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Pursuant to section 17A.6 of the Iowa Code, the Iowa Administrative Code [IAC] Supplement is published biweekly and supersedes Part II of previous publications.

The Supplement contains replacement pages to be inserted in the loose-leaf IAC according to instructions in the respective Supplement. Replacement pages incorporate amendments to existing rules or entirely new rules or emergency or temporary rules which have been adopted by the agency and filed with administrative rules co-ordinator as provided in sections 17.7, 17A.4 to 17A.6. [It may be necessary to refer to the Iowa Administrative Bulletin* to determine the specific change.] The Supplement may also contain new or replacement pages for "General Information", Tables of Rules Implementing Statutes, and Skeleton Index.

When objections are filed to rules by the Administrative Rules Review Committee, Governor or the Attorney General, the context will be published with the rule to which the objection applies.

Any delay by the Administrative Rules Review Committee of the effective date of filed rules will also be published in the Supplement.

Each page in the Supplement contains a line at the top similar to the following:

IAC 12/29/75 Agriculture[30] Ch 1, p.1

*Section 17A.6 has mandated that the "Iowa Administrative Bulletin" be published in pamphlet form which will contain material formerly published in Part I of the IAC Supplement. The Bulletin will contain Notices of Intended Action, Filed Rules, effective date delays, and the context of objections to rules filed by the Committee, Governor, or the Attorney General.

In addition, the Bulletin shall contain all proclamations and executive orders of the Governor which are general and permanent in nature, as well as other materials which are deemed fitting and proper by the Committee.

INSTRUCTIONS

FOR

Updating Iowa Administrative Code
with Biweekly Supplement

NOTE: Please review the "Preface" for both the Iowa Administrative Code and Biweekly Supplement and follow carefully the updating instructions.

The boldface entries in the left-hand column of the updating instructions correspond to the tab sections in the IAC Binders.

Obsolete pages to IAC are listed in the column headed "Remove Old Pages". New and replacement pages in this supplement are listed in the column headed "Insert New Pages". It is important to follow instructions in both columns.

UPDATING INSTRUCTIONS
June 8, 1983 Biweekly Supplement

IOWA ADMINISTRATIVE CODE

	Remove Old Pages*	Insert New Pages
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*It is recommended that "Old Pages" be retained indefinitely in a place of your choice. They may prove helpful in tracing the history of a rule.

	Remove Old Pages*	Insert New Pages
Social Services Department[770]	Analysis, p.2b—Analysis, p.3	Analysis, p.2b—Analysis, p.3
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	Ch 82, p.32—Ch 84, p.1	Ch 82, p.32—Ch 84, p.1
		Ch 166, p.1—Ch 166, p.4
Transportation, Department of[820]	Analysis, p.3—Analysis, p.5b	Analysis, p.3—Analysis, p.5b
	[06,F] Ch 8, p.24	[06,F] Ch 8, p.24
	[06,P] Ch 5, p.1—[06,Q] Ch 5, p.1	[06,P] Ch 6, p.1—[06,Q] Ch 7, p.1
	[06,Q] Ch 13, p.1—[06,Q] Ch 15, p.3	[06,Q] Ch 13, p.1, 2
	[06,Q] Ch 17, p.1—[06,Q] Ch 18, p.2	[06,Q] Ch 19, p.1

*It is recommended that "Old Pages" be retained indefinitely in a place of your choice. They may prove helpful in tracing the history of a rule.

1.5(3) *The public utilities division.* This division is responsible for the administrative and technical work with respect to the regulation of public utilities, pipelines and underground gas storage within the jurisdiction of the commission. The utilities division provides analysis and advises the commission on matters of rates, tariffs, licensing, and safety of regulated public utilities.

1.5(4) *The warehouse division.* This division administers Iowa Code chapters 542 and 543, including licensing, regulation, and examination of grain dealers and agricultural-products warehouses.

1.5(5) *The rates research and policy division.* This division is to assist the commission by analyzing utility rate alternatives, conducting research on rate issues, and developing and implementing rate-related policy recommendations.

1.5(6) *The operations review division.* This division is responsible for the administrative and technical work with respect to the continuous review of utility operations for efficiency and provide quality. The operations review division provides analysis and advises the commission on matters of accounting, management performance, least cost alternatives for utility operations and system development, service quality and performance incentives.

These rules are intended to implement Iowa Code sections 17A.3, 474.5, 476.1, 476.2 and 476.31.

250—1.6(17A,474) Commerce counsel. The duties of the commerce counsel are prescribed by Iowa Code chapter 475. The commerce counsel acts as attorney for, and legal advisor of the commission and its staff and is responsible for the investigation of the legality of all rates, charges, rules, regulations, and practicers of all persons under the jurisdiction of the commission, and the institution of proceedings before the commission or any court to correct any illegality on the part of any such person and prosecute the same to final determination. The commerce counsel appears for the commission or for the state and its citizens and industries in all actions instituted in any state or federal court which involves the validity of any rule, regulation, or order of the commission, and prosecutes in any state or federal court in the name of the state, all actions necessary to enforce or to restrain the violation of any rule or order of the commission.

250—1.7(17A,474) Matters applicable to all proceedings.

1.7(1) *Communications.* All communications to the commission shall be addressed to the Executive Secretary, Iowa State Commerce Commission, Lucas State Office Building, Des Moines, Iowa 50319, unless otherwise specifically directed. Pleadings and other papers required to be filed with the commission shall be filed in the office of the secretary of the commission within the time limit, if any, for such filing. Unless otherwise specifically provided, all communications and documents are officially filed upon receipt at the office of the commission.

1.7(2) *Office hours.* Office hours are 8:00 a.m. to 4:30 p.m., Monday to Friday. Offices are closed on Saturdays and Sundays and on official state holidays designated in accordance with state law.

1.7(3) *Public information.* Any interested person may examine all public records of the commission including the commission's decisions, orders, rules, opinions, and other statements of law or policy issued or used by the commission in the discharge of its function. These documents may be examined in the offices of the commission during the commission's regular business hours. Unless otherwise provided by law, all information contained therein shall be made available for public inspection.

1.7(4) *Sessions of the commission.* The commission shall be considered in session at the office of the commission in Des Moines, Iowa, during regular business hours. When a quorum of the commission is present, it shall be considered a session for considering and acting upon any business of the commission. A majority of the commission constitutes a quorum for the transaction of business.

1.7(5) *Service of documents.*

a. Method of service. Unless otherwise specified, the papers which are required to be served in a proceeding may be served by first-class mail, properly addressed with postage prepaid, or by delivery in person. When a paper is served, the party effecting service shall file with the commission proof of service substantially in the form prescribed in commission rule 2.2(16) or by admission of service by the party served or his attorney. The proof of service shall be attached to a copy of the paper served. When service is made by the commission, the commission will attach an affidavit of service, signed by the person serving same, to the original of the paper.

b. Date of service. The date of service shall be the day when the paper served is deposited in the United States mail or is delivered in person.

c. Parties entitled to service. All parties in any proceeding, including the commerce counsel, shall be served with all notices, motions, or pleadings filed or issued in the proceeding.

d. Upon attorneys. When a party has appeared by attorney, service upon the attorney shall be deemed proper service upon the party.

[Filed 2/11/76, Notice 7/14/75—published 2/23/76, effective 3/29/76]
[Filed 6/15/76 Without Notice—published 6/28/76, effective 8/2/76]
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[Filed 5/20/83, Notice 4/13/83—published 6/8/83, effective 7/13/83]

CHAPTER 2
FORMS

250—2.1(17A,474) Forms—general.

2.1(1) *Purpose and scope.* These rules shall govern all forms prescribed by the Iowa state commerce commission (hereinafter referred to as the commission) for use in all proceedings before the commission, provided however, that the commission may prescribe additional or different forms to be utilized in a specific case as necessary.

2.1(2) *Forms compliance.* All papers filed with the commission shall substantially conform with the requirements set forth below. The commission, without prejudice to any party to a proceeding, may reject a paper which does not substantially conform with the requirements of this chapter, giving a statement of reasons for the rejection.

2.1(3) *General requirements.* Documents filed with the commission shall be printed, typewritten, or otherwise mechanically reproduced and double spaced, except that long quotations may be single spaced and indented. All papers, except exhibits, shall be cut or folded so as not to exceed 8½ inches by 11 inches in size with inside margins not less than 1-inch in width. Whenever practical, all exhibits of a documentary character should conform to the foregoing requirements of size and margin. Papers should contain the name and address of the party filing the paper and, if represented by an attorney, the name and office address of such attorney. Except as otherwise provided in these rules, the original of all papers and exhibits should be filed with the commission. The person filing the paper or exhibit shall also furnish additional copies for each respondent or party to be served by the commission and such other copies as the commission may request.

This rule is intended to implement Iowa Code section 474.5.

CHAPTER 18
UTILITY RECORDS

250—18.1(476) Definitions. The following words and terms, when used in these rules, shall have the meaning shown below:

a. "FPC rules." are the rules and regulations of the Federal Power Commission under the Federal Power Act and Natural Gas Act as published in the Code of Federal Regulations (CFR).

b. "FCC rules." are the rules and regulations of the Federal Communications Commission under the Communications Act of 1934 as published in the Code of Federal Regulations (CFR).

c. "NARUC rules." are the rules and regulations published by the National Association of Regulatory Utility Commissioners.

d. "REA rules." are the rules and regulations of the Rural Electrification Administration of the United States Department of Agriculture applicable to electric and telephone borrowers of the REA under the terms of their mortgage to the REA.

250—18.2(476) Location of records. All records required by any rules of the commission, or necessary for the administration thereof, shall be kept within this state unless otherwise authorized by the commission. Any transfer of records from a location outside this state to another location outside this state shall also require prior commission authorization, but a transfer from outside this state to a locale within this state may be made with only prior notification to the commission.

250—18.3(476) Availability of records. All records required by any rules of the commission, or necessary for the administration thereof, which are of a general corporate nature or otherwise pertain to the utility's operations as a whole, shall be made available for examination by the commission or its authorized representatives at the utility's principal place of business within this state during normal business hours unless otherwise authorized by the commission. However, any records which pertain to the utility's operations in only a specific location or geographic region and which are customarily kept at a local office of the utility at such location or within such region, may be made available at such local office. The commission may require a utility to notify it of the nature of records kept at a local office, and the locations of such offices at such times as the commission deems appropriate. Relocation of records from one local office to another shall require prior notification to the commission.

Upon receipt by a utility of a formal request in writing from the commission or its authorized representatives for records or information pertaining to records required by any rule of the commission or necessary for the administration thereof, the utility shall comply with the request within thirty days from the receipt of the written request unless the request is objected to in writing, with concisely stated grounds for relief, within ten days of receipt.

This rule is intended to implement Iowa Code section 476.31.

250—18.4(476) Rules applicable to electric utilities.

18.4(1) *Units of property.* Electric utilities subject to rate regulation shall adopt, in addition to the requirements of 250 IAC Chapter 16, Part 116 of the FPC rules, 18 CFR Part 116, Units of Property for Use in Accounting for Additions and Retirements of Electric Plant as issued on April 1, 1977.

18.4(2) *Preservation of records.* All electric utilities subject to regulation by the commission shall preserve the records of their operations in accordance with the provisions of Part 125 of the FPC rules, 18 CFR 125, Preservation of Records of Public Utilities and Licensees, as issued on April 1, 1977. Rate-regulated companies shall further assure the preservation of records of associated companies, whether or not the associated companies are themselves utilities, as necessary to support the cost of services rendered to the utility by the associated companies.

250—18.5(476) Rules applicable to rural electric co-operatives.

18.5(1) *Units of property.* Rural electric co-operatives shall adopt the REA rules contained in REA Bulletin 181-2, Standard List of Retirement Units, issued May 1968, and revised by pen and ink changes as of July 1974.

18.5(2) *Preservation of records.* Rural electric co-operatives shall preserve the records of their operations in accordance with the provisions of the REA rules contained in REA Bulletin 180-2, Manual for Preservation of Borrowers Records (Electric), issued June 6, 1972.

250—18.6(476) Rules applicable to gas utilities.

18.6(1) *Units of property.* Gas utilities subject to rate regulation shall adopt, in addition to the requirements of 250 IAC Chapter 16, Part 216 of the FPC rules, 18 CFR 216, Units of Property for Use in Accounting for Additions and Retirements of Gas Plant as issued April 1, 1977.

18.6(2) *Preservation of records.* All gas utilities subject to regulation by the commission shall preserve the records of their operations in accordance with the provisions of Part 225 of the FPC rules, 18 CFR 225, Preservation of Records of Natural Gas Companies as issued April 1, 1977. Rate-regulated companies shall further assure the preservation of records of associated companies, whether or not the associated companies are themselves utilities, as necessary to support the cost of services rendered to the utility by the associated companies.

250—18.7(476) Rules applicable to water utilities.

18.7(1) *Units of property.* Water utilities subject to rate regulation shall adopt, in addition to the requirements of 250 IAC Chapter 16, the NARUC "List of Retirement Units of Property for Water Utilities" effective January 1, 1972.

18.7(2) *Preservation of records.* All water utilities subject to regulation by the commission shall preserve the records of their operations in accordance with the provisions of the NARUC rules: Regulations to Govern the Preservation of Records of Electric, Gas and Water Utilities, April 1972 edition. They shall further assure the preservation of records of associated companies, whether or not the associated companies are themselves utilities, as necessary to support the cost of services rendered to the utility by the associated companies.

250—18.8(476) Rules applicable to telephone utilities.

18.8(1) *Units of property.* Telephone utilities subject to rate regulation shall adopt, in addition to the requirements of 250 IAC Chapter 16, section 31.8, List of Retirement Units, or section 33.81, Units of Property, as appropriate, of the FCC rules, 47 CFR 31 and 47 CFR 33, respectively, as issued October 1, 1976.

18.8(2) *Preservation of records.* All telephone utilities subject to regulation by the commission shall preserve the records of their operations in accordance with the provisions of Part 42 of the FCC rules, 47 CFR 42, Preservation of Records of Communication Common Carriers as issued October 1, 1976. Rate-regulated companies shall further assure the preservation of records of associated companies, whether or not the associated companies are themselves utilities, as necessary to support the cost of services rendered to the utility by the associated companies.

[Filed 11/16/65; amended 1/11/66]

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CHAPTER 19
SERVICE SUPPLIED BY GAS UTILITIES

250—19.1(476) General information.

19.1(1) *Authorization of rules.* Chapter 476, The Code, provides that the Iowa state commerce commission shall establish all needful, just and reasonable rules, not inconsistent with law, to govern the exercise of its powers and duties, the practice and procedure before it, and to govern the form, contents and filing of reports, documents and other papers necessary to carry out the provisions of this law.

Chapter 479 provides that the Iowa state commerce commission shall have full authority

and power to promulgate rules as it deems proper and expedient in the supervision of the transportation or transmission and underground storage of gas within the state of Iowa.

19.1(2) *Application of rules.* The rules shall apply to any gas utility operating within the state of Iowa as defined in chapter 476 and shall supersede all rules on file with this commission which are in conflict with these rules. These rules are intended to promote safe and adequate service to the public, to provide standards for uniform and reasonable practices by utilities, and to establish a basis for determining the reasonableness of such demands as may be made by the public upon the utilities. If unreasonable hardship to a utility or to a customer results from the application of any rule herein prescribed, application may be made to the commission for the modification of the rule or for temporary or permanent exemption from its requirements. The adoption of these rules shall in no way preclude the commission from altering or amending them, pursuant to statute, or from making such modifications with respect to their application as may be found necessary to meet exceptional conditions. These regulations shall in no way relieve any utility from any of its duties under the laws of this state.

19.1(3) *Definitions.* The following words and terms, when used in these rules shall have the meaning indicated below:

a. The abbreviations used, and their meanings, are as follows:

BTU—British Thermal Unit

LP-Gas—Liquefied Petroleum Gas

psig—Pounds per Square Inch, Gauge

W.C.—Water Column

b. "Appliance" refers to any device which utilizes gas fuel to produce light, heat or power.

c. "Commission" means the Iowa state commerce commission, sometimes hereinafter referred to as "ISCC."

d. "Complaint" as used in these rules is a statement or question by anyone, whether a utility customer or not, alleging a wrong, grievance, injury, dissatisfaction, illegal action or procedure, dangerous condition or action, or utility failure to fulfill an obligation.

e. "Cubic foot" of gas has the following meanings:

(1) Where gas is supplied and metered to customers at the pressure (as defined in 19.7(2)) normally used for domestic customers' appliances, a cubic foot of gas shall be that quantity of gas which, at the temperature and pressure existing in the meter, occupies one cubic foot, except that where a temperature compensated meter is used, the temperature base shall be 60°F.

(2) When gas is supplied to customers at other than the pressure in (1) above, the utility shall specify in its rules the base for measurement of a cubic foot of gas (see 19.2(4)*"c"*,(6)). Unless otherwise stated by the utility, such cubic foot of gas shall be that quantity of gas which, at a temperature of 60°F. and a pressure of 14.73 pounds per square inch absolute, occupies one cubic foot.

(3) The standard cubic foot of gas for testing the gas itself for heating value shall be that quantity of gas, saturated with water vapor, which, at a temperature of 60°F. and a pressure of 30 inches of mercury, occupies one cubic foot. (Temperature of mercury = 32°F.; acceleration due to gravity = 32.17 ft. per second per second; density = 13.595 grams per cubic centimeter.)

f. "Customer" means any person, firm, association, or corporation, any agency of the federal, state or local government, or legal entity responsible by law for payment for the gas service or heat from the gas utility.

g. "Delinquent account or delinquency" means the customer has not paid a service bill or service payment agreement amount in full on or before the last day for timely payment.

h. "Gas", unless otherwise specifically designated, means manufactured gas, natural gas, other hydrocarbon gases, or any mixture of gases produced, transmitted, distributed or furnished by any gas utility.

i. "Gas plant" means all facilities including all real estate, fixtures and property owned, controlled, operated or managed by a gas utility for the production, storage, transmission and

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CHAPTER 23
ANNUAL REPORT

250—23.1(476) General information.

23.1(1) Every public utility is required to keep and render its books, accounts, papers and records accurately and faithfully in the manner and form prescribed by the commission and to comply with all directions of the commission relating to such books, accounts, papers and records.

23.1(2) In order that the commission may keep informed regarding the manner and method in which a utility business is conducted, and in order to obtain information on which to apportion the costs of operation of the utilities division of the commerce commission as prescribed by chapter 476, all public utilities coming under the provision of chapter 476, shall file with this commission, annual reports as hereinafter described in these rules, on or before April 1 of each year covering their operations during the immediately preceding calendar year. In the event that a utility has ceased operations through merger or sale of its plant during the calendar year, each of the involved utilities shall be responsible for filing an annual report with the commission which reflects the operations of the properties which were subject to such sale or merger. The annual report covering the portion of the calendar year operations to the date of sale or merger shall be filed with the commission within ninety days after such transaction.

23.1(3) All pages of the report must be completed and submitted to the commission. The words "none" or "not applicable" may be used to complete a schedule when they accurately and fully state the facts. The commission shall be notified of the nature, amount and purpose of any accounts used in addition to those prescribed in utilities division chapter 16, "Accounting". A copy shall be retained in the respondent's file. All reports are to be prepared for and certified to the Iowa state commerce commission.

23.1(4) Annual report requirements specified in "Regulations Governing Service Supplied by Gas, Electric, Telephone, or Water Utilities", utilities division, chapters 19, 20, 21, and 22, shall be included with the annual reports set forth in the following paragraphs. The reporting utility should use their own format in preparing such reports.

250—23.2(476) Annual report requirements—rate-regulated utilities. Two copies each of the following report forms must be completed and filed with the commission.

23.2(1) *Electric utilities.*

a. Class A & B—Form IE-1, Annual Report—Rate-Regulated Electric Utilities (including FPC Annual Report Form No.1).

b. Class C & D—Form IE-1, Annual Report—Rate-Regulated Electric Utilities (including FPC Annual Report Form No. 1F).

23.2(2) *Gas utilities.*

a. Class A & B—Form IG-1, Annual Report—Rate-Regulated Gas Utilities (including FPC Annual Report Form No. 2).

b. Class C & D—Form IG-1, Annual Report—Rate-Regulated Gas Utilities (including FPC Annual Report Form No. 2A).

23.2(3) *Telegraph utilities.* Form RTG-1, Annual Reports—Rate-Regulated Telegraph Utilities (including FCC Annual Report Form—R & O).

23.2(4) *Telephone utilities.* Form TR-1, Telephone Annual Report to the Commerce Commission and Department of Revenue, State of Iowa (including FCC Annual Report Form M).

23.2(5) *Water utilities.*

a. Class A & B—Form WA-1, Annual Report—Rate-Regulated Water Utilities.

b. Class C & D—Form WD-1, Annual Report—Rate-Regulated Water Utilities.

