2(80A)	Definitions
121.3(80A)	Persons exempt
121.4(80A)	Licenses
121.5(80A)	License requirements
121.6(80A)	Identification cards
121.7(80A)	License and background investigation fees
121.8(80A)	Display of license
121.9(80A)	Duplicate license
121.10(80A)	License renewal
121.11(80A)	Employee identification cards
121.12(80A)	Badges, uniforms, insignia, patches and hats
121.13(80A)	Advertisement, cards, letterhead and the like
121.14(80A)	Misleading statements
121.15(80A)	Reports
121.16(80A)	Denial, cancellation, suspension, or revocation of a license or identification card
121.17(80A)	Licensee's duty regarding employees
121.18(80A)	Campus weapon requirements
121.19(80A)	Professional permit to carry weapons
121.20(80A)	Appeals
121.21(252J)	Child support collection procedures
121.22(80A)	Continuing education requirements
121.23(80A)	Reciprocity
121.24(80A)	Replacement license

CHAPTERS 122 to 140
Reserved

CHAPTER 141
CLOSED CIRCUIT SURVEILLANCE SYSTEMS

141.1(99F)	Definitions
141.2 and 141.3	Reserved
141.4(99F)	Closed circuit surveillance system
141.5(99F)	Required equipment
141.6(99F)	Required surveillance
141.7(99F)	Equipment in DCI offices
141.8(99F)	Camera lenses
141.9(99F)	Lighting
141.10(99F)	Surveillance room
141.11(99F)	Nongambling hours
141.12(99F)	Waivers from requirements

CHAPTERS 142 to 149
Reserved

CHAPTER 150
DIVISION OF CRIMINAL INVESTIGATION CRIMINALISTICS LABORATORY

150.1(691)	Criminalistics laboratory
150.2(691)	Purpose and scope of work
150.3(691)	Laboratory capabilities

- 150.4(691) Evidence submission to the laboratory
- 150.5(17A,691) Distribution of reports
- 150.6(17A,691) Disposition of evidence

CHAPTERS 151 to 155

Reserved

CHAPTER 156

DNA DATABASE

- 156.1(81) Establishment of DNA database
- 156.2(81) Definitions
- 156.3(81) Administration of DNA database
- 156.4(81) Collection of DNA samples
- 156.5(81) Submission of DNA samples
- 156.6(81) Analysis of DNA samples
- 156.7(81) Identification of DNA samples
- 156.8(81) Storage of DNA samples
- 156.9 Reserved
- 156.10(81) Expungement of DNA samples

CHAPTER 157

DEVICES AND METHODS TO TEST BODY FLUIDS FOR ALCOHOL OR DRUGS

- 157.1(321J) Approval of devices and methods to test for alcohol or drug concentration
- 157.2(321J) Evidentiary breath testing
- 157.3(321J) Urine collection
- 157.4(321J) Submission of samples for alcohol and drug testing to the criminalistics laboratory
- 157.5(321J) Preliminary breath screening test
- 157.6(123) Chemical test—alcohol concentration—public intoxication
- 157.7(321J) Detection of drugs other than alcohol

CHAPTER 158

IGNITION INTERLOCK DEVICES

- 158.1(321J) Scope and authority
- 158.2(321J) Definitions
- 158.3(321J) Approval
- 158.4(321J) Revocation of approval
- 158.5(321J) Modifications to an approved IID
- 158.6(321J) Mandatory operational features
- 158.7(321J) IID security
- 158.8(321J) IID maintenance and reports
- 158.9(321J) Other provisions

CHAPTER 159

STATEWIDE SOBRIETY AND DRUG MONITORING PROGRAM

- 159.1(901D) Program created
- 159.2 to 159.9 Reserved
- 159.10(901D) Definitions
- 159.11(901D) Participating jurisdiction requirements
- 159.12(901D) Participant requirements
- 159.13 to 159.19 Reserved
- 159.20(901D) Testing
- 159.21 to 159.29 Reserved
- 159.30(901D) Program fees

159.31 to 159.39	Reserved
159.40(901D)	Fees—indigent participants
159.41 to 159.49	Reserved
159.50(901D)	Stakeholder group
159.51 to 159.59	Reserved
159.60(901D)	Grant program established

CHAPTERS 160 to 173

Reserved

CHAPTER 174

RETAIL SALES OF PSEUDOEPHEDRINE

174.1(81GA,SF169)	Electronic logbooks
174.2(81GA,SF169)	Reporting of civil penalties

CHAPTERS 175 to 199

Reserved

CHAPTER 200

FIRE MARSHAL ADMINISTRATION

200.1(100)	Description
200.2(100)	General administrative procedures
200.3(100)	Building plan approval and plan review fees
200.4(100,101,101A)	Inspections and inspection fees
200.5(100)	Certificates for licensure
200.6(100)	Fire investigations
200.7(100)	Fire drills
200.8(100)	Inspection based on complaint
200.9(100A)	Sharing of insurance company information with the fire marshal
200.10(100A)	Release of information to an insurance company
200.11(100A)	Forms

CHAPTER 201

GENERAL FIRE SAFETY REQUIREMENTS

201.1(100)	Scope
201.2(100)	General provisions
201.3(100)	Electrical installations
201.4(100)	Existing buildings or structures
201.5(100)	Recognition of local fire ordinances and enforcement

CHAPTER 202

REQUIREMENTS FOR SPECIFIC OCCUPANCIES

202.1(100)	Scope
202.2 to 202.4	Reserved
202.5(100,135C)	General requirements for small group homes (specialized licensed facilities) licensed pursuant to Iowa Code section 135C.2 and for facilities in which foster care is provided by agencies to fewer than six children pursuant to Iowa Code chapter 237

CHAPTERS 203 and 204

Reserved

CHAPTER 205
FIRE SAFETY REQUIREMENTS FOR HOSPITALS AND
HEALTH CARE FACILITIES

205.1(100)	Definitions
205.2 to 205.4	Reserved
205.5(100)	Hospitals
205.6 to 205.9	Reserved
205.10(100)	Nursing facilities and hospices
205.11 to 205.14	Reserved
205.15(100)	Intermediate care facilities for persons with intellectual disabilities and intermediate care facilities for persons with mental illness
205.16 to 205.19	Reserved
205.20(100)	Ambulatory health care facilities
205.21 to 205.24	Reserved
205.25(100)	Religious nonmedical health care institutions

CHAPTERS 206 to 209
Reserved

CHAPTER 210
SMOKE ALARMS/DETECTORS

210.1(100)	Definitions
210.2(100)	Scope
210.3(100)	General requirements
210.4(100)	Smoke detectors—notice and certification of installation
210.5(100)	Smoke detectors—new and existing construction

CHAPTER 211
CARBON MONOXIDE ALARMS

211.1(86GA,SF2219)	Scope
211.2 to 211.9	Reserved
211.10(86GA,SF2219)	Definitions
211.11(86GA,SF2219)	Carbon monoxide alarms—required
211.12(86GA,SF2219)	Installation and placement of carbon monoxide alarms
211.13(86GA,SF2219)	Carbon monoxide alarms—alternative systems
211.14(86GA,SF2219)	Carbon monoxide alarms—power source
211.15 to 211.19	Reserved
211.20(86GA,SF2219)	Responsibility for installation and maintenance of carbon monoxide alarms
211.21(86GA,SF2219)	Certification of installation required
211.22(86GA,SF2219)	Inspections, notifications and remedies

CHAPTERS 212 to 220
Reserved

CHAPTER 221
FLAMMABLE AND COMBUSTIBLE LIQUIDS

221.1(101)	Scope
221.2(101)	Definitions
221.3(101)	Flammable and combustible liquids
221.4(101)	Motor fuel dispensing facilities and repair garages
221.5(101)	Aircraft fueling
221.6(101)	Helicopter fueling

- 221.7(101) Fuel-fired appliances
- 221.8(101) Stationary combustion engines and gas turbines

CHAPTERS 222 and 223
Reserved

CHAPTER 224

ABOVEGROUND PETROLEUM STORAGE TANKS

- 224.1(101) Scope
- 224.2(101) Definition
- 224.3(101) Compliance
- 224.4(101) Registration of existing and new tanks—fees
- 224.5(101) Approval of plans
- 224.6(101) Inspections and orders
- 224.7(101) Leaks, spills, or damage
- 224.8(101) Civil penalty
- 224.9(17A,101) Appeals

CHAPTER 225
Reserved

CHAPTER 226

LIQUEFIED PETROLEUM GAS

- 226.1(101) General requirements
- 226.2(101) Transfer into container
- 226.3(101) Prohibition of certain refrigerants
- 226.4(101) Qualifications of personnel
- 226.5(101) Pressure testing
- 226.6(101) Damages—reporting
- 226.7(101) Use of railroad tank cars in stationary service
- 226.8(101) Installation and use of DOT specification MC330 or MC331 cargo tanks in stationary service
- 226.9(101) NFPA standards
- 226.10(101) Public fueling of LP-gas motor fuel vehicles

CHAPTER 227
Reserved

CHAPTER 228

LIQUEFIED NATURAL GAS

- 228.1(101) Transportation, storage, handling, and use of liquefied natural gas

CHAPTERS 229 and 230
Reserved

CHAPTER 231

MANUFACTURING, STORAGE, HANDLING, AND
USE OF EXPLOSIVE MATERIALS

- 231.1(101A) Explosive materials

CHAPTERS 232 to 234
Reserved

CHAPTER 235
COMMERCIAL EXPLOSIVE LICENSING

- 235.1(101A) Licensing program established
- 235.2(101A) Licenses required
- 235.3(101A) License application process
- 235.4(101A) Issuance of commercial explosive business license
- 235.5(101A) Issuance of individual blaster license
- 235.6(101A) Inventory and records
- 235.7(101A,252J) Grounds for suspension, revocation, or denial of commercial explosive licenses; appeals
- 235.8(101A,252J) Child support collection procedures
- 235.9(101A,272D) Suspension or revocation for nonpayment of debts owed state or local government

CHAPTERS 236 to 250
Reserved

CHAPTER 251
FIRE FIGHTER TRAINING AND CERTIFICATION

- 251.1(100B) Definitions
- 251.2 to 251.100 Reserved

MINIMUM TRAINING STANDARDS

- 251.101(100B) Minimum training standard
- 251.102(100B) Other training
- 251.103(100B) Continuing training
- 251.104(100B) Record keeping
- 251.105 to 251.200 Reserved

FIRE FIGHTER CERTIFICATION

- 251.201(100B) Fire fighter certification and accreditation program
- 251.202(100B) Certification standards
- 251.203(100B) Fees
- 251.204(100B) Certification, denial, and revocation of certification

CHAPTERS 252 to 258
Reserved

CHAPTER 259
FIRE FIGHTER TRAINING AND EQUIPMENT FUNDS

- 259.1 to 259.100 Reserved

DIVISION I

VOLUNTEER FIRE FIGHTER TRAINING AND EQUIPMENT FUND

- 259.101(17A,77GA,ch1222) Establishment of fund
- 259.102(17A,77GA,ch1222) Allocations
- 259.103(17A,77GA,ch1222) Awards to private providers of training
- 259.104(100B) Paul Ryan memorial fire fighter safety training fund
- 259.105(100B) Volunteer fire fighter preparedness fund
- 259.106 to 259.200 Reserved

DIVISION II

FIRE FIGHTING EQUIPMENT REVOLVING LOAN FUND

- 259.201(80GA,ch177) Fire fighting equipment revolving loan fund
- 259.202(80GA,ch177) Purpose and scope
- 259.203(80GA,ch177) Definitions
- 259.204(80GA,ch177) Application process

259.205(80GA,ch177)	Allowable acquisitions
259.206(80GA,ch177)	Eligibility requirements and restrictions
259.207(80GA,ch177)	Loan origination fee and repayment schedule
259.208 to 259.300	Reserved

DIVISION III
REGIONAL TRAINING FACILITY FUNDS

259.301(100B)	Regional training center program
259.302(100B)	Definitions
259.303(100B)	Availability of funds
259.304(100B)	Application process
259.305(100B)	Processing of submitted applications

CHAPTERS 260 to 264
Reserved

CHAPTER 265
CONSUMER FIREWORKS SALES LICENSING AND SAFETY STANDARDS

DIVISION I
SAFETY STANDARDS

265.1(100)	Sale of consumer fireworks—safety standards
265.2 to 265.9	Reserved

DIVISION II
CONSUMER FIREWORKS SALES—RESTRICTIONS

265.10(100)	Sales allowed
265.11 to 265.19	Reserved

DIVISION III
CONSUMER FIREWORKS RETAILER LICENSING

265.20(100)	Definitions
265.21(100)	License fee schedule
265.22(100)	Fees collected
265.23(100)	Consumer fireworks retail sales license
265.24(100)	Submittal of application and required information
265.25(100)	Fireworks site plan review and approval
265.26(100)	Plan review and inspection—guidelines
265.27(100)	Issuance and display of license
265.28(100)	Unauthorized use of license
265.29	Reserved

DIVISION IV
CONSUMER FIREWORKS WHOLESALER REGISTRATION

265.30(100)	Definitions
265.31(100)	Annual registration
265.32(100)	Safety regulations—storage and transfer
265.33(100)	Insurance—required
265.34 to 265.39	Reserved

DIVISION V
VIOLATIONS—LICENSE REVOCATION

265.40(100)	Revocation of license
265.41 to 265.49	Reserved

DIVISION VI
FIRE PROTECTION AND EMERGENCY MEDICAL SERVICES GRANT PROGRAM

265.50(100)	Consumer fireworks fee fund
265.51(100)	Local fire protection and emergency medical service providers grant program

CHAPTERS 266 to 274
Reserved

CHAPTER 275

CERTIFICATION OF AUTOMATIC FIRE EXTINGUISHING SYSTEM CONTRACTORS

- 275.1(100C) Establishment of program
- 275.2(100C) Definitions
- 275.3(100C) Responsible managing employee
- 275.4(100C) Certification requirements
- 275.5(100C) Application and fees
- 275.6(100C) Complaints
- 275.7(100C) Denial, suspension, or revocation of certification; civil penalties; and appeals

CHAPTER 276

LICENSING OF FIRE PROTECTION SYSTEM INSTALLERS AND
MAINTENANCE WORKERS

- 276.1(100D) Establishment of program
- 276.2(100D) Definitions
- 276.3(100D) Licensing requirements
- 276.4(100D) Application and fees
- 276.5(100D) Complaints
- 276.6(100D) Denial, suspension, or revocation of licensure; civil penalties; appeals

CHAPTER 277

CERTIFICATION OF ALARM SYSTEM CONTRACTORS AND INSTALLERS

- 277.1(100C) Establishment of program
- 277.2(100C) Definitions
- 277.3(100C) Responsible managing employee
- 277.4(100C) Contractor certification requirements
- 277.5(100C) Contractor application and fees
- 277.6(100C) Installer certification requirements
- 277.7(100C) Installer application and fees
- 277.8(100C) Complaints
- 277.9(100C) Denial, suspension, or revocation of certification; civil penalties; and appeals

CHAPTER 278

MILITARY SERVICE, VETERAN RECIPROCITY, AND SPOUSES OF ACTIVE DUTY SERVICE
MEMBERS FOR FIRE EXTINGUISHING AND ALARM SYSTEMS CONTRACTORS AND
INSTALLERS

- 278.1(272C) Definitions
- 278.2(272C) Military education, training, and service credit
- 278.3(272C) Veteran and spouse of active duty service member reciprocity

CHAPTERS 279 to 290
Reserved

CHAPTER 291

VOLUNTEER EMERGENCY SERVICES PROVIDER DEATH BENEFITS

- 291.1(100B) Volunteer emergency services provider death benefit program
- 291.2(100B) Eligibility
- 291.3(100B) Determination

CHAPTER 292
PUBLIC SAFETY SURVIVOR BENEFITS FUND

- 292.1(80) Purpose
- 292.2(80) Definition
- 292.3(80) Fund eligibility
- 292.4(80) Procedure

CHAPTERS 293 to 299
Reserved

CHAPTER 300
STATE BUILDING CODE—ADMINISTRATION

- 300.1(103A) State building code promulgated
- 300.2(103A) Building code commissioner
- 300.3(103A) Building code advisory council
- 300.4(103A) Plan reviews
- 300.5(103A) Inspections
- 300.6(103A) Local code enforcement

CHAPTER 301
STATE BUILDING CODE—GENERAL PROVISIONS

- 301.1(103A) Scope and applicability
- 301.2(103A) Definitions
- 301.3(103A) General provisions
- 301.4(103A) Mechanical requirements
- 301.5(103A) Electrical requirements
- 301.6(103A) Plumbing requirements
- 301.7(103A) Existing buildings
- 301.8(103A) Residential construction requirements
- 301.9(103A) Fuel gas piping requirements
- 301.10(103A) Transition period

CHAPTER 302
STATE BUILDING CODE—ACCESSIBILITY OF BUILDINGS AND
FACILITIES AVAILABLE TO THE PUBLIC

- 302.1(103A,104A) Purpose and scope
- 302.2(103A,104A) Definitions
- 302.3(103A,104A) Accessibility of buildings and facilities available to the public
- 302.4 to 302.19 Reserved
- 302.20(103A,104A) Making apartments accessible and functional for persons with disabilities

CHAPTER 303
STATE BUILDING CODE—REQUIREMENTS FOR
ENERGY CONSERVATION IN CONSTRUCTION

- 303.1(103A) Scope and applicability of energy conservation requirements
- 303.2(103A) Residential energy code
- 303.3(103A) Adoption of nonresidential energy code
- 303.4(470) Life cycle cost analysis
- 303.5(103A) Energy review fee

CHAPTERS 304 to 309
Reserved

CHAPTER 310
SUSTAINABLE DESIGN STANDARDS

310.1(103A)	Scope and purpose
310.2(103A)	Definitions
310.3(103A)	Submission of projects
310.4(103A)	Sustainable design criteria for residential projects
310.5(103A)	Sustainable design criteria for commercial projects
310.6(103A)	Fees

CHAPTERS 311 to 314
Reserved

CHAPTER 315
WEATHER SAFE ROOMS

315.1(103A)	Scope
315.2(103A)	Definition
315.3(103A)	Requirements

CHAPTERS 316 to 321
Reserved

CHAPTER 322
STATE BUILDING CODE —
MANUFACTURED HOUSING SUPPORT AND ANCHORAGE SYSTEMS

322.1	Reserved
322.2(103A)	Definitions
322.3 to 322.10	Reserved
322.11(103A)	Support and anchorage of manufactured homes
322.12(103A)	Suspension of installation requirements in proclaimed disaster emergencies
322.13 to 322.19	Reserved
322.20(103A)	Fees

CHAPTER 323
TEMPORARY EMERGENCY USE OF FACTORY-BUILT STRUCTURES—COMMERCIAL USE

323.1(103A)	Temporary factory-built structures for commercial use
-------------	---

CHAPTERS 324 to 349
Reserved

CHAPTER 350
STATE HISTORIC BUILDING CODE

350.1(103A)	Scope and definition
-------------	----------------------

CHAPTERS 351 to 371
Reserved

CHAPTER 372
MANUFACTURED OR MOBILE HOME RETAILERS,
MANUFACTURERS, AND DISTRIBUTORS

372.1(103A)	Definitions
372.2(103A)	Criteria for obtaining a manufactured or mobile home retailer's license
372.3(103A)	Operation under distinct name
372.4(103A)	Supplemental statements
372.5(103A)	Denial, suspension, or revocation—civil penalties
372.6(103A,321)	Sale or transfer of manufactured or mobile homes

- 372.7(103A) Right of inspection
- 372.8(103A) Criteria for obtaining a manufactured or mobile home manufacturer's or distributor's license
- 372.9(17A,103A) Waivers

CHAPTER 373

Reserved

CHAPTER 374

MANUFACTURED HOUSING INSTALLER CERTIFICATION

- 374.1(103A) Certification program
- 374.2(103A) Certified installer required
- 374.3(103A) Requirements for installer certification
- 374.4(103A) Certification fee
- 374.5(103A) Certification period
- 374.6(103A) Review of application for certification
- 374.7(103A) Certification renewal and continuing education
- 374.8(103A) Suspension or revocation of certification
- 374.9(103A) Civil penalties
- 374.10(103A) Inspections
- 374.11(103A) Temporary certification during proclaimed disaster emergencies

CHAPTERS 375 to 399

Reserved

CHAPTER 400

PEACE OFFICERS' RETIREMENT, ACCIDENT, AND
DISABILITY SYSTEM—GOVERNANCE AND ADMINISTRATION

- 400.1(97A) Establishment of system
- 400.2(97A) Definitions
- 400.3(97A) Governance
- 400.4(97A) Meetings of board of trustees
- 400.5(97A) Administrative support
- 400.6(97A) Forms and information
- 400.7(97A) Annual statements
- 400.8(97A) Books of account
- 400.9(97A) Investments
- 400.10(97A) Medical board

CHAPTER 401

PEACE OFFICERS' RETIREMENT, ACCIDENT, AND
DISABILITY SYSTEM—ADMINISTRATIVE PROCEDURES

- 401.1(97A) Applications
- 401.2(97A) Determination on initial review
- 401.3(97A) Applications for reimbursement for medical attention
- 401.4 to 401.100 Reserved

PROCEDURE FOR RULE MAKING

- 401.101(17A) Applicability
- 401.102(17A) Advice on possible rules before notice of proposed rule adoption
- 401.103(17A) Public rule-making docket
- 401.104(17A) Notice of proposed rule making
- 401.105(17A) Public participation
- 401.106(17A) Regulatory analysis

- 401.107(17A,25B) Fiscal impact statement
- 401.108(17A) Time and manner of rule adoption
- 401.109(17A) Variance between adopted rule and published notice of proposed rule adoption
- 401.110(17A) Concise statement of reasons
- 401.111(17A,97A) Agency rule-making record
- 401.112(17A,97A) Petitions for rule making
- 401.113(17A,97A) Waivers of rules
- 401.114 to 401.200 Reserved

DECLARATORY ORDERS

- 401.201(17A) Petition for declaratory order
- 401.202(17A) Notice of petition
- 401.203(17A) Intervention
- 401.204(17A) Briefs
- 401.205(17A) Inquiries
- 401.206(17A) Service and filing of petitions and other papers
- 401.207(17A) Consideration
- 401.208(17A) Action on petition
- 401.209(17A) Refusal to issue order
- 401.210(17A) Contents of declaratory order—effective date
- 401.211(17A) Copies of orders
- 401.212(17A) Effect of a declaratory order
- 401.213 to 401.300 Reserved

CONTESTED CASES

- 401.301(17A) Contested case proceeding
- 401.302(17A) Discovery
- 401.303(17A) Subpoenas in a contested case
- 401.304(17A) Motions
- 401.305(17A) Settlements
- 401.306(17A) Prehearing conference
- 401.307(17A) Continuances
- 401.308(17A) Withdrawals
- 401.309(17A) Hearing procedures
- 401.310(17A) Evidence
- 401.311(17A) Ex parte communication
- 401.312(17A) Decisions
- 401.313(17A) No factual dispute contested cases
- 401.314(17A) Applications for rehearing

CHAPTER 402

PEACE OFFICERS' RETIREMENT, ACCIDENT, AND DISABILITY SYSTEM—
ELIGIBILITY, BENEFITS, AND PAYMENTS

- 402.1 to 402.99 Reserved

DIVISION I
ELIGIBILITY

- 402.100(97A) Age of qualification
- 402.101(97A) Date of retirement
- 402.102(97A) Application of Iowa Code Supplement section 97A.6, subsection 12
- 402.103(97A) Date of death
- 402.104(97A) Age of spouse
- 402.105 to 402.199 Reserved

DIVISION II
BENEFITS AND PAYMENTS

402.200(97A)	Computation of average final compensation
402.201(97A)	Workers' compensation—effect on benefit payment
402.202(97A)	Errors in payments
402.203(97A)	Initial benefit for a child
402.204(97A)	Computation for partial month
402.205(97A)	One year of service
402.206(97A)	Termination prior to retirement
402.207(97A)	Optional retirement benefits
402.208(97A)	Options not reversible once payments begin—exceptions
402.209(97A)	Method of calculating annual adjustments when optional retirement benefits are selected
402.210(97A)	Termination of benefits when optional retirement benefits are selected
402.211(97A)	Impact of optional benefit selections on child benefits
402.212(97A)	Method of calculating annual adjustment for members who retire on or after July 1, 2010
402.213(97A)	Method of calculating annual adjustment for members who retired prior to July 1, 2010
402.214(97A)	Determination of survivor's pension
402.215 to 402.299	Reserved

DIVISION III
SERVICE PURCHASES

402.300(97A)	Purchase of eligible service credit
402.301(97A)	Determination of eligible service
402.302(97A)	Determination of cost to member
402.303(97A)	Application process
402.304(97A)	Service adjustment irrevocable
402.305(97A)	Board review
402.306(97A)	Other provisions
402.307(97A)	Purchase of service credit for military service

CHAPTER 403
PEACE OFFICERS' RETIREMENT, ACCIDENT, AND DISABILITY SYSTEM—
LINE-OF-DUTY DEATH BENEFIT

403.1(97A)	Member death benefit program
403.2(97A)	Application
403.3(97A)	Determination

CHAPTERS 404 to 499
Reserved

CHAPTER 500
ELECTRICIAN AND ELECTRICAL CONTRACTOR LICENSING PROGRAM—
ORGANIZATION AND ADMINISTRATION

500.1(103)	Establishment of program
500.2(103)	Definitions

CHAPTER 501
ELECTRICIAN AND ELECTRICAL CONTRACTOR LICENSING PROGRAM—
ADMINISTRATIVE PROCEDURES

- 501.1(103) Board meetings and agenda
501.2 to 501.4 Reserved
501.5(17A) Waivers

CHAPTER 502
ELECTRICIAN AND ELECTRICAL CONTRACTOR LICENSING PROGRAM—LICENSING
REQUIREMENTS, PROCEDURES, AND FEES

- 502.1(103) License categories and licenses required
502.2(103) License requirements
502.3(103) License terms and fees
502.4(103) Disqualifications for licensure
502.5(103) License application
502.6(103) Restriction of use of class B licenses by political subdivisions
502.7(103) Financial responsibility

CHAPTER 503
ELECTRICIAN AND ELECTRICAL CONTRACTOR LICENSING PROGRAM—
COMPLAINTS AND DISCIPLINE

- 503.1(103) Complaints
503.2(103) Discipline
503.3(103) Action against an unlicensed person
503.4(103) Appeals
503.5(252J,103) Suspension or revocation for nonpayment of child support
503.6(103,272D) Suspension or revocation for nonpayment of debts owed state or local government

CHAPTER 504
STANDARDS FOR ELECTRICAL WORK

- 504.1(103) Installation requirements

CHAPTER 505
ELECTRICIAN AND ELECTRICAL CONTRACTOR
LICENSING PROGRAM—EDUCATION

- 505.1 to 505.100 Reserved

DIVISION I
POSTSECONDARY ELECTRICAL EDUCATION PROGRAMS

- 505.101(103) Program approval
505.102(103) Standards for postsecondary electrical education programs
505.103 to 505.200 Reserved

DIVISION II
CONTINUING EDUCATION

- 505.201(103) Continuing education requirements
505.202(103) Course approval
505.203(103) Requirements for continuing education programs

CHAPTER 506
MILITARY SERVICE, VETERAN RECIPROCITY, AND SPOUSES OF ACTIVE DUTY SERVICE
MEMBERS FOR ELECTRICIANS AND ELECTRICAL CONTRACTORS

- 506.1(272C) Definitions
506.2(272C) Military education, training, and service credit
506.3(272C) Veteran and spouse of active duty service member reciprocity

CHAPTERS 507 to 549

Reserved

CHAPTER 550

ELECTRICAL INSPECTION PROGRAM—ORGANIZATION AND ADMINISTRATION

- 550.1(103) Electrical inspection program
- 550.2(103) Communications
- 550.3(103) Organization
- 550.4(103) Qualifications of inspectors
- 550.5(103) Fees

CHAPTER 551

ELECTRICAL INSPECTION PROGRAM—DEFINITIONS

- 551.1(103) Applicability
- 551.2(103) Definitions

CHAPTER 552

ELECTRICAL INSPECTION PROGRAM—PERMITS AND INSPECTIONS

- 552.1(103) Required permits and inspections
- 552.2(103) Request for inspection
- 552.3(103) Scheduling of inspections
- 552.4(103) Report of inspection
- 552.5(103) Appeals

CHAPTER 553

CIVIL PENALTIES

- 553.1(103) Civil penalty—when applicable
- 553.2(103) Civil penalty—notice
- 553.3(103) Civil penalty—appeal

CHAPTERS 554 to 558

Reserved

CHAPTER 559

ELECTRICAL INSPECTION PROGRAM—UTILITY NOTIFICATIONS
AND RESPONSIBILITIES OF UTILITIES

- 559.1(103) Notification of utility

CHAPTERS 560 to 599

Reserved

CHAPTER 600

STATEWIDE INTEROPERABLE COMMUNICATIONS SYSTEM BOARD

- 600.1(80) Establishment of board
- 600.2(80) Definitions
- 600.3(80) Statewide interoperability coordinator
- 600.4(80) Board procedures
- 600.5(80) Administrative procedures
- 600.6(80) Committees
- 600.7(80) Board finances
- 600.8(80) Contracts
- 600.9(80) Competitive grants
- 600.10(80) Additional information

CHAPTER 20
GOVERNOR'S TRAFFIC SAFETY BUREAU
[Prior to 4/20/88, see Planning and Programming[630] Ch 12]

661—20.1(23USC402,ExecOrd23) Authority. Title 23 U.S.C. Section 402 requires each state to have a highway safety program sponsored by the U.S. Secretary of Transportation and for which the governor of the state shall be responsible.

20.1(1) The governor has designated the commissioner of the department of public safety as governor's highway safety representative for Iowa and established the department of public safety as the state highway safety agency in Governor's Executive Order Number Twenty-Three, signed June 9, 1986, and published in the Iowa Administrative Bulletin on July 2, 1986.

20.1(2) The governor's traffic safety bureau shall administer the state highway safety program in accordance with the provisions of Title 23 U.S.C. and Governor's Executive Order Number Twenty-Three.

[ARC 5253C, IAB 11/4/20, effective 12/9/20]

661—20.2(23USC402,ExecOrd23) Purpose. The purpose of the highway safety program is to provide a coordinated federal, state and local effort to reduce traffic-related deaths, injuries, and property damage crashes.

The following eight highway safety priority areas have been established by the federal government to provide a guide to program involvement and reimbursement: alcohol; police traffic services; emergency medical services; traffic records; occupant restraints; engineering; motorcycles; and pedestrians/bicycles.

NOTE: The federal government may add additional priority areas as traffic trends change.
[ARC 5253C, IAB 11/4/20, effective 12/9/20]

661—20.3(23USC402,ExecOrd23) Responsibilities.

20.3(1) The governor's traffic safety bureau shall develop and prepare the state's highway safety plan based on evaluation of highway crashes and traffic safety problems within the state.

20.3(2) The governor's traffic safety bureau shall encourage and assist local units of government in improving their traffic safety programs.

20.3(3) The governor's traffic safety bureau shall serve as a reviewing authority for federal and state traffic safety programs.

20.3(4) The governor's traffic safety bureau shall monitor safety program activity and expenditures of funds by state and local agencies as authorized by Title 23 U.S.C. 402.

20.3(5) The governor's traffic safety bureau shall coordinate the state highway safety plan with other state agencies.

20.3(6) Application for funding.

a. Proposals for funding highway safety programs may be submitted during set application time periods by any city, county, or state agency, or nonprofit organization or any other eligible organization or individual.

b. Applications for funding in the next federal fiscal year, beginning October 1, must be received on or before March 1 to be considered. Applications for contracts beginning November 1 must be received on or before May 1. The bureau chief of the governor's traffic safety bureau may amend the deadline dates in order to implement projects and special activities as deemed appropriate.

c. Initial proposals should include project title, statement of the highway safety problem to be addressed supported by crash data, what is being proposed to solve the problem, how it will be evaluated, a proposed budget, and a letter of intent accepting responsibility for the proposed project from the responsible authority of the organization making application.

d. Only requests containing the listed elements will be considered for funding.

e. Assistance in developing and submitting proposals for highway safety funding may be obtained by contacting the governor's traffic safety bureau, Iowa department of public safety, by email at gtsbinfo@safe.ia.gov.

[Editorial change: IAC Supplement 6/17/09; ARC 5253C, IAB 11/4/20, effective 12/9/20]

661—20.4(23USC402,ExecOrd23) Funding criteria.

20.4(1) Allocation of federally appropriated funds administered by the governor's traffic safety bureau pursuant to Title 23 U.S.C., Section 402, shall be based on: (1) federally mandated projects; and (2) high fatality and personal injury crash causations and locations.

NOTE: The governor's traffic safety bureau shall refer to current federal authorization to dictate how funds are distributed.

20.4(2) At least 40 percent of all federal funds apportioned to the state of Iowa pursuant to Title 23 U.S.C., Section 402, for any fiscal year shall be expended by political subdivisions of the state to carry out local highway safety programs authorized by the governor's representative for highway safety.

[ARC 5253C, IAB 11/4/20, effective 12/9/20]

661—20.5(23USC402,ExecOrd23) Program requirements.

20.5(1) All approved programs funded by the governor's traffic safety bureau must be administered in compliance with the current version of the Iowa Governor's Traffic Safety Bureau Policies and Procedures Manual.

20.5(2) Highway safety contract procedures and reporting forms and their explanations are contained in the current version of the Iowa Governor's Traffic Safety Bureau Policies and Procedures Manual.

20.5(3) Single copies of the current version of the Iowa Governor's Traffic Safety Bureau Policies and Procedures Manual may be obtained on request from the Governor's Traffic Safety Bureau, Iowa Department of Public Safety, State Public Safety Headquarters Building, 215 East 7th Street, Des Moines, Iowa 50319.

[Editorial change: IAC Supplement 6/17/09; ARC 5253C, IAB 11/4/20, effective 12/9/20]

These rules are intended to implement Title 23 U.S.C., Section 402, and Governor's Executive Order Number Twenty-Three, signed June 9, 1986.

[Filed 7/15/75]

[Filed 5/27/77, Notice 9/8/76—published 6/15/77, effective 7/20/77]

[Filed 7/29/80, Notice 3/19/80—published 8/20/80, effective 9/24/80]

[Filed 2/13/81, Notice 10/29/80—published 3/4/81, effective 4/8/81]

[Filed 4/1/88, Notice 9/23/87—published 4/20/88, effective 5/25/88]

[Filed emergency 2/11/94—published 3/2/94, effective 3/1/94]

[Filed 4/29/94, Notice 10/13/93—published 5/25/94, effective 7/1/94]

[Filed emergency 1/27/95—published 2/15/95, effective 2/1/95]

[Editorial change: IAC Supplement 6/17/09]

[Filed ARC 5253C (Notice ARC 5084C, IAB 7/15/20), IAB 11/4/20, effective 12/9/20]

CHAPTER 210
SMOKE ALARMS/DETECTORS

661—210.1(100) Definitions. The following definitions apply to rules 661—210.1(100) through 661—210.5(100):

“*Approved*” means that the equipment has been approved or listed for a specific use by an independent testing laboratory or organization of national reputation.

“*Fire alarm system*” means a system or a portion of a combination system consisting of components and circuits arranged to monitor and annunciate the status of fire alarm or supervisory signal-initiating devices and to initiate the appropriate response to those signals.

“*Multiple-station smoke alarm*” means two or more single-station smoke alarm devices that are capable of interconnection such that actuation of one causes the appropriate alarm signal to operate in all interconnected alarms. Interconnection may occur wirelessly for residential smoke alarms.

“*Single-station smoke alarm*” means an assembly incorporating the detector, the control equipment and the alarm-sounding device in one unit, operated from a power supply either in the unit or obtained at the point of installation or both.

“*Smoke alarm*” means a single- or multiple-station alarm responsive to smoke. See also “single-station smoke alarm” and “multiple-station smoke alarm.” Residential smoke alarms are required to be listed under Underwriters Laboratory Standard (UL) 217.

“*Smoke detector*” means a device that senses visible or invisible particles of combustion. Smoke detectors are typically listed under UL 268.

[ARC 8550B, IAB 2/24/10, effective 4/1/10; ARC 5254C, IAB 11/4/20, effective 12/9/20]

661—210.2(100) Scope. The provisions of this chapter apply to single-family and two-family residences, to townhouses and to all other residential occupancies in commercial buildings unless otherwise provided herein or by another provision of law. The provisions of this chapter do not apply to nonresidential occupancies.

[ARC 8550B, IAB 2/24/10, effective 4/1/10; ARC 5254C, IAB 11/4/20, effective 12/9/20]

661—210.3(100) General requirements.

210.3(1) Approved single-station smoke alarms shall be acceptable in all areas covered by this chapter, unless other fire warning equipment or materials are required by any provision of 661—Chapter 201, 202, or 205 or if a fire alarm system with smoke detection listed under UL 268 has been installed. Any single-station smoke alarm or multiple-station smoke alarm installed on or after April 1, 2010, in compliance with this subrule, including a replacement of an existing smoke alarm, shall be listed under UL 217.

210.3(2) Any installation of wiring and equipment shall comply with 661—Chapter 504.

210.3(3) All devices, combinations of devices, and equipment to be installed in conformity with this chapter shall be approved and used for the purposes for which they are intended. Any smoke alarm installed on or after April 1, 2010, in compliance with this chapter, including a replacement of an existing smoke alarm, shall be listed in accordance with UL 217. Existing dual sensor smoke alarms may be maintained until replacement is recommended by the manufacturer or upon failure.

210.3(4) A combination system, such as a household fire warning system whose components may be used in whole or in part, in common with a nonfire emergency signaling system, such as a burglar alarm system or an intercom system, shall not be permitted or approved, except for one- or two-family dwellings.

210.3(5) All power supplies shall be sufficient to operate the smoke detector alarm for at least four continuous minutes.

210.3(6) Single-station battery-operated or battery backup smoke alarms shall be replaced in accordance with the manufacturer’s instructions.

210.3(7) Power source.

a. In new buildings and additions constructed after July 1, 1991, required smoke alarms shall receive their primary power from the building wiring when such wiring is served from a commercial

source. Wiring shall be permanent and without a disconnecting switch other than that required for overcurrent protection. Smoke alarms may be solely battery-powered when installed in existing buildings, or in buildings without commercial power, or in buildings which undergo alterations, repairs or additions subject to subrule 210.3(2).

b. New and replacement smoke alarms installed after May 1, 1993, which receive their primary power from the building wiring shall be equipped with a battery backup.

c. New and replacement smoke alarms installed after July 1, 2016, which receive their primary power from the building wiring where more than one smoke alarm is required to be installed shall be interconnected in such a manner that the activation of one alarm will activate all of the alarms.

d. After June 30, 2021, a battery-powered smoke alarm listed in accordance with UL 217 that is newly installed or replaces an existing battery-powered smoke alarm must be powered by a nonremovable, nonreplaceable battery that powers the alarm for at least ten years. The battery requirements of this subrule do not apply to a fire alarm, smoke detector, smoke alarm, or ancillary component that is electronically connected as a part of a centrally monitored or supervised alarm system; that uses a low-power, radio frequency wireless communication signal.

210.3(8) The failure of any nonreliable or short-life component which renders the alarm inoperative shall be readily apparent to the occupant of the sleeping unit without the need for a test. Each smoke alarm shall detect abnormal quantities of smoke that may occur and shall properly operate in the normal environmental condition.

210.3(9) Equipment shall be installed in accordance with the manufacturer's recommendations.

210.3(10) Installed fire warning equipment shall be mounted so as to be supported independently of its attachment to wires.

210.3(11) All apparatus shall be restored to normal immediately after each alarm or test.

210.3(12) Smoke alarms shall be located as follows:

a. On the ceiling or wall outside of each separate sleeping area in the immediate vicinity of bedrooms.

b. In each room used for sleeping purposes.

c. In each story within a dwelling unit, including basements but not including crawl spaces and uninhabitable attics. In dwellings or dwelling units with split levels and without an intervening door between the adjacent levels, a smoke alarm installed on the upper level shall suffice for the adjacent lower level provided that the lower level is less than one full story below the upper level.

[ARC 7735B, IAB 5/6/09, effective 4/7/09; ARC 8151B, IAB 9/23/09, effective 9/1/09; ARC 8550B, IAB 2/24/10, effective 4/1/10; ARC 2494C, IAB 4/13/16, effective 5/18/16; ARC 5254C, IAB 11/4/20, effective 12/9/20]

661—210.4(100) Smoke detectors—notice and certification of installation. A person who files for a homestead tax credit pursuant to Iowa Code chapter 425 shall certify that the single-family dwelling unit for which the credit is filed has a smoke alarm(s) installed in accordance with subrule 210.3(6) and paragraph 210.3(12) “*a.*,” or that such smoke alarm(s) will be installed within 30 days of the date of filing for credit.

[ARC 8550B, IAB 2/24/10, effective 4/1/10; ARC 5254C, IAB 11/4/20, effective 12/9/20]

661—210.5(100) Smoke detectors—new and existing construction.

210.5(1) *New construction.* All multiple-unit residential buildings and single-family dwellings which are constructed after July 1, 1991, shall include the installation of smoke alarms meeting the requirements of rule 661—210.3(100).

210.5(2) *Existing construction.* All existing single-family units and multiple-unit residential buildings shall be equipped with smoke alarms or detectors as required in paragraph 210.3(12) “*a.*”

[ARC 8550B, IAB 2/24/10, effective 4/1/10; ARC 5254C, IAB 11/4/20, effective 12/9/20]

These rules are intended to implement Iowa Code section 100.18.

[Filed 11/2/06, Notice 9/13/06—published 11/22/06, effective 1/1/07]

[Filed 8/7/08, Notice 3/26/08—published 8/27/08, effective 10/1/08]

[Filed emergency 9/28/08—published 10/22/08, effective 10/1/08]

[Filed Emergency ARC 7735B, IAB 5/6/09, effective 4/7/09]

[Filed Emergency ARC 8151B, IAB 9/23/09, effective 9/1/09]

[Filed ARC 8550B (Notice ARC 8150B, IAB 9/23/09), IAB 2/24/10, effective 4/1/10]

[Filed ARC 2494C (Notice ARC 2266C, IAB 11/25/15), IAB 4/13/16, effective 5/18/16]

[Filed ARC 5254C (Notice ARC 5083C, IAB 7/15/20), IAB 11/4/20, effective 12/9/20]

CHAPTER 265
CONSUMER FIREWORKS SALES LICENSING AND SAFETY STANDARDS

DIVISION I
SAFETY STANDARDS

661—265.1(100) Sale of consumer fireworks—safety standards. Any retailer or community group offering for sale at retail any first-class or second-class consumer fireworks, as described in American Pyrotechnics Association (APA) Standard 87-1, as published in December 2001, shall do so in accordance with the National Fire Protection Association (NFPA) Standard 1124, published in the Code for the Manufacture, Transportation, Storage, and Retail Sales of Fireworks and Pyrotechnic Articles, 2006 edition (hereinafter referred to as “APA 87-1” and “NFPA 1124,” respectively).

[ARC 3124C, IAB 6/21/17, effective 5/31/17; ARC 3592C, IAB 1/17/18, effective 2/21/18]

661—265.2 to 265.9 Reserved.

DIVISION II
CONSUMER FIREWORKS SALES—RESTRICTIONS

661—265.10(100) Sales allowed. A retailer or community group that is issued a license pursuant to this chapter is authorized to sell consumer fireworks as defined in this chapter. However, sales are permitted only as follows.

265.10(1) Prohibited sale or transfer to persons under 18 years of age.

a. A retailer or community group shall not transfer consumer fireworks, as described in APA 87-1, chapter 3, to a person who is under 18 years of age.

b. A person, firm, partnership or corporation shall not sell consumer fireworks to a person who is less than 18 years of age.

265.10(2) Exceptions for persons under 18 years of age.

a. A retailer selling or offering for sale consumer fireworks as described in APA 87-1, chapter 3, shall supervise any employees who are less than 18 years of age who are involved in the sale, handling, or transport of consumer fireworks in the course of their employment for the retailer.

b. A community group selling or offering for sale consumer fireworks as described in APA 87-1, chapter 3, shall ensure that any persons who are less than 18 years of age who are involved in the sale, handling, or transport of consumer fireworks by the community group, whether the persons less than 18 years of age are paid or unpaid, shall do so under the direct supervision of an adult member of the community group.

265.10(3) Safety requirements—storage and retail sales. A retailer or community group selling consumer fireworks as described in APA 87-1, chapter 3, shall do so in accordance with NFPA 1124, published in the Code for the Manufacture, Transportation, Storage, and Retail Sales of Fireworks and Pyrotechnic Articles, 2006 edition.

265.10(4) Dates of sale.

a. Permanent building. A retailer or community group may sell consumer fireworks as described in APA 87-1, chapter 3, at a permanent building only between June 1 and July 8 and between December 10 and January 3 each year, all dates inclusive.

b. Temporary structure. A retailer or community group may sell consumer fireworks as described in APA 87-1, chapter 3, at a temporary structure between June 13 and July 8 each year, both dates inclusive.

[ARC 3124C, IAB 6/21/17, effective 5/31/17; ARC 3592C, IAB 1/17/18, effective 2/21/18]

661—265.11 to 265.19 Reserved.

DIVISION III
CONSUMER FIREWORKS RETAILER LICENSING

661—265.20(100) Definitions. The following definitions apply to Division III.

“*APA 87-1*” means the American Pyrotechnics Association Standard 87-1, as published in December 2001.

“*Commercial fireworks*” means large firework devices that are explosive materials intended for use in firework displays and designed to produce visible or audible effects by combustion, deflagration, or detonation, as set forth in 27 CFR 555, 49 CFR 172, and APA Standard 87-1, Standard for the Construction and Approval for Transportation of Fireworks, Novelties, and Theatrical Pyrotechnics.

“*Community group*” means a nonprofit entity that is open for membership to the general public and is exempt from federal income taxation pursuant to Section 501(c)(3) of the Internal Revenue Code or a fraternal benefit society, as that term is defined in Iowa Code section 512B.3.