23.2(6) Reports by rate-regulated utilties which have multistate operations shall provide information concerning their Iowa operations on the schedules listed below. Such schedules shall be prepared using the same format used in reporting total company data and shall be clearly labeled "Iowa Operations" at the top of each schedule. It shall include:

a. Summary of utility plant and accumulated depreciation and amortization reserves.

b. Plant in service by primary account.

c. Materials and supplies.

d. Contributions in aid of construction.

e. Accumulated deferred income taxes.

f. Accumulated investment credit.

g. Statement of income for the year.

h. Operating revenues.

i. Operating and maintenance expenses.

j. Taxes charged during year.

Statements shall be included setting forth the method or basis used in making allocations between states.

23.2(7) Co-operative Electric Utilities Corporations or Associations—Form EC-1, Annual Report—Co-operative Electric Plant and Operations.

23.2(8) The respondent shall file as part of its annual report filed with the commission (*a*) a list (by title, author, and date) of any financial, statistical, technical or operational reviews or reports that a company may prepare for distribution to stockholders, bondholders, utility organizations or associations or other interested parties, (*b*) a list (by form number and title) of all financial, statistical, technical and operational review-related documents filed with an agency of the federal government, (*c*) a list identifying the aggregate measures of service quality and cost efficiency utilized by the president or chief operating officer for the utility's Iowa operations, and (*d*) a list identifying the report(s) utilized by the president or chief operating officer for the utility's Iowa operations containing the most recent value for each measure identified in "*c*".

23.2(9) In addition to the above-mentioned reports, the respondent shall file with the commission, immediately upon publication, two copies of any financial or statistical reports that a company may prepare for distribution to stockholders, bondholders or any other interested parties.

250—23.3(490A) Annual report requirements—nonrate-regulated utilities. One copy of each of the following report forms must be completed and filed with the commission.

23.3(1) *Municipally owned electric.* Form ME-1, Annual Report—Municipal Electric Plant and Operations.

23.3(2) *Municipally owned gas utilities.* Form MG-1, Annual Report—Municipal Gas Plant and Operation.

23.3(3) *Nonrate-regulated telephone utilities.* Form TR-1, Telephone Annual Report to the Commerce Commission and Department of Revenue, State of Iowa.

These rules are intended to implement sections 476.2, 476.9, 476.10 and 476.22 of the Code.

option investigated on the revenue requirement of the utility or utilities filing the report and an explanation of how that impact was quantified.

f. Chapter 5—Sensitivity analysis. Chapter 5 of the report shall include the following information presented in the same order as required herein, specifying what analysis has been made of the sensitivity to error of forecasts and quantification of planning options:

1. A list of all assumptions or forecasts which could significantly alter either the estimate of need for power or the estimate of costs and benefits associated with supply and demand options, or both.

2. A statement of the reasonable margins of error for each assumption or forecast listed in response to the requirement of paragraph "1" above.

3. An explanation of the results of any sensitivity analysis performed by the utility or planning entity, including a specific statement of the degree of sensitivity of both estimated need for power and estimated costs and benefits of supply and demand options to potential errors in assumptions, forecasts and data.

g. Chapter 6—Conclusion and recommendation. Chapter 6 of the report shall include a statement describing the capacity supply or demand option each reporting utility has decided is best in the subsequent ten-year period, and explaining the basis for that decision.

23.4(4) *Omitted information.* The report shall include all information required by this rule. If the electric utility or person filing the report is unable to provide all information required by subrule 23.4(2) above, a statement explaining why the information has not been included shall be set out in the report in place of the information omitted therefrom. Supplemental filings of omitted information may be required by the commission on its own motion or upon request of a person filing comments.

23.4(5) *Summary of report.* The report of planning information filed pursuant to this rule shall be accompanied by a five-page summary briefly and accurately summarizing all essential information included in the report.

23.4(6) *Distribution of the report of planning information.* Ten copies of the report shall be filed with the commission and a copy kept by each electric utility or other person filing the report at its principal place of business in Iowa or at some other Iowa location designated in the report.

23.4(7) *Comments and responses.* On or before August 15, 1983, and on or before June 30 of each year thereafter, the commission staff and other interested persons, including electric utilities and other persons filing the report of planning information required by subrule 23.4(2) may file written comments addressing statements made in one or more of the reports.

a. Comments may include questions addressed to the electric utility or other person filing the written report and requesting clarification of information included in the report.

b. The original and ten copies of comments prepared pursuant to this subrule shall be filed with the commission and one copy shall be immediately served on each electric utility or other person whose report of planning information is discussed in the comments.

c. On or before September 15, 1983, and on or before July 30 of each year thereafter, each electric utility and other person served with comments pursuant to this subrule shall file with the commission an original and ten copies of a written response to the comments and shall immediately serve a copy of the response upon the person filing comments to which the response is made. The response shall include complete answers to any questions included in the comments and if the comments raise complex questions to which a complete response cannot be prepared within the thirty-day period allowed by this rule, an extension of time for responding may be granted by the commission upon the filing of a request explaining the reasons additional time is needed.

23.4(8) *The reports, comments and responses to comments filed with the commission are public records and shall be available for examination and copying pursuant to Iowa Code chapter 68A.* The copy of the report kept by the electric utility or other person filing a report, together with any comments served upon and response made by that utility or person, shall be made available for public examination during regular business hours at the principal place of business or office designated in the report of that utility or person. Copies of the report, com-

ments and responses shall be provided upon request and payment of reasonable copying fees by the person requesting copies.

23.4(9) *Annual meeting.* The commission will schedule an annual meeting to inquire into and seek clarification of information included in the report of planning information and responses to comments filed pursuant to this rule.

a. The meeting shall be scheduled no earlier than thirty days after the filing of responses to written comments and shall be preceded by reasonable notice to all persons filing reports or comments and to any other person requesting notification of the meeting.

b. Each public utility and other person filing a report shall provide a qualified representative or representatives to appear at the meeting. The representative(s) shall be prepared to answer all inquiries of the commission and its staff.

c. A person who has requested, in comments filed pursuant to subrule 23.4(7), answers to specific questions about information included in a report of planning information and who has received no answer to the question or believes the answer given in response to the question is inadequate or incomplete may request a complete response from the representative of the person filing the report at the annual meeting, by filing with commerce counsel, at least five days prior to the meeting, a copy of unanswered question(s) and the response(s) to those questions which are claimed to be inadequate. Commerce counsel shall be given the opportunity, at the annual meeting, to request responses to questions submitted pursuant to this section if the questions are considered relevant and material to matters addressed by the reports.

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270—3.2(79) Qualifications. To qualify to receive contributions an organization must:

3.2(1) Be eligible to receive contributions which may be deducted on the contributor's Iowa individual income tax return.

3.2(2) Have one hundred or more eligible state officers and employees participating for any payroll system except as follows:

a. In the case of employees at the university of northern Iowa, fifty or more.

b. In the case of employees at the Iowa school for the deaf and the Iowa braille and sight-saving school, twenty-five or more participants.

270—3.3(79) Enrollment period. The enrollment period shall be designated by the charitable organization.

3.3(1) Employees will be provided a list of qualified organizations at least semiannually.

3.3(2) Reserved.

270—3.4(8) Certification. In order to qualify as "Charitable Organization" under the terms of this program, each organization must file an annual certification with the administrator of the payroll system. The certification must show:

3.4(1) That the organization is eligible to receive contributions as defined in 270—3.1(79).

3.4(2) That the organization has met the requirements for tax deduction and number of participants as defined in subrule 3.2(2).

270—3.5(79) Payroll system. A payroll system for the purpose of this chapter is any one of the following:

1. State of Iowa centralized (Including the Iowa state fair board)
2. Department of transportation
3. Iowa state university of science and technology
4. State university of Iowa.
5. University of northern Iowa.
6. Iowa braille and sight saving school.
7. Iowa school for the deaf.

270—3.6(79) Forms. The administration of payroll deductions for charitable organizations must be done on authorization forms approved by the state comptroller. The responsible official in charge of each payroll system may be designated by the state comptroller as an authorized representative to approve authorized forms for that payroll system.

270—3.7(79) Payee. When there is more than one unit within an eligible charitable organization, the designated payee is the organization that qualified under the provisions of 270—3.2(79).

270—3.8(79) Contribution limits. Contributions for payroll deductions must be a minimum of one dollar per deduction. The frequency of the deductions shall be compatible with the payroll system.

270—3.9(79) Distribution of literature. The office of the state comptroller will not distribute literature for charitable organizations with payroll materials.

270—3.10(79) Number of contributions. Each payroll system shall provide for each employee to make contributions to four charitable organizations. The administrator of each payroll system may elect to provide for contributions to a maximum of nine charitable organizations for each employee.

270—3.11(79) Cash contributions. No cash contributions will be accepted or administered through the payroll process or system.

270—3.12(79) Terminations. Any employee wishing to terminate the deduction shall be required to give thirty days' notice in writing to the appointing authority of the department in which the employee works.

270—3.13(79) Authorization forms. All organizations authorized under this chapter shall be required to issue an annual authorization form to all participating state employees. Annual authorization forms will be required from participating employees. The authorization forms are to be given to the appointing authority of the department in which the employee works, and are to be filed in the employee's individual file to substantiate the payroll deductions.

270—3.14(79) State held harmless. Charitable organizations shall indemnify and save the state harmless against any and all claims, demands, suits, or other forms of liability which may arise out of any action taken or not taken by the state for the purpose of complying with the provisions of this chapter.

270—3.15(79) Remittance. The administrator of the payroll system shall mail the monthly payment to each organization within ten working days after the last pay date of each calendar month. Support documentation shall be limited to a listing of employees and amount deducted.

These rules are intended to implement sections 79.14 and 79.15 of the Code.

[Filed emergency after Notices 9/7/79, Notice 6/13/79, 6/27/79, 8/8/79—published 10/3/79, effective 9/7/79]

CHAPTER 4
DEFERRED COMPENSATION PROGRAM

270—4.1(8) Administration. The state comptroller, or his designee, has been authorized by the executive council of Iowa to administer the deferred compensation program for employees of the state of Iowa, except for those employees of the board of regents institutions.

270—4.2(8) Definitions.

4.2(1) *"Agreement"* as used in these rules shall mean the deferred compensation agreement signed by the employer and the participating employee.

4.2(2) *"Financial hardship committee"* as used in these rules shall mean the committee made up of the insurance commissioner, state comptroller, and the industrial commissioner that rules on the financial hardship claims of participating employees.

4.2(3) *"Company"* as used in these rules shall mean any insurance company which issues a policy under the deferred compensation plan authorized under section 509A.12 of the Code.

4.2(4) *"Employee"* as used in these rules shall mean an employee of the state of Iowa, including full time elective officials and members of the general assembly, except employees of the board of regents institutions. For the purposes of enrollment, elective officials-elect and members-elect of the general assembly are considered employees.

4.2(5) *"Employer"* as used in these rules shall mean the State of Iowa.

4.2(6) *"New employer"* as used in these rules shall mean any new employer to which a terminated participating employee proposes to transfer the policy held under the agreement.

4.2(7) *"Participating employee"* as used in these rules shall mean an employee participating in the plan.

4.2(8) *"Plan"* as used in these rules shall mean the deferred compensation plan authorized in section 509A.12.

4.2(9) *"Policy"* as used in these rules shall mean any retirement annuity, insurance policy or variable annuity or combination thereof provided for in the agreement.

4.2(10) *"Normal retirement age"* for a participating employee shall be that age where the employee can retire from state of Iowa service without reduction of retirement income because of age. The range shall be from fifty-five years of age for police officers, sixty-five years of age for those people in IPERS, to seventy-five years of age for judges.

270—4.3(8) Eligibility.

4.3(1) *Initial eligibility.* All permanent or probationary employees of the State of Iowa who regularly work thirty or more hours per week are eligible to defer compensation under the agreement. This includes full time elective officials and members of the general assembly. Final determination on eligibility, if any questions should arise, will be made by the employer. No member or member-elect of the general assembly is eligible who chooses an alternative method of salary payment other than that stated in section 2.10(5)*"a"*, The Code, where the effect of implementation of the alternative would be to make an insufficient amount available for deduction, under the method selected pursuant to rule 4.6(8), to constitute the pro rata portion of the deferred compensation for each and every pay period as to which compensation shall be paid.

4.3(2) *Eligibility after termination.* Any participating employee who terminates the deferral of compensation may re-enter the program during the next open enrollment period with reductions to start during the second month following the open enrollment period.

270—4.4(8) Enrollment and termination.

4.4(1) *Open enrollment.* Open enrollment periods will be held each year for those employees who desire to participate in the plan and did not enroll at the time the plan was implemented. The open enrollment periods will be from August 1 until August 31 and February 1 until February 28 of each year. All completed forms, including but not limited to the signed agreement and authorization to deduct from earnings, must be received by the employer on or before the fifteenth of the month following the open enrollment period. Any forms not received by that date will not be processed and must be resubmitted during the next open enrollment period if the employee desires to participate in the plan. The policies will become effective on the first day of the third month following open enrollment and the premiums will be deducted from the paychecks received by the participating employees beginning with the second month following open enrollment. Enrollment is permitted for elective officials-elect and members-elect of the general assembly, during the enrollment period, to the same extent as if they were otherwise eligible to enroll as employees.

4.4(2) *Termination.* A participating employee may terminate his participation in the plan by giving not less than thirty days prior written notice to the employer. If participation is terminated, the withdrawal of funds will be made only in accordance with the terms of the agreement, that is death, retirement or approval of a financial hardship claim. All requests will be made on forms provided by the employer.

4.4(3) *Leave without pay.* A participating employee on leave without pay is considered to be terminated in regard to participation in the deferred compensation program. There are no provisions for direct payment to the companies other than by the employer funded by reductions of current earnings of the employee. The employee may re-enter the program during the next open enrollment period, if in pay status, with reductions to start during the second month following the open enrollment period.

4.4(4) *Availability of forms.* It is the responsibility of each employee interested in participating in the deferred compensation program to obtain the necessary forms from his department. It is the responsibility of each department to inform its employees where and how they may obtain the necessary forms. The forms may be obtained by the departments from the comptroller's office, payroll division.

270—4.5(8) Tax status.

4.5(1) *FICA and IPERS.* The amount of compensation deferred under the agreement will be included in the gross wages subject to FICA and IPERS until the maximum taxable wages as established by law has been reached.

4.5(2) *Federal and state income taxes.* The amount of earned compensation deferred under the agreement is exempt from federal and state income taxes as provided in section 457 Internal Revenue Code of 1954 as amended. The six states adjoining Iowa have agreed to allow their residents who are employees of the State of Iowa to defer compensation for state income tax purposes.

270—4.6(8) Deduction from earnings.

4.6(1) *When deducted.* Each participating employee will have the option as to whether the entire amount of deferred compensation will be deducted from the first paycheck or second paycheck of the month, or whether it will be equally divided between the first and second paychecks received by the participating employee during the month. If the premium cannot be divided into two equal payments, the third option is not available.

4.6(2) *Change in amount.* Participating employees may increase or decrease their participation in the plan as of the first day of the second month following open enrollment by giving not less than thirty days prior written notice thereof to the employer.

4.6(3) *Amount allowed to be deferred.* Compensation may be deferred up to a maximum of twenty-five percent of the employee's base salary not to exceed $7,500 per year. A participating employee may elect to catch up during the employee's last three tax years before reaching normal retirement age. This catchup, which could be in addition to the maximum amount that is allowed by the twenty-five percent - $7,500 rule above could amount to the lesser of the following: (a) $7,500, (b) twenty-five percent of the employee's previous year's base salary less the amount actually deferred during that employee's previous taxable year. During this catchup period, the participating employee must have participated for twelve months during the employee's previous tax year. If the participating employee does not utilize this catchup provision during the first of the three catchup years, the "lost" catchup amount cannot be added to either the second or third year of this catchup period. If the participating employee does not utilize this catchup provision during the first two years of the catchup period, this "lost" catchup amount cannot be added to the third year of the catchup period. The amount to be deferred must remain constant from one open enrollment period to the next. This cannot be changed to permit additional deferral from people who are terminating and are collecting vacation or sick leave payouts.

4.6(4) *Minimum amount to be deferred.* The minimum amount of deferred compensation to be deducted from the earnings of a participating employee during any month will be twenty-five dollars.

270—4.7(8) Insurance companies.

4.7(1) *Identification number.* Each participating company will be assigned an identification number by the employer that will be used by all agencies making remittances to companies. Once the plan is in effect, a list of companies and the numbers that have been assigned to them, will be distributed to the payroll section of each department.

4.7(2) *Time of payment.* Payments will be transmitted directly by the employer each month to each of the companies within 10 days after the end of each month.

4.7(3) *Annual status report.* An annual status report of each participating employee's policy must be provided by each company to both the participating employee and the employer as of June 30 of each year. This must be continued to be done after a participating employee terminates employment or cancels participation and there are no current payments being made. These annual reports are required as long as a balance exists in the contract or activity occurred during the year.

4.7(4) *Method of payment.* The employer will pay each company with one check, regardless of the number of individual accounts with the company.

4.7(5) *Solicitation.* There will be NO solicitation of the employees by insurance companies during regular working hours.

4.7(6) *Dividends.* The only dividend options available on cash value policies are those where the dividends remain with the company.

270—4.8(8) Disposition of funds.

4.8(1) *Death of employee.* When a participating employee dies, the information provided to the employer should contain the following: participating employee's name, participating employee's social security number, and copy of death certificate. Upon receipt of the above-listed information, the employer will initiate the proper procedures so that the proceeds of the policy may be distributed as provided in the agreement.

4.8(2) *Death of former employee.* When a former participating employee dies, the following information should be provided by the employer: former employee's name, former employee's social security number, and copy of death certificate. Upon receipt of the above information, the employer will initiate the proper procedures so that the proceeds of the policy may be distributed as provided in the agreement.

4.8(3) *Retirement or termination.* When a participating employee desires to retire, the employee will notify the employer in writing no less than thirty days prior to anticipated retirement date of the intention to retire on a form provided by the employer. The retiring employee, upon reaching normal retirement age, will state on the form when and what option in the contract that the employee wishes these funds paid. This is an irrevocable decision, but payments to the retiring employee must begin by the time the employee has reached seventy and one-half years of age. If there is any question as to whether the participating employee is actually retiring, final determination will be made by the employer as provided in the agreement. Upon determination the participating employee is actually retiring, the employer will take the necessary steps to see that the proceeds of the policy will be disbursed by the company according to the agreement.

A terminated employee can draw these funds under any option available in the contract. Indication will be made of the employee's desire on the form that is provided by the employer. If these funds are not drawn or payments commenced by the time this former employee reaches normal retirement age, as determined by the pension plan the employee was in while working for the state, the terminated employee must indicate on a form provided by the employer of when and under what option within the contract the employee wishes these funds paid. This must be done within sixty days of the employee reaching normal retirement date or these funds will be totally drawn by the plan administrator and paid to the former employee. If an employee works beyond normal retirement date the employee must notify the plan administrator of the selected retirement option within sixty days beyond the termination date or the funds will be fully drawn and paid to the terminating employee. Payments must begin by the time this employee reaches seventy and one-half years of age. This decision of the former employee is irrevocable once made and sent to the employer. The amount drawn each year must exceed fifty percent of the maximum amount that would have been available as defined by the mortality tables of the life insurance carrier.

4.8(4) *Financial hardship.* A committee, as defined in these rules, will have final determination as to whether a participating employee meets the definition of a serious financial hardship under the terms of the agreement.

a. Organization. The committee will elect a chairperson to serve until such time as the committee shall elect a replacement. The committee will appoint a recording secretary who will be required to keep a record of all activities and decisions of the committee. The recording secretary need not be a member of the committee. The committee shall meet on call of the chairperson.

b. Duties of the committee. The committee shall rule, within thirty days of receipt, in writing, by the recording secretary, requests from a participating employee to cause the employer to surrender to the company the policy of the participating employee for a cash refund in the case the participating employee has a serious financial hardship, according to the terms of the agreement.

c. "Serious financial hardship" as used in this rule must result from a sudden and unexpected illness or accident of the participant or of a dependent of the participant, loss of the participant's property due to casualty, or other similar extraordinary and unforeseeable circumstances arising as a result of events beyond the control of the participant. The circumstances that will constitute an unforeseeable emergency will depend upon the facts of each case, but, in any case, payment may not be made to the extent that such hardship is or may be relieved through reimbursement or compensation by insurance or otherwise, by liquidation of the participant's assets, to the extent the liquidation of such assets would not itself cause severe financial hardship, or by cessation of deferrals under the plan.

4.8(5) *Transfer to new employer.* The transfer of ownership of a policy in this program for a terminating employee can only be done to an entity within the state of Iowa who is eligible to conduct a deferred compensation program. A request by a participating employee to transfer a policy to a new employer must be in writing. It is the responsibility of the participating employee and the new employer to provide the employer with a letter from the new employer of acceptance of this contract and an assurance that the payout of these funds to the employee will not commence until the employee separates from service with the new employer. Upon receipt in writing of the acceptance and assurance from the new employer of the proposed transfer, the employer will transfer the policy to the new employer and notify the insurance company of change of ownership.

4.8(6) *Method of payment.* For convenience in making payments under the agreement, the employer shall require the insurance company to make payments directly to the employee or the employee's beneficiary, as an agent for the state of Iowa, for withholding tax purposes, in satisfaction of the employer's continuing obligation but any such request shall not give the employee any right to demand payment from the insurance company.

4.8(7) *Federal and state withholding taxes.* It shall be the responsibility of the insurance company, when making payment directly to the employee, to withhold the required federal and state income taxes, to remit the same to the proper governmental agency on a timely basis, and to file all necessary reports as required by federal and state regulations. The employer, State of Iowa (Deferred Compensation Program Administrator) will be advised annually by the company that this rule is being complied with.

270—4.9(8) Group insurance.

4.9(1) *Availability.* Chapter 509A provides that a governing body may approve group policies for its employees. The governing body for employees of the State of Iowa is the executive council of Iowa.

4.9(2) *Approval of plans.* All group plans must be approved by the executive council of Iowa before any group policies may be sold as required in chapter 509A.

4.9(3) *Size of group.* One or more employees will constitute a group under this program.

4.9(4) *Transfer to new employer.* When a participating employee terminates his employment, he is no longer covered under chapter 509A. At this point the statutory minimum for groups would come into effect requiring at least ten people per group.

270—4.10(8) General.

4.10(1) *Orientation and information meetings.* All agencies may hold orientation and informational meetings for the benefit of their employees but there will be NO solicitation of employees by insurance companies allowed at these meetings. The presence of a representative of an insurance company will be interpreted as solicitation.

4.10(2) *Location of policies.* All original policies will be kept by the employer. Participating employees may request to review their policies during normal working hours but may under no circumstances remove the policy from the employer's possession. The companies shall furnish each participating employee with a copy of his policy for informational purposes only. This must be clearly marked that it is not an original policy.

4.10(3) *Number of companies.* All life insurance companies licensed to do business in Iowa may sell policies under the plan. Each participating employee will be limited to participation with only one company at any given time. If a participating employee desires to change companies, the only way that this can be accomplished is to terminate their participation with the original company, effective after the payroll reductions have been made totally for any calendar month. The employee must also submit the proper forms so that participation with the new company will be effective with the payroll reductions to be effective with the next succeeding calendar month. The new policy shall be effective the first of the month following the initial month of payroll reduction. The total funds accumulated under the old policy may be transferred in total to the new policy upon approval by the employer. Company changes can be made by any employee only once in the time between the open enrollment periods. The amount of payroll reduction for the new company must be the same as for the old when this is done at a time other than during open enrollment. There can be no break in the reduction of compensation, and both sets of forms must be submitted at the same time and properly filled out. The employer will hold the original policy until such time as the proceeds may be disbursed under the terms of the agreement, that is death, retirement or approval of a claim for financial hardship.

4.10(4) *Change of beneficiary.* A participating employee may change the beneficiary shown in the supplement to compensation agreement by providing the employer with written notice of such change on forms provided by the employer. The beneficiary on the policy or policies must always be the state of Iowa.

4.10(5) *Deferred compensation or tax sheltered annuity.* Employees, who under the laws of the State of Iowa, are eligible for both deferred compensation and tax sheltered annuities, will be limited to participation in one of the two programs, but not both.

270—4.11(8) Forms. The administration of the deferred compensation program will be accomplished by the use of forms hereafter described, when used in accordance to these rules.

4.11(1) *Form DC-1, authorization to deduct.* This form will authorize the state comptroller to make deductions, and will state the amount, from the participating employees compensation.

4.11(2) *Form DC-2, deferred compensation change request.* This form will authorize the state comptroller to change the amount deducted from the participating employees compensation.

4.11(3) *Form DC-3, request for distribution of funds.* This form will be used when a participating employee desires to have the employer surrender their policy for a cash refund.

4.11(4) *Form DC-4, agreement with insurance companies.* This form will be used by an employee desiring to participate in the program and will be signed by the participating employee and an authorized representative of the insurance company with whom the participating employee desires to defer compensation.

4.11(5) *Form DC-5, change of beneficiary.* This form will be used when a participating employee desires to change the beneficiary named in the agreement.

4.11(6) *Form DC-6, supplement to compensation agreement.* This form is the agreement between the employer and the participating employee.

4.11(7) *Unnumbered form, application for policy for new participating employees.* This form will be supplied by the insurance company with whom the participating employee desires to defer compensation. The completed form must be approved by the state comptroller, or his designee, prior to completion of any other form described in these rules. The completed form will show that the owner and beneficiary of the policy is the State of Iowa and that the relationship of the State of Iowa to the participating employee is employer. The completed form will be forwarded to the State Comptroller, Deferred Compensation Program, Hoover State Office Building, Des Moines, Iowa 50319 with a self-addressed, stamped envelope to be used in returning the approved completed form. All forms postmarked after the last day of the open enrollment month will not be approved.

4.11(8) *Reproduction of forms.* The reproduction or printing of forms for use in the Deferred Compensation Program by any insurance company, any insurance agent, any company or individual is prohibited, except for the company application form.

These rules are intended to implement Iowa Code section 509A.12.

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CHAPTER 5
ADMINISTRATION

270—5.1(8) Declaratory rulings. On petition by an interested person, the state comptroller may issue a declaratory ruling with respect to the interpretation or applicability of any statutory provision, rule, or other written statement of law or policy, decision, or order.

Petitions shall be titled "Petition for Declaratory Ruling" and shall include the name and address of all persons or agencies party to the petition. The body of the petition shall include the exact words, passages, sentences or paragraphs which are the subject of inquiry and the specific set of facts involved. The petition may express the petitioner's interpretation and contain documented information in support thereof.

The state comptroller will refuse to issue a declaratory ruling if the petition does not state with enough specificity the factual situation or the question presented, or if the issuance of the ruling would not be in the best interests of the public, or for any other reason which it deems just and proper.

The state comptroller within thirty days of the receipt of a petition, shall issue a ruling or dismiss the petition except in the case where the state comptroller requests additional information from the petitioner. In that case, the ruling or dismissal will occur within thirty days following the receipt of the requested additional information.

Rule 5.1 is intended to implement section 17A.9 as it pertains to the state comptroller.

270—5.2(68A) Access to data in the personnel management information system.

5.2(1) *Definitions.*

a. "History of the state employment data" means the agencies, salaries, job classifications, and dates of employment by the state of Iowa of a named individual.

b. "Individual data" means all personally identifiable information not included in paragraph "a" above.

c. "Summary data" means information that is presented in such a manner as to preclude the identification of an individual by name or other identifier.

d. "Employing agency" means an agency or department of the state of Iowa.

5.2(2) *Organization.* There shall be a Personnel Management Information System Board of Review consisting of an appointed representative from each of (1) the state comptroller's office; (2) the institutions governed by the board of regents; and (3) the department of transportation. This board will recommend an administrator who will be the contact person for securing any information from the system. The price for the production of a requested report will be the cost as determined by the data processing division of the state comptroller's office. Billing will be accomplished under rules established by the comptroller.

5.2(3) *Steps to be taken to secure information from the system.*

a. All requests for data must be in writing and submitted to the administrator.

[illegible]

TABLE VIII
MINIMUM SIZE AND SLOPE OF SEWER

SEWER DIAMETER (INCHES)	MOBILE HOMES CONNECTED (NUMBER)	SLOPE PER 100 FEET (INCHES)
4	2-50	15
6	51-100	8
8	101-400	5

These rules are intended to implement Iowa Code section 135D.16.

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CHAPTER 72
Reserved

TITLE XII
PUBLIC HEALTH PROGRAMS

CHAPTER 73
SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC)

470—73.1(135) Program explanation. The Special Supplemental Food Program for Women, Infants and Children (WIC) is a federal program operated pursuant to agreement with the states. The purpose of the program is to provide supplemental foods and nutrition education to eligible pregnant, postpartum, and breastfeeding women, infants, and young children from families with inadequate incomes. The WIC program is administered on the federal level by the U.S. Department of Agriculture, Food and Nutrition Service (FNS). The Iowa state department of health serves as the administering agency for the state of Iowa. The Iowa state department of health enters into contracts with selected local agencies on an annual basis for the provision of WIC services to eligible participants.

470—73.2(135) Adoption by reference. Federal regulations found at 7 C.F.R. Part 246 (effective as of June 1, 1983) shall be the rules governing the Iowa WIC program and are incorporated by reference herein.

470—73.3(135) Availability of rules. Copies of the federal rules adopted by reference by 73.2(135) are available from: Director, Iowa WIC Program, Iowa State Department of Health, Lucas State Office Building, Des Moines, Iowa 50319, (515) 281-6650. Federal rules are also available from local WIC agencies.

470—73.4(135) Certain rules exempted from public participation. The Iowa state department of health finds that certain rules should be exempted from notice and public participation as being in a very narrowly tailored category of rules for which notice and public participation are unnecessary as provided in Iowa Code section 17A.4(2). Such rules shall be those that are mandated by federal law and regulation governing the Iowa WIC program where the department has no option but to adopt such rules as specified and where federal funding for the WIC program is contingent upon the adoption of the rules.

These rules are intended to implement federal law 42 U.S.C. section 1786 and Iowa Code section 135.11(1).

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TITLE XIII
CHAPTERS 74 to 76
Reserved

TITLE XIV
LOCAL BOARDS

CHAPTER 77
LOCAL BOARDS OF HEALTH

470—77.1(137) Organization of local boards of health.

77.1(1) *Officers of local board of health.* Each local board of health shall, at its first meeting during any calendar year, elect one of its members to serve as chairman until the first meeting of the following calendar year.

a. The local board of health may elect a vice-chairman, secretary, or other such officers as it may deem advisable.

d. The specific questions presented for declaratory ruling.

e. A consecutive numbering of each multiple issue presented for declaratory ruling.

f. A statement as to how the agency should rule and why. A brief may be attached thereto.

141.10(5) The petition shall be filed either by serving it personally to the executive secretary or by mailing it to the Executive Secretary, Lucas State Office Building, Des Moines, Iowa 50319.

141.10(6) The executive secretary shall acknowledge receipt of petitions or return petitions not in substantial conformity with the above rules.

141.10(7) The board may decline to issue a declaratory ruling for the following reasons:

a. A lack of jurisdiction.

b. A lack of clarity of the issue and facts presented.

c. The issue or issues presented are pending resolution by a court of Iowa or by the attorney general.

d. The issue or issues presented have been resolved by a change in circumstances or by other means.

e. The issue or issues are under investigation for purposes of formal adjudication.

f. The petition does not comply with the requirements imposed by subrules 141.10(1) to 141.10(5).

g. Where a ruling would necessarily determine the legal rights of other parties not represented in the proceeding.

141.10(8) In the event the board declines to make a ruling, the executive secretary shall notify the petitioners of this fact and the reasons for the refusal.

141.10(9) When the petition is in proper form and has not been declined, the board shall issue a ruling disposing of the petition within a reasonable time after its filing.

141.10(10) Rulings shall be mailed to petitioners and to other parties at the discretion of the executive secretary. Rulings shall be indexed and available for public inspection.

141.10(11) A declaratory ruling by the board shall have a binding effect upon subsequent board decisions and orders which pertain to the party requesting the ruling and in which the factual situation and applicable law are indistinguishable from that presented in the petition for declaratory ruling. To all other parties and in factual situations which are distinguishable from that presented in the petition, a declaratory ruling shall serve merely as precedent.

470—141.11(151) Rules pertaining to schools.

141.11(1) Rules pertaining to the practice of chiropractic at a chiropractic college clinic shall be equal to the standards established by the Council on Chiropractic Education existing as of July 1, 1982 or one that meets equivalent standards thereof.

141.11(2) All chiropractic colleges in order to be approved by the board of chiropractic examiners shall first have status with the Commission on Accreditation of the Council on Chiropractic Education as recognized by the U.S. Office of Education existing as of July 1, 1982 or one that meets equivalent standards thereof.

141.11(3) The following procedures are established for an institution to obtain equivalent approval by the board of examiners:

a. Standards. The standards against which the institution will be evaluated shall be equivalent to, or exceeding those published and utilized by the Council on Chiropractic Education existing as of July 1, 1982.

b. Self-study. A comprehensive self-study shall be required of the applying institution which measures its performance against the objectives of the institution and the standards of the board of examiners. After review of the self-study the board shall render a decision that the self-study is either: (1) Satisfactory, (2) unsatisfactory in terms of the report, or (3) unsatisfactory in terms of content. If unsatisfactory, the board will furnish the institution with a bill of particulars. An inspection of the institution shall not be made until the self-study is satisfactory.

c. Inspection. Inspection of the institution shall be conducted by an examining team selected by the board and shall consist of a minimum of five members. Two shall have doctorates in the basic sciences; one shall have a doctorate in college administration, and two shall be doctors of chiropractic.

(1) The inspection team shall determine firsthand if the applicant institution meets the established standards and is meeting its own institutional objectives.

(2) Expenses of the inspection team shall be borne by the applicant institution.

(3) The inspection team shall furnish the board with a comprehensive report of the team findings after having provided the institution with opportunity to comment on its findings.

d. Decision. The board of examiners will make its decision on the basis of the comprehensive report of the inspection team after providing the institution opportunity for a hearing on the report. If a member of the board has participated in the inspection, he shall not participate in the decision-making process.

This rule is intended to implement Iowa Code section 151.4.

470—141.12(151) General requirements.

141.12(1) Beginning July 1, 1982, the licensure period shall be from July 1 of the even-numbered year to June 30 of the subsequent even-numbered year.

141.12(2) The board shall assess a penalty equal to the renewal fee if more than thirty days have passed since the expiration date.

141.12(3) Any licensee who allows the license to lapse by failing to renew within one year of the expiration date shall be required to pay the penalty set forth in 141.12(2) and all past renewal fees then due. Said licensee may be reinstated without examination upon approval by the board.

141.12(4) The board may affiliate with the Federation of Chiropractic Licensing Boards.

141.12(5) Any official action or vote of the board taken by mail or by other means shall be preserved by the executive secretary in the same manner as the minutes of the regular meetings.

141.12(6) Any legal proceedings where applicable shall be conducted in a manner as stipulated in chapters 17A, 147, 151.

141.12(7) Every person licensed to practice chiropractic shall keep his license publicly displayed in the place in which he or she practices, and when a person licensed to practice chiropractic changes one's residence, notification shall be sent to the Board of Chiropractic Examiners, Lucas State Office Building, Des Moines, Iowa 50319.

141.12(8) Every license to practice chiropractic shall expire in multiyear intervals and be renewed as determined by the board upon application by the licensee, without exception. Application for renewal shall be made in writing to the board accompanied by the required fee at least thirty days prior to the expiration of such license. Every renewal shall be displayed in connection with the original license. The board shall notify each licensee by mail prior to the expiration of a license. Failure to renew the license within a reasonable time after the expiration shall not invalidate the license, but a reasonable penalty may be assessed by the board.

This rule is intended to implement Iowa Code sections 147.7, 149.9 and 147.10.

470—141.13(151) Rules for conducting examinations.

141.13(1) Applicant shall submit a completed application on a form prescribed by the board with required credentials and fee. The completed application must be on file at least thirty days prior to the date of the examination and must include the following:

a. A photostatic copy of chiropractic diploma (no larger than 8½ x 11 inches) from an approved college or a letter of graduation intent from a college registrar within one hundred twenty days of examination date. However, no license to practice will be issued until the board secretary has received a copy of the signed diploma.

b. A photostatic copy of high school diploma (no larger than 8½ x 11 inches)

c. Official transcript of grades of the National Board.

d. The applicant shall have achieved diplomat status with the National Board of Chiropractic Examiners after July 1, 1973, or a basic science certificate issued prior to July 1, 1973; and after August 1, 1976 it shall include all electives of the National Board, existing as of July 1, 1976.

141.13(5) Examinations given by the board will be held in February and August at a location and time specified by the board. Additional examinations may be held at the discretion of the board.

141.13(6) All applicants matriculating after October 1, 1975 will be graduated from a college having status with the C.C.E. (Council on Chiropractic Education) or its successor, or from a college which meets or exceeds equivalent standards thereof existing as of July 1, 1982. (See 141.11(151))

141.13(7) The board shall examine the applicant's practical, clinical and technical abilities in the practice of chiropractic.

141.13(8) The passing grade for each subject of the practical examination given by the board shall be seventy percent and an overall average of seventy-five percent shall be attained.

141.13(9) An applicant detected seeking or giving improper help with the examination will be dismissed and the examination collected. The person may reapply and return for examination following a waiting period of one year. A new examination fee will be required.

141.13(10) Examination number. Before commencing the examination each applicant will be given a confidential number which shall be inscribed at the left-hand corner of each page of the manuscript; no other marks shall be placed on any paper whereby the identity of the candidate may become known. Pages are to be numbered in the upper right hand corner.

141.13(11) Any failing examination must be reviewed by the professional members of the board but public members shall be allowed to attend any review.

470—141.14(151) Licensure by reciprocity or endorsement.

141.14(1) Each applicant shall submit a completed application form accompanied by a fee of one hundred dollars.

141.14(2) A license to practice chiropractic by reciprocity or by endorsement may be issued on the basis of an examination in substantially all of the subjects required by this board given by a state examining board having reciprocal or endorsement relations with the board, provided, however, that the applicant must comply with all other requirements for licensure by examination in this state.

141.14(3) If any state with which this state has reciprocal or endorsement relations, places any limitations or restrictions upon licentiates of this state, the same limitations or restrictions may be imposed upon licentiates of such state applying for admission to practice in this state on the basis of reciprocity or endorsement.

141.14(4) The statement made in the application must be reviewed and verified by the state examining board issuing the original license, certifying under seal as to the subjects in which the applicant was examined, the grade obtained in each subject and the general average attained in the entire examination.

141.14(5) In all cases the board reserves the right to review the examination papers and grades upon which reciprocal or endorsement certification may be granted before accepting the same.

141.14(6) No reciprocal license or license by endorsement shall be issued except on the basis of a license received by examination. The applicant must have had two years of full-time practice before applying for license by reciprocity or endorsement.

141.14(7) No reciprocal license or license by endorsement shall be issued to an applicant who has failed the examination more than two times in another state.

141.14(8) A candidate who has not passed a chiropractic examination in another state in one sitting shall not be eligible for licensure by endorsement in this state.

141.14(9) The chiropractic examiners may require written, oral or a practical examination of any applicant for licensure by reciprocity or endorsement.

470—141.15(151) License renewal date. A license to practice chiropractic shall expire on the thirtieth of June following the date of issuance of the license.

470—141.16(151) License-examination-renewal fees. The following fees shall be collected by the board:

141.16(1) For a license to practice chiropractic, issued upon the basis of examination given by the chiropractic examiners, one hundred dollars.

141.16(2) For the biennial renewal fee of a license to practice chiropractic, eighty dollars. Renewal fees shall be received by the board before the end of the last month of the renewal period.

141.16(3) For a certified statement that a licensee is licensed in this state, ten dollars.

141.16(4) For a duplicate license, which shall be so designated on its face, upon satisfactory proof the original license issued by the department of health has been destroyed or lost, ten dollars.

470—141.17(151) Specified forms to be used. All applications for examinations, certificates and licenses shall be on forms prescribed by the board. These forms may include, but not be limited to, the following, and where practicable, any one or more of the following forms may be consolidated into a single form.

Board Form:	Form Title:
1.	Application for a license to practice chiropractic on the basis of examination.
2.	Application for reinstatement of license to practice chiropractic.
3.	Application for renewal of a chiropractic license.
4.	Complaint form.
5.	Report of continuing chiropractic education.
6.	Certificate of exemption from continuing education requirements.
7.	Application for waiver of minimum education requirements due to disability or illness.

141.18 to **141.20** Reserved.

DISCIPLINE

470—141.21(151, 258A) General. The board has authority to impose discipline for any violation of the chiropractic practice Acts or the rules promulgated thereunder. The board also has authority to impose discipline for violations of other provisions of the Code and the other rules promulgated thereunder to the extent said provisions concern the practice of chiropractic.

470—141.22(151, 258A) Method of discipline. The board has authority to impose the following disciplinary sanctions:

a. Revocation of license.

b. Suspension of license until further order of the board or for a specified period.

c. Prohibit permanently, until further order of the board or for a specified period, the engaging in specified procedures, methods or acts.

d. Probation.

e. Require additional education or training.

f. Require a re-examination.

g. Impose civil penalties not to exceed one thousand dollars ($1,000.00).

h. Issue citation and warning.

i. Such other sanctions allowed by law as may be appropriate.