“*Consumer fireworks*” means small firework devices containing restricted amounts of pyrotechnic composition, designed primarily to produce visible or audible effects by combustion, that comply with the construction, chemical composition, and labeling regulations of the U.S. Consumer Product Safety Commission (CPSC), as set forth in CPSC 16 CFR 1500 and 1507, 49 CFR 172, and APA Standard 87-1, Standard for the Construction and Approval for Transportation of Fireworks, Novelties, and Theatrical Pyrotechnics.

“*First-class consumer fireworks*” means the following consumer fireworks, as described in APA 87-1, chapter 3:

1. Aerial shell kits and reloadable tubes.
2. Chasers.
3. Helicopter and aerial spinners.
4. Firecrackers.
5. Mine and shell devices.
6. Missile-type rockets.
7. Roman candles.
8. Sky rockets and bottle rockets.
9. Multiple tube devices as described in this definition of first-class consumer fireworks that are

manufactured in accordance with APA 87-1, section 3.5.

“*NFPA 1124*” means the National Fire Protection Association (NFPA) Standard 1124, published in the Code for the Manufacture, Transportation, Storage, and Retail Sales of Fireworks and Pyrotechnic Articles, 2006 edition.

“*Retailer*” means the same as defined in Iowa Code section 423.1.

“*Second-class consumer fireworks*” means the following consumer fireworks, as described in APA 87-1, chapter 3:

1. Cone fountains.
2. Cylindrical fountains.
3. Flitter sparklers.
4. Ground and hand-held sparkling devices, including multiple tube ground and hand-held sparkling devices that are manufactured in accordance with APA 87-1, section 3.5.
5. Ground spinners.
6. Illuminating torches.
7. Toy smoke devices that are not classified as novelties pursuant to APA 87-1, section 3.2.
8. Wheels.
9. Wire or dipped sparklers that are not classified as novelties pursuant to APA 87-1, section 3.2.

“*Serious violation*” means any of the following activities occurring at a licensed retail location selling consumer fireworks:

1. Commission of a criminal offense, punishable by one year or more incarceration.
2. Selling consumer fireworks to a minor.

3. Selling commercial fireworks.

[ARC 3124C, IAB 6/21/17, effective 5/31/17; ARC 3592C, IAB 1/17/18, effective 2/21/18; ARC 5255C, IAB 11/4/20, effective 12/9/20]

661—265.21(100) License fee schedule. The following license fees shall be paid before issuance of a license for the retail sale of consumer fireworks.

265.21(1) Permanent building—retailer—first-class consumer fireworks. The annual fee is \$1,000 for a retailer at a permanent building who devotes 50 percent or more of the retailer's retail floor space to the sale or display of first-class consumer fireworks.

265.21(2) Temporary structure—retailer—first-class consumer fireworks. The annual fee is \$500 for a retailer at a temporary structure who devotes 50 percent or more of the retailer's retail floor space to the sale or display of first-class consumer fireworks.

265.21(3) Retailer—first-class consumer fireworks—less than 50 percent of retail space. The annual fee is \$400 for a retailer who devotes less than 50 percent of the retailer's retail floor space to the sale or display of first-class consumer fireworks.

265.21(4) Community group—first-class consumer fireworks. The annual fee is \$400 for a community group that offers for sale, exposes for sale, or sells first-class consumer fireworks.

265.21(5) Retail sale of both first-class consumer fireworks and second-class consumer fireworks. A license issued for the retail sale of first-class consumer fireworks allows the retailer or community group to sell or offer for sale both first-class consumer fireworks and second-class consumer fireworks at the same location. The license fee shall be based on the percentage of the retail space devoted to the sale of first-class fireworks.

265.21(6) Retailer or community group—license for second-class fireworks only. The annual fee is \$100 for a community group that offers for sale, exposes for sale, or sells second-class consumer fireworks but not first-class consumer fireworks. A license issued for the sale of second-class consumer fireworks does not allow the community group to sell or offer or expose for sale any first-class consumer fireworks.

[ARC 3124C, IAB 6/21/17, effective 5/31/17; ARC 3592C, IAB 1/17/18, effective 2/21/18]

661—265.22(100) Fees collected.

265.22(1) Administrative license fee. A nonrefundable administrative fee of \$100 is required with every application for a consumer fireworks retail sales license. The \$100 fee will be applied to the license fee if the license is issued.

265.22(2) Changing license class or amount. If a retailer or consumer group is issued a license for the retail sale of one class or amount of consumer fireworks, and changes to a class or amount that requires a higher license fee, the retailer or consumer group shall pay only the difference in the two fees. The license for the lower class will be invalid after the issuance of the new license.

265.22(3) No refund after issuance. Payment is final when the license is issued, and the fee will not be refunded.

[ARC 3592C, IAB 1/17/18, effective 2/21/18]

661—265.23(100) Consumer fireworks retail sales license.

265.23(1) Application period. The state fire marshal will begin accepting applications for consumer fireworks retail sales licenses beginning March 1 of each year. The license applications for permanent sites will be processed before the applications for temporary sites. Complete applications will be processed in the order they are submitted.

265.23(2) Application form and instructions. The application for a license for retail sales of first-class consumer fireworks or second-class consumer fireworks, or both first-class consumer fireworks and second-class consumer fireworks, shall be made to the state fire marshal. The application form and instructions may be found on the state fire marshal website at dps.iowa.gov/divisions/state-fire-marshal/consumer-fireworks-licensing.

265.23(3) Application requirements. Applications and the accompanying plans must include all required information and must be prepared in accordance with the application instructions. An

application will not be processed until all required information is received in the form required by the instructions. If any required information is illegible or incomplete, that application will not be processed and a new application with all of the required information must be submitted. The state fire marshal's office may, in its discretion, allow an applicant to provide missing information without submitting a new application.

[ARC 3124C, IAB 6/21/17, effective 5/31/17; ARC 3592C, IAB 1/17/18, effective 2/21/18; ARC 5255C, IAB 11/4/20, effective 12/9/20]

661—265.24(100) Submittal of application and required information.

265.24(1) The following must be submitted to the state fire marshal's office:

- a. The completed application, signed by the owner, officer, director, or another person authorized to sign documents on behalf of the retailer or community group.
- b. Document(s) that establish that the applicant is either a community group or retailer.
- c. The plan(s) for each retail sales location, including any permanent or temporary building or structure.
- d. The plan(s), including any required site plan(s) for the location(s) and for any building(s) or structure(s), whether permanent or temporary, that will be used for the storage of consumer fireworks.
- e. All plans and drawings must be legible and include all required information and measurements.
- f. Proof that the applicant has obtained commercial general liability insurance with minimum per-occurrence coverage of at least \$1 million and aggregate coverage of at least \$2 million.
- g. The applicable license fee.

265.24(2) Updating contact information. If any of the contact information for the retailer or community group changes during the period that the license is valid, that information shall be updated and submitted to the state fire marshal's office within five working days of when the information changed.

[ARC 3592C, IAB 1/17/18, effective 2/21/18]

661—265.25(100) Fireworks site plan review and approval.

265.25(1) *Plan approval.*

- a. A license is required for each location where the retail sales of consumer fireworks are conducted. The plan(s) for each retail sales location, including any permanent or temporary building or structure, and for each building or structure used for the storage of fireworks must be submitted.
- b. Every location where the retail sales of consumer fireworks take place or where consumer fireworks are stored, including any permanent or temporary building(s) or structure(s), must do so in accordance with NFPA 1124.
- c. The retailer or community group shall also submit to the state fire marshal's office the proposed plan(s), including any required site plan(s) for the location(s) and for any building(s) or structure(s), whether permanent or temporary, that will be used for the storage of fireworks.
- d. The plan(s) will be reviewed to determine whether it is in accordance with NFPA 1124. If the plan(s) is incomplete or noncompliant, the retailer or community group will receive notification of deficiencies that need to be corrected.

NOTE: Regarding the incorporation of the reference to NFPA 102, 1995 edition, Standard for Grandstands, Folding and Telescopic Seating, Tents, and Membrane Structures into NFPA 1124 concerning tents and membrane structures, Sections 7.3.5 and 7.4.8.1.2 of NFPA 1124 should be read together with Section A.7.4.8.1.2 in the Explanatory Material in Annex A to NFPA 1124 and used for the purposes of (1) determining the requirements for the means of egress in tents and membrane structures except as modified by Section 7.3.14 of NFPA 1124 for special requirements for the retail sales of consumer fireworks, and (2) to prohibit the use, discharge, or ignition of fireworks within the tent or membrane structure. The other provisions of NFPA 1124, including the sections relating to the retail sales of consumer fireworks in tents or membrane structures, remain applicable.

265.25(2) *Plans not required.* In the discretion of the state fire marshal, plans may not be required in the following circumstances:

a. For permanent buildings or temporary structures in which only exempt amounts of first-class or second-class consumer fireworks are offered for sale, pursuant to section 7.3.1, NFPA 1124. The licensee shall make current product inventory information available to the state fire marshal upon request.

b. For permanent buildings that were licensed in the previous year and for which there have been no changes to the site, building or floor plan. If any changes have been made, a new or updated plan shall be submitted.

c. For permanent buildings which are currently classified as a retail occupancy and in which second-class consumer fireworks are the only fireworks are offered for sale.

[ARC 3124C, IAB 6/21/17, effective 5/31/17; ARC 3592C, IAB 1/17/18, effective 2/21/18]

661—265.26(100) Plan review and inspection—guidelines.

265.26(1) Inspections.

a. Any retailer or community group offering for sale at retail any consumer fireworks, as described in APA 87-1, shall do so in accordance with NFPA 1124. Every location and any building or structure where the retail sales of consumer fireworks are conducted or where consumer fireworks are stored is subject to an inspection at any time while engaged in the retail sale of consumer fireworks.

b. Prior to the sale of consumer fireworks, each retail location shall satisfy one of the following requirements:

(1) A site inspection of the retail location by the state fire marshal or the state fire marshal's designee.

(2) Attestation at the time of the application by the person submitting the application that the retail location will comply with NFPA 1124 and these rules, including rule 661—265.25(100).

c. If a retail location license is revoked, the location shall satisfy the requirements of subparagraph 265.26(1)“*b*”(1) prior to engaging in the sale of consumer fireworks the following year. The retail location shall not satisfy subparagraph 265.26(1)“*b*”(2) to sell consumer fireworks.

265.26(2) Reserved.

[ARC 3124C, IAB 6/21/17, effective 5/31/17; ARC 3592C, IAB 1/17/18, effective 2/21/18; ARC 5255C, IAB 11/4/20, effective 12/9/20]

661—265.27(100) Issuance and display of license. The submitted application, any additional documents and information, and the completed inspection form shall be reviewed by the state fire marshal's office.

265.27(1) If all of the requirements are met and the correct license fee is paid, the state fire marshal shall issue the license. The license will be sent by email or can be downloaded from the state fire marshal's licensing website. The license shall be effective for the applicable date(s) for the sales of consumer fireworks.

265.27(2) The license must be clearly displayed at the location where the retail sales of consumer fireworks for which the license was issued are conducted.

[ARC 3592C, IAB 1/17/18, effective 2/21/18; ARC 5255C, IAB 11/4/20, effective 12/9/20]

661—265.28(100) Unauthorized use of license. Only the retailer or the community group which is issued the license may use that license for the retail sales of consumer fireworks. Each license will be issued for a specific location. The license may not be transferred to or used at any other location.

265.28(1) If the retailer or community group to which the license is issued changes the location where the retail sale of consumer fireworks will be sold, the retailer or community group shall submit a new application and all required information for the new site and pay the applicable license fee. The application must be reviewed and approved in order for a new license to be issued.

265.28(2) The licensed retailer or community group or the authorized representative of the licensed retailer or community group must be personally present at all times when consumer fireworks are being sold.

265.28(3) No unlicensed retailer, community group, person, group of people, business, or other for-profit or nonprofit entity may use the license issued to another retailer or community group for the retail sales of consumer fireworks, unless the licensed retailer or community group or the authorized

representative of the licensed retailer or community group is personally present at all times when consumer fireworks are being sold.

[ARC 3592C, IAB 1/17/18, effective 2/21/18]

661—265.29 Reserved.

DIVISION IV
CONSUMER FIREWORKS WHOLESALER REGISTRATION

661—265.30(100) Definitions. The following definitions apply to Division IV.

“*Consumer fireworks*” means first-class consumer fireworks and second-class consumer fireworks, as those terms are defined in Iowa Code section 100.19.

“*NFPA 1124*” means the National Fire Protection Association (NFPA) Standard 1124, published in the Code for the Manufacture, Transportation, Storage, and Retail Sales of Fireworks and Pyrotechnic Articles, 2006 edition.

“*Wholesaler*” means a person who engages in the business of selling or distributing consumer fireworks for the purpose of resale in this state.

[ARC 3124C, IAB 6/21/17, effective 5/31/17; ARC 3592C, IAB 1/17/18, effective 2/21/18]

661—265.31(100) Annual registration. Each wholesaler shall register with the state fire marshal annually.

265.31(1) Registration process. Each wholesaler shall complete the annual registration form and submit the form to the state fire marshal’s office. The registration form and instructions may be found on the state fire marshal’s licensing website.

265.31(2) Registration fee. Each wholesaler shall pay an annual registration fee of \$1,000 to the state fire marshal.

[ARC 3124C, IAB 6/21/17, effective 5/31/17; ARC 3592C, IAB 1/17/18, effective 2/21/18; ARC 5255C, IAB 11/4/20, effective 12/9/20]

661—265.32(100) Safety regulations—storage and transfer. Each wholesaler shall comply with all of the requirements of NFPA 1124 for the storage and transfer of consumer fireworks.

[ARC 3124C, IAB 6/21/17, effective 5/31/17; ARC 3592C, IAB 1/17/18, effective 2/21/18]

661—265.33(100) Insurance—required. While operating as a wholesaler, each wholesaler shall maintain commercial general liability insurance with minimum per-occurrence coverage of at least \$1 million and aggregate coverage of at least \$2 million.

[ARC 3124C, IAB 6/21/17, effective 5/31/17; ARC 3592C, IAB 1/17/18, effective 2/21/18]

661—265.34 to 265.39 Reserved.

DIVISION V
VIOLATIONS—LICENSE REVOCATION

661—265.40(100) Revocation of license. If the state fire marshal or state fire marshal’s designee determines during a physical site inspection that a serious violation has occurred, the license for that retail location shall be immediately revoked. Vendors will be given the opportunity to remedy violations that are not deemed serious violations.

[ARC 3124C, IAB 6/21/17, effective 5/31/17; ARC 3592C, IAB 1/17/18, effective 2/21/18; ARC 5255C, IAB 11/4/20, effective 12/9/20]

661—265.41(100) Petition for judicial review. Rescinded ARC 5255C, IAB 11/4/20, effective 12/9/20.

661—265.42(100) License revocation effective date. Rescinded ARC 5255C, IAB 11/4/20, effective 12/9/20.

661—265.43(100) Revocation—denial of new license. Rescinded **ARC 5255C**, IAB 11/4/20, effective 12/9/20.

661—265.44 to 265.49 Reserved.

DIVISION VI
FIRE PROTECTION AND EMERGENCY MEDICAL SERVICES GRANT PROGRAM

661—265.50(100) Consumer fireworks fee fund. All fees received from the licenses issued for the retail sale of consumer fireworks and the annual registration fees received from wholesalers of consumer fireworks shall be deposited into the consumer fireworks fee fund pursuant to Iowa Code section 100.19. The state fire marshal shall use the fees deposited into this fund to fulfill the responsibilities of the state fire marshal for the administration and enforcement of Iowa Code sections 100.19 and 100.19A. [ARC 3124C, IAB 6/21/17, effective 5/31/17; ARC 3592C, IAB 1/17/18, effective 2/21/18]

661—265.51(100) Local fire protection and emergency medical service providers grant program. The local fire protection and emergency medical service providers grant program is established by the state fire marshal. The grant program shall be funded with only those moneys from the consumer fireworks fee fund which are not needed by the state fire marshal to fulfill the responsibilities of the state fire marshal for the administration and enforcement of Iowa Code sections 100.19 and 100.19A.

265.51(1) Definitions. The following definitions apply to Division VI.

“*Emergency medical services*” means the same as defined in Iowa Code section 147A.1(5).

“*Fire protection service*” means volunteer or paid fire departments.

265.51(2) Authorized applicants. Any local fire protection service provider or local emergency medical service provider in the state of Iowa may apply for grant funds from the local fire protection and emergency medical service providers grant program.

265.51(3) Authorized purposes of grant funds. The grant funds in the local fire protection and emergency medical service providers grant program may only be used for the following:

- a. To establish or provide fireworks safety education programming to members of the public.
- b. To purchase necessary enforcement, protection, or emergency response equipment related to the sale and use of consumer fireworks in this state.

265.51(4) Application. The application for grant funds shall be made to the state fire marshal. The application form may be found at dps.iowa.gov/divisions/state-fire-marshal/consumer-fireworks-licensing. Applications must be received on or before June 30 of each year. The application shall include all of the following:

a. The application shall be signed by a person who is an official, owner, or another person who has authorization to sign on behalf of the fire protection service or the emergency medical service provider entity.

b. The specifics of the proposed use of the grant funds.

(1) If the application is for equipment, the applicant should include a detailed description of the equipment, the company or entity from which the purchase will be made, the cost, and a justification as to how this equipment purchase fits the purposes of the grant program.

(2) If the application is for safety education programming, the application shall include a detailed description of the programming, the specific people who will be providing the programming, and a description of the materials to be purchased and used.

c. The amount of grant funds requested.

265.51(5) Approval of application. The state fire marshal shall review the application and determine whether to make the award of grant funds. The state fire marshal has the sole discretion in determining whether or not to award funds from the grant program to the applicant and the amount of funds awarded to each applicant. Factors to be considered in making an award of grant funds include, but are not limited to:

a. The amount of grant funds available.

- b. The number of applicants for grant funds.
- c. The proposed use of the grant funds and whether the use is consistent with the approved program purposes.
- d. Whether the applicant has previously been approved for grant funds from this program.
- e. The applicant's use of any previous grant funds received from the program.

265.51(6) Report required. All grant recipients shall file a report with the state fire marshal that lists the amount of grant funds received and the purpose(s) for which the grant funds were spent. The state fire marshal may conduct an inspection or audit to determine compliance with the rules and purposes of the grant program, in addition to any other authorized audits.

[ARC 3124C, IAB 6/21/17, effective 5/31/17; ARC 3592C, IAB 1/17/18, effective 2/21/18; ARC 5255C, IAB 11/4/20, effective 12/9/20]

These rules are intended to implement Iowa Code sections 100.19 and 100.19A

[Filed Emergency ARC 3124C, IAB 6/21/17, effective 5/31/17]

[Filed ARC 3592C (Notice ARC 3123C, IAB 6/21/17), IAB 1/17/18, effective 2/21/18]

[Filed ARC 5255C (Notice ARC 5105C, IAB 7/29/20), IAB 11/4/20, effective 12/9/20]

CHAPTER 43
NOTARIAL ACTS

721—43.1(9B) Certificate of notarial acts. A notarial act shall be evidenced by a certificate signed and dated by a notarial officer, be executed contemporaneously with the performance of the notarial act for which the certificate applies, and not be completed until the notarial act has been performed. The certificate shall include all of the information required by Iowa Code section 9B.15(1). A certificate of a notarial act is sufficient if it meets the requirements set out in Iowa Code section 9B.15(3). A certificate of a notarial act performed under Iowa Code section 9B.14A as enacted by 2019 Iowa Acts, chapter 44, section 6, must also meet the requirements of Iowa Code section 9B.14A(4) as enacted by 2019 Iowa Acts, chapter 44, section 6.

[ARC 0082C, IAB 4/18/12, effective 3/19/12; ARC 0806C, IAB 6/26/13, effective 7/31/13; ARC 5041C, IAB 5/20/20, effective 7/1/20]

721—43.2(9B) Short form certificates. Short form certificates of notarial acts may be used provided the certificates comply with the provisions of Iowa Code sections 9B.15 and 9B.16. For purposes of this rule, a “record” and an “instrument” have the same meaning and effect. A short form certificate of a notarial act performed under Iowa Code section 9B.14A as enacted by 2019 Iowa Acts, chapter 44, section 6, must meet the requirements of Iowa Code section 9B.14A(5) as enacted by 2019 Iowa Acts, chapter 44, section 6.

[ARC 0806C, IAB 6/26/13, effective 7/31/13; ARC 5041C, IAB 5/20/20, effective 7/1/20]

721—43.3(9B) Jurisdiction. For purposes of complying with the requirements of Iowa Code sections 9B.15 and 9B.16, the jurisdiction in which the notarial act is performed is determined by the location of the notary public in this state at the time the notarial act is performed.

[ARC 5041C, IAB 5/20/20, effective 7/1/20]

721—43.4(9B) Conflict of interest. A notarial officer shall not perform a notarial act that creates a conflict of interest as prohibited in Iowa Code section 9B.4(2). For purposes of this rule, a direct financial benefit does not exist when the notarial officer is compensated on an individual loan commission basis or as provided in Iowa Code section 9B.26(2).

[ARC 0806C, IAB 6/26/13, effective 7/31/13; ARC 5041C, IAB 5/20/20, effective 7/1/20]

721—43.5(9B) Commission as notary public. An individual applying to the secretary of state for a commission as a notary public shall comply with the requirements and qualifications of Iowa Code section 9B.21.

43.5(1) Application. The applicant shall complete and file with the secretary of state an Application for Appointment as Notary Public. The affirmation section on an Application for Appointment as Notary Public shall constitute an executed oath of office as required by Iowa Code section 9B.21(3). An individual who wishes to perform notarial acts for remotely located individuals shall also complete and file with the secretary of state an additional application containing information indicating that the applicant meets the additional training and technology requirements of Iowa Code section 9B.14A as enacted by 2019 Iowa Acts, chapter 44, section 6, and this chapter, as well as any additional information the secretary of state may require.

43.5(2) Reapproval. A notary public’s approval to perform notarial acts for remotely located individuals shall expire on the same date as the individual’s notary public commission. Two months preceding the expiration of approval, the secretary of state shall notify the notary public of the expiration date and furnish an application for reapproval. The secretary of state may provide for combining its reappointment and reapproval forms.

43.5(3) Training.

a. A notary public who wishes to begin performing notarial acts under Iowa Code section 9B.14A as enacted by 2019 Iowa Acts, chapter 44, section 6, shall, within the six-month period immediately preceding the first performance of such an act, satisfactorily complete a training course approved by the secretary of state concerning the requirements and methods for performing notarial acts for remotely

located individuals and shall provide satisfactory proof to the secretary of state that the applicant has completed the course.

b. An applicant for reappointment as a notary public who currently holds a notary public commission, who wishes to continue performing notarial acts under Iowa Code section 9B.14A as enacted by 2019 Iowa Acts, chapter 44, section 6, and who has satisfactorily completed the initial training course required by paragraph 43.5(3)“a” at least one time prior to the 12-month period immediately preceding application for reappointment shall, within the 6-month period immediately preceding the deadline for application for reappointment, satisfactorily complete an update course approved by the secretary of state concerning the requirements and methods for performing notarial acts for remotely located individuals and shall provide satisfactory proof to the secretary of state that the applicant has completed the course.