470—141.23(258A) Discretion of board. The following factors may be considered by the board in determining the nature and severity of the disciplinary sanction to be imposed:

The board may at any time re-evaluate an accredited sponsor. If after such re-evaluation, the board finds there is basis for consideration of revocation of the accreditation of an accredited sponsor, the board shall give notice by ordinary mail to that sponsor of a hearing on such possible revocation at least thirty days prior to said hearing. The decision of the board after such hearing shall be final.

141.64(2) Rescinded, effective August 12, 1981.

141.64(3) Rescinded, effective August 12, 1981.

141.64(4) *Review of programs.* The board may monitor or review any continuing education program already approved by the board and upon evidence of significant variation in the program presented from the program approved may disapprove all or any part of the approved hours granted in the program.

This rule is intended to implement section 258A.2, The Code.

470—141.65(258A) Hearings. In the event of denial, in whole or part, of any application for approval of a continuing education program or credit for continuing education activity, the applicant or licensee shall have the right within twenty days after the sending of the notification of the denial by ordinary mail, to request a hearing which shall be held within sixty days after receipt of the request for hearing. The hearing shall be conducted by the board or a qualified hearing officer designated by the board, in substantial compliance with the hearing procedure set forth in rule 141.41(147, 151, 17A, 258A). If the hearing is conducted by a hearing officer, the hearing officer shall submit a transcript of the hearing including exhibits to the board after the hearing with the proposed decision of the hearing officer. The decision of the board or decision of the hearing officer after adoption by the board shall be final.

470—141.66(258A) Reports and records. Each licensee shall file evidence of continuing chiropractic education satisfactory to the board previous to the date of relicensure in which claimed continuing education hours were completed. A report of continuing chiropractic education on a form furnished by the board shall be sent to the Executive Secretary, Iowa State Board of Chiropractic Examiners, Lucas State Office Building, Des Moines, Iowa 50319, or to any other address as may be designated on the form.

141.66(1) The board relies upon each individual licensee's integrity in certifying to his or her compliance with the continuing chiropractic education requirements herein provided. Nevertheless the board reserves the right to require, if it so elects, any licensee to submit, in addition to such report, further evidence satisfactory to the board demonstrating compliance with the continuing chiropractic education requirements herein provided. Accordingly, it is the responsibility of each licensee to retain or otherwise be able to have, or cause to be made, available at all times, reasonably satisfactory evidence of such compliance.

141.66(2) The licensee shall maintain a file in which records of the activities are kept, including dates, subjects, duration of programs, registration receipts where appropriate and other appropriate documentations for a period of three years after the date of the program.

470—141.67(258A) Attendance record. The board shall monitor licensee attendance at approved programs by random inquiries of accredited sponsors.

470—141.68(258A) Attendance report. The person or organization sponsoring continuing education activities shall make a written record of the Iowa licensees in attendance at each activity and send a signed copy of the attendance record to the executive secretary of the board upon completion of the educational activity, but in no case later than February 1 of the following calendar year.

The report shall be sent to the Iowa Chiropractic Board of Examiners. Lucas State Office Building, Des Moines, Iowa 50319.

470—141.69(258A) Exemptions for inactive practitioners. A licensee who is not engaged in practice in the state of Iowa residing within or without the state of Iowa may be granted a waiver of compliance and obtain a certificate of exemption upon written application to the board. The application shall contain a statement that the applicant will not engage in the practice of chiropractic in Iowa without first complying with all regulations governing reinstatement after exemption. The application for a certificate of exemption shall be submitted upon the form provided by the board.

470—141.70(258A) Reinstatement of inactive practitioners. Inactive practitioners who have been granted a waiver of compliance with these regulations and obtained a certificate of exemption shall, prior to engaging in the practice of chiropractic in the state of Iowa, satisfy the following requirements for reinstatement:

141.70(1) Submit written application for reinstatement to the board upon forms provided by the board; and

141.70(2) Furnish in the application evidence of one of the following:

a. The practice of chiropractic in another state of the United States or the District of Columbia and completion of continuing education for each year of inactive status substantially equivalent in the opinion of the board to that required under these rules; or

b. Completion of a total number of accredited continuing education hours substantially equivalent under these rules computed by multiplying twenty by the number of years a certificate of exemption shall have been in effect for such applicant; or

c. Successful completion of the Iowa state license examination conducted within one year immediately prior to the submission of such application for reinstatement.

470—141.71(258A Exemptions for active practitioners. A chiropractor* licensed to practice chiropractic shall be deemed to have complied with the continuing education requirements of this state during the period that the licensee serves honorably on active duty in the military services, or for periods that the licensee is a resident of another state or district having a continuing education requirement for the profession and meets all requirements of that state or district for practice therein, or for periods that the licensee is a government employee working in his or her licensed specialty and assigned to duty outside of the United States, or for other periods of active practice and absence from the state approved by the board. Prior to engaging in active practice in Iowa, the licensee shall submit for board approval evidence of continuing education obtained in another state or district.

470—141.72(258A) Physical disability or illness. The board may, in individual cases involving physical disability or illness, grant waivers of the minimum education requirements or extensions of time within which to fulfill the same or make the required reports. No waiver or extension of time shall be granted unless written application therefor shall be made on forms provided by the board and signed by the licensee and a physician licensed in the state of Iowa. Waivers of the minimum educational requirements may be granted by the board for any period of time not to exceed one calendar year. In the event that the physical disability or illness upon which a waiver has been granted continues beyond the period of the waiver, the licensee must reapply for an extension of the waiver. The board may, as a condition of any waiver granted, require the applicant to make up a certain portion or all of the minimum educational requirements waived by such methods as may be prescribed by the board.

470—141.73(258A) Noncompliance. A licensee who in the opinion of the board does not satisfy the requirements for license renewal stated in this chapter will be placed on probationary status and notified of the fact within sixty days after the renewal date. Within sixty days after such notification, the licensee must submit evidence to the board demonstrating

*Emergency, pursuant to §17A.5(2)"*b*" of the Code.

that the deficiencies have been satisfied. If the deficiencies are not made up within the specified period of time, the licensee's license will be classified as lapsed without further hearing.

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CHAPTER 142
Reserved

CHAPTER 143
BOARD OF OPTOMETRY EXAMINERS

470—143.1(154) General definitions.

143.1(1) *"Board"* means the board of optometry examiners.

143.1(2) *"Department"* means the Iowa state department of health.

470—143.2(154) Availability of information.

143.2(1) All information regarding rules, forms, time and place of meetings, minutes of meetings, record of hearings, and examination results are available to the public between the hours of 8:00 a.m. and 4:30 p.m., Monday to Friday, except holidays.

143.2(2) Information may be obtained by writing to the Board of Optometry Examiners, Iowa State Department of Health, Lucas State Office Building, Des Moines, Iowa 50319. All official correspondence shall be in writing and directed to the board at this address.

470—143.3(154) Organization of the board and procedures.

143.3(1) A chair, vice-chair, and secretary shall be elected at the first meeting after June 30 of each year.

143.3(2) Four board members present shall constitute a quorum.

143.3(3) The board shall hold an annual meeting and may hold additional meetings called by the chair or by a majority of the members of the board.

470—143.4(154) Petition to promulgate, amend or repeal a rule.

143.4(1) An interested person may petition the board to promulgate, amend or repeal a rule.

is arranged for and the soil conservation district certifies that the practice is completed and approved. The authority may charge reasonable and necessary fees needed to defray its costs for processing the loan and bond.

523—4.4(175) Issuance of bond. The authority will not issue a bond for the purpose of financing a project for a specific landowner(s) or operator(s) unless, prior to the issuance, the authority has conducted a public hearing conforming to the applicable requirements of the United States Internal Revenue Code of 1954 and the regulations promulgated thereunder. Upon receipt of a completed application, in a form prescribed by the authority, the secretary or executive administrator of the authority may set a date, time and place for the hearing. The hearing shall be preceded by a notice thereof published at least fourteen days prior to the date of the hearing in a newspaper of general circulation in the county where the project is located. The notice shall include, but not be limited to, the date, time and place of the hearing, the name of the landowner(s) or operator(s), a general description of the project, and the right of individuals to request a local hearing.

The hearing shall be held at the authority's offices in Des Moines, or other location stated in the notice, unless at or prior to the time scheduled for the hearing, the authority receives a written request that a local hearing be held. In the event a local hearing is requested, the previously scheduled hearing may be canceled, the secretary or executive administrator of the authority may set a date, time, and place for a local hearing and notice of the hearing in the local area shall be published in the time and manner stated above. The date, time and place for the local hearing shall be reasonably convenient to persons affected by the project.

Public hearings may be held by a staff member, board member of the authority, or another qualified hearing officer.

The authority will not issue a bond for the purpose of financing a project by a specific landowner(s) or operator(s) unless, prior to the issuance, the governor or another elected official of the state designated by the governor, shall approve the issuance of the bond. Following the public hearing, the authority shall prepare and send to the governor's office, or the office of the elected official of the state designated by the governor, a statement describing each bond or series of bonds which it proposes to issue, along with a summary of the public comments received with respect thereto, if any.

Following approval of the loan by the authority and upon completion of a public hearing and approval of the bond issuance by the governor or another elected state official designated by the governor, the authority will issue a bond, to be purchased by the participating lender, in the amount and fitting the terms of the loan to the landowner(s) or operator(s). The principal and interest on the bond is a limited obligation payable solely out of the revenues derived from the loan to the landowner(s) or operator(s) and the underlying collateral or other security furnished by or on behalf of the landowner(s) or operator(s). The participating lender shall have no other recourse against the authority. The principal and interest on the bond does not constitute an indebtedness of the authority or a charge against its general credit or general fund.

523—4.5(69GA,ch1243) Participating lenders. Any bank, bank holding company, trust company, mortgage company, national banking association, savings and loan association, life insurance company, any state or federal governmental agency or instrumentality, or any other financial institution or entity authorized to make mortgage loans or secured loans in this state may become a participating lender. A financial institution may become a participating lender at any time by signing an agreement with the authority to become a participating lender.

523—4.6(69GA,ch1243) Minimum loan. There will be no minimum amount for a loan under this program.

523—4.7(69GA,ch1243) Maximum loan. The maximum amount of loans that an owner or operator may receive in one year pursuant to this program shall not exceed twenty-five thousand dollars.

523—4.8(69GA,ch1243) Priority of applications. Applications shall be processed by the authority on a first-come-first-served basis, based upon the receipt of all completed documents by the authority.

523—4.9(69GA,ch1243) Procedures following bond issue. No bond proceeds may be used for a nonqualified purpose. Following the disbursement of the bond proceeds, the participating lender shall certify to the authority that the proceeds were used by a qualified landowner(s) or operator(s).

523—4.10(69GA,ch1243) Assignment of loans by participating lenders. A participating lender may assign a loan in whole or in part to any person, as defined in Iowa Code section 4.1(13). Servicing of the loan may also be assigned, but must at all times be with a participating lender as defined in rule 523—4.5(69GA,ch1243). The authority must be notified in writing prior to assignment of servicing of the loan.

523—4.11(69GA,ch1243) Right to audit. The authority shall have at any time the right to audit the records of the participating lender and the landowner(s) or operator(s) relating to this loan and bond to ensure that bond proceeds were used for a qualified purpose by a qualified user.

These rules are intended to implement Iowa Code chapter 175.

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530—10.20(88) Adoption by reference. The rules beginning at 1910.20 and continuing through 1910, as adopted by the United States secretary of labor shall be the rules for implementing chapter 88 of the Code. This rule adopts the Federal Occupational Safety and Health Standards of 29 C.F.R., Chapter XVII, Part 1910 as published at 37 Fed. Reg. 22102 to 22324 (October 18, 1972) and as amended at:

37 Fed. Reg. 23719 (November 8, 1972)
37 Fed. Reg. 24749 (November 21, 1972)
38 Fed. Reg. 3599 (February 8, 1973)
38 Fed. Reg. 9079 (April 10, 1973)
38 Fed. Reg. 10932 (May 3, 1973)
38 Fed. Reg. 14373 (June 1, 1973)
38 Fed. Reg. 16223 (June 21, 1973)
38 Fed. Reg. 19030 (July 17, 1973)
38 Fed. Reg. 27048 (September 28, 1973)
38 Fed. Reg. 28035 (October 11, 1973)
38 Fed. Reg. 33397 (December 4, 1973)
39 Fed. Reg. 1437 (January 9, 1974)
39 Fed. Reg. 3760 (January 29, 1974)
39 Fed. Reg. 6110 (February 19, 1974)
39 Fed. Reg. 9958 (March 15, 1974)
39 Fed. Reg. 19468 (June 3, 1974)
39 Fed. Reg. 35896 (October 4, 1974)
39 Fed. Reg. 41846 (December 3, 1974)
39 Fed. Reg. 41848 (December 3, 1974)
40 Fed. Reg. 3982 (January 27, 1975)
40 Fed. Reg. 13439 (March 26, 1975)
40 Fed. Reg. 18446 (April 28, 1975)
40 Fed. Reg. 23072 (May 28, 1975)
40 Fed. Reg. 23743 (June 2, 1975)
40 Fed. Reg. 24522 (June 9, 1975)
40 Fed. Reg. 27369 (June 27, 1975)
40 Fed. Reg. 31598 (July 28, 1975)
41 Fed. Reg. 11504 (March 19, 1976)
41 Fed. Reg. 13352 (March 30, 1976)
41 Fed. Reg. 35184 (August 20, 1976)
41 Fed. Reg. 46784 (October 22, 1976)
41 Fed. Reg. 55703 (December 21, 1976)
42 Fed. Reg. 2956 (January 14, 1977)
42 Fed. Reg. 3304 (January 18, 1977)
42 Fed. Reg. 45544 (September 9, 1977)
42 Fed. Reg. 46540 (September 16, 1977)
42 Fed. Reg. 37668 (July 22, 1977)
43 Fed. Reg. 11527 (March 17, 1978)
43 Fed. Reg. 19624 (May 5, 1978)
43 Fed. Reg. 27394 (June 23, 1978)
43 Fed. Reg. 27434 (June 23, 1978)
43 Fed. Reg. 28472 (June 30, 1978)
43 Fed. Reg. 28473 (June 30, 1978)
43 Fed. Reg. 31330 (July 21, 1978)
43 Fed. Reg. 35032 (August 8, 1978)
43 Fed. Reg. 45809 (October 3, 1978)
43 Fed. Reg. 49744 (October 24, 1978)
43 Fed. Reg. 51759 (November 7, 1978)
*43 Fed. Reg. 53007 (November 14, 1978)
43 Fed. Reg. 56893 (December 5, 1978)
43 Fed. Reg. 57602 (December 8, 1978)
44 Fed. Reg. 5447 (January 26, 1979)
44 Fed. Reg. 50338 (August 28, 1979)
44 Fed. Reg. 60981 (October 23, 1979)
44 Fed. Reg. 68827 (November 30, 1979)
45 Fed. Reg. 6713 (January 29, 1980)
45 Fed. Reg. 8594 (February 8, 1980)
45 Fed. Reg. 12417 (February 26, 1980)
45 Fed. Reg. 35277 (May 23, 1980)
45 Fed. Reg. 41634 (June 20, 1980)
45 Fed. Reg. 54333 (August 15, 1980)
45 Fed. Reg. 60703 (September 12, 1980)
46 Fed. Reg. 4056 (January 16, 1981)
46 Fed. Reg. 6288 (January 21, 1981)
46 Fed. Reg. 24557 (May 1, 1981)
46 Fed. Reg. 32022 (June 19, 1981)
46 Fed. Reg. 40185 (August 7, 1981)
46 Fed. Reg. 42632 (August 21, 1981)
46 Fed. Reg. 45333 (September 11, 1981)
46 Fed. Reg. 60775 (December 11, 1981)
47 Fed. Reg. 39161 (September 7, 1982)
47 Fed. Reg. 51117 (November 12, 1982)
47 Fed. Reg. 53365 (November 26, 1982)
48 Fed. Reg. 2768 (January 21, 1983)
48 Fed. Reg. 9641 (March 8, 1983)
48 Fed. Reg. 9776 (March 8, 1983)

*The following portions of the lead standard have been stayed by the United States secretary of labor and these portions will not become effective until this stay is lifted:

(1) The application of 29 C.F.R. 1910.1025(e)(i), which provides for compliance by engineering and work practice controls, is stayed. During the period of this stay, the present lead exposure standard, 29 C.F.R. 1910.1000, Table Z-2, remains in effect. The application of 29 C.F.R. 1910.1025(e)(2), which provides for respiratory protection, is effective except for the reference to paragraph (f) as elsewhere stayed. The provisions of 29 C.F.R.

1910.1025(e)(3), governing written compliance programs, are stayed, except for paragraph (F). The remaining portions of 29 C.F.R. 1910.1025(e) are stayed.

(2) The application of 29 C.F.R. 1910.1025(f)(2)(ii) is stayed. During the period of the stay employers shall provide a powered, air-purifying respirator in lieu of the respirator specified in Table II of (f)(2)(i) when the physical characteristics of the employee are such that the respirators specified in Table II are inadequate for his/her protection.

(3) The application of 29 C.F.R. 1910.1025(i), governing hygiene facilities and practices, is stayed to the extent this section requires the construction of new facilities or substantial renovation of existing facilities. The provisions in paragraph (i)(6) are stayed.

(4) The application of 29 C.F.R. 1910.1025(j), governing medical surveillance, is stayed to the following extent: (1) with respect to the requirements in paragraph (j)(2) that employers conduct biological monitoring of zinc protoporphyrin and in paragraph (j)(3)(ii)(D) that they conduct medical examinations for zinc protoporphyrin; and (2), with respect to the multiple physician review mechanism established by 29 C.F.R. 1910.1025(j)(3)(iii) and referred to elsewhere in the standard.

(5) The application of 29 C.F.R. 1910.1025(m), signs, is stayed pursuant to the stipulation of counsel.

This rule is intended to implement Iowa Code section 88.5

[Filed 7/13/72; amended 8/29/72, 12/1/72, 8/16/73, 10/11/73, 3/18/74, 6/12/74, 12/3/74, 3/13/75]
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[Filed 5/20/83, Notice 4/13/83—published 6/8/83, effective 7/15/83]

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(1) Personally observing a function or activity.
(2) Delegating functions or activities while retaining accountability.
(3) Determining that nursing care being provided is adequate and delivered appropriately.

b. Supervision shall be in accordance with the following:

(1) A licensed practical nurse shall be permitted to supervise in a residential health care setting.

(2) A licensed practical nurse working under the supervision of a registered nurse shall be permitted to supervise in an intermediate and skilled health care facility.

c. Additional education and training of a graduate practical nurse/licensed practical nurse shall be in accordance with the following:

(1) A licensed practical nurse who is employed to supervise shall be required to complete a curriculum which has been approved by the board and designed specifically for the supervision role of the licensed practical nurse in the long-term patient/client care setting. The course must be presented by a board approved nursing program or an approved provider of continuing education.

(2) Documentation of the completion of the curriculum as outlined in 6.5(1)*"c"*(1) of these rules shall be maintained by the licensed practical nurse.

(3) A licensed practical nurse shall be entitled to supervise as outlined in 6.5(1)*"b"* of these rules without the educational requirement outlined in 6.5(1)*"c"* of these rules if he/she is performing in a supervisory role prior to the enactment of these rules. The licensed practical nurse being employed in a supervisory role after the enactment of these rules shall complete the curriculum outlined in 6.5(1)*"c"*(1) of these rules within six months of employment.

d. A licensed practical nurse under the supervision of a registered nurse may direct the activities of other licensed practical nurses, nurses aides, orderlies, etc. in an acute care setting (primary, secondary, tertiary) in giving care to patients/clients assigned to the licensed practical nurse. The registered nurse must be in the proximate area.

e. A licensed practical nurse found to be performing in a supervisory role not in accordance with these rules shall be subject to appropriate proceedings being initiated by the board to determine if probable cause exists for license revocation, suspension, or probation as defined in the Iowa Administrative Code, Nursing Board [590], rule 1.2(17,147,152) Administrative hearings.

6.5(2) A licensed practical nurse shall be permitted to practice as a diagnostic radiographer while under the supervision of a licensed practitioner provided that appropriate training standards for use of radiation emitting equipment are met as outlined in the Iowa Administrative Code, Health Department [470], rule 42.1(136C). A licensed practical nurse found to be using radiation emitting equipment who has not met the appropriate training standards shall be subject to appropriate proceedings being initiated by the board to determine if probable cause exists for license revocation, suspension, or probation as defined in the Iowa Administrative Code, Nursing Board [590], rule 1.2(17,147,152) Administrative hearings.

Rules 6.4 and 6.5 are intended to implement Iowa Code chapters 136C and 152.

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*Effective date of 5/6/81 delayed seventy days by the administrative rules review committee. [Published IAB 4/29/81].
Effective date of chapter 6 delayed by the administrative rules review committee forty-five days after convening of the next General Assembly pursuant to §17A.8(9). [Published IAB 8/5/81].

**Effective date of 4/21/82 delayed seventy days by the administrative rules review commitee [Published IAB 4/28/82]. Delay lifted by committee on June 9, 1982.

CHAPTER 7
ADVANCED REGISTERED NURSE PRACTITIONERS

590—7.1(152) Definitions.

7.1(1) *Advanced registered nurse practitioner (A.R.N.P.).* An advanced registered nurse practitioner is a nurse with current active licensure as a registered nurse in Iowa who is prepared for advanced nursing practice by virtue of additional knowledge and skills gained through an organized post-basic program of nursing in a specialty area approved by the board. The advanced registered nurse practitioner is authorized by rule to practice advanced nursing or physician delegated functions on an interdisciplinary health team.

7.1(2) *Basic nursing education.* Basic nursing education as used in this chapter is a nursing program that prepares a person for initial licensure to practice nursing as a registered nurse.

7.1(3) *Board.* Board as used in this chapter means Iowa Board of Nursing.

7.1(4) *Certified family nurse practitioner.* Certified family nurse practitioner is an advanced registered nurse practitioner educated in the disciplines of nursing and family health who possesses evidence of certification by the American Nurses' Association or a successor agency as approved by the board. The certified family nurse practitioner is authorized by rule to practice advanced nursing assessment, intervention and management of physical and psychosocial health along the wellness-illness continuum of the individual/family from birth to death. The certified family nurse practitioner may practice in a variety of settings and when appropriate, provide for consultation, collaboration, or referral to physicians or other disciplines.

7.1(5) *Certified nurse-midwife.* Certified nurse-midwife is an advanced registered nurse practitioner educated in the disciplines of nursing and midwifery who possesses evidence of certification by the American College of Nurse-Midwives or a successor agency as approved by the board. The certified nurse-midwife is authorized by rule to manage the care of essentially normal newborns and women, antepartally, intrapartally, postpartally or gynecologically, occurring within a health care system which provides for medical consultation, collaborative management, or referral.

7.1(6) *Certified pediatric nurse practitioner.* Certified pediatric nurse practitioner is an advanced registered nurse practitioner educated in the disciplines of nursing and pediatrics who possesses evidence of certification by the American Nurses' Association (A.N.A.) or the National Board of Pediatric Nurse Practitioners and Associates or a successor agency as approved by the board. The certified pediatric nurse practitioner is authorized by rule to practice advanced nursing assessment, intervention and management of the physical and psychosocial health status of children and their families along the wellness-illness continuum in a variety of settings which provide for consultation, collaborative management, or referral to pediatricians, physicians or other disciplines.

7.1(7) *Certified registered nurse anesthetist.* Certified registered nurse anesthetist is an advanced registered nurse practitioner educated in the disciplines of nursing and anesthesia who possesses evidence of certification by the Council on Certification of Nurse Anesthetists or Recertification of Nurse Anesthetists of a successor agency as approved by the board.

7.1(8) *Fees.* Fees means those fees collected which are based upon the cost of sustaining the board. The fees set by the board are as follows:

a. For a license or renewal to practice as an advanced registered nurse practitioner, $12.00 per year or any period thereof.

b. For a certified statement that an advanced registered nurse practitioner is licensed in this state, $30.00.

c. For a duplicate license/original certificate to practice as an advanced registered nurse practitioner, $15.00.

d. For advanced registered nurse practitioner late renewal, $10.00 plus the renewal fee as specified in paragraph "*a*" of this subrule.

e. For advanced registered nurse practitioner delinquent licensee fee, $50.00 plus all renewal fees to date due.

f. For a check returned for any reason, $20.00.

7.1(9) *Mental health registered nurse practitioner.* (Reserved for future use.)
7.1(10) *School registered nurse practitioner.* (Reserved for future use.)

590—7.2(152) General requirements for the advanced registered nurse practitioner.

7.2(1) *Specialty areas of nursing practice for the advanced registered nurse practitioner.* The board derives its authority to define the educational and clinical experience that is necessary to practice at an advanced registered nurse practitioner level under the provisions of Iowa Code section 152.1, subsection (2), paragraph "*d*". The specialty areas of nursing practice for the advanced registered nurse practitioner which shall be considered as legally authorized by the board are as follows:

a. Nurse anesthetist.
b. Nurse-midwife.
c. Pediatric nurse practitioner.
d. Family nurse practitioner.

7.2(2) *Titles and abbreviations.* A registered nurse who has completed all requirements to practice as an advanced registered nurse practitioner and who is registered with the board to practice shall use the title advanced registered nurse practitioner (A.R.N.P.). Utilization of the title which denotes the specialty area is at the discretion of the advanced registered nurse practitioner.

a. No person shall practice or advertise as or use the title of advanced registered nurse practitioner for any of the defined specialty areas unless the name, title and specialty area appears on the official record of the board and on the current license.

b. No person shall use the abbreviation A.R.N.P. for any of the defined specialty areas or any other words, letters, signs or figures to indicate that the person is an advanced registered nurse practitioner unless the name, title and specialty area appears on the official record of the board and on the current license.

c. Any person found to be practicing under the title of advanced registered nurse practitioner or using the abbreviation A.R.N.P. without being registered as defined in this subrule shall be subject to disciplinary action.

7.2(3) *General education and clinical requirements.*

a. The general educational and clinical requirements necessary for recognition by the board as a specialty area of nursing practice are as follows:

(1) Graduation from a program leading to a master's degree in a nursing clinical specialty area with preparation in specialized practitioner skills as approved by the board; or

(2) Satisfactory completion of an organized postbasic program of study and appropriate clinical experience as approved by the board.

b. Additional requirements. Nothing in this rule shall be construed to mean that additional general educational or clinical requirements cannot be defined in a specialty area.

7.2(4) *Application process.* A registered nurse who wishes to practice as an advanced registered nurse practitioner shall submit the following to the office of the board:

a. An advanced registered nurse practitioner application form which may be obtained from the office of the board.

b. A registration fee as established by the board.

c. An official copy of all credentials necessary to document that all requirements have been met in one of the specialty areas of nursing practice as listed in subrule 7.2(1). A registered nurse may make application to practice in more than one specialty area of nursing practice.

7.2(5) *Initial registration.* The executive director or a designee shall have the authority to determine if all requirements have been met for registration as an advanced registered nurse practitioner. If it has been determined that all requirements have been met:

a. Official licensure records of the registered nurse shall denote registration as an advanced registered nurse practitioner as well as the specialty area(s) of nursing practice.

b. The registered nurse shall be issued, whichever applicable, one of the following:

(1) Temporary registration card when the nurse presents evidence of eligibility for the next

certification examination. The temporary registration is valid until the results of the first examination are received. The expiration date of the temporary registration card shall be determined by the executive director or designee based upon the examination requirements.

(2) A license and a certificate to practice as an advanced registered nurse practitioner which clearly denotes the name, title, specialty area(s) of nursing practice and expiration date of registration. The expiration date shall be based on the period of certification granted by the relevant national certification board, agency, etc. If the certification period by the relevant national certification board, agency, etc. is greater than three years, or if there is no certification board, the expiration date shall be based on the same period of license to practice as a registered nurse.

7.2(6) *Denial of registration.* If it has been determined that all requirements have not been met, the registered nurse shall be notified in writing of the reason(s) for the decision. The applicant shall have the right of appeal to the Iowa Board of Nursing within thirty days of denial of the executive director or designee.

7.2(7) *Application process for renewal of registration.* Renewal of registration for the advanced registered nurse practitioner shall be for either the same period of license to practice as a registered nurse or the period of recertification granted by the relevant national certification board, agency, etc. if less than three years. The executive director or a designee shall have the authority to determine if all requirements have been met for reregistration as an advanced registered nurse practitioner. A registered nurse who wishes to continue practice as an advanced registered nurse practitioner shall submit the following at least thirty days prior to the license expiration to the office of the Iowa Board of Nursing:

a. Completed renewal registration form.

b. Registration fee as established by the board.

7.2(8) *Continuing education requirements.* Continuing education shall be met as required for certification by the relevant national certification board, agency, etc.

7.2(9) *Denial of renewal registration.* If it has been determined that all requirements have not been met, the applicant shall be notified in writing of the reason(s) for the decision. Failure to obtain the renewal will result in termination of registration and of the right to practice in the advanced registered nurse practitioner specialty area(s). The applicant shall have the right of appeal to the Iowa Board of Nursing within thirty days of denial of the executive director or designee.

7.2(10) *License to practice as an advanced registered nurse practitioner revoked, suspended, etc.* The board may restrict, suspend or revoke a license to practice as an advanced registered nurse practitioner on any of the grounds stated in Iowa Code sections 147.55, 152.10 or chapter 258A. In addition:

a. The board may refer a complaint against an advanced registered nurse practitioner to a peer review committee for investigation and review in accordance with Iowa Code section 258A.6(2).

b. The peer review committee shall be comprised of three advanced registered nurse practitioners in the same specialty area of nursing practice.

c. The board may appoint a physician from a related area of medical specialty to serve as a consultant to the peer review committee.

These rules implement Iowa Code sections 17A.3, 147.53, 147.76 and 152.1.

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[Filed 5/18/83, Notice 4/13/83—published 6/8/83, effective 7/13/83]

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CHAPTER 19
IOWA JOB TRAINING PARTNERSHIP PROGRAM

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19.2(7A,29U.S.C. 1501 et seq.) Purpose
19.3(7A,29U.S.C. 1501 et seq.) Definitions
19.4(7A,29U.S.C. 1501 et seq.) State job training co-ordinating council
19.5(7A,29U.S.C. 1501 et seq.) Service delivery area designation
19.6(7A,29U.S.C. 1501 et seq.) Consortium agreements
19.7 to 19.9 Reserved
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24.2(7A,PL97-35) Eligibility requirements
24.3(7A,PL97-35) Eligible activities
24.4(7A,PL97-35) Distribution of funds
24.5(7A,PL97-35) Grant application submission
24.6(7A,PL97-35) Project review and selection

[illegible]

[illegible]

CHAPTER 24
COMMUNITY DEVELOPMENT BLOCK GRANT TECHNICAL ASSISTANCE PROGRAM

630—24.1(7A,PL97-35) Purpose. Pursuant to Iowa Code section 7A.3, the Community Development Block Grant Technical Assistance Program of the Division of Local Government Affairs (DLGA), Office for Planning and Programming (OPP) was established.

24.1(1) The purposes of the technical assistance grant program are:

a. To administer Housing and Urban Development funds under section 107 of the Housing and Community Development Act of 1974, as amended, for technical assistance to eligible cities and counties to carry out community development related projects.

b. To encourage and assist local governments that are not current recipients of CDBG funds to conduct studies or plans relating to projects eligible for CDBG funding.

24.1(2) Those parties interested in information on the technical assistance grant program should write Division of Local Government Affairs, Office for Planning and Programming, 523 East 12th Street, Des Moines, Iowa 50319, or phone (515) 281-3746.

630—24.2(7A,PL97-35) Eligibility requirements. The following eligibility requirements shall apply:

24.2(1) Any nonentitlement CDBG-eligible community (city or county) that did not receive CDBG funds in FY 1982 or FY 1983 is eligible.

24.2(2) A city or county may apply on behalf of a nonprofit or for-profit organization that will carry out an eligible activity.

630—24.3(7A,PL97-35) Eligible activities. Eligible activities shall include the following types of projects:

1. Studies conducted by an engineer or other appropriate party relating to the community's water, sewer, street, or other public works systems,
2. Studies on potential commercial development, including identification of federal, state, and local funding sources,
3. Development of strategies for local economic development, including preliminary plans for application under the Urban Development Action Grant (UDAG) program, but not including the actual preparation of applications,
4. Design work associated with a mainstreet revitalization project, community center, fire station, or any other CDBG-eligible project.

630—24.4(7A,PL97-35) Distribution of funds.

24.4(1) Technical assistance grant funds will be distributed on a competitive basis to eligible local governments.

24.4(2) Technical assistance grants will be awarded in sums no greater than five thousand dollars per grantee.

24.4(3) Payment to grantees will be on a cost reimbursement basis and will be subject to submission to and approval by OPP of the following reports:

a. Progress report with corresponding expenditure report;

b. Final report with corresponding expenditure report.

The format of these reports and dates of submission shall be established by OPP.

630—24.5(7A,PL97-35) Grant application submission.

24.5(1) The division of local government affairs will notify eligible applicants by direct mail, explaining the program and establishing an application deadline.

24.5(2) The local government shall complete an application which is available upon request from the Division of Local Government Affairs, Office for Planning and Programming, 523 East 12th Street, Des Moines, Iowa 50319.

630—24.6(7A,PL97-35) Project review and selection.

24.6(1) A review and selection committee, hereinafter referred to as the committee, shall be composed of three staff members of the division of local government affairs.

24.6(2) Upon submission of an application, a number shall be assigned and the name of the community shall be removed, so as to assure anonymity as it is reviewed by the committee.

24.6(3) The committee shall not consider further any application in which false information is discovered.

24.6(4) The committee shall apply the following rating system, based on a point system, to each grant application considered:

a. The community-wide factors based on data derived during the 1983 CDBG application process and supplied by OPP;

(1) Percentage of the community below the poverty level as defined by the Department of Housing and Urban Development. (200 points)

(2) City or county mill rate. (100 points)

b. The community commitment as demonstrated by local financial support, previous unsuccessful applications for funding or community survey on the project. (200 points)

c. Potential benefit to low- and moderate-income persons. (200 points)

These rules are intended to implement Iowa Code section 7A.3 and Public Law 97-35.

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[Filed emergency 5/23/83—published 6/8/83, effective 5/23/83 to 12/31/83]

access ladders through cornices and similar projections shall have minimum dimensions of thirty inches by thirty-three inches.

(7) The lowest balcony shall be not more than eighteen feet from the ground. Fire escapes shall extend to the ground or be provided with counterbalanced stairs reaching to the ground.

(8) Fire escapes shall not take the place of stairways required by the codes under which the building was constructed.

(9) Fire escapes shall be kept clear and unobstructed at all times and maintained in good working order.

(10) All fire escapes shall have walls or guards on both sides, with handrails not less than thirty inches nor more than forty-two inches high measured vertically from a point on the stair tread one inch back from the leading edge.

(11) All supporting members for balconies and stairs that are in tension and are fastened directly to the building shall pass through the wall and be securely fastened on the opposite side or they shall be securely fastened to the framework of the building. Where opposite metal members pass through walls, they shall be protected effectively against corrosion.

(12) Tread construction must be solid, with one-half inch diameter perforations permitted.

5.101(5) *Exit and fire escape signs.* Exit signs shall be provided as required by rule 5.62(100).

EXCEPTION: The use of existing exit signs may be continued when approved by the authority having jurisdiction.

All doors or windows providing access to a fire escape shall be provided with fire escape signs.

680—5.102(100) Enclosure of vertical shafts.

5.102(1) Interior vertical shafts, including but not limited to stairways, elevator hoistways, service and utility shafts, shall be enclosed by a minimum of one-hour fire-resistive construction. All openings into such shafts shall be protected with one-hour fire assemblies which shall be maintained self-closing or be automatic closing by smoke detection. All other openings shall be fire protected in an approved manner.

EXCEPTIONS:

1. An enclosure will not be required for openings serving only one adjacent floor, unless otherwise required by specific occupancies.
2. Stairways need not be enclosed in a continuous vertical shaft if each story is separated from other stories by one-hour fire-resistive construction or approved wired glass set in steel frames.

(3) Vertical openings need not be protected if the building is protected by an approved automatic sprinkler system, and does not exceed three stories.

5.102(2) Reserved.

680—5.103(100) Standpipes.

5.103(1) Any buildings over four stories in height shall be provided with an approved Class I or III standpipe system.

5.103(2) Reserved.

680—5.104(100) Separation of occupancies.

5.104(1) Occupancy separations shall be provided as required by the authority having jurisdiction, with a minimum of one hour either vertically or horizontally or both. When approved by the authority having jurisdiction, existing wood lath and plaster in good condition or one-half-inch gypsum wallboard may be acceptable where one hour occupancy separations are required.

5.104(2) Reserved.

680—5.105(100) Dead-end corridors.

5.105(1) In existing buildings, when correction of a dead-end corridor is impractical,

dead-end corridor length of specific occupancies may be extended, provided additional smoke detection and safeguards are installed, as determined by the authority having jurisdiction. Occupancy and dead-end corridor lengths are as follows:

Residential	35 feet	Business (Office)	50 feet
Mercantile	50 feet	Industrial	50 feet

5.105(2) Reserved.

TABLE NO. 5 — A—MINIMUM EGRESS AND ACCESS REQUIREMENTS

USE	MINIMUM OF TWO EXITS OTHER THAN ELEVATORS ARE REQUIRED WHERE NUMBER OF OCCUPANTS IS AT LEAST	OCCUPANT LOAD FACTOR
1. Aircraft Hangars (no repair)	10	500
2. Auction Rooms	30	7
3. Assembly Areas, Concentrated Use (without fixed seats) Auditoriums Bowling Alleys (Assembly areas) Churches and Chapels Dance Floors Lodge Rooms Reviewing Stands Stadiums	50	7
4. Assembly Areas, Less-concentrated Use Conference Rooms Dining Rooms Drinking Establishments Exhibit Rooms Gymnasiums Lounges Stages	50	15
5. Children's Homes and Homes for the Aged	6	80
6. Classrooms	50	20
7. Dormitories	10	50
8. Dwellings	10	300
9. Garage, Parking	30	200
10. Hospitals and Sanitariums — Nursing Homes	6	80
11. Hotels and Apartments	10	200
12. Kitchen — Commercial	30	200
13. Library Reading Room	50	50
14. Locker Rooms	30	50
15. Mechanical Equipment Room	30	300
16. Nurseries for Children (Day-care)	7	35
17. Offices	30	100
18. School Shops and Vocational Rooms	50	50
19. Skating Rinks	50	50 on the skating area; 15 on the deck
20. Stores — Retail Sales Rooms Basement Ground Floor Upper Floors	 7 50 10	 20 30 50
21. Swimming Pools	50	50 for the pool area; 15 on the deck
22. Warehouses	30	300
23. Lobby Accessory to Assembly Occupancy	50	7
24. Malls	50	30
25. All others	50	100

TABLE NO.5 -B- TYPES OF CONSTRUCTION — FIRE-RESISTIVE REQUIREMENTS
(In Hours)
For Details see Chapters under Occupancy and Types of Construction

	TYPE I	TYPE II			TYPE III		TYPE IV	TYPE V	
	NONCOMBUSTIBLE				COMBUSTIBLE				
BUILDING ELEMENT	Fire-Resistive	Fire-Resistive	1-Hr.	N	1-Hr.	N	H.T.	1-Hr	N
Exterior Bearing Walls	4	4	1	N	4	4	4	1	N
Interior Bearing Walls	3	2	1	N	1	N	1	1	N
Exterior Nonbearing Walls	4	4	1	N	4	4	4	1	N
Structural Frame[1]	3	2	1	N	1	N	1 or H.T.	1	N
Partitions — Permanent	1[2]	1[2]	1[2]	N	1	N	1 or H.T.	1	N
Shaft Enclosures	2	2	1	1	1	1	1	1	1
Floors	2	2	1	N	1	N	H.T.	1	N
Roofs	2	1	1	N	1	N	H.T.	1	N

N—No general requirements for fire resistance H.T.—Heavy Timber

[1]Structural frame elements in the exterior wall shall be protected against external fire exposure as required for exterior bearing walls or the structural frame, whichever is greater.

[2]Fire retardant treated wood may be used in the assembly, provided fire-resistance requirements are maintained.

5.106 to **5.229** Reserved.

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680—5.230(100) High-rise buildings. This rule establishes requirements relating to the installation of an automatic fire extinguishing system in high-rise buildings as required by Acts of the 66th General Assembly, 1975 session, chapter 100.

5.230(1) *Definitions.* The words used in Acts of the 66th General Assembly, 1975 session, chapter 100, and in these rules shall be defined as such words may be defined in the state building code except that the following definitions shall be used, unless the context otherwise requires:

a. "A designee of the state fire marshal" means an employee of the state fire marshal or an assistant state fire inspector.

b. "Assistant state fire inspector" means a person so designated by the state fire marshal and issued an identification card signed by the state fire marshal.

c. "Local authority having jurisdiction" means a member of an organized fire department designated by the state fire marshal to approve plans and installations of systems.

d. "NFPA code" means the National Fire Protection Association code.

e. "State building code" means rules and regulations promulgated under the authority of chapter 103A of the Code of Iowa, 1975.

f. "System" means an automatic fire extinguishing system.

5.230(2) *Compliance with NFPA code.* Buildings that are required to be equipped with a system shall have a system that is designed, installed and in such working order to be in substantial compliance with the NFPA code.

a. The applicable standards of the NFPA code that a system must comply with are found in volumes I and II of the 1975 edition of the code and other publications referred to in volumes I and II.

b. A copy of these standards in the NFPA code can be obtained by request directed to the fire marshal or NFPA, 470 Atlantic Avenue, Boston, Massachusetts 02210.