[ARC 0806C, IAB 6/26/13, effective 7/31/13; ARC 5041C, IAB 5/20/20, effective 7/1/20; ARC 5259C, IAB 11/4/20, effective 10/14/20]

721—43.6(9B) Performance of notarial act on electronic record. A notarized document is deemed to be in compliance with the requirements for a notarial act on an electronic record under Iowa Code chapter 9B when either:

43.6(1) The notary public attaches an electronic notarial certificate that meets the requirements set out in Iowa Code section 9B.15(3); or

43.6(2) The document is submitted and accepted on the electronic document management system (EDMS) administered by the Iowa judicial branch.

This rule is intended to implement Iowa Code section 9B.27.

[ARC 1243C, IAB 12/11/13, effective 1/15/14; ARC 5041C, IAB 5/20/20, effective 7/1/20]

721—43.7(9B) Protection of recording and personally identifiable information. A notary public shall protect from unauthorized access the recording of a notarial act pursuant to Iowa Code section 9B.14A(3)“c” as enacted by 2019 Iowa Acts, chapter 44, section 6, and any “personally identifiable information” as defined in Iowa Code section 9B.14C(1) as enacted by 2019 Iowa Acts, chapter 44, section 8, disclosed during the performance of an electronic notarial act using audiovisual communications, except as permitted pursuant to Iowa Code sections 9B.14C(2) and 9B.14C(3) as enacted by 2019 Iowa Acts, chapter 44, section 8.

[ARC 5041C, IAB 5/20/20, effective 7/1/20]

721—43.8(9B) Notary public sanctions. The secretary of state may impose any of the sanctions set out in Iowa Code section 9B.23 including issuing a letter of reprimand as a condition on a commission as a notary public.

43.8(1) Complaint. A person alleging misconduct by a notary public shall complete and file a Statement of Complaint with the secretary of state. The secretary of state may also initiate investigations without the filing of a complaint if information is provided to the secretary of state that a notary public has allegedly engaged in conduct prohibited in Iowa Code section 9B.23. A copy of the complaint or a notice of investigation shall be sent to the notary public.

43.8(2) Investigation. The secretary of state shall conduct an investigation to determine if the conduct alleged occurred and if sanctions should be imposed. Upon completion of an investigation, the secretary of state shall dismiss the matter, issue a letter of reprimand as a condition on commission, or set the matter for hearing as a contested case proceeding. A dismissal or issuance of a letter of reprimand as a condition on commission is deemed final agency action for purposes of judicial review under Iowa Code section 17A.19.

43.8(3) Hearing. If a hearing is set, it shall be conducted as a contested case proceeding in accordance with Iowa Code chapter 17A and 721—Chapter 3. A final decision by the secretary of state is subject to judicial review as provided in Iowa Code section 17A.19.

[ARC 9969B, IAB 1/11/12, effective 2/15/12; ARC 0806C, IAB 6/26/13, effective 7/31/13; ARC 5041C, IAB 5/20/20, effective 7/1/20]

721—43.9(9B) Standards for communication technology and identity proofing for notarial acts performed for remotely located individuals.

43.9(1) A notary public may not perform a notarial act for a remotely located individual unless the technology identified by the notary public pursuant to Iowa Code section 9B.14A(7) as enacted by 2019 Iowa Acts, chapter 44, section 6, satisfies all of the following:

- a.* Has been approved by the secretary of state in accordance with this chapter.
- b.* Provides continuous, synchronous audiovisual feeds.
- c.* Provides sufficient video resolution and audio clarity to enable the notary public and remotely located individual to see and speak with each other simultaneously through live, real-time transmission.
- d.* Provides sufficient captured image resolution for identity proofing performed in accordance with Iowa Code section 9B.14A(3) as enacted by 2019 Iowa Acts, chapter 44, section 6.
- e.* Provides a means of authentication that reasonably ensures only authorized parties have access to the audiovisual record of the performed notarial act.
- f.* Provides for the recording of the electronic notarial act in compliance with this chapter and Iowa Code section 9B.14A as enacted by 2019 Iowa Acts, chapter 44, section 6, in sufficient quality to ensure the verification of the electronic notarial act.
- g.* Ensures that any change to or tampering with an electronic record before or after the electronic notarial seal has been affixed and the electronic notarial act has been completed is evident.
- h.* Provides confirmation that the electronic record presented is the same electronic record notarized.
- i.* Provides a means of electronically affixing the notary's official stamp to the notarized document.
- j.* Provides an electronic notary journal that complies with the provisions of this chapter to document the electronic notarial acts.
- k.* Provides security measures the secretary of state deems reasonable to prevent unauthorized access to:

- (1) The live transmission of the audiovisual communication.
- (2) A recording of the audiovisual communication.
- (3) The verification methods and credentials used in the identity proofing procedure.
- (4) The electronic records presented for online notarization.
- (5) Any personally identifiable information used in the identity proofing or credential analysis.

43.9(2) Identity proofing and credential analysis must be performed by a third-party credential service provider whose methods and standards are substantially similar to those defined in the most recent edition of the National Institute of Standards and Technology's Digital Identity Guidelines, and that has provided evidence to the notary public of the ability to satisfy the following requirements:

- a.* Identity proofing is performed through dynamic knowledge-based authentication which meets the following requirements:
 - (1) Principal must answer a quiz consisting of a minimum of five questions related to the principal's personal history or identity, formulated from public and proprietary data sources;
 - (2) Each question must have a minimum of five possible answer choices;
 - (3) At least 80 percent of the questions must be answered correctly;
 - (4) All questions must be answered within two minutes;
 - (5) If the principal fails the first attempt, the principal may retake the quiz one time within 24 hours;
 - (6) During the retake, a minimum of 60 percent of the prior questions must be replaced;
 - (7) A principal who fails the second attempt is not permitted to retry with the same notary public for 24 hours; and
 - (8) A principal who fails the third attempt is not permitted to make any further attempts.
- b.* Credential analysis is performed utilizing public and proprietary data sources to verify the credential presented by the principal.
- c.* Credential analysis shall, at a minimum:
 - (1) Use automated software processes to aid the notary public in verifying the identity of a principal or any credible witness;

(2) Ensure that the credential passes an authenticity test, substantially similar to those defined in the most recent edition of the National Institute of Standards and Technology's Digital Identity Guidelines, that:

1. Uses appropriate technology to confirm the integrity of visual, physical, or cryptographic security features;
2. Uses appropriate technology to confirm that the credential is not fraudulent or inappropriately modified;
3. Uses information held or published by the issuing source or authoritative source(s), as available, to confirm the validity of personal details and credential details; and
4. Provides output of the authenticity test to the notary public.

(3) Enable the notary public to visually compare the following for consistency: the information and photo, if the credential presented contains a photo, presented on the credential itself and the principal as viewed by the notary public in real time through audiovisual transmission.

d. If the principal must exit the workflow, the principal must meet the criteria outlined in this rule and must restart the identity proofing and credential analysis from the beginning.

43.9(3) Upon change of any of the technology identified by the notary public pursuant to Iowa Code section 9B.14A(7) as enacted by 2019 Iowa Acts, chapter 44, section 6, which affects compliance with the requirements of Iowa Code chapter 9B or this chapter, the provider of the technology shall immediately notify the secretary of state and all Iowa notaries public using its technology of the change. Information that qualifies as trade secret under Iowa law shall be kept confidential in accordance with Iowa Code section 22.7(3). It is the responsibility of the provider to specify to the secretary of state the information it believes falls within the definition of "trade secret" under Iowa Code section 550.2(4) and other applicable law.

[ARC 5041C, IAB 5/20/20, effective 7/1/20]

721—43.10(9B) Providers of communication technology.

43.10(1) *Provider requirements.* A notary public authorized to perform notarial acts for remotely located individuals may only use a provider of communication technology for the audiovisual recording of electronic notarial acts subject to the provisions of this chapter and Iowa Code sections 9B.14A as enacted by 2019 Iowa Acts, chapter 44, section 6, and 9B.14B as enacted by 2019 Iowa Acts, chapter 44, section 7, if the provider:

- a. Has registered with and been approved by the secretary of state in accordance with this chapter;
- b. Allows the remote notary public sole control of the recording of the electronic notarial act using audiovisual communication, subject to the authorized access granted by the notary; and
- c. Provides the notary with access to the recording of the electronic notarial act using audiovisual communication pursuant to this chapter.

43.10(2) *Backup strategy requirement—release of records to secretary of state.*

a. The secretary of state may not approve a provider of communication technology as defined in Iowa Code section 9B.14A(1) "a" as enacted by 2019 Iowa Acts, chapter 44, section 6, unless the provider uses a backup strategy that is acceptable to the secretary of state for use as a record keeper for any record that is related to a remote notarial act.

b. If the provider of communication technology and the owner of the backup strategy described in paragraph 43.10(2) "a" are the same entity, in the event that the provider ceases business operations, the provider shall notify the secretary of state in advance of such cessation of business operations and, at the secretary of state's request, shall release to the secretary of state any record described in paragraph 43.10(2) "a."

c. If the provider of communication technology and the owner of the backup strategy described in paragraph 43.10(2) "a" are separate entities, the provider shall sign an agreement with the owner of the backup strategy that, in the event that the provider or the owner ceases business operations, the entity ceasing business operations shall notify the other entity and the secretary of state in advance of such

cessation of business operations, and, at the secretary of state's request, the owner of the backup strategy shall release to the secretary of state any record described in paragraph 43.10(2) "a."

43.10(3) Protection of recording and personally identifiable information. A provider of communication technology shall protect from unauthorized access the recording of a notarial act pursuant to Iowa Code section 9B.14A(3) "c" as enacted by 2019 Iowa Acts, chapter 44, section 6, and any "personally identifiable information" as defined in Iowa Code section 9B.14C(1) as enacted by 2019 Iowa Acts, chapter 44, section 8, disclosed during the performance of an electronic notarial act using audiovisual communications.

[ARC 5041C, IAB 5/20/20, effective 7/1/20]

721—43.11(9B) Registration of provider of communication technology and approval of communication technology.

43.11(1) Registration.

a. A provider of communication technology that wishes to apply for approval by the secretary of state for use of its technology by Iowa notaries public to perform notarial acts under Iowa Code section 9B.14A as enacted by 2019 Iowa Acts, chapter 44, section 6, shall submit a registration electronically to the secretary of state, which shall include:

- (1) Legal name of the provider of communication technology;
- (2) How the business is organized;
- (3) Mailing address of the provider of communication technology;
- (4) Physical address of the provider of communication technology;
- (5) Name and title of contact person at the provider of communication technology;
- (6) Phone number of contact person named in subparagraph 43.11(1) "a"(5);
- (7) Name of communication technology provided;
- (8) Description of the technology used to ensure compliance with the provisions of Iowa Code chapter 9B and this chapter;
- (9) Name of the provider or providers of the knowledge-based authentication, credential analysis, and digital certificate services;
- (10) Plan for the retention and storage of data including, but not limited to, records, journals, and recordings in the event the provider of communication technology no longer provides the technology for use by Iowa notaries public for any reason; and
- (11) Declaration that the communication technology complies with all Iowa laws.

b. Information provided to the secretary of state in compliance with subparagraph 43.11(1) "a"(8) that qualifies as trade secret under Iowa law shall be kept confidential in accordance with Iowa Code section 22.7(3). It is the responsibility of the provider to specify to the secretary of state the information it believes falls within the definition of "trade secret" under Iowa Code section 550.2(4).

43.11(2) Approval prior to use. If, after submission of the application required by subrule 43.11(1), the secretary of state determines that the provider of communication technology and the technology provided satisfy all of the requirements of the Iowa Code and the Iowa Administrative Code, the secretary of state shall approve the use of the technology.

43.11(3) Denial of approval. If the secretary of state determines that the provider of communication technology or the technology provided does not satisfy all of the requirements of the Iowa Code and the Iowa Administrative Code, the secretary of state shall deny the use of the technology and shall notify the provider of such denial, specifying the reasons for the denial.

43.11(4) Application for reconsideration. Following notification of denial of use of technology, a provider of communication technology may correct the specified deficiencies and apply for reconsideration. If the provider of communication technology and the technology provided then satisfy all of the requirements of the Iowa Code and the Iowa Administrative Code, the secretary of state shall approve the use of the technology.

43.11(5) Grounds for rescinding approval. Approval may be rescinded if it is found that:

a. The technology no longer permits notaries public to meet the requirements of Iowa Code chapter 9B or this chapter;

- b. The technology no longer complies with the requirements of Iowa law;
- c. Material changes have been made to the technology and the provider has not provided notification as required by subrule 43.9(3);
- d. The provider ceases to provide the technology which has been approved for use;
- e. The provider has failed to protect from unauthorized access any information it is required to protect under the Iowa Code or this chapter; or
- f. Any other grounds that may materially affect the ability of notaries public to meet the requirements of Iowa law.

43.11(6) Procedure for rescinding approval. The secretary of state may rescind approval on any ground listed above.

a. *Complaint.* A person alleging violation on a ground listed in subrule 43.11(5) by a provider of communication technology or of the technology itself and who is a remote notary in or was a principal in a remote notarization interaction, regardless of whether such interaction resulted in completion of a remote notarial act, shall complete and file a Statement of Complaint with the secretary of state. The secretary of state may also initiate investigations without the filing of a complaint.

b. *Investigation.* The secretary of state shall investigate each complaint to determine if the alleged violation has occurred and if such violation warrants rescission of approval of the use of the communication technology. Upon determination that the alleged violation occurred, the secretary of state shall:

(1) Communicate grounds for possible rescission of approval to the provider, whereupon the provider shall have 30 days in which to correct the specified deficiencies and submit proof of such corrections to the secretary of state for review. If the secretary of state determines the deficiencies have been corrected, the secretary of state may dismiss the matter; if the secretary of state determines that deficiencies still exist, the secretary of state may either renew the communication and correction process as provided in this paragraph or finally rescind approval of use of the technology. If the secretary of state rescinds approval of the use of the technology, the secretary of state shall notify all Iowa notaries public using the technology that the technology is no longer approved for use and shall notify the provider of rescission of approval, specifying the reasons for rescission;

(2) Rescind approval, whereupon the secretary shall notify all Iowa notaries public using the technology that the technology is no longer approved for use and shall notify the provider of rescission of approval, specifying the reasons for rescission; or

(3) Dismiss the matter.

[ARC 5041C, IAB 5/20/20, effective 7/1/20]

These rules are intended to implement Iowa Code chapter 9B.

[Filed 9/12/89, Notice 6/28/89—published 10/4/89, effective 11/8/89]

[Filed ARC 9969B (Notice ARC 9857B, IAB 11/16/11), IAB 1/11/12, effective 2/15/12]

[Filed Emergency ARC 0082C, IAB 4/18/12, effective 3/19/12]

[Filed ARC 0806C (Notice ARC 0727C, IAB 5/1/13), IAB 6/26/13, effective 7/31/13]

[Filed ARC 1243C (Notice ARC 1092C, IAB 10/16/13), IAB 12/11/13, effective 1/15/14]

[Filed ARC 5041C (Notice ARC 4997C, IAB 3/25/20), IAB 5/20/20, effective 7/1/20]

[Filed Emergency ARC 5259C, IAB 11/4/20, effective 10/14/20]

TRANSPORTATION DEPARTMENT[761]

Rules transferred from agency number [820] to [761] to conform with the reorganization numbering scheme in general IAC Supp. 6/3/87.

GENERAL

CHAPTER 1

ORGANIZATION OF THE DEPARTMENT OF TRANSPORTATION

- | | |
|---------------|-----------------------------|
| 1.1(307) | Definitions |
| 1.2(17A) | Mission |
| 1.3(17A) | Location and business hours |
| 1.4(17A) | Information and forms |
| 1.5(307) | History |
| 1.6(17A,307A) | Commission |
| 1.7(17A,307) | Director of transportation |
| 1.8(17A,307) | Divisions |

CHAPTER 2

PROVISIONS APPLICABLE TO ALL RULES

- | | |
|----------|-------------|
| 2.1(307) | Definitions |
|----------|-------------|

CHAPTER 3

Reserved

CHAPTER 4

PUBLIC RECORDS AND FAIR INFORMATION PRACTICES

(Uniform Rules)

- | | |
|-------------|---|
| 4.1(22,305) | General provisions |
| 4.2(22) | Statement of policy and purpose |
| 4.3(22) | Access to records |
| 4.4(22) | Access to confidential records |
| 4.5(22) | Consent to release a confidential record to a third party |
| 4.6(22) | Requests for confidential treatment |
| 4.7(22) | Procedure by which additions, dissents, or objections may be entered into records |
| 4.8(22) | Notice to suppliers of information |
| 4.9(22) | Confidential records |

CHAPTERS 5 to 9

Reserved

CHAPTER 10

ADMINISTRATIVE RULES

- | | |
|-----------|---------------------------|
| 10.1(17A) | General |
| 10.2(17A) | Rule making |
| 10.3(17A) | Petitions for rule making |

CHAPTER 11

WAIVER OF RULES

- | | |
|-----------|--|
| 11.1(17A) | Purpose and scope |
| 11.2(17A) | Authority to grant waiver |
| 11.3(17A) | Criteria, considerations and limitations |
| 11.4(17A) | Decision on waiver |
| 11.5(17A) | Petition for waiver |
| 11.6(17A) | Action on petition |
| 11.7(17A) | Modification or cancellation of waiver |
| 11.8(17A) | Records |

CHAPTER 12
DECLARATORY ORDERS

- 12.1(17A) Definitions
- 12.2(17A) Petition for declaratory order
- 12.3(17A) Notice of petition
- 12.4(17A) Action on petition
- 12.5(17A) Effect of a declaratory order

CHAPTER 13
CONTESTED CASES

- 13.1(17A) Definitions
- 13.2(17A) Applicability
- 13.3(17A) Initiation of contested case
- 13.4(17A) Submission of request for informal settlement or hearing
- 13.5(17A) Informal settlement
- 13.6(17A) Contested case decision
- 13.7(17A) Appeal
- 13.8(17A) Motion for review
- 13.9(17A) Rehearings
- 13.10(17A) Maintenance of records
- 13.11(17A) Use of legal assistants or paralegals
- 13.12(17A) Communications
- 13.13(17A) Default
- 13.14 to 13.19 Reserved
- 13.20(17A) Additional procedures when the department is not a party

CHAPTERS 14 to 19
Reserved

CHAPTER 20
PROCUREMENT OF EQUIPMENT, MATERIALS, SUPPLIES AND SERVICES

- 20.1(307) Scope and applicability
- 20.2(307) Definitions
- 20.3(307) Procurement policy
- 20.4(307) Formal advertising procedures and requirements
- 20.5(307) Limited solicitation procedures and requirements
- 20.6(307) Professional and technical services
- 20.7(307) Sole source or emergency selection
- 20.8(307) Conflicts with federal requirements
- 20.9 Reserved
- 20.10(307) Negotiation—architectural, landscape architectural, engineering and related professional and technical services

CHAPTERS 21 to 24
Reserved

CHAPTER 25
COMPETITION WITH PRIVATE ENTERPRISE

- 25.1(23A) Interpretation
- 25.2(23A) Exemptions

CHAPTER 26
Reserved

CHAPTER 27
INTEREST ON RETAINED FUNDS

27.1(573) Interest on retained funds

CHAPTER 28
IOWA TRANSPORTATION MAP

28.1(307) Definition
28.2(307) Information
28.3(307) Policy

CHAPTERS 29 to 39
Reserved

CHAPTER 40
RECOVERY OF DAMAGES TO HIGHWAYS OR HIGHWAY STRUCTURES

40.1(321) Scope
40.2(321) Definitions
40.3(321) Information
40.4(321) Accident scene
40.5(321) Repair of facilities
40.6(321) Recovery of damages

CHAPTERS 41 to 99
Reserved

HIGHWAYS

CHAPTER 100
Reserved

CHAPTER 101
FARM-TO-MARKET REVIEW BOARD

101.1(306) Purpose
101.2(306) Definitions
101.3(306) Composition and membership of the farm-to-market review board
101.4(306) Collection of system modification requests and frequency of meetings
101.5(306) Procedure for requesting modifications to the farm-to-market road system
101.6(306) Review criteria for determining eligibility for inclusion of additional roads into the farm-to-market road system
101.7(306) Voting and approval of requested modifications
101.8(306) Report of board decision to applicant county
101.9(306) Reapplication for modification
101.10(306) Judicial review
101.11(306) Adoption and modification of rules
101.12(306) Severability clause

CHAPTER 102
SECONDARY ROAD FUND DISTRIBUTION COMMITTEE

102.1(312) Purpose
102.2(312) Formulas
102.3 and 102.4 Reserved
102.5(312) Composition and membership of the secondary road fund distribution committee
102.6(312) Terms of office and rotation of seats
102.7(312) Committee meetings
102.8 and 102.9 Reserved

- 102.10(312) Considerations for a new or modified distribution formula
- 102.11(312) Process for approval of a new or modified distribution formula
- 102.12(312) Judicial review
- 102.13(312) Severability clause

CHAPTERS 103 and 104
Reserved

CHAPTER 105
HOLIDAY REST STOPS

- 105.1(307,314) Purpose
- 105.2(307) General
- 105.3(307,314) Conditions
- 105.4(307,314) Holiday rest stops on interstate highways
- 105.5(307,314) Holiday rest stops on primary highways

CHAPTER 106
PROMOTION OF IOWA AGRICULTURAL PRODUCTS AT REST AREAS

- 106.1(307) Purpose
- 106.2(307) Definitions
- 106.3(307) Information
- 106.4(307) Request
- 106.5(307) Time frame
- 106.6(307) Conditions
- 106.7(307) Site location

CHAPTERS 107 to 109
Reserved

RIGHT-OF-WAY AND ENVIRONMENT

CHAPTER 110
Reserved

CHAPTER 111
REAL PROPERTY ACQUISITION AND RELOCATION ASSISTANCE

- 111.1(316) Acquisition and relocation assistance manual

CHAPTER 112
PRIMARY ROAD ACCESS CONTROL

- 112.1(306A) General information
- 112.2(306A) Definitions
- 112.3(306A) General requirements for control of access
- 112.4(306A) General requirements for entrances where access rights have not been acquired
- 112.5(306A) Additional requirements for Type "A" entrances
- 112.6(306A) Drainage requirements
- 112.7(306A) Access to Priority I, II, III and IV highways
- 112.8(306A) Access to Priority V highways, rural areas
- 112.9(306A) Access to Priority V highways, fringe or built-up areas, and Priority VI highways,
all areas
- 112.10 Reserved
- 112.11(306A) Policy on acquisition of access rights
- 112.12(306A) Policy on location of predetermined access locations

- 112.13(306A) Policy on special access connections where access rights have been previously acquired
 112.14(306A) Recreational trail connections