5.230(3) *Approval prior to construction.* Plans for a building required to have a system shall be approved prior to the commencement of construction.

a. Approval of such plans may be granted by the fire marshal, a designee of the state fire marshal, or a local authority having jurisdiction.

b. Approval of the fire marshal may be obtained by complying with the procedure established in rule 5.3(17A).

c. The fire marshal may approve such plans upon receipt of a certified statement that such building plans are in compliance with these rules if such certified statement is received from a consultant as defined in 5.4(2).

d. The fire marshal may approve plans that provide that certain rooms in the building will not have a system that uses water if the use of water in such rooms would create hazards. However, the fire marshal may require such rooms to be equipped with another type of automatic fire extinguishing system or an automatic alarm system.

5.230(4) *Exceptions.* Any building that is enlarged above four stories in height or sixty-five feet above grade or is altered above four stories or sixty-five feet above grade shall be equipped with a system unless the area enlarged or altered is completely separated from the existing building with "separation walls" in compliance with the state building code so

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permanently residing in the United States as evidenced by suitable documentary proof furnished by the immigration and naturalization service of the United States Department of Justice.

41.2(3) *Specified relationship.* A child may be considered as meeting the requirement of living with a specified relative if such child's home is with one of the following or with a spouse of such relative even though the marriage is terminated by death or divorce:

Father—adoptive father.

Mother—adoptive mother.

Grandfather—grandfather-in-law, meaning the subsequent husband of the child's natural grandmother, i.e., stepgrandfather—adoptive grandfather.

Grandmother—grandmother-in-law, meaning the subsequent wife of the child's natural grandfather, i.e., stepgrandmother—adoptive grandmother.

Great-grandfather—great-great-grandfather.

Great-grandmother—great-great-grandmother.

Stepfather, but not his parents.

Stepmother, but not her parents.

Brother—brother-of-half-blood—stepbrother—brother-in-law—adoptive brother.

Sister— sister-of-half-blood—stepsister—sister-in-law—adoptive sister.

Uncle—aunt, of whole or half blood.

Uncle-in-law—aunt-in-law.

Great uncle—great-great-uncle.

Great aunt—great-great-aunt.

First cousins—nephews—nieces.

41.2(4) *Liability of relatives.* All appropriate steps shall be taken to secure support from legally liable persons on behalf of all persons in the eligible group, including the establishment of paternity.

a. When necessary to establish eligibility, the local office shall make the initial contact with the absent parent at the time of application. Subsequent contacts shall be made by the child support recovery unit.

b. When contact with the aid to dependent children family or other sources of information indicates that relatives other than parents and spouses of the eligible children are contributing toward the support of members of the eligible group, have contributed in the past, or are of such financial standing they might reasonably be expected to contribute, the local office shall contact such persons to verify current contributions or arrange for contributions on a voluntary basis.

41.2(5) *Referral to child support recovery unit.* The local office shall provide prompt notice to the child support recovery unit whenever assistance is furnished with respect to a child whose eligibility is based on the continued absence of a parent from the home or when any member of the eligible group is entitled to support payments.

"Prompt notice" means within two working days of the date assistance is approved.

41.2(6) *Co-operation in obtaining support.* Each applicant for or recipient of aid to dependent children shall co-operate with the department in establishing paternity and securing support for persons whose needs are included in the assistance grant, except when good cause as defined in 41.2(8) for refusal to co-operate is established.

a. The applicant or recipient shall co-operate in the following areas:

(1) Identifying and locating the parent of the child for whom aid is claimed.

(2) Establishing the paternity of a child born out of wedlock for whom aid is claimed.

(3) Obtaining support payments for the applicant or recipient and for a child for whom aid is claimed.

(4) Obtaining any other payments or property due the applicant, recipient, or child.

b. Co-operation is defined as including the following actions by the applicant or recipient:

(1) Appearing at the local office or the child support recovery unit to provide verbal or written information or documentary evidence known to, possessed by, or reasonably obtained by the applicant or recipient that is relevant to achieving the objectives of the child support recovery program. This includes completing and signing the Support Information, CS-1101-5, upon request of the local office.

(2) Appearing as a witness at judicial or other hearings or proceedings.

(3) Providing information, or attesting to the lack of information, under penalty of perjury.

(4) Paying to the department any nonexempt cash support payments received after the application for assistance has been approved.

c. The applicant or recipient shall co-operate with the local office in supplying information with respect to the absent parent, the receipt of support, and the establishment of paternity, to the extent necessary to establish eligibility for assistance and permit an appropriate referral to the child support recovery unit.

d. The applicant or recipient shall co-operate with the child support recovery unit to the extent of supplying all known information and documents pertaining to the location of the absent parent and taking such action as may be necessary to secure support payments or establish paternity.

e. The income maintenance unit in the local office shall make the determination of whether or not the client has co-operated.

f. Failure to co-operate shall result in the individual's need being removed from the grant and a protective payee established.

41.2(7) *Assignment of support payments.* Each applicant for or recipient of assistance shall assign to the department any rights to support from any other person as the applicant or recipient may have. This shall include rights to support in the applicant or recipient's own behalf or in behalf of any other family member for whom the applicant or recipient is applying for or receiving assistance and which have accrued at the time the assignment is executed. An assignment is effective the same date the local office reaches a decision on eligibility and is effective for the entire period for which assistance is paid.

a. The support assignment shall remain in effect during the month of suspension. However, the monthly support entitlement or the support collected for a month of suspension, whichever is less, shall be refunded to the client by the child support recovery unit at the earliest possible date.

b. to *d.* Reserved.

b. The value of the coupon allotment in the food stamp program.

c. The value of the United States department of agriculture donated foods (surplus commodities).

d. The value of supplemental food assistance received under the Child Nutrition Act and the special food service program for children under the National School Lunch Act.

e. Any benefits received under Title III-C, Nutrition Program for the Elderly, of the Older Americans Act.

f. Any assistance that is provided in cash or in kind under the emergency energy conservation services program.

g. Any payment received under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and the Federal-Aid Highway Act of 1968.

h. Any judgment funds that have been or will be distributed per capita or held in trust for members of any Indian tribe. When the payment, in all or part, is converted to another type of resource, that resource is also exempt.

i. Payments to volunteers in volunteers in service to America.

j. Payments for supporting services or reimbursement of out-of-pocket expenses received by volunteers in any of the programs established under Titles II and III of the Domestic Volunteer Services Act.

k. Tax-exempt portions of payments made pursuant to the Alaskan Native Claims Settlement Act.

l. Experimental housing allowance program payments made under annual contribution contracts entered into prior to January 1, 1975, under section 23 of the U.S. Housing Act of 1936 as amended.

m. The income of a supplemental security income recipient.

n. Income of a child when the payee has elected to exclude the child from the eligible group.

o. The $30.00 weekly incentive allowance and any payment for training and employment related expenses made under the Comprehensive Employment and Training Act of 1973.

p. Earning and allowances from youth employment demonstration programs established under the Comprehensive Employment and Training Act of 1973.

q. Loans and grants obtained and used under conditions that preclude their use for current living costs.

r. Any loan or grant to any undergraduate student for educational purposes made or insured under any program administered by the United States Secretary of Education.

s. All earned income of the undergraduate student in a college work-study program administered by the United States Secretary of Education.

t. Any income restricted by law or regulation which is paid to a representative payee, other than a parent who is the applicant or recipient, unless the income is actually made available to the applicant or recipient by the representative payee.

41.7(7) *Exempt as income.* The following are exempt as income.

a. Reimbursements from a third party.

b. Reimbursement from the employer for job-related expenses.

c. The following nonrecurring lump sum payments:

(1) Income tax refund.

(2) Retroactive supplemental security income benefits.

(3) Settlements for the payment of medical expenses.

(4) Refunds of security deposits on rental property or utilities.

(5) That part of a lump sum received and expended for funeral and burial expenses.

d. Payments received by the family providing foster care to a child or children when the family is operating a licensed foster home.

e. Any income which is restricted to the sole use of a child being removed from the eligible group to be placed in aid to dependent children-foster care.

f. Contributions, gifts, and winnings received on less than a quarterly basis, with no assurance of continuance.

g. Income of less than $5.00 per month from any one source.

h. Supplementation from county funds providing:

(1) The assistance does not duplicate any of the basic needs as recognized by the aid to dependent children program, or

(2) The assistance, if a duplication of any of the basic needs, is made on an emergency basis, not as ongoing supplementation.

i. Any payment received as a result of an urban renewal or low cost housing project from any governmental agency unless the cost of shelter is furnished in full.

j. A retroactive corrective payment.

k. The training allowance issued by the rehabilitation education and services branch of the department of public instruction.

l. The following payments from the work incentive program:

(1) The monthly incentive allowance and daily training allowance for transportation and lunches for individuals in vocational classroom training and work experience program.

(2) The payment for child care.

m. The payment for training related expenses to individuals in an individual education and training plan.

n. The training allowance issued by the commission for the blind.

o. Payment(s) from a passenger(s) in a car pool.

p. Support refunded by the child support recovery unit for the first month of termination of eligibility and the family does not receive aid to dependent children.

q. Support refunded by the child support recovery unit or otherwise paid to or for the recipient for a month of suspension. The maximum exempt payment shall be the amount of the monthly support entitlement. The payment shall never exceed the amount of support collected for the month of suspension.

41.7(8) *Treatment of income in sanction/stepparent cases.*

a. A parent removed from the eligible group for an income maintenance sanction or not included because of the resource restriction in 41.6(2)"*c*", or who has elected to be excluded from the eligible group is not eligible for the $30.00 plus one-third earned income disregard, and shall be permitted to retain only that part of the parent's income to meet the parent's needs as determined by the difference between the needs of the eligible group with the parent included and the needs of the eligible group with the parent excluded. All remaining income of the parent shall be applied against the needs of the eligible group.

b. The income of a stepparent who is not included in the eligible group, but is living with the parent in the home of the eligible child(ren), shall be given the same consideration and treatment as that of a natural parent, subject to the limitations of subparagraphs (1), (2), (3) and (4) below.

(1) The stepparent's monthly gross nonexempt earned income, earned as an employee or monthly net profit from self-employment, shall receive a standard work expense deduction as prescribed in 41.7(2)"*a*".

(2) Any amounts actually paid by the stepparent to individuals not living in the home, who are claimed or could be claimed by the stepparent as dependents for federal income tax purposes, shall be deducted from the total nonexempt monthly earned and unearned income of the stepparent.

(3) The stepparent shall also be allowed a deduction from nonexempt monthly earned and unearned income for alimony and child support payments made to individuals not living in the home with the stepparent.

(4) The nonexempt monthly earned and unearned income of the stepparent remaining after application of the deductions in 41.7(8)"*b*"(1), (2) and (3) above shall be used to meet the needs of the stepparent and the stepparent's dependents living in the home, when the dependents' needs are not included in the eligible group and the stepparent claims or could claim the dependents for federal income tax purposes. These needs shall be determined in accordance with the aid-to-dependent-children standard of need for a family group of the same composition. Any remaining income in excess of these needs shall be applied as unearned income to the needs of the eligible group.

c. When the income of the stepparent, not in the eligible group, is insufficient to meet the needs of the stepparent and the stepparent's dependent, but ineligible, child(ren) living in the home, the income of the parent may be diverted to meet the unmet needs of the child(ren) of the current marriage.

d. When the needs of the stepparent, living in the home, are not included in the eligible group, the eligible group and any dependent but ineligible child(ren) of the parent shall be considered as one unit, and the stepparent and the stepparent's dependents, other than the spouse, shall be considered a separate unit.

41.7(9) *Budgeting process.*

a. Initial eligibility.

(1) At time of application all earned and unearned income received and anticipated to be received by the eligible group during the month the decision is made shall be considered to determine eligibility for aid to dependent children, except income which is exempt. When income is prorated in accordance with 41.7(9)"*c*"(1), 41.7(9)"*g*" and 41.7(9)"*i*", the prorated amount is counted as income received in the month of decision. Allowable work expenses during the month of decision shall be deducted from earned income, except when determining eligibility under the one hundred fifty percent test defined in 770—41.7(239). The determination of eligibility in the month of decision is a three-step process as described in 770—41.7(239).

(2) When countable gross nonexempt earned and unearned income in the month of decision, or in any month after assistance is approved, exceeds one hundred fifty percent of the standard of need for the eligible group, the application shall be rejected or the assistance grant canceled. Countable gross income means gross income, as defined in 770—41.7(239), without application of any disregards, deductions for work expenses, or diversions. When the countable gross nonexempt earned and unearned income in the month of decision equals or is less than one hundred fifty percent of the standard of need for the eligible group, initial eligibility shall then be determined. Initial eligibility is determined without application of the earned income disregards as specified in 41.7(2)"*c*" and "*e*". Appropriate deductions for work expenses and diversions are applied. When countable net earned and unearned income in the month of decision equal or exceeds the standard of need for the eligible group, the application shall be rejected.

(3) When the countable net income in the month of decision is less than the standard of need for the eligible group, the earned income disregards shall be applied when there is eligibility for these disregards. When countable net earned and unearned income in the month of decision, after application of the earned income disregards, work expenses and diversions, equals or exceeds the payment standard for the eligible group, the application shall be rejected.

When the countable net income in the month of decision is less than the payment standard for the eligile group, the application shall be approved. The amount of the aid-to-dependent-children grant shall be determined by subtracting countable net income in the month of decision from the payment standard for the eligible group, except as specified in 41.7(9)"*a*"(4).

(4) Eligibility for aid to dependent children for any month or partial month before the month of decision shall be determined only when there is eligibility in the month of decision. The family composition for any month or partial month before the month of decision shall be considered the same as on the date of decision. In determining eligibility and the amount of the assistance payment for any month or partial month preceding the month of decision, income and all circumstances except family composition in that month shall be considered in the same manner as in the month of decision. When the eligibility determination is delayed until the third initial month or later and payment is being made for the preceding months, the payment for the month following the initial two months shall be based, retrospectively, on income and all circumstances except family composition in the corresponding budget month.

(5) The amount of the assistance grant for the initial two months of eligibility shall be computed prospectively with two exceptions. Income shall be considered retrospectively for the first two payment months which follow a month of suspension, unless there has been a change in the family's circumstances. Also, income for the first two months of eligibility shall be considered retrospectively when the applicant received assistance for the immediately preceding payment month, including a month for which payment was not received due to the restriction defined in 770—45.6(239) and 770—45.7(239).

(6) Income considered for prospective budgeting shall be the best estimate, based on knowledge of current and past circumstances and reasonable expectations of future circumstances.

(7) Work expense for care, as defined in 41.7(2)"*b*", shall be the allowable care expense expected to be billed or otherwise expected to become due during the budget month. The amount of standard work expense deduction for each wage earner as defined in 41.7(2)"*a*" shall be allowed.

b. Ongoing eligibility.

(1) After the initial two payment months, the amount of each grant shall be based, retrospectively, on income and other circumstances in the budget month. However, when the income was considered prospectively in the initial application and is not expected to continue, it shall not be considered again. This includes an eligible group not receiving a payment due to the restriction defined in 770—45.6(239) and 770—45.7(239).

(2) When a change in eligibility factors occurs, the local office shall prospectively compute eligibility based on the change, effective no later than the month following the month the change occurred. If eligibility continues, no action is taken. If ineligibility exists, assistance shall be canceled or suspended. Continuing eligibility under the one hundred fifty percent eligibility test, defined in 770—41.7(239), shall be computed prospectively and retrospectively.

(3) Income considered for retrospective budgeting shall be the actual income received in the budget month, except for the income described in 41.7(9)"*c*"(1), 41.7(9)"*g*" and 41.7(9)"*i*". A payroll check will be considered received the date the employer distributes payroll checks to employees.

(4) Work expense for care, as defined in 41.7(2)"*b*", shall be the actual allowable expense billed or which otherwise became due in the budget month. The amount of standard work expense deduction for each wage earner, as defined in 41.7(2)"*a*", shall be allowed.

c. Lump sum income.

(1) Lump sum income other than nonrecurring. Recurring lump sum earned and unearned income, except for the income of the self-employed, shall be prorated over the number of months for which the income was received and applied to the grant for the same number of months. Income received by an individual employed under a contract shall be prorated over the period of the contract. Income received at periodic intervals or intermittently shall be prorated over the period covered by the income and applied to the grant for the same number of months, except periodic or intermittent income from self-employment shall be treated as described in 41.7(9)"*i*". When the lump sum income is earned income, appropriate disregards, deductions and diversions shall be applied to the monthly prorated income. Income is prorated when a lump sum is received before the month of decision and is anticipated to recur; or a lump sum is received during the month of decision or anytime during the receipt of assistance.

(2) Nonrecurring lump sum income. Nonrecurring lump sum income, except as specified in 41.7(7)"*c*", shall be considered as income in the budget month, and counted in computing eligibility and the amount of the grant for the payment month. Nonrecurring lump sum unearned income is defined as a payment which is a one-time distribution of funds from a single source such as an inheritance, certain insurance settlements, or a retroactive payment of benefits, such as social security, job insurance or workers' compensation. A lump sum payment of earned income credit shall be treated as a nonrecurring lump sum payment of earned income. When countable income, exclusive of the aid-to-dependent-children grant but

including countable lump sum income, exceeds the needs of the eligible group, the case shall be canceled or the application rejected. The eligible group shall be ineligible for the number of full months derived by dividing the income by the standard of need for the eligible group. Any income remaining after this calculation shall be applied as income to the first month following the period of ineligibility and disregarded as income thereafter.

The period of ineligibility shall be shortened when it is established that a life-threatening circumstance exists and the countable lump sum income causing the period of ineligibility has been or will be expended in connection with the life-threatening circumstance. Furthermore, until that time, the nonrecurring income must have been used to meet those needs as defined in subrules 41.8(2) and 41.8(3). The former eligible group must have no other income or resources sufficient or available to meet the life-threatening circumstance. Expenditure of funds for the following are to be considered as life-threatening: Payments made on medical services for the former eligible group or their dependents for services listed in 770—chapters 78, 81, 82, and 85 at time of claiming relief under this provision; the cost of necessary repairs to maintain habitability of the homestead requiring the spending of over twenty-five dollars per incident; cost of replacement of exempt resources as defined in subrule 41.6(1) due to fire, tornado, or other natural disaster; or funeral and burial expenses of a member or dependent of the former eligible group. The cost of the life-threatening circumstance shall be verified. A dependent is an individual who is claimed or could be claimed by another individual as a dependent for federal income tax purposes.

When countable income, including the lump sum income, is less than the needs of the eligible group, the lump sum shall be counted as income for the budget month. For purposes of applying the lump sum provision, the eligible group is defined as all eligible persons and any other individual whose lump sum income is counted in determining the period of ineligibility. During the period of ineligibility, individuals not in the eligible group when the lump sum income was received may be eligible for aid-to-dependent children as a separate eligible group. Income of this eligible group plus income, excluding the lump sum income already considered, of the parent or other legally responsible person in the home shall be considered as available in determining eligibility and the amount of the grant.

d. The third digit to the right of the decimal point in any computation of income, hours of employment and work expenses for care, as defined in 41.7(2)"*b*", shall be dropped.

e. In any month for which an individual is determined eligible to be added to a currently active aid-to-dependent-children case, the individual's needs shall be included prospectively. When adding an individual to an existing eligible group, any income of that individual shall be considered prospectively for the initial two months of that individual's eligibility and retrospectively for subsequent months. Any income considered in prospective budgeting shall be considered in retrospective budgeting only when the income is expected to continue.

f. Suspension. The local office shall suspend assistance retrospectively when income or circumstances in the budget month cause ineligibility and the local office has knowledge or reason to believe that ineligibility will exist for only one month.

g. Lump sum nonexempt financial assistance for education or training shall be prorated over the period it is intended to cover after deducting allowable expenses of education or training. This is true when the income is received prior to the month of decision and covers a period of time extending beyond the month of decision, is expected to continue, and covers a period of time extending beyond the month of decision; or received in the month of decision; or received or is anticipated to be received after the approval of assistance.

h. Income from self-employment received on a regular weekly, biweekly, semimonthly or monthly basis shall be budgeted in the same manner as the earnings of an employee. The countable income shall be the net income.

i. Income from self-employment not received on a regular weekly, biweekly, semimonthly or monthly basis that represents an individual's annual income shall be averaged over a twelve-month period of time, even if the income is received within a short period of time during that twelve-month period. Any change in self-employment shall be handled in accordance with subparagraphs (3), (4), and (5) below.

(1) When a self-employment enterprise which does not produce a regular weekly, biweekly, semimonthly or monthly income has been in existence for less than a year, income shall be averaged over the period of time the enterprise has been in existence and the monthly amount projected for the same period of time. If the enterprise has been in existence for such a short time that there is very little income information, the worker shall establish, with the cooperation of the client, a reasonable estimate which shall be considered accurate and projected for three months, after which the income shall be averaged and projected for the same period of time. Any changes in self-employment shall be considered in accordance with subparagraphs (3), (4) and (5) below.

(2) These policies apply when the self-employment income is received before the month of decision and the income is expected to continue, in the month of decision, and after assistance is approved.

(3) A change in the cost of producing self-employment income is defined as an established permanent ongoing change in the operating expenses of a self-employment enterprise. Change in self-employment income is defined as a change in the nature of business.

(4) When a change in operating expenses occurs, the local office shall recompute the expenses on the basis of the change.

(5) When a change occurs in the nature of the business, the income and expenses shall be computed on the basis of the change.

*j.** Payment for a special need as defined in 41.8(3) shall be made when documentation of the special need is received by the local office. When the special need continues, it shall be included, prospectively, in each month's aid-to-dependent-children grant thereafter for as long as the special need exists.

41.7(10)* *Special alien cases.*

a. A sponsor is any person who signed an affidavit of support or similar agreement on behalf of an alien(s) as a condition of the alien's entry into the United States.

b. The income and resources of a sponsor and the sponsor's spouse shall not be deemed to an alien who is:

(1) Admitted to the United States as a result of the application, prior to April 1, 1980, of the provisions of section 203(a)(7) of the Immigration and Nationality Act;

(2) Admitted to the United States as a result of the application, after March 31, 1980, of the provisions of section 207(c) of the Immigration and Nationality Act;

*Emergency, pursuant to Iowa Code § 17A.5(2)"*b*"(2).

770—41.9(239) Composite ADC/SSI cases. When persons in the aid to dependent children household, who would ordinarily be in the eligible group, are receiving supplemental security income benefits, the following rules shall apply.

41.9(1) *Pending SSI approval.* When a person who would ordinarily be in the eligible group has applied for supplemental security income benefits, such person's needs may be included in the aid to dependent children grant pending approval of supplemental security income.

41.9(2) *Ownership of property.* When property is owned by both the supplemental security income beneficiary and the aid to dependent children recipient, each shall be considered as having a half interest in order to determine the value of the resource, unless the terms of the deed or purchase contract clearly establish ownership on a different proportional basis.

This rule is intended to implement section 239.5 of the Code.

770—41.10(239) Rescinded, effective 7/1/81.

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◊ Two ARC's.

770—64.2(252) Eligibility requirements.

64.2(1) *Determining amount of assistance.* The standards used in the aid to dependent children program shall be used for those items for which provision is made through the program of relief for needy Indians.

64.2(2) *Need.* Need exists when an applicant lacks sufficient income and resources to meet established requirements.

64.2(3) *Age.* There are no age limitations.

64.2(4) *Resources and income.* See rules 41.1(1) and 41.2 (aid to dependent children).

64.2(5) *Support from relatives.* Responsible relatives shall be interviewed at the time of application and review. Any contribution made by the relative shall be taken into consideration in determining the amount of the grant.

64.2(6) *Applications.* See rules contained in chapter 40 (aid to dependent children).

64.2(7) *Investigations.* See rules contained in chapter 40 (aid to dependent children).

64.2(8) *Payment.* Payment shall be made directly to the vendor by the state department of social services for goods or services provided.

64.2(9) *Limitations on expenditures.* The state department shall notify the tribal council, each month, of funds available for that month. The tribal council may not issue orders in excess of such amount.

64.2(10) *Review.* A review of cases receiving assistance on a regular basis shall be made as frequently as the circumstances require but in no instance shall the period of time between reviews be in excess of six months. In cases where temporary assistance is granted in emergencies the situation should be evaluated at any time additional assistance is requested.

This rule is intended to implement section 252.43, The Code

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TITLE VII

FOOD STAMP PROGRAM

CHAPTER 65
ADMINISTRATION

770—65.1(234) Definitions.

65.1(1) *"Project area"* means the state of Iowa as a whole is the administrative unit for food stamp program operations.

65.1(2) *"Parent"* means natural, legal, or step mother or father.

65.1(3) *"Sibling"* means biological, legal, step, half or adoptive brother or sister.

770—65.2(234) Application. Persons in need of food stamps may apply at the local office of social services by completing form FP-2101-0 or FP-2101-1,food stamps application, except when any person in the household applying for or receiving aid through the aid to dependent children program or related medical programs or the child medical assistance program. These persons shall complete form PA-2207-0, Public Assistance Application, or form PA-2140-0, Public Assistance Eligibility Report and the Food Stamps Supplement to the Public Assistance Eligibility Report, form FP-2138-0, as appropriate.

770—65.3(234) Administration of program. The food stamp program shall be administered in accordance with the Food Stamp Act of 1977 and in accordance with federal regulation, Title 7, Parts 270 through 282 as amended to February 15, 1983.

A copy of such federal law and regulations may be obtained at no more than the actual cost of reproduction by contacting the Director of Food Programs, Department of Social Services, Hoover State Office Building, Des Moines, Iowa 50319, 515/281-3573.

This rule is intended to implement Iowa Code section 234.12.

770—65.4(234) Issuance. All food stamp coupons are issued by direct mail except for expedited service, exchange for improperly manufactured or mutilated coupons, and exchange of old series coupons for new series coupons. These coupons are issued over-the-counter by local offices. Food coupons for on-going certifications will be mailed on a staggered basis during the first fifteen days of each month.

65.4(1) When a household's coupons have been replaced as the result of mail losses for one month, the coupons shall be mailed to the local office for six months.

65.4(2) When a household reports a shortage in its mail issuance, the household shall present the coupon books received to the local office for examination.

65.4(3) When a household presents $200 or more of old series coupons to be exchanged for new series coupons, the household shall sign a statement that the coupons were validly purchased by the household, telling the approximate dates of purchase, and giving the reasons for the accumulation and the delay in presenting them for exchange.

65.4(4) When a household meets the residency requirements of the food stamp program within the state of Iowa and is eligible for direct mailing, the household may have the coupon allotment sent to any mailing address within the state or to a community or mailing address which does not exceed ten miles beyond the legal boundaries of the state.

770—65.5(234) Hotline. Persons having complaints or questions about program requirements and procedures may call the toll free number 1-800/532-1215.

770—65.6(234) Delays in certification.

65.6(1) When by the thirtieth day after the date of application the local office cannot take any further action on the application due to the fault of the household, the local office shall give the household an additional thirty days to take the required action. The local office shall send the household a notice of pending status on the thirtieth day.

65.6(2) When there is a delay beyond sixty days from the date of application and the local office is at fault and the application is complete enough to determine eligibility, the application shall be processed. For subsequent months of certification, the local office may require a new application form to be completed when household circumstance indicates changes have occurred or will occur.

65.6(3) When there is a delay beyond sixty days from the date of application and the local office is at fault and the application is not complete enough to determine eligibility, the application shall be denied. The household shall be notified to file a new application and that it may be entitled to retroactive benefits.

770—65.7(234) Expedited service. When a household have been certified under expedited service provisions and verification of eligibility factors has been postponed, the household shall be certified only for the month of application.

770—65.8(234)* Utility allowance. When determining food stamp benefits, each household shall be allowed the standard utility allowance or the actual expense of the utility when the actual expense is higher. The standard utility allowance is:

Household Size	Heating/ Cooling	Cooking Fuel	Electricity	Water/ Sewer	Garbage/ Trash
1	$79.00	$10.30	$32.20	$ 8.50	$5.00
2	81.00	11.30	33.70	9.00	5.00
3	83.00	12.30	35.20	9.50	5.00
4	85.00	13.30	36.70	10.00	5.00
5	87.00	14.30	38.20	10.50	5.00
6	89.00	15.30	39.70	11.00	5.00
7 or more	91.00	16.30	41.20	11.50	5.00

*Emergency, pursuant to §17A.5(2)"*b*"(2), The Code.

65.8(1) The household may switch between the standard and actual expense any number of times during the certification period.

65.8(2) When a household is receiving telephone service for which it is required to pay, it shall be allowed a standard allowance of $10.

770—65.9(234) Treatment centers. Alcoholic or drug treatment or rehabilitation centers shall provide the local office with a certified list of residents currently participating in the food stamp program on a monthly basis.

770—65.10(234) Change report form. Households may report changes on the Change Report Form, FP-2232-0. Households are supplied with this form at the time of initial certification, at the time of recertification when it needs a new form, whenever a form is returned by the household, and upon request by the household.

770—65.11(234) Discrimination complaint. Individuals who feel that they have been subject to discrimination may file a written complaint with the Affirmative Action Office, Department of Social Services, Hoover State Office Building, Des Moines, Iowa 50319.

770—65.12(234) Appeals. Fair hearings and appeals are provided according to the department's rules 770—chapter 7.

770—65.13(234) Joint processing.

65.13(1) *SSI/food stamps.* The department will handle joint processing of supplemental security income and food stamp applications by having the social security administration complete and forward food stamp applications.

65.13(2) *Public assistance/food stamps.* In joint processing of public assistance and food stamps, the certification periods for public assistance households will be assigned to expire at the end of the month in which the public assistance redetermination is due to be processed.

770—65.14(234) Gross income comparison to standard. Households whose gross income is below the gross income eligibility standard but whose net income exceeds the minimum level at which benefits may be received shall be denied.

This rule is intended to implement section 234.12, The Code.

770—65.15(234) Proration of benefits. Benefits shall be prorated using a thirty day month.

This rule is intended to implement section 234.12, The Code.

770—65.16(234) Complaint system. Clients wishing to file a formal written complaint concerning the food stamp program may submit form FP-2238-0, or FP-2238-1, Food Stamp Complaint, to the division of field operations. Department staff shall encourage clients to use the form.

770—65.17(234) Involvement in a strike. An individual is not involved in a strike at her/his place of employment when the individual is not picketing and does not intend to picket during the course of the dispute, does not draw strike pay, and provides a signed statement that the individual is willing and ready to return to work but does not want to cross the picket line solely because of fear of personal injury or death. The district administrator shall determine whether such a risk to the individual's safety exists.

770—65.18(234) Energy assistance. Food stamps will not be reduced as the result of payments of federal energy assistance made to or on behalf of a client.

65.19 and **65.20** Reserved.

770—65.21(234) Claims.

65.21(1) *Time period.* Claims shall be calculated back to the month the error originally occurred to a maximum of three years prior to month of discovery of the overissuance.

65.21(1) *Suspension status.* Claims suspended under rules effective prior to June 1, 1983, that do not meet the criteria for suspension under rules effective June 1, 1983, shall be transferred to an active status.

65.21(3) *Application of restorations.* Restoration of lost benefits shall first be applied to any claims (including a suspended claim) prior to any remaining entitlement being issued to a household.

These rules are intended to implement Iowa Code sections 217.6 and 234.12.

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CHAPTERS 66 to 71
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CHAPTER 72
EMERGENCY FOOD AND SHELTER PROGRAM

770—72.1(234) Definitions.

72.1(1) *"Commissioner"* shall mean the commissioner of the department of social services or successor agency.

72.1(2) *"Department"* shall mean the department of social services or successor agency.

72.1(3) *"Central office"* shall mean the central office of the department of social services or successor agency.

72.1(4) *"District"* shall mean one of the department of social services' or successor agency's districts.

72.1(5) *"District administrator"* shall mean administrator of the district office.

72.1(6) *"District office"* shall mean one of the department of social services' or successor agency's district offices.

72.1(7) *"Local recipient organization"* shall mean private, nonprofit voluntary organizations including churches, local units of government, and tribal councils which receive a grant award to administer emergency food and shelter assistance.

72.1(8) *"State agency"* shall mean the agency which receives a federal grant award to administer emergency food and shelter programs.

72.1(9) *"Target areas"* shall mean the counties or native American Indian settlement in Iowa designated to receive emergency food and shelter assistance.

72.1(10) *"Federal emergency management agency"* (FEMA) shall mean the federal agency having program responsibility for the emergency food and shelter assistance.

72.1(11) *"Agreement"* shall mean the document the state agency and the local agency sign which specifies the conditions of the grant award.

770—72.2(234) Criterion for identification and selection of target areas.

72.2(1) *Identification of target areas.*

a. Unemployment. Counties with an unemployment rate of twelve percent or more as listed on the Job Service of Iowa, Labor Force Summary—Iowa CPS, DTD, March 18, 1983.

b. Poverty. Counties with a poverty rate greater than fifteen percent as listed by the Census of Population and Housing, 1980: Summary Tape File 3A Iowa (machine readable file which was prepared by the Bureau of Census, Washington, D.C. 1982).

c. Combination of poverty and unemployment populations counties with a combined total of 5,000 or more persons who were unemployed.

d. The fourth criterion was a high concentration of native Americans (greater than one percent of total county population) and not served through a county already selected.

72.2(2) *Selection criteria.*

a. All target areas which meet any of the criterion described in 72.2(1) were included in the selected group eligible for funding.

b. Any target area which met more than one criteria was included in the first criterion for which it qualified.

770—72.3(234) Allocation of funds to selected target areas.

72.3(1) Initial allocation of funds to target areas. Each selected target area is eligible for a dollar amount equal to its percentage of the total unemployed and poverty population of the combined target area population of poverty and unemployed.

$$\frac{\text{Target area's poverty and unemployed population}}{\text{Total target areas poverty and population}} = \frac{\text{Target area's initial allocation of money}}{\text{Total dollars available for initial allocation}}$$

72.3(2) Reallocation of funds to target areas will be computed in the event that a target area appears to be unable to expend any part of the initial allocation prior to September 30, 1983.

770—72.4(234) Identification of local recipient organizations.

72.4(1) The department will inform the public of the availability of funding for emergency housing and feeding by providing a news release to the newspaper of record serving a target area. A copy of the news release will also be provided to radio and television stations which are believed to serve the target areas. In addition, the central office will cause a copy of the news release to be posted in all district offices in which there is a target office.

72.4(2) Organizations which contact the department will be provided with a copy of the administrative rules, an application, and a draft copy of the agreement. In addition, potential applicants will be invited to an informational meeting to review the program, application, and program requirements. A final copy of the agreement will be distributed at the informational meeting. It is the intent of the department to receive completed applications by June 15, 1983.

770—72.5(234) Criterion for selection.

72.5(1) The completed applications will be reviewed by a central office team. The criterion to be used is:

a. The applicant's statement of a policy of nondiscrimination.

b. The applicant's statement that the organization has an accounting system which provides effective control over and accountability for all funds, property, and assets.

c. A brief narrative describing the organization requesting funding.

d. A brief description of other services provided by the organization.

e. A statement of unmet needs to be addressed by the services, including supporting statistics when available.

f. A description of the services for which funding is being requested which includes but is not limited to the target population to be served, any service eligibility requirements which will be established by the organization, the anticipated source of referrals for the service(s), the anticipated number of clients to be served for the service(s), and a statement of measurable outcomes of the service provision and the means of determining the outcomes.

g. The proposed budget for the service.

h. The applicant's statement of co-operation and co-ordination with existing service programs to avoid duplication and share resources.

i. Applicant's statement that grant award request, if approved, will be expended by September 30, 1983.

j. Applicant's certification that the organization meets the definition of a local recipient organization.

72.5(2) In the event that two or more local recipient organizations make application for funds and are assessed as capable of delivering emergency food and shelter services, the following six criteria will be used as the basis for the recommendation by the central office committee to select the organization(s):

a. Evidence of experience in administering food and shelter programs.

b. Capacity of serving the total population of individuals in the target county who may need emergency food and shelter. Some local organizations may have resources to serve local community or city effectively, but would not have outreach capabilities to serve an entire target area.

c. Amount of staff time committed to the program.

d. Physical facilities. The size and number of buildings, kitchens space for congregate meals, and space available for shelter and living areas on an emergency basis.

e. Twenty-four-hour availability of services and facilities.

72.5(3) In the event that more than one organization is thought to be capable of providing service(s), the department may elect to offer a grant to more than one local organization in the target area.

770—72.6(234) Grant applications—decision. The commissioner shall make the final decision on the grant applications.

770—72.7(234) Agreement. The local recipient organization will sign an agreement which incorporates the federal emergency management agency requirements of the state and local recipient organization.

770—72.8(234) Termination of agreement.

72.8(1) The local recipient organization may terminate the agreement at any time during the agreement contract period by giving thirty days' notice to the department.

72.8(2) The department may terminate the agreement by giving thirty days' notice to the local recipient organization.

72.8(3) The department may terminate the agreement upon ten days' notice when the local recipient organization fails to comply with the terms of the agreement.

770—72.9(234) Appeals. Protests regarding the awarding of funds shall be referred to commissioner within one week of the grant award. The commissioner's decision will be final.

These rules are intended to implement Iowa Code section 234.12.

[Filed emergency 5/20/83—published 6/8/83, effective 6/1/83]

CHAPTER 73
FEDERAL SURPLUS FOOD PROGRAM

770—73.1(234) Definitions.

73.1(1) *"Household"* means a single individual or group of related or nonrelated individuals, exclusive of boarders, who are not residents of an institution, who prepare food for home consumption.

73.1(2) *"Charitable institution"* means a facility that is:

a. Public or private, nonprofit, and tax-exempt under the Internal Revenue Code as documented by a letter of exemption; and

b. Organized for charitable or public welfare purposes, and has provided and will continue to provide services at the same address without marked change; and

c. A provider of regular meal services at least once a week on a regular basis. An institution must serve meals rather than redistribute foods in the form donated, or allow clients to prepare their meals individually.

73.1(3) *"District co-ordinator"* means the person designated by the district administrator to co-ordinate the federal surplus food program in the district.

73.1(4) *"Potentially hazardous food"* means any food of the type or in a condition that it may spoil and which consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, or other ingredients capable of supporting rapid and progressive growth of infectious or toxicogenic microorganisms.

770—73.2(234) Priority of distribution. When federal surplus food is available, it shall first be distributed to eligible needy households in the state and then to adult correctional facilities without rehabilitation programs until all have been served. Any excess food shall then be given to other eligible charitable institutions.

770—73.3(234) Household eligibility. Household eligibility is determined by household size, income, and residence.

73.3(1) *Residence.* Household members shall be residing in the state of Iowa.

73.3(2) *Household size.* Household size is determined by the number of people living in a dwelling, excluding boarders.

73.3(3) *Income eligibility.* Unless excluded, all earned and unearned income of the household shall be counted in determining eligibility.

a. Income defined. Income means all income received by an individual from sources identified by the U.S. Census Bureau in computing median income and includes money wages or salary, net income from nonfarm self-employment, net income from farm self-employment, dividends, interest, income from estates or trusts, net rental income and royalties, public assistance or welfare payments, pensions and annuities, workers' compensation, alimony, child support, and veterans' pensions.

b. Determination of income. Earned or unearned income shall be the gross monthly income. Biweekly income is to be multiplied by 2.15 to determine monthly income. Adjusted gross self-employment income is to be averaged over a twelve-month period. Income received from interest and dividends shall be counted in the month received. The amount of income which stops or starts during the month shall be estimated on the basis of the best information available.

c. Income exclusions. The following income shall be excluded in determining countable income:

(1) Social security, railroad retirement benefits, supplemental security income, or state supplementary assistance.

(2) Unemployment compensation benefits.

(3) Income from minors under sixteen years of age.

d. Income guidelines. Countable income must be at or below the following amounts:

Household Size	Yearly Income	Monthly Income	Weekly Income
1	$ 8,660	$ 722	$167
2	11,510	959	221
3	14,360	1,197	276
4	17,210	1,434	331
5	20,050	1,671	388
6	22,900	1,908	440
7	25,750	2,146	495
8	28,600	2,383	550
For each additional household member add:	2,850	238	55

770—73.4(234) Notification of available food. The public will be informed of the availability of food and the location and times of distribution by announcements through local media.

770—73.5(234) Household certification procedure. A responsible member of the household or designated proxy shall complete and sign a Declaratory Statement of Eligibility, FP-1102-0, prior to receiving food. The Declaratory Statement of Eligibility declares household residency, size, and income; that the household is not receiving food under this program as part of another household or at another distribution site; acknowledges an understanding of possible prosecution, under current law, for accepting food for which the household may not be eligible; agrees to co-operate with a quality control review; and indicates an understanding that the food received through this program is not to be sold or exchanged. The household member or proxy may be asked to show some official identification before receiving the food.

73.5(1) *Proxy designation.* When a member of the household cannot be present to complete the Declaratory Statement of Eligibility due to disability, employment, or lack of transportation, the member may authorize a proxy to act on behalf of the household by sending a signed note of authorization with the person acting as a proxy.

73.5(2) Reserved.

770—73.6(234) Distribution to households. The amount of food distributed to each needy household will be based on the type of food available and the individual household size. A household may request less than the amount of food it is entitled to receive.

770—73.7(234) Charitable institutions eligibility. Charitable institutions are eligible for federal surplus food when they meet the eligibility requirements of the regular food distribution program, except that adult correctional facilities do not need to have a rehabilitation program. Charitable institutions not currently certified for the food distribution program may apply for this program on Federal Surplus Food Charitable Institution Application, FP-1108-0.