CHAPTERS 113 and 114
 Reserved

CHAPTER 115
 UTILITY ACCOMMODATION

- 115.1(306A) General information
 115.2(306A) Definitions
 115.3 Reserved
 115.4(306A) General requirements for occupancy of the right-of-way
 115.5(306A) General design provisions
 115.6(306A) Scenic enhancement
 115.7(306A) Liability
 115.8(306A) Utility accommodation permit
 115.9(306A) Traffic protection
 115.10(306A) Construction responsibilities and procedures
 115.11(306A) Vertical overhead clearance requirements
 115.12(306A) Utility facility attachments to bridges
 115.13(306A) Underground utility facilities
 115.14(306A) Freeways
 115.15(306A) Transverse installations on freeways
 115.16(306A) Longitudinal installations on freeways
 115.17(306A) Nonfreeway primary highways
 115.18(306A) Longitudinal installations on nonfreeway primary highways
 115.19(306A) Maintenance and emergency work
 115.20(306A) Abandonment or removal of utility facilities
 115.21 to 115.24 Reserved
 115.25(306A) Utility facility adjustments for highway improvement projects
 115.26(306A) Notice of project
 115.27(306A) First plan submission, preliminary work plan and agreement
 115.28(306A) Second plan submission, final work plan and permit application
 115.29(306A) Notice of work
 115.30(306A) Miscellaneous adjustment provisions

CHAPTER 116
 JUNKYARD CONTROL

- 116.1(306C) Definitions
 116.2(306C) Junkyards prohibited—exceptions
 116.3(306C) Screening or removal
 116.4(306C) Acquisition
 116.5(306C) Screening
 116.6(306C) Nuisance—injunction
 116.7(17A) Hearings and appeals
 116.8(306C) Contact information

CHAPTER 117
 OUTDOOR ADVERTISING

- 117.1(306B,306C) Definitions
 117.2(306B,306C) General provisions
 117.3(306B,306C,306D) General criteria

- 117.4(306B,306C) Interstate special provisions for on-premises signs
- 117.5(306B,306C) Location, size and spacing requirements
- 117.6(306C) Outdoor advertising permits and fees required
- 117.7(306C) Official signs and notices, public utility signs, and service club and religious notices
- 117.8(306B,306C) Removal procedures
- 117.9(306B,306C) Acquisition of advertising devices that have been issued provisional permits
- 117.10(17A,306C) Contested cases
- 117.11 to 117.14 Reserved
- 117.15(306C) Development directory signing

CHAPTER 118 LOGO SIGNING

- 118.1(306C) Introduction
- 118.2(306C) Definitions
- 118.3(306C) Erection and location of specific service signs and placement of business signs
- 118.4(306C) Eligibility for placement of business signs on mainline specific service signs
- 118.5(306C) Application, drawing, and fees
- 118.6(306C) Business sign blank specifications
- 118.7(306C) Business sign face specifications

CHAPTER 119 TOURIST-ORIENTED DIRECTIONAL SIGNING

- 119.1(321) Definitions
- 119.2(321) General
- 119.3(321) General eligibility requirements for an activity or site
- 119.4(321) Specific eligibility requirements for the type of activity or site
- 119.5(321) Application and approval procedure
- 119.6(321) Installation, maintenance, replacement and removal

CHAPTER 120 PRIVATE DIRECTIONAL SIGNING

- 120.1(306C) Definitions
- 120.2(306C,657) General requirements
- 120.3(306C) Size requirements
- 120.4(306C) Lighting requirements
- 120.5(306C) Spacing and location requirements
- 120.6(306C) Message content
- 120.7(306C) Eligibility for private directional signs
- 120.8(306C) Application and approval procedures
- 120.9(306C) Fees
- 120.10(306C) Erection and maintenance

CHAPTER 121 ADOPT-A-HIGHWAY PROGRAM

- 121.1(307) Purpose
- 121.2(307) Information and location
- 121.3(307) Program guidelines
- 121.4(307) Sponsors
- 121.5(307) Eligible activities
- 121.6(307) Procedure

CHAPTERS 122 and 123 Reserved

CHAPTER 124
HIGHWAY HELPER SPONSORSHIP PROGRAM

124.1(307)	Introduction and purpose
124.2(307)	Contact information
124.3(307)	Definitions
124.4(307)	General provisions
124.5(307)	Sponsorship agreements
124.6(307)	Acknowledgment sign criteria

CONSTRUCTION

CHAPTERS 125 to 129
Reserved

TRAFFIC OPERATIONS

CHAPTER 130
SIGNING MANUAL

130.1(321)	Manual
------------	--------

CHAPTER 131
SIGNING ON PRIMARY HIGHWAYS

131.1(321)	Destination signs at an intersection
131.2(321)	Erection of signs for numbered business routes
131.3(321)	Erection of signs for schools
131.4(321)	Erection of camping service signs on interstate highways
131.5(321)	Erection of signs for sanitary landfills
131.6(321)	Erection of signs for special events
131.7(321)	Erection of signs for organized off-highway camps
131.8(321)	Erection of signs for county conservation parks
131.9(321)	Erection of no parking signs
131.10(321)	Signing for named routes and memorial bridges
131.11 to 131.14	Reserved
131.15(321)	Information and address

CHAPTER 132
IOWA BYWAYS PROGRAM

132.1(306D)	Purpose, overview and information
132.2(306D)	Definitions
132.3(306D)	General requirements
132.4(306D)	Application and approval process
132.5(306D)	Reevaluation
132.6(306D)	Promotional and tourism efforts

CHAPTERS 133 to 135
Reserved

CHAPTER 136
LIGHTING

136.1(319)	Lighting of primary-secondary intersections
136.2(319)	Destination lighting
136.3 to 136.5	Reserved
136.6(306)	Warrants and design requirements for lighting

CHAPTERS 137 to 139

Reserved

CHAPTER 140

TRAFFIC SIGNALS AND BEACONS
ON PRIMARY ROADS

140.1(321) Erection of traffic signals and beacons on primary highways

CHAPTER 141

Reserved

CHAPTER 142

SPEED ZONING ON PRIMARY HIGHWAYS

142.1(321) Adjustment of speed zones on primary highways

CHAPTER 143

TRAFFIC SIGNAL SYNCHRONIZATION

143.1(364) Definitions

143.2(364) Applicability

143.3 Reserved

143.4(364) Required synchronization

CHAPTERS 144 to 149

Reserved

PRIMARY ROAD EXTENSIONS

CHAPTER 150

IMPROVEMENTS AND MAINTENANCE ON PRIMARY ROAD EXTENSIONS

150.1(306) Definitions

150.2(306) Improvements and maintenance on extensions of freeways

150.3(306) Improvements and maintenance on extensions of nonfreeway primary highways

150.4(306) General requirements for primary road extensions

150.5(307) Special circumstances

CHAPTER 151

CITY REQUESTS FOR CLOSURE OF
PRIMARY ROAD EXTENSIONS

151.1(321) Closing primary road extensions

CHAPTERS 152 to 159

Reserved

SPECIAL HIGHWAY PROGRAMS

CHAPTER 160

COUNTY AND CITY BRIDGE CONSTRUCTION FUNDS

160.1(312) Purpose

160.2(312) Contact information

160.3(312) Source of funds

160.4(312) Administration of funds

CHAPTER 161

HIGHWAY BRIDGE PROGRAM FOR CITIES AND COUNTIES

161.1(307) Purpose

161.2(307) Information

- 161.3(307) Source of funds
- 161.4(313) Swapping of funds
- 161.5(307) Administration of funds

CHAPTER 162

SURFACE TRANSPORTATION BLOCK GRANT PROGRAM

- 162.1(307) Purpose
- 162.2(307) Information
- 162.3(307) Source of funds
- 162.4(313) Swapping of funds
- 162.5(307) Administration of funds

CHAPTER 163

RISE PROGRAM

- 163.1(315) Definitions
- 163.2(315) Information and forms
- 163.3(315) Purpose of RISE program
- 163.4(315) Administration of RISE program
- 163.5(315) Source, allocation, and use of RISE funds
- 163.6(315) Project financing and funding shares
- 163.7(315) Eligibility of applicants and joint applications
- 163.8(315) Project activities eligible and ineligible for RISE funds
- 163.9(315) Advance eligibility of land acquisition and preliminary design costs incurred prior to funding commitment by commission
- 163.10(315) Immediate opportunity projects
- 163.11(315) Local development projects
- 163.12(315) Project administration

CHAPTER 164

TRAFFIC SAFETY IMPROVEMENT PROGRAM

- 164.1(312) Definitions
- 164.2(312) Information and forms
- 164.3(312) Program administration
- 164.4(312) Applicant eligibility
- 164.5(312) Project eligibility
- 164.6(312) Eligible project costs
- 164.7(312) Ineligible project costs
- 164.8(312) Applications
- 164.9(312) Processing the application
- 164.10(312) Project agreement

CHAPTER 165

RECREATIONAL TRAILS PROGRAM

- 165.1(465B) Definitions
- 165.2(465B) Information and forms
- 165.3 and 165.4 Reserved
- 165.5(465B) Program administration
- 165.6 to 165.8 Reserved
- 165.9(465B) Applicant eligibility
- 165.10 and 165.11 Reserved
- 165.12(465B) Project eligibility
- 165.13 and 165.14 Reserved
- 165.15(465B) Eligible project costs

165.16	Reserved
165.17(465B)	Ineligible project costs
165.18	Reserved
165.19(465B)	Advance eligibility of land acquisition and preliminary design costs incurred prior to funding commitment by commission
165.20 and 165.21	Reserved
165.22(465B)	Application
165.23(465B)	Application procedure
165.24 and 165.25	Reserved
165.26(465B)	Evaluation and approval
165.27 to 165.29	Reserved
165.30(465B)	Project agreement
165.31 and 165.32	Reserved
165.33(465B)	Noncompliance

CHAPTERS 166 to 169

Reserved

LOCAL SYSTEMS

CHAPTER 170

ALLOCATION OF FARM-TO-MARKET ROAD FUNDS

170.1(310)	Purpose
170.2(310)	Contact information
170.3(310)	Temporary allocation

CHAPTER 171

Reserved

CHAPTER 172

AVAILABILITY OF INSTRUCTIONAL MEMORANDUMS
TO LOCAL PUBLIC AGENCIES

172.1(307)	Purpose
172.2(307)	Contact information
172.3(307)	Instructional memorandums to local public agencies

CHAPTER 173

PREPARATION OF SECONDARY ROAD CONSTRUCTION PROGRAMS,
BUDGETS, AND COUNTY ANNUAL REPORTS

173.1(309)	Purpose
173.2(309)	Contact information
173.3(309)	Secondary road construction program
173.4(309)	County secondary road budget
173.5(309)	County annual report

CHAPTER 174

REIMBURSABLE SERVICES AND SUPPLIES

174.1(307)	Purpose
174.2(307)	Contact information
174.3(307)	Reimbursable services and supplies

CHAPTERS 175 to 177

Reserved

CHAPTER 178
PROJECT COST REPORTING REQUIREMENTS
FOR CITIES AND COUNTIES

178.1(314)	Purpose
178.2(314)	Contact information
178.3(314)	Definitions
178.4(314)	Detailed instructions furnished to cities and counties
178.5(314)	Project reporting

CHAPTER 179
Reserved

CHAPTER 180
PUBLIC IMPROVEMENT QUOTATION PROCESS FOR GOVERNMENTAL ENTITIES FOR
VERTICAL INFRASTRUCTURE

180.1(314)	Purpose
180.2(314)	Contact information
180.3(26,314)	Definitions
180.4(314)	Types of projects
180.5(314)	Solicitation of quotations
180.6(314)	Submission of competitive quotation by governmental entity
180.7(314)	Form and content of competitive quotations
180.8(314)	Evaluation of competitive quotations
180.9(314)	Award of contract and subsequent procedures
180.10(314)	Retained funds

CHAPTER 181
STATEWIDE STANDARD FOR PERMITTING
CERTAIN IMPLEMENTS OF HUSBANDRY

181.1(321)	Statewide standard
------------	--------------------

CHAPTERS 182 to 200
Reserved

INTERMODAL

CHAPTER 201
INTERMODAL PILOT PROJECT PROGRAM

201.1(473)	General information
201.2(473)	Definitions
201.3(473)	Eligibility
201.4(473)	Financial assistance
201.5(473)	Application procedure
201.6(473)	Staff analysis
201.7(473)	Staff recommendation
201.8(473)	Commission action
201.9(473)	Contract preparation and execution
201.10(473)	Monitoring

CHAPTERS 202 to 399
Reserved

VEHICLES

CHAPTER 400

VEHICLE REGISTRATION AND CERTIFICATE OF TITLE

- 400.1(321) Definitions
- 400.2(321) Vehicle registration and certificate of title—general provisions
- 400.3(321) Application for certificate of title or registration for a vehicle
- 400.4(321) Supporting documents required
- 400.5(321) Where to apply for registration or certificate of title
- 400.6(17A) Addresses, information and forms
- 400.7(321) Information appearing on title or registration
- 400.8(321) Release form for cancellation of security interest
- 400.9 Reserved
- 400.10(321) Assignment of security interest
- 400.11(321) Sheriff's levy, restitution lien, and forfeiture lien noted as security interests
- 400.12(321) Replacement certificate of title
- 400.13(321) Bond required before title issued
- 400.14(321) Transfer of ownership
- 400.15(321) Cancellation of a certificate of title
- 400.16(321) Application for certificate of title or original registration for a specially constructed, reconstructed, street rod or replica motor vehicle
- 400.17 and 400.18 Reserved
- 400.19(321) Temporary use of vehicle without plates or registration card
- 400.20(321) Registration of motor vehicle weighing 55,000 pounds or more
- 400.21(321) Registration of vehicles on a restricted basis
- 400.22(321) Transfers of ownership by operation of law
- 400.23(321) Junked vehicle
- 400.24(321) New vehicle registration fee
- 400.25(321) Fees established by the department
- 400.26(321) Anatomical gift
- 400.27(321,322) Vehicles held for resale or trade by dealers
- 400.28(321) Special trucks
- 400.29 Reserved
- 400.30(321) Registration of vehicles registered in another state or country
- 400.31 Reserved
- 400.32(321) Vehicles owned by nonresident members of the armed services
- 400.33 and 400.34 Reserved
- 400.35(321) Registration of vehicles equipped for persons with disabilities
- 400.36(321) Land and water-type travel trailers registration fee
- 400.37(321) Motorcycle or autocycle primarily designed or converted to transport property
- 400.38 Reserved
- 400.39(321) Conversion of motor vehicles
- 400.40(321) Manufactured or mobile home converted to or from real property
- 400.41 Reserved
- 400.42(321) Church bus registration fee
- 400.43(321) Storage of vehicles
- 400.44(321) Penalty on registration fees
- 400.45(321) Suspension, revocation or denial of registration
- 400.46(321) Termination of suspension of registration
- 400.47(321) Raw farm products
- 400.48 and 400.49 Reserved
- 400.50(321,326) Refund of registration fees

400.51(321)	Assigned identification numbers
400.52(321)	Odometer statement
400.53(321)	Stickers
400.54(321)	Registration card issued for trailer-type vehicles
400.55(321)	Damage disclosure statement
400.56(321)	Hearings
400.57	Reserved
400.58(321)	Motorized bicycles
400.59(321)	Registration documents lost or damaged in transit through the United States postal service
400.60(321)	Credit of registration fees
400.61(321)	Reassignment of registration plates
400.62(321)	Storage of registration plates, certificate of title forms and registration forms
400.63(321)	Disposal of surrendered registration plates
400.64(321)	County treasurer's report of motor vehicle collections and funds
400.65 to 400.69	Reserved
400.70(321)	Removal of registration and plates by peace officer under financial liability coverage law

CHAPTER 401
SPECIAL REGISTRATION PLATES

401.1(321)	Definition
401.2(321)	Application, issuance and renewal
401.3	Reserved
401.4(321)	Gift certificates
401.5(321)	Amateur radio call letter plates
401.6(321)	Personalized plates
401.7(321)	Collegiate plates
401.8(321)	Medal of Honor plates
401.9(321)	Firefighter plates
401.10(321)	Emergency medical services plates
401.11(321)	Natural resources plates
401.12(321)	Blackout plates
401.13(321)	Disabled veteran plates
401.14	Reserved
401.15(17A,321)	Nonprofit organization decal
401.16(17A,321)	Special plates with space reserved for a nonprofit organization decal
401.17	Reserved
401.18(321)	Combat infantryman badge, combat action badge, combat action ribbon, air force combat action medal, combat medical badge, fallen peace officers and civil war sesquicentennial plates
401.19(321)	Legion of Merit plates
401.20(321)	Persons with disabilities plates
401.21(321)	Ex-prisoner of war plates
401.22(321)	National guard plates
401.23(321)	Pearl Harbor plates
401.24(321)	Purple Heart, Silver Star and Bronze Star plates
401.25(321)	U.S. armed forces retired plates
401.26 to 401.30	Reserved
401.31(321)	Veteran plates
401.32(321)	Surrender of plates
401.33(321)	Validation fees

- 401.34(321) Reassignment of plates
- 401.35(321) Revocation of special registration plates—appeal
- 401.36(321) Refund of fees

CHAPTERS 402 to 404

Reserved

CHAPTER 405

SALVAGE

- 405.1(321) Applicability
- 405.2(321) Definitions
- 405.3(321) Salvage title
- 405.4 and 405.5 Reserved
- 405.6(321) Iowa salvage title required
- 405.7(321) Converting salvage title to regular title
- 405.8(321) Foreign vehicles
- 405.9(321) Records check
- 405.10(321) Designations
- 405.11 to 405.14 Reserved
- 405.15(321) Salvage theft examination

CHAPTERS 406 to 409

Reserved

CHAPTER 410

SPECIAL MOBILE EQUIPMENT

- 410.1(321) General
- 410.2(321E) Special mobile equipment transported on a registered vehicle

CHAPTER 411

PERSONS WITH DISABILITIES PARKING PERMITS

- 411.1(321L) Information and applications
- 411.2(321L) Definitions
- 411.3(321L) Application for persons with disabilities parking permit
- 411.4(321L) Removable windshield placards
- 411.5(321L) Persons with disabilities special registration plate parking stickers
- 411.6(321L) Persons with disabilities special registration plates
- 411.7(321L) Return of persons with disabilities parking permit
- 411.8(321L) Revocation of a persons with disabilities parking permit
- 411.9(321L) Appeal

CHAPTERS 412 to 414

Reserved

CHAPTER 415

DRIVER'S PRIVACY PROTECTION—CERTIFICATES
OF TITLE AND VEHICLE REGISTRATION

- 415.1(321) Applicability
- 415.2(321) Adoption
- 415.3(321) Definitions
- 415.4(321) Requirements and procedures

CHAPTERS 416 to 423

Reserved

CHAPTER 424
TRANSPORTER PLATES

424.1(321)	General
424.2 and 424.3	Reserved
424.4(321)	Transporter plates

CHAPTER 425
MOTOR VEHICLE AND TOWABLE RECREATIONAL VEHICLE DEALERS,
MANUFACTURERS, DISTRIBUTORS AND WHOLESALERS

425.1(322)	Introduction
425.2	Reserved
425.3(322)	Definitions
425.4 to 425.9	Reserved
425.10(322)	Application for dealer's license
425.11(322)	Motor vehicle dealer licensing for final-stage manufacturers
425.12(322)	Motor vehicle dealer's principal place of business
425.13(321,322)	Business records of a motor vehicle dealer with multiple licenses
425.14(322)	Towable recreational vehicle dealer's place of business
425.15 and 425.16	Reserved
425.17(322)	Extension lot license
425.18(322)	Supplemental statement of changes
425.19	Reserved
425.20(322)	Fleet vehicle sales and retail auction sales
425.21 to 425.23	Reserved
425.24(322)	Miscellaneous requirements
425.25	Reserved
425.26(322)	State fair, fairs, shows and exhibitions
425.27 and 425.28	Reserved
425.29(322)	Classic car permit
425.30(322)	Motor truck display permit
425.31(322)	Firefighting and rescue show permit
425.32 to 425.39	Reserved
425.40(322)	Salespersons of dealers
425.41 to 425.49	Reserved
425.50(322)	Manufacturers, distributors, and wholesalers
425.51 and 425.52	Reserved
425.53(322)	Wholesaler's financial liability coverage
425.54 to 425.59	Reserved
425.60(322)	Right of inspection
425.61	Reserved
425.62(322)	Denial, suspension or revocation
425.63 to 425.69	Reserved
425.70(321)	Dealer plates
425.71	Reserved
425.72(321)	Demonstration permits

CHAPTERS 426 to 429
Reserved

CHAPTER 430
MOTOR VEHICLE LEASING LICENSES

430.1(321F)	General
430.2(321F)	Application

- 430.3(321F) Supplemental statements
- 430.4(321F) Separate licenses required

CHAPTER 431
VEHICLE RECYCLERS

- 431.1(321H) General
- 431.2(321H) Criteria for a vehicle recycler license
- 431.3(321H) Application
- 431.4(321H) Firm name
- 431.5(321H) Denial, suspension or revocation of license
- 431.6(321) Right of inspection

CHAPTERS 432 to 449

Reserved

CHAPTER 450
MOTOR VEHICLE EQUIPMENT

- 450.1(321) Addresses, information and forms
- 450.2(321) Equipment requirements for specially constructed, reconstructed, street rod, and replica motor vehicles, other than autocycles, motorcycles and motorized bicycles
- 450.3(321) Mud and snow tire
- 450.4(321) Minimum requirements for constructing and equipping specially constructed or reconstructed motorcycles or motorized bicycles
- 450.5(321) Minimum requirements for constructing and equipping specially constructed or reconstructed autocycles
- 450.6(321) Safety requirements for the movement of implements of husbandry on a roadway
- 450.7(321) Front windshields, windows or sidewings

CHAPTER 451
EMERGENCY VEHICLE PERMITS

- 451.1(321) Information
- 451.2(321) Authorized emergency vehicle certificate
- 451.3(17A,321) Application denial or certificate revocation

CHAPTER 452
REFLECTIVE DEVICES ON SLOW-MOVING VEHICLES

- 452.1 and 452.2 Reserved
- 452.3(321) Alternative reflective device

CHAPTER 453
Reserved

CHAPTER 454
TOWING WRECKED OR DISABLED VEHICLES

- 454.1(321) Definitions

CHAPTERS 455 to 479
Reserved

CHAPTER 480
ABANDONED VEHICLES

- 480.1(321) Definitions
- 480.2(321) Location
- 480.3(321) General requirements
- 480.4(321) Advertising

480.5(321)	Bidder registry
480.6(321)	Odometer statement
480.7(321)	Abandoned vehicle report
480.8(321)	Time limits

CHAPTERS 481 to 499

Reserved

MOTOR CARRIERS

CHAPTER 500

INTERSTATE REGISTRATION AND OPERATION OF VEHICLES

500.1(326)	Definitions
500.2(17A,326)	General information
500.3(17A,326)	Waiver of rules
500.4(326)	Renewal for IRP registration
500.5(321)	Deadline for placing a vehicle in storage
500.6(321,326)	Penalty for late filing of renewal
500.7(326)	IRP payment methods
500.8(326)	IRP plate
500.9(326)	Fleet additions and temporary authority
500.10(326)	Fleet deletions
500.11(326)	Voluntary cancellation of registration
500.12(326)	Policy on registration credit
500.13(326)	Penalty for late filing of vehicle schedule
500.14(326)	Renewal and vehicle schedule late payment penalty
500.15(321)	Deadline for payment of first-half fee
500.16(321,326)	Second-half late payment penalty
500.17(326)	Duplicate credentials
500.18(326)	Suspension for nonpayment of registration fees
500.19(326)	Suspension of registration if payment is dishonored by a financial institution
500.20(326)	Making claim for refund
500.21(326)	Registration expiration and enforcement dates
500.22(326)	Registration of vehicles with non-Iowa titles
500.23(326)	Record retention
500.24(326)	Trip permits
500.25(326)	Electronic information

CHAPTERS 501 to 504

Reserved

CHAPTER 505

INTERSTATE MOTOR VEHICLE FUEL LICENSES AND PERMITS

505.1(452A)	Definitions
505.2(452A)	General information
505.3(452A)	General stipulations
505.4(452A)	Quarterly reports
505.5(452A)	Audits—required reports
505.6(452A)	Hearings

CHAPTERS 506 to 510

Reserved

CHAPTER 511
SPECIAL PERMITS FOR OPERATION AND MOVEMENT OF
VEHICLES AND LOADS OF EXCESS SIZE AND WEIGHT

- 511.1(321E) Definitions
- 511.2(321E) Location and general information
- 511.3(321E) Movement under permit
- 511.4(321E) Permits
- 511.5(321,321E) Fees and charges
- 511.6(321E) Insurance and bonds
- 511.7(321,321E) Annual permits
- 511.8(321,321E) Annual oversize/overweight permits
- 511.9(321,321E) All-systems permits
- 511.10(321,321E) Multitrip permits
- 511.11(321E) Compacted rubbish vehicle permits
- 511.12(321,321E) Single-trip permits
- 511.13(321,321E) Annual raw forest products permits
- 511.14(321,321E) Maximum axle weights and maximum gross weights for vehicles and loads moved under permit
- 511.15(321,321E) Movement of vehicles with divisible loads exceeding statutory size or weight limits
- 511.16(321E) Towing units
- 511.17(321E) Escorting
- 511.18(321,321E) Permit violations
- 511.19(321) Movement of combination vehicles on economic export corridors

CHAPTERS 512 to 519
Reserved

CHAPTER 520
REGULATIONS APPLICABLE TO CARRIERS

- 520.1(321) Safety and hazardous materials regulations
- 520.2(321) Definitions
- 520.3(321) Motor carrier safety regulations exemptions
- 520.4(321) Hazardous materials exemptions
- 520.5(321) Safety fitness
- 520.6(321) Out-of-service order
- 520.7(321) Driver's statement
- 520.8(321) Planting and harvesting period

CHAPTERS 521 to 523
Reserved

CHAPTER 524
FOR-HIRE INTRASTATE MOTOR CARRIER AUTHORITY

- 524.1(325A) Purpose and applicability
- 524.2(325A) General information
- 524.3(325A) Applications and supporting documents
- 524.4(325A) Issuance of motor carrier permit or motor carrier certificate
- 524.5(325A) Duplicate motor carrier permit or motor carrier certificate
- 524.6(325A) Amendment to a motor carrier permit or motor carrier certificate
- 524.7(325A) Insurance—suspension
- 524.8(325A) Self-insurance for motor carriers of passengers
- 524.9(325A) Safety self-certification
- 524.10(325A) Financial statement

524.11(325A)	Safety education seminar
524.12(325A)	Marking of motor vehicles
524.13(325A)	Bills of lading or freight receipts
524.14(325A)	Lease of a vehicle
524.15(325A)	Tariffs
524.16	Reserved
524.17(325A)	Suspension, revocation or reinstatement
524.18(325A)	Hearings

CHAPTERS 525 to 528

Reserved

CHAPTER 529

FOR-HIRE INTERSTATE MOTOR CARRIER AUTHORITY

529.1(327B)	Motor carrier regulations
529.2(327B)	Registering interstate authority in Iowa
529.3(327B)	Waiver of rules

CHAPTERS 530 to 539

Reserved

CHAPTER 540

TRANSPORTATION NETWORK COMPANIES

540.1(321N)	Purpose and applicability
540.2(321N)	Definitions
540.3(321N)	General information
540.4(321N)	Application for transportation network company permit and supporting documents
540.5(321N)	Issuance of permit
540.6(321N)	Amendment to transportation network company permit
540.7(321N)	Suspension
540.8(321N)	Revocation
540.9(321N)	Appeal
540.10(321N)	Renewal

CHAPTERS 541 to 599

Reserved

DRIVER LICENSES

CHAPTER 600

GENERAL INFORMATION

600.1(321)	Definitions
600.2(17A)	Information and location
600.3(321)	Seat belt exemptions

CHAPTER 601

APPLICATION FOR LICENSE

601.1(321)	Application for license
601.2(321)	Surrender of license and nonoperator's identification card
601.3 and 601.4	Reserved
601.5(321)	Proofs submitted with application
601.6(321)	Parent's, guardian's or custodian's consent
601.7(321)	REAL ID driver's license

CHAPTER 602
CLASSES OF DRIVER'S LICENSES

602.1(321)	Driver's licenses
602.2(321)	Information and forms
602.3	Reserved
602.4(321)	Definitions of immediate family
602.5 to 602.10	Reserved
602.11(321)	Class C noncommercial driver's license
602.12(321)	Class D noncommercial driver's license (chauffeur)
602.13(321)	Class M noncommercial driver's license (motorcycle)
602.14(321)	Transition from five-year to eight-year licenses
602.15(321)	Minor's restricted license
602.16	Reserved
602.17(321)	Minor's school license
602.18(321)	Motorcycle instruction permit
602.19(321)	Noncommercial instruction permit
602.20	Reserved
602.21(321)	Special noncommercial instruction permit
602.22	Reserved
602.23(321)	Chauffeur's instruction permit
602.24(321)	Motorized bicycle license
602.25(321)	Minor's restricted license
602.26(321)	Minor's school license

CHAPTER 603
Reserved

CHAPTER 604
LICENSE EXAMINATION

604.1(321)	Authority and scope
604.2(321)	Definitions
604.3(17A)	Information and forms
604.4 to 604.6	Reserved
604.7(321)	Examination
604.8 and 604.9	Reserved
604.10(321)	Vision screening
604.11(321)	Vision standards
604.12(321)	Vision referrals
604.13(321)	Vision screening results
604.14 to 604.19	Reserved
604.20(321)	Knowledge test
604.21(321)	Knowledge test requirements and waivers
604.22 to 604.29	Reserved
604.30(321)	Driving test
604.31(321)	Driving test requirements and waivers for noncommercial driver's licenses
604.32 to 604.34	Reserved
604.35(321)	Determination of gross vehicle weight rating
604.36 to 604.39	Reserved
604.40(321)	Failure to pass examination
604.41 to 604.44	Reserved
604.45(321)	Reinstatement

604.46 to 604.49 Reserved
 604.50(321) Special reexaminations

CHAPTER 605
 LICENSE ISSUANCE

605.1(321) Scope
 605.2(321) Definitions
 605.3(321) Persons exempt
 605.4(252J,321) Persons not to be licensed
 605.5(321) Contents of license
 605.6(321) License class
 605.7(321) Endorsements
 605.8(321) Restrictions
 605.9(321) License term for temporary foreign national
 605.10(321) Fees for driver's licenses
 605.11(321) Duplicate license
 605.12(321) Address changes
 605.13 and 605.14 Reserved
 605.15(321) License extension
 605.16(321) Military extension
 605.17 to 605.19 Reserved
 605.20(321) Fee adjustment for upgrading license
 605.21 to 605.24 Reserved
 605.25(321) License renewal

CHAPTER 606
 Reserved

CHAPTER 607
 COMMERCIAL DRIVER LICENSING

607.1(321) Scope
 607.2(17A) Information
 607.3(321) Definitions
 607.4 and 607.5 Reserved
 607.6(321) Exemptions
 607.7(321) Records
 607.8 and 607.9 Reserved
 607.10(321) Adoption of federal regulations
 607.11 to 607.14 Reserved
 607.15(321) Application
 607.16(321) Commercial driver's license (CDL)
 607.17(321) Endorsements
 607.18(321) Restrictions
 607.19 Reserved
 607.20(321) Commercial learner's permit
 607.21 to 607.24 Reserved
 607.25(321) Examination for a commercial driver's license
 607.26(321) Vision screening
 607.27(321) Knowledge tests
 607.28(321) Skills test
 607.29 Reserved
 607.30(321) Third-party testing
 607.31(321) Test results

607.32(321)	Knowledge and skills testing of nondomiciled military personnel
607.33 and 607.34	Reserved
607.35(321)	Issuance of commercial driver's license and commercial learner's permit
607.36	Reserved
607.37(321)	Commercial driver's license renewal
607.38(321)	Transfers from another state
607.39(321)	Disqualification
607.40(321)	Sanctions
607.41 to 607.44	Reserved
607.45(321)	Reinstatement
607.46 to 607.48	Reserved
607.49(321)	Restricted commercial driver's license
607.50(321)	Self-certification of type of driving and submission of medical examiner's certificate
607.51(321)	Determination of gross vehicle weight rating

CHAPTERS 608 and 609

Reserved

CHAPTER 610

RELEASE OF COMPUTERIZED DRIVER'S LICENSE
AND NONOPERATOR'S IDENTIFICATION CARD RECORDS

610.1(321)	Applicability
610.2(321)	Definitions
610.3(321)	Copying files to computer tape cartridges
610.4(321,321A)	Certified abstract of operating records

CHAPTER 611

DRIVER'S PRIVACY PROTECTION—DRIVER'S LICENSE
AND NONOPERATOR'S IDENTIFICATION CARD

611.1(321)	Applicability
611.2(321)	Adoption
611.3(321)	Definitions
611.4(321)	Requirements and procedures

CHAPTERS 612 to 614

Reserved

CHAPTER 615

SANCTIONS

615.1(321)	Definitions
615.2(321)	Scope
615.3(17A)	Information and address
615.4(321)	Denial for incapability
615.5 and 615.6	Reserved
615.7(321)	Cancellations
615.8	Reserved
615.9(321)	Habitual offender
615.10	Reserved
615.11(321)	Periods of suspension or revocation
615.12(321)	Suspension of a habitually reckless or negligent driver
615.13(321)	Suspension of a habitual violator
615.14(321)	Suspension for incapability

615.15(321)	Suspension for unlawful use of a license
615.16(321)	Suspension for out-of-state offense
615.17(321)	Suspension for a serious violation
615.18(321)	Suspension under the nonresident violator compact
615.19(321)	Suspension for a charge of vehicular homicide
615.20(321)	Suspension for moving violation during driving probation
615.21(321)	Suspension of a minor's school license and minor's restricted license
615.22(321)	Suspension for nonpayment of fine, penalty, surcharge or court costs
615.23(321)	Suspensions for juveniles
615.24(252J,261)	Suspension upon receipt of a certificate of noncompliance
615.25	Reserved
615.26(321)	Suspension or revocation for violation of a license restriction
615.27 and 615.28	Reserved
615.29(321)	Mandatory revocation
615.30(321)	Revocation for out-of-state offense
615.31	Reserved
615.32(321)	Extension of suspension or revocation period under Iowa Code chapter 321J
615.33(321)	Revocation of a minor's license
615.34 and 615.35	Reserved
615.36(321)	Effective date of suspension, revocation, disqualification or bar
615.37(321)	Service of notice
615.38(17A,321)	Hearing and appeal process
615.39(321)	Surrender of license
615.40(321)	License reinstatement or reissue
615.41(321)	Investigation of convictions based on fraud
615.42(321)	Remedial driver improvement action under Iowa Code section 321.180B
615.43(321)	Driver improvement program
615.44(321)	Driver improvement interview
615.45(321)	Temporary restricted license (work permit)

CHAPTERS 616 to 619

Reserved

CHAPTER 620

OWI AND IMPLIED CONSENT

620.1	Reserved
620.2(321J)	Information and location
620.3(321J)	Issuance of temporary restricted license
620.4(321J)	Hearings and appeals
620.5(321J)	Reinstatement
620.6(321J)	Issuance of temporary restricted license after revocation period has expired
620.7 to 620.9	Reserved
620.10(321J)	Revocation for deferred judgment
620.11 to 620.14	Reserved
620.15(321J)	Substance abuse evaluation and treatment or rehabilitation services
620.16(321J)	Drinking drivers course
620.17(321J)	Sobriety and drug monitoring program

CHAPTERS 621 to 624

Reserved

CHAPTER 625
DRIVER'S LICENSES FOR UNDERCOVER
LAW ENFORCEMENT OFFICERS

625.1(321)	Purpose
625.2(321)	Application
625.3(321)	Issuance
625.4	Reserved
625.5(321)	Cancellation
625.6(321)	Records

CHAPTERS 626 to 629
Reserved

CHAPTER 630
NONOPERATOR'S IDENTIFICATION

630.1(321)	General information
630.2(321)	Application and issuance
630.3(321)	Duplicate card
630.4(321)	Cancellation

CHAPTERS 631 to 633
Reserved

CHAPTER 634
DRIVER EDUCATION

634.1(321)	Information and location
634.2(321)	Definitions
634.3	Reserved
634.4(321)	Driver education course standards and requirements
634.5	Reserved
634.6(321)	Instructor qualifications, application and certification
634.7(321)	Instructor disqualification, investigation and cancellation
634.8(321)	Private and commercial driver education schools
634.9 and 634.10	Reserved
634.11(321)	Driver education—teaching parent

CHAPTER 635
MOTORCYCLE RIDER EDUCATION (MRE)

635.1(321)	Definitions
635.2(321)	Approved course in motorcycle rider education
635.3(321)	Instructors
635.4(321)	Responsibilities of sponsors
635.5(321)	Use of motorcycle rider education fund
635.6(321)	Information and location
635.7(321)	License issuance

CHAPTER 636
MOTORIZED BICYCLE RIDER EDUCATION

636.1(321)	Information and location
636.2(321)	Definitions
636.3	Reserved
636.4(321)	Approved program in motorized bicycle rider education
636.5(321)	Course requirements

636.6(321) Instructor approval
636.7(321) Evaluation

CHAPTERS 637 to 639
Reserved

CHAPTER 640
FINANCIAL RESPONSIBILITY

640.1(321A) General provisions
640.2(321A) Hearing and appeal process
640.3(321A) Accident reporting requirements
640.4(321A) Security required following accident
640.5(321A) Judgments
640.6(321A) Proof of financial responsibility for the future
640.7(321A) Transfer of suspended registration

CHAPTER 641
FINANCIAL LIABILITY COVERAGE CARDS

641.1(321) Purpose and applicability
641.2(321) Definitions
641.3(321) Content of financial liability coverage card
641.4(321) Responsibilities of insurer
641.5(321) Acquisition of additional or replacement motor vehicles
641.6(321) New policies

CHAPTERS 642 to 699
Reserved

AERONAUTICS

CHAPTER 700
AERONAUTICS ADMINISTRATION

700.1(328) Definitions
700.2(17A) Information and forms
700.3(17A) Hearing and appeal process

CHAPTERS 701 to 709
Reserved

CHAPTER 710
AIRPORT IMPROVEMENT PROGRAM

710.1(328) Purpose
710.2(328) Definitions
710.3(17A) Information and forms
710.4(330) Federal airport improvement funds
710.5(328) State airport improvement funds

CHAPTERS 711 to 714
Reserved

CHAPTER 715
AIR SERVICE DEVELOPMENT PROGRAM

715.1(328) Purpose
715.2(328) Definitions
715.3(328) Eligibility and funding

715.4(328)	Eligible project activities
715.5	Reserved
715.6(328)	Project selection criteria
715.7(328)	Application
715.8(328)	Project administration

CHAPTER 716

COMMERCIAL SERVICE VERTICAL INFRASTRUCTURE PROGRAM

716.1(328)	Purpose
716.2(328)	Definitions
716.3(328)	Information and forms
716.4(328)	Eligible airports
716.5(328)	Eligible project activities
716.6	Reserved
716.7(328)	Project application and review
716.8(328)	Project administration

CHAPTER 717

GENERAL AVIATION VERTICAL INFRASTRUCTURE PROGRAM

717.1(328)	Purpose
717.2(328)	Definitions
717.3(328)	Information and forms
717.4(328)	Applicant eligibility
717.5(328)	Eligible project activities
717.6	Reserved
717.7(328)	Funding
717.8(328)	Project priorities
717.9(328)	Project applications
717.10(328)	Review and approval
717.11(328)	Project administration

CHAPTERS 718 and 719

Reserved

CHAPTER 720

IOWA AIRPORT REGISTRATION

720.1(328)	Scope
720.2(328)	Definitions
720.3(328)	Airport site approval required
720.4(328)	Public-use airport
720.5(328)	Private-use airport
720.6(328)	Revocation or denial
720.7 to 720.9	Reserved
720.10(328)	Minimum safety standards
720.11 to 720.14	Reserved
720.15(328)	Airport closing

CHAPTERS 721 to 749

Reserved

CHAPTER 750

AIRCRAFT REGISTRATION

750.1(328)	Purpose
750.2(328)	Definitions

750.3(17A)	Information and forms.
750.4 to 750.8	Reserved
750.9(328)	Registration
750.10(328)	First registration procedure
750.11 to 750.14	Reserved
750.15(328)	Aircraft not airworthy
750.16 to 750.19	Reserved
750.20(328)	Renewal notice
750.21 to 750.28	Reserved
750.29(328)	Penalty on registration fees
750.30(328)	Lien

CHAPTERS 751 to 799

Reserved

RAILROADS

CHAPTER 800

ITEMS OF GENERAL APPLICATION FOR RAILROADS

800.1(307)	Definitions
800.2(17A)	Location and submission of documents
800.3(327C)	Accounts
800.4(327C)	Annual reports
800.5 to 800.14	Reserved
800.15(327F)	Train speed ordinances
800.16 to 800.19	Reserved
800.20(327G)	Removal of tracks from crossings
800.21(327G)	Federal citations

CHAPTER 801

Reserved

CHAPTER 802

NOTIFICATION OF RAILROAD ACCIDENTS/INCIDENTS

802.1(327C)	Written reports
802.2(327C)	Notification of railroad accidents/incidents

CHAPTERS 803 to 809

Reserved

CHAPTER 810

RAILROAD SAFETY STANDARDS

810.1(327C)	Track safety standards
810.2(327C)	Track inspection
810.3	Reserved
810.4(327F)	First aid and medical treatment for railroad employees
810.5(327F)	Worker transportation motor vehicle equipment
810.6(327F)	Worker transportation rest periods

CHAPTER 811
HIGHWAY-RAILROAD GRADE CROSSING WARNING DEVICES

811.1(307) Standards

CHAPTER 812
CLASSIFICATIONS AND STANDARDS FOR
HIGHWAY-RAILROAD GRADE CROSSINGS

812.1(307) Purpose
812.2(307) Classification
812.3(307) Warning device standards and their implementation
812.4(307) Effect of rules

CHAPTER 813
CLOSE-CLEARANCE WARNING SIGNS ALONG RAILROAD TRACKS

813.1(327F) Purpose and scope
813.2(327F) Applicability
813.3(327F) Information
813.4(327F) Definitions
813.5(327F) Close-clearance dimensions
813.6(327F) Signing requirements
813.7 and 813.8 Reserved
813.9(327F) Enforcement
813.10(327F) Reimbursement

CHAPTERS 814 to 819
Reserved

CHAPTER 820
HIGHWAY GRADE CROSSING SAFETY FUND

820.1(327G) Definitions
820.2(327G) Purpose
820.3(327G) Information and submissions
820.4(327G) Participation in the maintenance costs of eligible warning devices
820.5(327G) Reimbursement

CHAPTER 821
HIGHWAY-RAILROAD GRADE CROSSING SURFACE
REPAIR FUND

821.1(327G) Definitions
821.2(327G) General information
821.3(327G) Procedures for the use of grade crossing surface repair funds

CHAPTER 822
RAILROAD REVOLVING LOAN AND GRANT FUND PROGRAM

822.1(327H) Introduction and purpose
822.2(327H) Definitions
822.3(327H) Information
822.4 Reserved
822.5(327H) Funding
822.6 Reserved
822.7(327H) Applicant eligibility
822.8(327H) Eligible and ineligible project costs
822.9 Reserved
822.10(327H) Project application

- 822.11(327H) Project evaluation and approval
- 822.12(327H) Award acceptance
- 822.13(327H) Project agreement and administration

CHAPTERS 823 to 899

Reserved

PUBLIC TRANSIT

CHAPTERS 900 to 909

Reserved

CHAPTER 910

COORDINATION OF PUBLIC TRANSIT SERVICES

- 910.1(324A) Definitions
- 910.2(17A) Information and location
- 910.3(324A) Statewide transportation coordination advisory council
- 910.4(324A) Certification process
- 910.5(324A) Standards for compliance
- 910.6(324A) Noncompliance
- 910.7(324A) Noncompliant sanctions
- 910.8(324A) Revocation

CHAPTER 911

SCHOOL TRANSPORTATION SERVICES PROVIDED
BY REGIONAL TRANSIT SYSTEMS

- 911.1(321) Purpose and information
- 911.2(321,324A) Definitions
- 911.3(321) Services to students as part of the general public
- 911.4(321) Contracts for nonexclusive school transportation
- 911.5(321) Adoption of federal regulations
- 911.6(321) Driver standards
- 911.7(321) Vehicle standards
- 911.8(321) Maintenance
- 911.9(321) Safety equipment
- 911.10(321) Operating policies

CHAPTERS 912 to 919

Reserved

CHAPTER 920

STATE TRANSIT ASSISTANCE

- 920.1(324A) Statement of policy
- 920.2(324A) General information
- 920.3(324A) Definitions
- 920.4(324A) Types of projects
- 920.5(324A) Standards for projects
- 920.6(324A) Processing

CHAPTER 921

ADVANCED ALLOCATIONS OF STATE TRANSIT ASSISTANCE FUNDING

- 921.1(324A) Scope of chapter
- 921.2(324A) Advance allocations
- 921.3(324A) Application for advance allocations
- 921.4(324A) Application approval

921.5(324A)	Consideration in determining the approval of advance allocation application
921.6	Reserved
921.7(324A)	Reports, and suspension and termination of allocations
921.8(324A)	Income derived from interest-bearing accounts and investments
921.9(324A)	Joint participation agreement close and audits

CHAPTER 922

FEDERAL TRANSIT ASSISTANCE

922.1(324A)	Projects for nonurbanized areas and private nonprofit transportation providers
-------------	--

CHAPTER 923

CAPITAL MATCH REVOLVING LOAN FUND

923.1(71GA,ch265)	General information
923.2(71GA,ch265)	Definitions
923.3(71GA,ch265)	System eligibility
923.4(71GA,ch265)	Project eligibility
923.5(71GA,ch265)	Procedure

CHAPTER 924

PUBLIC TRANSIT INFRASTRUCTURE GRANT PROGRAM

924.1(324A)	Purpose
924.2(324A)	Definitions
924.3(324A)	Information and forms
924.4 and 924.5	Reserved
924.6(324A)	Project eligibility
924.7(324A)	Eligible project activities
924.8(324A)	Ineligible project activities
924.9	Reserved
924.10(324A)	Funding
924.11(324A)	Project applications
924.12 and 924.13	Reserved
924.14(324A)	Project priorities
924.15(324A)	Review and approval
924.16(324A)	Project agreement, administration and ownership

CHAPTER 25
COMPETITION WITH PRIVATE ENTERPRISE

761—25.1(23A) Interpretation. This chapter shall not be interpreted to mean that the department must provide a good or service or will provide a good or service without qualification, restriction, or charge.

761—25.2(23A) Exemptions. Activities related to the items listed in this rule are exempted from the provisions of Iowa Code section 23A.2, subsection 1.

25.2(1) Transportation-related printing, publications and electronically generated materials including, but not limited to: forms; brochures; booklets; manuals; directories; periodicals; county, city and state transportation maps; video and audio materials; computer tapes and discs; microfilm and other instructional and informative materials.

25.2(2) Copies of records or other services provided to meet the requirements of Iowa Code chapter 22.

25.2(3) Transportation-related studies, planning and research.

25.2(4) Disposal of surplus, obsolete or junked materials and supplies and equipment.

25.2(5) Matters of intergovernmental cooperation. Cooperating with other government bodies does not involve providing goods or services to the public except in the broadest sense. The term “government bodies” includes regional transit systems. Activities which involve intergovernmental cooperation include, but are not limited to, the following:

a. Use or consumption of departmental facilities, equipment, materials or supplies by other government bodies, including loans, rentals and sales of equipment, materials and supplies.

b. Services provided to or performed for other government bodies. These services include:

(1) Vehicle maintenance and repair services provided to other state agencies.

(2) Purchasing services provided to other government bodies.

(3) Purchases made by other government bodies through state contracts.

(4) Disposal of surplus, obsolete or junked materials and supplies and equipment belonging to other state agencies, counties or cities.

(5) Other services performed for government bodies. These services cover a wide range of activities and are performed primarily for county and city highway departments, agencies having park or institutional roads, county treasurers, public transit systems, publicly owned airports, law enforcement agencies, regional planning agencies, and transportation-related boards.

25.2(6) Acquisition and disposal of land and improvements acquired for highways or facilities use.

25.2(7) Lease of right-of-way.

25.2(8) Design, construction, reconstruction, inspection and maintenance of highways including, but not limited to, signs erected in the right-of-way and acknowledgment signs used in the adopt-a-highway and highway helper sponsorship programs.

25.2(9) Rescinded IAB 3/13/19, effective 4/17/19.

25.2(10) Use or consumption of specialized departmental equipment, materials, supplies or services to complete a contract with the department if the goods or services are not readily available on the open market and the department can provide the goods or services at a competitive price.

25.2(11) Use of departmental facilities to complete a contract with the department.

25.2(12) Activities related to emergencies including, but not limited to, providing assistance to the public.

25.2(13) Goods or services for use or consumption by the department.

25.2(14) Use of departmental facilities or services by persons providing services to or representing departmental employees including, but not limited to, the following services or persons: food, credit union and employee organizations.

25.2(15) Use of departmental conference rooms or grounds by civic groups and nonprofit organizations.

25.2(16) Personal protective items purchased by departmental employees through state contracts.

25.2(17) Goods or services promoting transportation or transportation safety.

25.2(18) Any other activity permitted or required by law.

[ARC 0187C, IAB 7/11/12, effective 8/15/12; see Delay note at end of chapter; ARC 4341C, IAB 3/13/19, effective 4/17/19; ARC 5256C, IAB 11/4/20, effective 12/9/20]

These rules are intended to implement Iowa Code sections 23A.1 and 23A.2.

[Filed 2/23/89, Notice 1/11/89—published 3/22/89, effective 4/26/89]

[Filed ARC 0187C (Notice ARC 0113C, IAB 5/2/12), IAB 7/11/12, effective 8/15/12]¹

[Filed ARC 4341C (Notice ARC 4236C, IAB 1/16/19), IAB 3/13/19, effective 4/17/19]

[Filed ARC 5256C (Notice ARC 5122C, IAB 8/12/20), IAB 11/4/20, effective 12/9/20]

¹ August 15, 2012, effective date of 25.2(8) [ARC 0187C] delayed 70 days by the Administrative Rules Review Committee at its meeting held August 14, 2012. At its meeting held September 11, 2012, the Committee delayed the effective date until adjournment of the 2013 Session of the General Assembly.

CHAPTER 480
ABANDONED VEHICLES

[Prior to 6/3/87, Transportation Department[820]—(07,D) Ch 2]

761—480.1(321) Definitions. The definitions in Iowa Code section 321.1 and subsection 321.89(1) apply to this chapter. In addition:

“*Abandoned vehicle*,” when used in Iowa Code section 321.89 and this chapter of rules, means only those vehicles subject to registration as referred to in Iowa Code section 321.18.

“*Bidder registry*” means a record of all persons who have registered to bid at a public auction.

“*Public auction*,” when used in Iowa Code section 321.89, means an auction open to the general public. A public auction may be by electronic means, by sealed bid, or a conventional oral auction. The highest bidder is awarded the property. When the auction is a conventional oral auction, bidders shall register and bring the bid deposit with them to the auction on the day and at the location and time specified for the sale, if a bid deposit is required. Bidders bid against one another until bidding stops.

[ARC 9048B, IAB 9/8/10, effective 10/13/10; ARC 5257C, IAB 11/4/20, effective 12/9/20]

761—480.2(321) Location. Information, forms and instructions are available from: Vehicle and Motor Carrier Services Bureau, Iowa Department of Transportation, P.O. Box 9278, Des Moines, Iowa 50306-9278 or the department’s website at www.iowadot.gov.

[ARC 9048B, IAB 9/8/10, effective 10/13/10; ARC 5257C, IAB 11/4/20, effective 12/9/20]

761—480.3(321) General requirements.

480.3(1) A police authority shall report an abandoned vehicle to the department only if it is remitting unclaimed profits or requesting reimbursement.

480.3(2) A private entity designated by a police authority to process an abandoned vehicle may request reimbursement of expenses that are in excess of the proceeds of the sale of the abandoned vehicle.

480.3(3) To request reimbursement, the police authority or private entity shall complete and submit to the department an abandoned vehicle report on a form and in the manner prescribed by the department. Other forms may be accepted if they contain all information deemed necessary by the department.

480.3(4) A police authority shall also complete and submit the prescribed abandoned vehicle report form when remitting unclaimed profits pursuant to rule 761—480.7(321).

480.3(5) The department shall reimburse the police authority or private entity only for losses incurred in disposing of a vehicle abandoned on a public highway.

480.3(6) If a police authority has designated a private entity to process an abandoned vehicle, the police authority shall provide to the private entity a certificate of disposal form prescribed by the department. On the form, the police authority shall provide a description of the vehicle and list the name and address of the last registered owner, all known lienholders of record, and any other known claimants to the vehicle.

480.3(7) If a police authority has designated a private entity to process an abandoned vehicle, the police authority is eligible for reimbursement of only the towing expense.

480.3(8) A police authority or a private entity designated by a police authority holding a public auction may set the initial bid at an amount that equals the actual cost of storage and towing.

480.3(9) A police authority or private entity processing an abandoned vehicle shall maintain records for three years from the sale at a public auction or transfer of a motor vehicle to a demolisher. The records shall be open to inspection by any peace officer or any employee of the department. The required documents to be made available for inspection shall include:

a. The motor vehicle record request results letter issued by the department with lien information or evidence that a motor vehicle record was reviewed for owners and liens through other legal means.

b. The National Motor Vehicle Title Information System (NMVTIS) report when no Iowa owner or lienholders are identified.

c. The impound report with the date of abandonment.

d. One copy of the dated notice sent by the police authority or private entity to each owner and lienholder or proof of publication of notice with the publication date visible.

e. One copy of actual newspaper page advertising each public auction with advertisement and date visible.

f. A copy of the certificate of disposal for the private entity.

g. The bidder registry for the police authority or private entity designated by a police authority holding a public auction.

h. A copy of affidavit of sale on a form prescribed by the department.

480.3(10) A police authority or private entity shall verify that the provisions of this chapter have been executed, prior to the sale of the abandoned vehicle, on a form prescribed by the department.

480.3(11) A police authority or private entity shall be limited to two attempts at selling an abandoned vehicle at a public auction. If the police authority or private entity cannot make a satisfactory sale at two public auctions, or if a sale cannot otherwise be made with enough proceeds to cover the expenses and costs in carrying out the abandoned vehicle process, the police authority or private entity shall sell or dispose of the vehicle to a demolisher for junk.

480.3(12) A purchaser in good faith of a motor vehicle sold as a result of the abandoned vehicle process takes the motor vehicle free of all rights of all persons, including holders of preexisting liens, notwithstanding any police authority or private entity's noncompliance with this chapter.

480.3(13) Upon presentation of a sales receipt, a county official shall process the registration and issuance of title to the purchaser free of all rights of all persons, including holders of preexisting liens, notwithstanding any police authority or private entity's noncompliance with this chapter.

[ARC 5257C, IAB 11/4/20, effective 12/9/20]

761—480.4(321) Advertising.

480.4(1) A public auction shall be advertised at least seven days in advance within the county where the auction will take place or where the vehicle is physically located. At minimum, the manner of the advertising shall be:

a. Published in a newspaper which meets the requirements set forth in Iowa Code section 618.3; and

b. Posted in a conspicuous manner viewable to the public at the location where the public auction will occur. If the public auction is to be conducted by electronic means, the location shall be the specific website to be used for the auction.

480.4(2) If a vehicle is not sold at the scheduled public auction, any subsequent attempt to sell the vehicle by auction must be preceded by advertising pursuant to this rule.

[ARC 5257C, IAB 11/4/20, effective 12/9/20]

761—480.5(321) Bidder registry.

480.5(1) A police authority or private entity designated by a police authority shall maintain for three years the bidder registry for each auctioned vehicle sold or offered for sale at a public auction. The bidder registry shall be open for inspection by any peace officer or department employee. For each auctioned vehicle, the bidder registry shall contain:

a. The full name of the bidder.

b. The bona fide address of the bidder.

c. A telephone number of the bidder.

d. The date of the auction.

e. The auctioned vehicle's make, model, model year, and vehicle identification number.

f. The location of the auction.

480.5(2) Reserved.

[ARC 5257C, IAB 11/4/20, effective 12/9/20]

761—480.6(321) Odometer statement.

480.6(1) When a vehicle is sold at a public auction and the seller cannot attest to the true mileage reading of the vehicle's odometer, the seller shall complete the odometer disclosure statement, when required pursuant to Iowa Code section 321.71, in the following manner:

a. The odometer statement shall reflect the odometer mileage reading at the time of sale; and

b. The odometer statement shall be marked indicating “odometer discrepancy,” certifying the odometer mileage reading is not the actual mileage.

480.6(2) The subsequent title issued for the vehicle shall record the vehicle’s mileage is “not actual.”
[ARC 5257C, IAB 11/4/20, effective 12/9/20]

761—480.7(321) Abandoned vehicle report.

480.7(1) Impound report. The police authority or private entity shall submit with the abandoned vehicle report the police authority’s impound report showing the date the vehicle was taken into custody and providing a complete description of the vehicle. The date the vehicle was taken into custody is the date of abandonment unless the police authority declares a different date of abandonment. The abandonment date shall be used to calculate the 20-day notification period to the owner and lienholder(s).

480.7(2) Notice. The police authority or private entity shall submit with the abandoned vehicle report a copy of the notice sent to the owner and lienholder(s) or proof of publication of notice. The department shall not reimburse any loss unless the notice was sent or published within the required 20 days.

480.7(3) Certificate of disposal. A private entity shall submit with the abandoned vehicle report a copy of the completed certificate of disposal.

480.7(4) Receipts. The police authority or private entity shall submit with the abandoned vehicle report detailed receipts showing payment for each expense incurred. A receipt must identify the date(s) of occurrence of the expense; for example, a receipt for storage must identify the beginning and ending dates. A receipt for both towing and storage must show separately the towing charge and the storage charge per day. Reimbursement shall be limited as follows:

- a. Towing—\$50 per vehicle.
- b. Notice—actual postage or publication cost.
- c. Storage—\$5 per day, not to exceed 45 days per vehicle.

(1) If a police authority provides its own storage facility for abandoned vehicles, the department shall not reimburse the police authority for use of that facility.

(2) When the vehicle is held for an evidentiary hearing for more than 45 days, the police authority or private entity shall submit proof of the evidentiary hearing to obtain reimbursement.

d. Advertising—up to \$20 per auction, or advertising receipt totals for two auctions, whichever is less, not to exceed \$40 total.

e. Auction expenses—10 percent of the vehicle’s sale price or \$10 per vehicle, whichever is less. A receipt is not required for auction expense reimbursement.

480.7(5) Towing only. To request reimbursement of only the towing expense, the police authority shall report the abandoned vehicle to the department on the prescribed abandoned vehicle report form. The form shall be accompanied by a receipt showing payment for the towing expense incurred. Reimbursement for towing is limited to \$50 per vehicle.

[ARC 5257C, IAB 11/4/20, effective 12/9/20]

761—480.8(321) Time limits.

480.8(1) Report claiming reimbursement. A claim for reimbursement must be submitted to the department within 90 days after the sale or disposal of the abandoned vehicle.

480.8(2) Report remitting unclaimed profits.

a. If proceeds from the sale or disposal of a vehicle are not claimed by the owner or lienholder(s) during the specified 90 days, the police authority shall send the proceeds to the department within 10 days after the claiming period expires.

b. If personal property is disposed of pursuant to Iowa Code section 321.89, the proceeds are exempt from this rule.

[ARC 5257C, IAB 11/4/20, effective 12/9/20]

These rules are intended to implement Iowa Code sections 321.71, 321.89 and 321.90.

[Filed 11/22/77, Notice 10/5/77—published 12/14/77, effective 1/18/78]

[Filed 9/9/81, Notice 7/22/81—published 9/30/81, effective 11/4/81]

[Filed 1/21/83, Notice 12/8/82—published 2/16/83, effective 3/23/83]

[Filed 1/9/85, Notice 11/21/84—published 1/30/85, effective 3/6/85]

[Filed 5/11/87, Notice 3/11/87—published 6/3/87, effective 7/8/87]

[Filed 12/15/88, Notice 11/2/88—published 1/11/89, effective 2/15/89]

[Filed emergency 11/30/89—published 12/27/89, effective 12/1/89]

[Filed 1/15/92, Notice 12/11/91—published 2/5/92, effective 3/11/92]

[Filed 6/28/95, Notice 5/10/95—published 7/19/95, effective 8/23/95]

[Filed 11/20/96, Notice 10/9/96—published 12/18/96, effective 1/22/97]

[Filed 3/11/98, Notice 1/28/98—published 4/8/98, effective 5/13/98]

[Filed 10/11/07, Notice 8/15/07—published 11/7/07, effective 12/12/07]

[Editorial change: IAC Supplement 12/30/09]

[Filed ARC 9048B (Notice ARC 8869B, IAB 6/30/10), IAB 9/8/10, effective 10/13/10]

[Filed ARC 5257C (Notice ARC 5170C, IAB 9/9/20), IAB 11/4/20, effective 12/9/20]

CHAPTER 602
CLASSES OF DRIVER'S LICENSES

761—602.1(321) Driver's licenses.

602.1(1) *Classes.* The department issues the following classes of driver's licenses. All licenses issued, including special licenses and permits, shall carry a class designation. A license shall be issued for only one class, except that Class M may be issued in combination with another class.

- Class A—commercial driver's license (CDL)
- Class B—commercial driver's license (CDL)
- Class C—commercial driver's license (CDL)
- Class C—noncommercial driver's license
- Class D—noncommercial driver's license (chauffeur)
- Class M—noncommercial driver's license (motorcycle)

602.1(2) *Special licenses and permits.* The department issues the following special licenses and permits. More than one type of special license or permit may be issued to an applicant. On the driver's license, a restriction number designates the type of special license or permit issued, as follows:

- 1—Motorcycle instruction permit—includes motorcycle instruction permits issued under Iowa Code subsections 321.180(1) and 321.180B(1)
- 2—Noncommercial instruction permit (vehicle less than 16,001 gross vehicle weight rating)—includes instruction permits, other than motorcycle instruction permits, issued under Iowa Code subsection 321.180(1), section 321.180A and subsection 321.180B(1)
- 3—Commercial learner's permit
- 4—Chauffeur's instruction permit
- 5—Motorized bicycle license
- 6—Minor's restricted license
- 7—Minor's school license

602.1(3) *Commercial driver's license (CDL).* See 761—Chapter 607 for information on the procedures, requirements and validity of a commercial driver's license (Classes A, B and C) and a commercial learner's permit, and their restrictions and endorsements.

This rule is intended to implement Iowa Code sections 321.178, 321.180, 321.180A, 321.180B, 321.189, and 321.194.

[ARC 2071C, IAB 8/5/15, effective 7/14/15; ARC 2337C, IAB 1/6/16, effective 2/10/16; ARC 2644C, IAB 8/3/16, effective 9/7/16]

761—602.2(321) Information and forms. Applications, forms and information about driver's licensing are available at any driver's license service center. Assistance is also available by mail from the Driver and Identification Services Bureau, Iowa Department of Transportation, P.O. Box 9204, Des Moines, Iowa 50306-9204; in person at 6310 SE Convenience Blvd., Ankeny, Iowa; by telephone at (515)244-8725; by facsimile at (515)239-1837; or on the department's website at www.iowadot.gov.

602.2(1) *Certificate of completion.* Proof of successful completion of an Iowa-approved course in driver education, motorcycle rider education, or motorized bicycle education shall be submitted to the department on Form 430036 or through an online reporting system used by participating Iowa-approved driver education, motorcycle rider education, or motorized bicycle rider education providers.

a. If a student completed a course in another state, a public or licensed commercial or private provider of the Iowa-approved course may issue the form or online completion, if applicable, for the student if the provider determines that the out-of-state course is comparable to the Iowa-approved course.

b. If the out-of-state course is comparable but lacks certain components of the Iowa-approved course, the provider may issue the form or online completion, if applicable, after the student completes the missing components.

602.2(2) *Affidavit for school license.* Form 430021 shall be used for submitting the required statements, affidavits and parental consent for a minor's school license. See rule 761—602.26(321).

602.2(3) *Waiver of accompanying driver for intermediate licensee.* Form 431170 is the waiver described in Iowa Code subsection 321.180B(2). This form allows an intermediate licensee to drive

unaccompanied between the hours of 12:30 a.m. and 5 a.m. and must be in the licensee's possession when the licensee is driving during the hours to which the waiver applies.

a. If the waiver is for employment, the form must be signed by the licensee's employer.

b. If the licensee attends a public school and the waiver is for school-related extracurricular activities, the form must be signed by the chairperson of the school board, the superintendent of the school, or the principal of the school if authorized by the superintendent. If the licensee attends an accredited nonpublic school and the waiver is for school-related extracurricular activities, the form must be signed by an authority in charge of the accredited nonpublic school or a duly authorized representative of the authority.

c. The form must be signed by the licensee's parent or guardian. However, the parent's or guardian's signature is not required if the licensee is married and the original or a certified copy of the marriage certificate is in the licensee's possession when the licensee is driving during the hours to which the waiver applies.

602.2(4) Passenger restriction for intermediate licensee. The passenger restriction required by Iowa Code section 321.180B(2) will be added to an intermediate license unless waived by the licensee's parent or guardian at the time the license is issued. If the restriction is not waived at the time the license is issued, the intermediate license will be designated with a "9" restriction with the following notation: "Only 1 unrelated minor passenger allowed until [six months from the date the license is issued]." The licensee must obey the restriction for the first six months after the intermediate license is issued. If a parent or guardian wishes to waive the passenger restriction after the license has already been issued, the licensee and the parent or guardian must apply for a duplicate license and pay the replacement fee pursuant to 761—subrule 605.11(4).

This rule is intended to implement Iowa Code sections 321.8, 321.178, 321.180B, 321.184, 321.189, and 321.194.

[ARC 7902B, IAB 7/1/09, effective 8/5/09; ARC 2644C, IAB 8/3/16, effective 9/7/16; ARC 4271C, IAB 1/30/19, effective 3/6/19; ARC 4759C, IAB 11/6/19, effective 12/11/19; ARC 4851C, IAB 1/1/20, effective 2/5/20; ARC 5204C, IAB 10/7/20, effective 11/11/20; ARC 5258C, IAB 11/4/20, effective 12/9/20]

761—602.3(321) Examination and fee. Rescinded IAB 8/9/00, effective 7/24/00.

761—602.4(321) Definitions of immediate family.

602.4(1) A "member of the permittee's immediate family" as used in Iowa Code subsection 321.180(1) means the permittee's parent or guardian or a brother, sister or other relative of the permittee who resides at the permittee's residence.

602.4(2) A "member of the permittee's immediate family" as used in Iowa Code section 321.180B, subsections 1 and 2, means a brother, sister or other relative of the permittee who resides at the permittee's residence.

This rule is intended to implement Iowa Code sections 321.180 and 321.180B.

761—602.5 to 602.10 Reserved.

761—602.11(321) Class C noncommercial driver's license. This rule describes a noncommercial Class C driver's license that is not a special license or permit.

602.11(1) Validity and issuance.

a. The license is valid for operating:

(1) A motor vehicle, including an autocycle as defined in Iowa Code section 321.1, that does not require a commercial driver's license or a Class D driver's license for its operation.

(2) A motorized bicycle.

(3) A motorcycle only if the license has a motorcycle endorsement.

b. The license is issued for either two years or eight years.

(1) A qualified applicant who is at least 17 years, 11 months of age but not yet 72 years of age shall be issued an eight-year license. However, the expiration date of the license issued shall not exceed the licensee's 74th birthday.

(2) A two-year license shall be issued to a qualified applicant who is under 17 years, 11 months of age or who is 72 years of age or older.

(3) A two-year license may also be issued, at the discretion of the department, to an applicant whose license is restricted due to vision or other physical disabilities.

602.11(2) Requirements.

a. An applicant shall be at least 16 years of age.

b. Except as otherwise provided in Iowa Code subsection 321.178(3), an applicant under 18 years of age must meet the requirements of Iowa Code section 321.180B and submit proof of successful completion of an Iowa-approved course in driver education.

c. For purposes of determining eligibility for an intermediate license issued to a person 16 or 17 years of age under Iowa Code subsection 321.180B(2):

(1) The 12-month period during which the applicant is required to possess an instruction permit before applying for an intermediate license shall be calculated cumulatively and shall include any period of time during which the applicant has held a valid instruction permit issued under Iowa Code subsection 321.180B(1), a minor's school license issued under Iowa Code section 321.194, or comparable instruction permit or license issued by another state, but shall exclude any period of time during which the permit or license is suspended, revoked, or canceled, or the applicant otherwise did not have a valid driving privilege.

(2) The six-month period during which the applicant is required to remain accident and violation free shall be calculated continuously and must encompass without interruption the six-month period of time immediately preceding the application. The applicant must hold a valid instruction permit issued under Iowa Code subsection 321.180B(1), a minor's school license issued under Iowa Code section 321.194, or a comparable instruction permit or license issued by another state and maintain a valid driving privilege without interruption throughout the continuous six-month period.

d. For purposes of determining eligibility for a full license issued to a person 17 years of age under Iowa Code subsection 321.180B(4), the 12-month period during which the applicant is required to possess an intermediate license and to remain accident and violation free before applying for a full license shall be calculated together and continuously and must encompass without interruption the 12-month period of time immediately preceding the application. The applicant must hold a valid intermediate license issued under Iowa Code subsection 321.180B(2) or a comparable license issued by another state and maintain a valid driving privilege without interruption throughout the continuous 12-month period.

This rule is intended to implement Iowa Code sections 321.1, 321.177, 321.178, 321.180B, 321.189 and 321.196.

[ARC 1714C, IAB 11/12/14, effective 12/17/14; ARC 2644C, IAB 8/3/16, effective 9/7/16; ARC 2985C, IAB 3/15/17, effective 4/19/17]

761—602.12(321) Class D noncommercial driver's license (chauffeur). This rule describes a noncommercial Class D driver's license.

602.12(1) Validity and issuance.

a. The license is valid for operating:

(1) A motor vehicle as a chauffeur as specified by the endorsement on the license, unless the type of vehicle or type of operation requires a commercial driver's license.

(2) A motor vehicle that may be legally operated under a noncommercial Class C driver's license, including a motorized bicycle.

(3) A motorcycle only if the license has a motorcycle endorsement.

b. The license shall have one endorsement authorizing a specific type of motor vehicle or type of operation, as listed in 761—subrule 605.7(3). The gross vehicle weight rating shall be determined pursuant to rule 761—604.35(321).

c. The license is issued for either two years or eight years.

(1) A qualified applicant who is at least 18 years of age but not yet 72 years of age shall be issued an eight-year license. However, the expiration date of the license issued shall not exceed the licensee's 74th birthday.

- (2) A two-year license shall be issued to a qualified applicant who is 72 years of age or older.
- (3) A two-year license may also be issued, at the discretion of the department, to an applicant whose license is restricted due to vision or other physical disabilities.

602.12(2) Requirements.

- a. An applicant shall be at least 18 years of age.
- b. Reserved.

This rule is intended to implement Iowa Code sections 321.1, 321.177, 321.189, and 321.196. [ARC 1714C, IAB 11/12/14, effective 12/17/14; ARC 2071C, IAB 8/5/15, effective 7/14/15; ARC 2337C, IAB 1/6/16, effective 2/10/16; ARC 4586C, IAB 7/31/19, effective 9/4/19]

761—602.13(321) Class M noncommercial driver's license (motorcycle). This rule describes a noncommercial Class M driver's license that is not a special license or permit.

602.13(1) Validity and issuance.

- a. The license is valid for operating:
 - (1) A motorcycle. However, the license may have a restriction which limits operation to a three-wheel motorcycle.
 - (2) A motorized bicycle.
- b. The license is issued for either two years or eight years.
 - (1) A qualified applicant who is at least 17 years, 11 months of age but not yet 72 years of age shall be issued an eight-year license. However, the expiration date of the license issued shall not exceed the licensee's 74th birthday.
 - (2) A two-year license shall be issued to a qualified applicant who is under 17 years, 11 months of age or who is 72 years of age or older.
 - (3) A two-year license may also be issued, at the discretion of the department, to an applicant whose license is restricted due to vision or other physical disabilities.

c. An Iowa driver's license issued before March 15, 1968, which is still valid because of an extension, is valid for motorcycles. An Iowa driver's license issued from March 15, 1968, through June 30, 1972, which is still valid because of an extension, is valid for motorcycles unless the back of the license is stamped "Not valid for motorcycles."

602.13(2) Requirements.

- a. An applicant shall be at least 16 years of age.
- b. Except as otherwise provided in Iowa Code subsection 321.178(3), an applicant under 18 years of age must meet the requirements of Iowa Code section 321.180B and submit proof of successful completion of an Iowa-approved course in driver education.
- c. An applicant under 18 years of age must submit proof of successful completion of an Iowa-approved course in motorcycle rider education.

This rule is intended to implement Iowa Code sections 321.177, 321.178, 321.180B, 321.189 and 321.196.

[ARC 1714C, IAB 11/12/14, effective 12/17/14]

761—602.14(321) Transition from five-year to eight-year licenses. During the period January 1, 2014, to December 31, 2018, the department shall issue qualified applicants otherwise eligible for an eight-year license a five-year, six-year, seven-year, or eight-year license, subject to all applicable limitations for age and ability. The applicable period shall be randomly assigned to the applicant by the department's computerized issuance system based on a distribution formula intended to spread renewal volumes as equally as practical over the eight-year period beginning January 1, 2019, and ending December 31, 2026.

This rule is intended to implement Iowa Code section 321.196.

[ARC 1714C, IAB 11/12/14, effective 12/17/14; ARC 4271C, IAB 1/30/19, effective 3/6/19]

761—602.15(321) Minor's restricted license. Renumbered as 761—602.25(321)IAB 1/8/92, effective 2/12/92.

761—602.16(321) Temporary instruction permit. Rescinded IAB 1/8/92, effective 2/12/92.

761—602.17(321) Minor's school license. Renumbered as 761—602.26(321)IAB 1/8/92, effective 2/12/92.

761—602.18(321) Motorcycle instruction permit. This rule describes a motorcycle instruction permit issued under Iowa Code subsection 321.180(1) or 321.180B(1).

602.18(1) Validity and issuance.

- a. The motorcycle instruction permit is a permit that is added to another driver's license.
- b. The permit is valid for operating a motorcycle when the permittee is accompanied by a person specified in Iowa Code subsection 321.180(1) or 321.180B(1), as applicable to the age of the permittee.
- c. The permit is not valid for operating a motorized bicycle.
- d. The permit is issued for four years and is not renewable.

602.18(2) Requirement. An applicant shall be at least 14 years of age.

This rule is intended to implement Iowa Code sections 321.177, 321.180 and 321.180B.

761—602.19(321) Noncommercial instruction permit. This rule describes a noncommercial instruction permit, other than a motorcycle instruction permit, issued under Iowa Code subsection 321.180(1) or 321.180B(1).

602.19(1) Validity and issuance.

- a. The permit is a restricted, noncommercial Class C driver's license.
- b. The permit is valid for operating a motor vehicle that may be legally operated under a noncommercial Class C driver's license when the permittee is accompanied by a person specified in Iowa Code subsection 321.180(1) or 321.180B(1), as applicable to the age of the permittee.
- c. The permit is not valid for operating a motorized bicycle.
- d. The permit is not valid as a motorcycle instruction permit.
- e. The permit is issued for four years.

602.19(2) Requirement. An applicant shall be at least 14 years of age.

This rule is intended to implement Iowa Code sections 321.177, 321.180 and 321.180B.

761—602.20 Rescinded IAB 11/18/98, effective 12/23/98.

761—602.21(321) Special noncommercial instruction permit. This rule describes a special noncommercial instruction permit issued under Iowa Code section 321.180A.

602.21(1) Validity and issuance.

- a. The permit is a restricted, noncommercial Class C driver's license that is issued to a person whose application for driver's license renewal has been denied or whose driver's license has been suspended for incapability due to a physical disability.
- b. The permit is valid for operating a motor vehicle that may be legally operated under a noncommercial Class C driver's license when the permittee is accompanied by a person specified in Iowa Code section 321.180A.
- c. The permit is not valid for operating a motorized bicycle.
- d. The permit is not valid as a motorcycle instruction permit.
- e. The permit is valid for six months from the date of issuance. It is invalid after the expiration date on the permit.
- f. The permit may be reissued for one additional six-month period.

602.21(2) Requirement. An applicant must submit a medical report as referenced in 761—subrule 605.4(6).

This rule is intended to implement Iowa Code section 321.180A.

[ARC 4586C, IAB 7/31/19, effective 9/4/19]

761—602.22 Reserved.

761—602.23(321) Chauffeur's instruction permit.**602.23(1) Validity and issuance.**

a. A chauffeur's instruction permit is a permit that is added to a Class D license or a noncommercial Class C license that is not a special license or permit.

b. The license with the permit is valid for operating:

(1) A motor vehicle that may be legally operated under the class of license (and for Class D, the endorsement) held by the licensee, including a motorized bicycle.

(2) A motor vehicle, other than a commercial motor vehicle or a motorcycle, as a chauffeur if accompanied by a person with a valid Class D license or a commercial driver's license valid for the vehicle being operated.

c. The permit is issued for two years.

602.23(2) Requirements.

a. An applicant shall be at least 18 years of age.

b. Reserved.

This rule is intended to implement Iowa Code sections 321.1, 321.177 and 321.180.

761—602.24(321) Motorized bicycle license.**602.24(1) Validity and issuance.**

a. A motorized bicycle license is a restricted, noncommercial Class C license.

b. The license is valid for operating a motorized bicycle.

c. The license is issued for two years.

602.24(2) Requirements.

a. An applicant shall be at least 14 years of age.

b. An applicant under 16 years of age must submit proof of successful completion of an Iowa-approved course in motorized bicycle education.

This rule is intended to implement Iowa Code sections 321.177 and 321.189.

761—602.25(321) Minor's restricted license.**602.25(1) Validity and issuance.**

a. A minor's restricted license is a restricted, noncommercial Class C or Class M driver's license.

b. The license is valid for driving to and from the licensee's place of employment or to transport dependents to and from temporary care facilities, if necessary to maintain the licensee's present employment.

c. The type of motor vehicle that may be operated is controlled by the class of driver's license issued. A Class C minor's restricted license is valid for operating a motorcycle only if the license has a motorcycle endorsement. A minor's restricted license is valid for operating a motorized bicycle only for the purposes specified in paragraph "b" of this subrule.

d. The license is issued for two years.

602.25(2) Requirements.

a. The applicant shall be at least 16 years of age but not yet 18.

b. The applicant shall submit to the department a statement from the employer confirming the applicant's employment.

c. Proof of nonattendance is required. Proof of nonattendance is receipt of notification from the appropriate school authority that the applicant does not attend school, as set out in 761—subrule 615.23(2).

d. The applicant shall submit proof of successful completion of an Iowa-approved course in driver education.

e. For a Class M minor's restricted license or a motorcycle endorsement, the applicant shall also submit proof of successful completion of an Iowa-approved course in motorcycle rider education.

This rule is intended to implement Iowa Code sections 299.1B, 321.178, 321.180B, 321.189, 321.196 and 321.213B.

761—602.26(321) Minor's school license.**602.26(1) *Validity and issuance.***

- a. A minor's school license is a restricted, noncommercial Class C or Class M driver's license.
- b. The license is valid during the times and for the purposes set forth in Iowa Code section 321.194 and at any time when the licensee is accompanied in accordance with Iowa Code section 321.180B(1).
- c. The type of motor vehicle that may be operated is controlled by the class of driver's license issued. A Class C minor's school license is valid for operating a motorcycle only if the license has a motorcycle endorsement. A minor's school license is valid for operating a motorized bicycle.
- d. The license is issued for two years.

602.26(2) *Requirements.*

- a. An applicant shall be at least 14 years of age but not yet 18 and meet the requirements of Iowa Code section 321.194.
- b. An applicant who attends a public school shall submit a statement of necessity signed by the chairperson of the school board, the superintendent of the school, or the principal of the school if authorized by the superintendent. An applicant who attends an accredited nonpublic school shall submit a statement of necessity signed by an authority in charge of the accredited nonpublic school or a duly authorized representative of the authority. The statement shall be on Form 430021.
- c. An applicant shall submit proof of successful completion of an Iowa-approved course in driver education.
- d. For a Class M minor's school license or a motorcycle endorsement, an applicant shall also submit proof of successful completion of an Iowa-approved course in motorcycle rider education.

602.26(3) *Exemption.*

a. An applicant is not required to have completed an approved driver education course if the applicant demonstrates to the satisfaction of the department that completion of the course would impose a hardship upon the applicant; however, the applicant must meet all other requirements for a school license. "Hardship" means:

- (1) If the applicant is 14 years old, that a driver education course will not begin at the applicant's school(s) of enrollment or at a public school in the applicant's district of residence within one year following the applicant's fourteenth birthday; or
- (2) If the applicant is 15 years old, that a driver education course will not begin at the applicant's school(s) of enrollment or at a public school in the applicant's district of residence within six months following the applicant's fifteenth birthday; or
- (3) If the applicant is between 16 and 18 years old, that a driver education course is not offered at the applicant's school(s) of enrollment or at a public school in the applicant's district of residence at the time the request for hardship status is submitted to the department; or
- (4) That the applicant is a person with a disability. In this rule, "person with a disability" means that, because of a disability or impairment, the applicant is unable to walk in excess of 200 feet unassisted or cannot walk without causing serious detriment or injury to the applicant's health.

b. "Demonstrates to the satisfaction of the department" means that the department has received written proof that a hardship exists. An applicant who attends a public school shall submit written proof of hardship signed by the applicant's parent, custodian or guardian and by the superintendent, the chairperson of the school board, or the principal, if authorized by the superintendent, of the applicant's school or school district of residence. An applicant who attends an accredited nonpublic school shall submit written proof of hardship signed by the applicant's parent, custodian or guardian and by either an authority in charge of the accredited nonpublic school or a duly authorized representative of the authority, or by the superintendent, the chairperson of the school board, or the principal, if authorized by the superintendent, of the applicant's school district of residence.

602.26(4) *Multiple residences.*

a. An applicant whose parents are divorced or separated and who as a result of shared custody maintains more than one residence may be authorized to operate a motor vehicle from either residence during the times and for the purposes set forth in Iowa Code section 321.194 if one of the following applies:

(1) If the applicant attends a public school, the statement of necessity provided to the department certifies that a need exists to drive from each residence, that the school of enrollment identified in the statement of necessity meets the geographic requirements for an applicant attending a public school set forth in Iowa Code section 321.194 as determined by the primary residence identified in the statement of necessity, and that the secondary residence identified in the statement of necessity is either within the school district that includes the applicant's school of enrollment or within an Iowa school district contiguous to the applicant's school of enrollment.

(2) If the applicant attends an accredited nonpublic school, the statement of necessity provided to the department certifies that a need exists to drive from each residence, that the school of enrollment identified in the statement of necessity meets the geographic requirements for an applicant attending an accredited nonpublic school set forth in Iowa Code section 321.194 as determined by the primary residence identified in the statement of necessity, and that the secondary residence identified in the statement of necessity is no more than 50 miles driving distance from the school of enrollment.

b. The fact that either residence is less than one mile from the applicant's school of enrollment shall not preclude travel to and from each residence at the times and for the purposes set forth in Iowa Code section 321.194 provided that need is otherwise demonstrated.

c. A minor's school license approved for travel to and from two residences for the purposes set forth in Iowa Code section 321.194 shall not be valid for travel directly between each residence unless the licensee is accompanied in accordance with Iowa Code section 321.180B(1).

d. The primary residential address listed in the statement of necessity shall appear on the face of the license. A minor's school license approved for travel to and from two residences shall include a "J" restriction on the face of the license, and the secondary address listed in the statement of necessity shall be listed on the reverse side of the license as part of the "J" restriction, with the following notation: "Also valid to drive to and from [secondary residential address] in compliance with 321.194."

This rule is intended to implement Iowa Code sections 321.177, 321.180B, 321.189, 321.194 and 321.196.

[ARC 2644C, IAB 8/3/16, effective 9/7/16; ARC 4271C, IAB 1/30/19, effective 3/6/19; ARC 4759C, IAB 11/6/19, effective 12/11/19; ARC 5258C, IAB 11/4/20, effective 12/9/20]

761—602.27 to 602.29 Reserved.

761—602.30(321) Special instruction permit. Rescinded IAB 1/8/92, effective 2/12/92.

[Filed 1/20/88, Notice 12/2/87—published 2/10/88, effective 3/16/88]¹

[Filed 11/3/88, Notice 9/21/88—published 11/30/88, effective 1/4/89]

[Filed emergency 6/29/89—published 7/26/89, effective 7/31/89]

[Filed 9/21/89, Notice 7/26/89—published 10/18/89, effective 11/22/89]

[Filed 11/1/89, Notice 7/26/89—published 11/29/89, effective 1/3/90]

[Filed emergency 11/30/89—published 12/27/89, effective 12/1/89]

[Filed emergency 6/7/90—published 6/27/90, effective 7/1/90]

[Filed 12/18/91, Notice 11/13/91—published 1/8/92, effective 2/12/92]

[Filed 10/30/96, Notice 9/25/96—published 11/20/96, effective 12/25/96]

[Filed 10/28/98, Notice 9/23/98—published 11/18/98, effective 12/23/98]

[Filed emergency 7/20/00 after Notice 6/14/00—published 8/9/00, effective 7/24/00]

[Filed 6/19/02, Notice 4/17/02—published 7/10/02, effective 8/14/02]

[Filed 10/11/06, Notice 8/30/06—published 11/8/06, effective 12/13/06]

[Filed ARC 7902B (Notice ARC 7721B, IAB 4/22/09), IAB 7/1/09, effective 8/5/09]

[Filed ARC 1714C (Notice ARC 1601C, IAB 9/3/14), IAB 11/12/14, effective 12/17/14]

[Filed Emergency ARC 2071C, IAB 8/5/15, effective 7/14/15]

[Filed ARC 2337C (Notice ARC 2070C, IAB 8/5/15), IAB 1/6/16, effective 2/10/16]

[Filed ARC 2644C (Notice ARC 2544C, IAB 5/25/16), IAB 8/3/16, effective 9/7/16]

[Filed ARC 2985C (Notice ARC 2908C, IAB 1/18/17), IAB 3/15/17, effective 4/19/17]

[Filed ARC 4271C (Notice ARC 4161C, IAB 12/5/18), IAB 1/30/19, effective 3/6/19]

[Filed ARC 4586C (Notice ARC 4476C, IAB 6/5/19), IAB 7/31/19, effective 9/4/19]

[Filed ARC 4759C (Notice ARC 4624C, IAB 8/28/19), IAB 11/6/19, effective 12/11/19]
[Filed ARC 4851C (Notice ARC 4715C, IAB 10/23/19), IAB 1/1/20, effective 2/5/20]
[Filed ARC 5204C (Notice ARC 5102C, IAB 7/29/20), IAB 10/7/20, effective 11/11/20]
[Filed ARC 5258C (Notice ARC 5154C, IAB 8/26/20), IAB 11/4/20, effective 12/9/20]

¹ Effective date delayed 70 days by the Administrative Rules Review Committee at its March 9, 1988, meeting. Delay lifted by ARRC, April 21, 1988.

CHAPTER 636
MOTORIZED BICYCLE RIDER EDUCATION

761—636.1(321) Information and location. Applications, forms and information regarding this chapter are available by mail from the Driver and Identification Services Bureau, Iowa Department of Transportation, P.O. Box 9204, Des Moines, Iowa 50306-9204; in person at 6310 SE Convenience Blvd., Ankeny, Iowa; by telephone at (515)244-8725; or by facsimile at (515)239-1837.
[ARC 5258C, IAB 11/4/20, effective 12/9/20]

761—636.2(321) Definitions.

“Approved course” means the motorized bicycle rider education course approved by the department.

“Instructor” means a person approved by the department to instruct a motorized bicycle rider education course.

“Program approval” means department approval of an entity’s motorized bicycle rider education course and instructors.

“Sponsor” means an entity that delivers the approved course.

[ARC 5258C, IAB 11/4/20, effective 12/9/20]

761—636.3 Reserved.

761—636.4(321) Approved program in motorized bicycle rider education.

636.4(1) Program approval. Any entity planning to offer a motorized bicycle rider education course must receive program approval from the department prior to the beginning of the first class that is offered and annually thereafter.

636.4(2) Application and fees. Application for initial program approval or annual program approval renewal shall be made to the department in a manner determined by the department. The application fee is \$25 for a private or commercial sponsor. The fee must be paid by cash, money order or check unless the department approves payment of the fee by electronic means. A money order or check must be for the exact amount and should be made payable to the Treasurer, State of Iowa, or the Department of Transportation.

636.4(3) Initial program approval and annual renewal. Program approval to provide motorized bicycle rider education shall be issued for a calendar year or remainder of a calendar year. The program approval expires on December 31 but remains valid for an additional 30 days after the expiration date. The application for renewal shall be submitted to the department within 60 days of the expiration date, unless otherwise approved by the department.

636.4(4) Cancellation and denial. The department shall cancel or deny program approval if the course or instructors are no longer approved.

[ARC 5258C, IAB 11/4/20, effective 12/9/20]

761—636.5(321) Course requirements.

636.5(1) Classroom instruction. An approved course shall consist of a minimum of six clock hours of classroom instruction which includes the instructional components contained in subrule 636.5(3).

636.5(2) Driving instruction. Motorized bicycle rider driving experiences in addition to classroom instruction are permissible, but not required.

636.5(3) Course content. The following instructional components shall be incorporated in every motorized bicycle rider education course.

a. Operator and motorized bicycle preparation.

- (1) Knowledge of Iowa driving laws.
- (2) Knowledge of vehicle registration requirements.
- (3) Vehicle inspection.
- (4) Protective clothing and devices.
- (5) Risk assessment.
- (6) Route selection.

b. Basic control skills.

- (1) Starting procedures.
- (2) Speed control.
- (3) Turning.
- (4) Stopping.

c. Safe driving practices.

- (1) Use of lights and warning devices.
- (2) Signaling.
- (3) Maintaining directional control.
- (4) Perception skills and observation.
- (5) Use of mirrors.
- (6) Recognition of hazards.
- (7) Speed control.
- (8) Lane positioning.
- (9) Concerns and conflicts regarding intersections.
- (10) Following distances.
- (11) Lateral separation.

d. Complex situations.

- (1) Limited visibility.
- (2) Adverse weather.
- (3) Critical situations.
- (4) Malfunctions.

e. Motorized bicycle care.

- (1) Inspection.
- (2) Maintenance.

[ARC 5258C, IAB 11/4/20, effective 12/9/20]

761—636.6(321) Instructor approval. An instructor of an approved motorized bicycle rider education course must be listed on the application for program approval as provided in subrules 636.4(1) and 636.4(2) and approved by the department.

636.6(1) Instructor qualifications. An instructor of an approved course shall possess a valid driver's license allowing unaccompanied driving other than a temporary restricted license and shall be able to operate a motorized bicycle. An instructor must also have a clear driving record for the previous two years. A clear driving record means the instructor has:

- a.* Not been identified as a candidate for driver's license suspension under the habitual violator provisions of rule 761—615.13(321) or the serious violation provisions of rule 761—615.17(321).
- b.* No driver's license suspensions, revocations, denials, cancellations, disqualifications or bars.
- c.* Not committed an offense that would result in driver's license suspension, revocation, denial, cancellation, disqualification or bar.
- d.* No record of a law enforcement investigative report indicating a contributive motor vehicle accident that caused the death or serious injury of another person.
- e.* No record of a law enforcement investigative report indicating two or more contributive motor vehicle accidents in a two-year period.

636.6(2) Cancellation and denial. When an instructor of an approved program does not meet the qualifications under this chapter, the department shall remove the instructor from the approved program and cancel or deny the approval of the program unless the entity has submitted an application for or secured approval of an alternate instructor from the department.

[ARC 5258C, IAB 11/4/20, effective 12/9/20]

761—636.7(321) Evaluation. Each student shall be evaluated by the instructor to determine successful completion of the course.

[ARC 5258C, IAB 11/4/20, effective 12/9/20]

These rules are intended to implement Iowa Code section 321.189.

[Filed 3/10/04, Notice 2/4/04—published 3/31/04, effective 5/5/04]

[Filed 12/12/07, Notice 11/7/07—published 1/2/08, effective 2/6/08]

[Filed ARC 5258C (Notice ARC 5154C, IAB 8/26/20), IAB 11/4/20, effective 12/9/20]