770—73.8(234) Distribution requirements. Federal surplus food will be distributed in communities which have adequate facilities for the type of food available. Facilities for the handling, storage, and distribution of foods shall be such as to properly safeguard against theft, spoilage, and other loss.

770—73.9(234) Quality control and recoupment. A sample of households receiving food shall be pulled on regular basis for verification of residency, household size, income, and actual receipt of the surplus food. The department may seek restitution in cash or in kind when a household that receives surplus food is ineligible, has a duplicate issuance, or otherwise improperly receives food.

770—77.6(249A) Optometrists. All optometrists licensed to practice in the state of Iowa are eligible to participate in the program. Optometrists in other states are also eligible if duly licensed to practice in that state.

770—77.7(249A) Opticians. All opticians in the state of Iowa are eligible to participate in the program. Opticians in other states are also eligible to participate.

NOTE: Opticians in states having licensing requirements for this professional group must be duly licensed in that state.

770—77.8(249A) Chiropractors. All chiropractors licensed to practice in the state of Iowa are eligible to participate providing they have been determined eligible to participate in Title XVIII of the Social Security Act (Medicare) by the social security administration. Chiropractors in other states are also eligible if duly licensed to practice in that state and determined eligible to participate in Title XVIII of the Social Security Act.

770—77.9(249A) Home health agencies. Home health agencies are eligible to participate providing they are certified to participate in the Medicare program. (Title XVIII of the Social Security Act)

770—77.10(249A) Medical equipment and appliances, prosthetic devices and sickroom supplies. All dealers in medical equipment and appliances, prosthetic devices and sickroom supplies in Iowa or in other states are eligible to participate in the program.

770—77.11(249A) Ambulance service. Providers of ambulance service are eligible to participate providing they meet the eligibility requirements for participation in the Medicare program. (Title XVIII of the Social Security Act)

770—77.12(249A) Skilled nursing homes. Nursing homes and hospitals or distinct parts thereof currently licensed as such by the Iowa state department of health are eligible to participate in the program providing these facilities meet all of the conditions for participation as extended care facilities in the Medicare program. (Title XVIII of the Social Security Act) In addition to these requirements such facilities must also meet the requirements of the 1967 Life Safety Code of the National Fire Protection Association.

770—77.13(249A) Hearing aid dealers. Hearing aid dealers are eligible to participate if they are duly licensed by the state of Iowa. Hearing aid dealers in other states will be eligible to participate if they are duly licensed in that state.

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

770—77.14(249A) Audiologists. Audiologists are eligible to participate in the program when they are duly licensed by the state of Iowa. Audiologists in other states will be eligible to participate when they are duly licensed in that state. In states having no licensure requirement for audiologists, an audiologist shall obtain a license from the state of Iowa.

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

770—77.15(249A) Community mental health centers. Community mental health centers are eligible to participate in the medical assistance program when they comply with the standards for mental health centers in the state of Iowa established by the Iowa mental health authority.

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

770—77.16(249A) Screening centers. Public or private health agencies are eligible to participate as screening centers when they have staff and facilities providing capability to perform all of the elements of screening specified in rule 78.18(249A). Applications to participate shall be directed to the Bureau of Medical Services, Lucas State Office Building, Des Moines, Iowa 50319.

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

770—77.17(249A) Physical therapists. Physical therapists are eligible to participate when they are licensed, in independent practice; and are eligible to participate in the Medicare program.

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

770—77.18(249A) Orthopedic shoe dealers and repair shops. Establishments eligible to participate in the medical assistance program are retail dealers in orthopedic shoes prescribed by physicians or podiatrists and shoe repair shops specializing in orthopedic work as prescribed by physicians or podiatrists.

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

770—77.19(249A) Rehabilitation agencies. Rehabilitation agencies are eligible to participate providing they are certified to participate in the Medicare program (Title XVIII of the Social Security Act).

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

770—77.20(249A) Independent laboratories. Independent laboratories are eligible to participate providing they are certified to participate in the Medicare program (Title XVIII of the Social Security Act).

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

770—77.21(249A) Rural health clinics. Rural health clinics are eligible to participate providing they are certified to participate in the Medicare program (Title XVIII of the Social Security Act).

770—77.22(249A) Psychologists. All psychologists licensed to practice in the state of Iowa and meeting the standards of the National Register of Health Service Providers in Psychology, 1981 edition, published by the council for the national register of health service providers in psychology, are eligible to participate in the medical assistance program. Psychologists in other states are eligible to participate when they are duly licensed to practice in that state and meet the standards of the National Register of Health Service Providers in Psychology.

This rule is intended to implement Iowa Code sections 249A.4 and 249A.15.

770—77.23(249A) Maternal health centers. A maternal health center is eligible to participate when it is a local nonprofit agency receiving supervision, approval and financial support from the Iowa state department of health. The maternal health centers are approved by the Iowa state department of health when the adopted standards of 1974 ambulatory care standards for obstetrics are met.

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

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CHAPTER 78
AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL SERVICES

770—78.1(249A) Physicians' services. Payment will be approved for all medically necessary services and supplies provided by the physician including services rendered in the physician's office or clinic, the home, in a hospital, nursing home or elsewhere.

Payment shall be made for all services rendered by a doctor of medicine or osteopathy within the scope of this practice and the limitations of state law subject to the following limitations and exclusions:

78.1(1) Payment will not be made for:

a. Drugs dispensed by the physician unless it is established that there is no licensed retail pharmacy in the community in which the physician's office is maintained. Payment will not be made for biological supplies and drugs provided free of charge to practitioners by the state department of health. Rate of payment shall be established as in subrule 78.2(2), but no professional fee shall be paid.

b. Routine physical examinations. A routine physical examination is an examination performed without relationship to treatment or diagnosis for a specific illness, symptom, complaint, or injury. No payment will be made for such examinations unless:

(1) The examination is required as a condition of employment or training and is approved by the department.

(2) The examination is required for an initial certification or period of recertification of the need for nursing care.

(3) The examination is in connection with early and periodic screening, diagnosis, and treatment or persons under age twenty-one in aid to dependent children cases, as specified in rule 78.18(249A).

(4) The examination is required of a child for attendance at school or camp.

(5) The examination is in connection with the prescription of birth control medications and devices.

(6) The examination is for a pap smear which is allowed as preventative medicine services.

(7) The examination is for well baby care or a routine physical examination for a child under six years of age.

(8) The examination is an annual routine physical examination for a child in foster care for whom the department assumes financial responsibility.

c. Treatment of certain foot conditions as specified in 78.5(2)"*a*", "*b*", and "*c*".

d. Acupuncture treatments.

e. Rescinded 9/6/78.

f. Unproven or experimental medical and surgical procedures. The criteria in effect in the Medicare program shall be utilized in determining when a given procedure is unproven or experimental in nature.

*g.** Charges for surgical procedures on the "Outpatient/Same Day Surgery List" produced by the Iowa foundation for medical care or associated inpatient care charges when the procedure is performed in a hospital on an inpatient basis unless the physician has secured approval from the hospital's utilization review department prior to the patient's admittance to the hospital. Approval shall be granted only when inpatient care is deemed to be medically necessary based on the condition of the patient or when the surgical procedure is not performed as a routine, primary, independent procedure. The "Outpatient/Same Day Surgery List" shall be published by the department in the provider manuals for hospitals and physicians. The "Outpatient/Same Day Surgery List" shall be developed by the Iowa foundation for medical care, and shall include procedures which can safely and effectively be performed in a doctor's office or on an outpatient basis in a hospital. The Iowa foundation for medical care may add, delete, or modify entries on the "Outpatient/Same Day Surgery List".

78.1(2) Payment will be approved for the following drugs and supplies when prescribed by a physician.

a. Legend drugs and devices requiring a prescription by law.

(1) Payment will be approved for insulin on the written prescription of a physician.

(2) Payment will be approved for certain drugs only when prescribed for treatment of specified conditions and prior approval is obtained from the carrier.

Authorization for payment for amphetamines and combinations of amphetamines with other therapeutic agents and amphetamine-like sympathomimetic compounds used for

*Emergency pursuant to §17A.5(2)"*b*"(1), (2), The Code.

obesity control, including any combination of such compounds with other therapeutic agents, will be considered when there is a diagnosis of narcolepsy, hyperkinesis in children, or senile depression.

Authorization for payment for legend multiple vitamins, tonic preparations and combinations thereof with minerals, hormones, stimulants, or other compounds which are available as separate entities for treatment of specific conditions will be considered when there is a specifically diagnosed vitamin deficiency disease. Prior authorization is not required for legend products principally marketed as prenatal vitamin-mineral supplements which contain phosphorous free calcium and a minimum of 1 mg of folic acid per dose.

(3) Payment will not be made for drugs determined to be ineffective or less than effective by the Secretary of Health and Human Services.

Unless the Secretary has determined there is a compelling justification for medical need, payment will not be made for those drugs and any other drug which is identical, related, or similar and placed under notice by the Secretary pursuant to section 505(e) of the Federal Food, Drug and Cosmetic Act.

(4) Payment will not be approved for prescription only products containing hexachlorophene.

(5) Payment will not be approved for prescription laxative drugs.

b. Medical and sickroom supplies when ordered by the physician for a specific rather than incidental use. No payment will be approved for medical and sickroom supplies for a recipient receiving care in a skilled nursing home. When a recipient is receiving care in an intermediate care facility or custodial home not certified as a skilled nursing home, payment will be approved only for the following supplies when prescribed by a physician:

(1) Colostomy and ileostomy appliances.

(2) Colostomy and ileostomy care dressings, liquid adhesive and adhesive tape.

(3) Disposable irrigation trays or sets.

(4) Disposable catheterization trays or sets.

(5) Indwelling Foley catheter.

(6) Disposable saline enemas.

(7) Diabetic supplies including disposable or reusable needles and syringes, testape, clinitest tablets, and clinistix.

c. Prescription records are required for all drugs as specified in sections 155.33, 155.34 and 204.308 of the Code. For the purposes of the medical assistance program, prescriptions for medical supplies are required and shall be subject to the same provisions. At the option of the pharmacist, a physician may authorize a pharmacist to enter the physician's name on oral prescriptions and renewals, except for schedule II controlled substances, by completing form XIX (Pharm-2), Signature Authorization.

d. When it is not therapeutically contraindicated, the physician shall prescribe a quantity of medication sufficient for a thirty-day supply. Maintenance drugs in the following therapeutic classifications for use in prolonged therapy may be prescribed in ninety-day quantities:

(1) Oral contraceptives

(2) Cardiac drugs

(3) Hypotensive agents

(4) Vasodilating agents

(5) Anticonvulsants

(6) Diuretics

(7) Anticoagulants

(8) Thyroid and anti-thyroid agents

(9) Anti-diabetic agents

78.1(3) Payment will be approved for injections provided they are reasonable, necessary, and related to the diagnosis and treatment of an illness or injury or are for purposes of immunization. When billing for an injection, the physician must specify the brand name of the drug and the manufacturer, the strength of the drug, the amount administered, and the charge for each injection. When the strength and dosage is not included, payment will be made based on the customary dosage. The following exclusions are applicable.

a. Payment will not be approved for injections when they are considered by standards of medical practice not to be specific or effective treatment for the particular condition for which they are administered.

b. Payment will not be approved for an injection when administered for a reason other than the treatment of a particular condition, illness, or injury. Whe injecting an amphetamine or legend vitamin, prior approval must be obtained as specified in 78.1(2)"*a*"(2).

c. Payment will not be approved when injection is not an indicated method of administration according to accepted standards of medical practice.

d. Allergenic extract materials provided the patient for self administration shall not exceed a ninety-day supply.

statements for root canal treatment, the fee for which is included in the charge for endodontic treatment.

(4) Vital pulpotomies are clinical findings and do not require prior authorization. Cement bases, pulp capping and insulating liners are part of the restoration and may not be billed separately.

f. Restorative.

(1) Treatment of dental caries is payable in those areas which require immediate attention. Restoration of incipient or nonactive carious lesions are not payable. Carious activity may be considered incipient when there is no penetration of the dento-enamel junction as demonstrated in diagnostic radiographs.

(2) Amalgam alloy, silicate, acrylic or composite resin-type filling materials are payable benefits of the program.

(3) Composite resin or plastic type fillings on posterior teeth are payable benefits only as Class V restorations, i.e., facial (buccal) surfaces through the second bicuspids.

(4) All cast restorations require prior authorization.

(5) Stainless steel crowns may be payable when a more conservative procedure would not be serviceable.

(6) All crowns, except stainless crowns on primary teeth or temporary stainless steel crowns on permanent teeth, must be prior authorized. Acrylic, porcelain or porcelain to metaltype crowns for adults are payable for anterior teeth. Cast metal crowns are payable for clasp teeth for an existing or allowable partial denture when coronal involvement is beyond treatment with amalgam alloy.

(7) Cast post and core, steel post and composite or amalgam in addition to a crown requires prior-authorization.

(8) Amalgam or acrylic build-ups are considered part of the preparation for the completed restoration except in special circumstances.

(9) Payment may be made for a surface only once in each episode of treatment, unless required for conservation of a tooth surface.

(10) Tooth preparation, temporary restorations, cement bases, pulp capping, impressions and local anesthesia are included in the restorative fee and may not be billed separately.

(11) When utilized as a final restoration with amalgam or composite resin, pin retention may be payable as a separate item.

(12) Proximal restorations in anterior teeth are considered single surface restorations.

(13) More than four surfaces on an amalgam restoration will be reimbursed as a "four-surface" amalgam.

(14) Topical application of flouride is payable only when preceded by an oral prophylaxis.

(15) Routine postoperative care is considered part of the fee for surgical procedures and may not be billed separately.

g. Prosthetics

(1) Fixed and removable prostheses are payable only once in a five-year period and only with prior authorization, except when necessary to prevent a significant disability. Payable removable prostheses are:

Complete dentures, including six months' post delivery care. Partial dentures replacing anterior teeth, including six months' post delivery care. Partial dentures replacing posterior teeth shall be approved only when the patient has less than four posterior teeth in occlusion; or the patient has a full denture in one arch, and a partial denture replacing posterior teeth is required in the opposing arch in order to balance occlusion; or a partial denture replacing anterior teeth is being approved, and posterior teeth can be replaced with little additional cost.

Complete or partial temporary dentures, including six-months' post delivery care.

Obturator for surgically excised palatal tissue or deficient velopharyngeal function of cleft palate patients.

(2) Fixed bridgework for missing anterior teeth shall be utilized on a limited basis with prior

approval by the fiscal agent's dental consultant. Acid etch anterior bridgework requires prior approval. Fixed prosthetics for missing posterior teeth are not a covered benefit.

(3) Relining upper or lower complete or partial dentures, in the laboratory or office, is a payable service once in a twelve-month period.

(4) Tissue conditoning is a payable service twice per appliance in a twelve-month period.

(5) Two repairs per appliance in a twelve-month period are covered by the program. More than two repairs in twelve months require justification and documentation.

h. Orthodontics.

(1) Orthodontic procedures are payable for the most handicapping malocclusions; orthodontic procedures require prior authorization. A request to perform such a procedure must be accompanied by an interpreted cephalometric radiograph and study models trimmed such that the models simulate centric occlusion of the patient. A written plan of treatment must accompany the diagnostic aids. Post treatment records must be furnished upon request of the dentist-consultant.

(2) Space management may be a payable benefit.

(3) Tooth guidance for a limited number of teeth or interceptive orthodontics is a payable service when the total cost of treatment does not exceed seventy-five dollars. Pretreatment records are not required.

i. Office visits. Payment may be made for postoperative care where need is shown to be beyond normal follow-up care or for post-operative care where the original service was performed by another dentist.

78.4(2) If a request for prior approval is denied by the fiscal agent's dentist-consultant, the request may be resubmitted for reconsideration with additional information justifying the request. If the request is, again, denied, the dentist may submit a request for reconsideration to the department's medical services section. In the event medical services section denies the request, a dentist may file an appeal in accordance with 770—chapter 7.

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

770—78.5(249A) Podiatrists. Payment will be approved only for certain podiatric services.

78.5(1) Payment will be approved for the following orthotic appliances and treatment of nail pathologies:

a. Durable plantar foot orthotic.

b. Plaster impressions for foot orthotic.

c. Molded digital orthotic.

d. Shoe padding when appliances are not practical.

e. Custom molded space shoes for rheumatoid arthritis, congenital defects and deformities, neurotropic, diabetic and ischemic intractable ulcerations and deformities due to injuries.

f. Rams horn (hypertrophic) nails.

g. Onychomycosis (mycotic) nails.

78.5(2) Payment will be made for the same scope of podiatric services available through part B of title XVIII (Medicare) except as listed below:

a. Treatment of flatfoot. The term *"flatfoot"* is defined as a condition in which one or more arches have flattened out.

b. Treatment of subluxations of the foot are defined as partial dislocations or displacements of joint surfaces, tendons, ligaments, or muscles of the foot. Surgical or nonsurgical treatments undertaken for the sole purpose of correcting a subluxated structure in the foot as an isolated entity are not covered.

Reasonable and necessary diagnosis of symptomatic conditions that result from or are associated with partial displacement of foot structures is a covered service. Surgical correction in the subluxated foot structure that is an integral part of the treatment of a foot injury or is undertaken to improve the function of the foot or to alleviate an induced or associated symptomatic condition is a covered service.

770—78.23(249A) Other clinic services. Payment will be made on a cost related rate per visit basis to facilities not part of a hospital, funded publicly or by private contributions, which provide medically necessary treatment by or under the direct supervision of a physician or dentist to outpatients. Payment will be made for sterilizations in accordance with 78.1(16).

770—78.24(249A) Psychologists. Payment will be approved for services authorized by state law when they are provided by the psychologist in the psychologist's office, a hospital, or intermediate or residential care facility.

78.24(1) Payment for covered services provided by the psychologist shall be made on a fee for service basis.

a. Payment shall be made only for time spent in face-to-face consultation with the client.

b. Time spent with clients shall be rounded to the quarter hour.

78.24(2) Payment will be approved for the following psychological procedures:

a. Individual outpatient psychotherapy or other psychological procedures not to exceed one hour per week or forty hours per calendar year, or

b. Couple, marital, family, or group outpatient therapy not to exceeed one and one-half hours per week or sixty hours during any calendar year, or

c. A combination of individual and group therapy not to exceed the cost of forty individual therapy hours during any calendar year.

d. Psychological examinations and testing for purposes of evaluation, placement, psychotherapy, or assessment of therapeutic progress, not to exceed eight hours during any calendar year.

e. Mileage at the same rate as in 78.1(8) when the following conditions are met:

(1) It is necessary for the psychologist to travel outside of the home community, and

(2) There is no qualified mental health professional more immediately available in the community, and

(3) The recipient has a medical condition which prohibits travel.

f. Covered procedures necessary to maintain continuity of psychological treatment during periods of hospitalization or convalescence for physical illness.

g. Procedures provided within a licensed hospital, residential treatment facility, day hospital, or nursing home as part of an approved treatment plan and a psychologist is not employed by the facility.

78.24(3) Payment will not be approved for the following services:

a. Psychological examinations performed without relationship to evaluations or psychotherapy for a specific condition, symptom, or complaint.

b. Psychological examinations covered under Part B of Medicare, except for the Part B Medicare deductible and coinsurance.

c. Psychological examinations employing unusual or experimental instrumentation.

d. Individual and group psychotherapy without specification of condition, symptom, or complaint.

e. Sensitivity training, marriage enrichment, assertiveness training, growth groups or marathons, or psychotherapy for nonspecific conditions of distress such as job dissatisfaction or general unhappiness.

78.24(4) A peer review committee shall be appointed by the department giving consideration to a recommendation of the Iowa psychological association and shall use current standards of the American psychological association for reviewing claims.

78.24(5) The following services shall require peer review.

a. Protracted therapy beyond sixteen visits. These cases shall be reviewed following the sixteenth therapy session and periodically thereafter.

b. Any service which does not appear necessary or appears to fall outside the scope of what is professionally appropriate or necessary for a particular condition.

This rule is intended to implement Iowa Code sections 249A.4 and 249A.15.

770—78.25(249A) Maternal health centers. Payment will be made for prenatal and post partum care to include nutrition counseling and social services provided by bachelor's degree nutritionists, bachelor's degree social workers, physicians, and nurse practitioners employed or on contract with the center. Payment will be made on a fee-for-service basis which will include all prenatal and post partum care.

Services provided by maternal health centers shall be performed under the direct personal supervision of a physician.

Direct personal supervision in the center setting does not mean that the physician must be present in the same room with the professional, however, the physician must be present on the site and immediately available to provide assistance and direction throughout the time services are being provided.

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

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CHAPTER 79
OTHER POLICIES RELATING TO PROVIDERS OF MEDICAL AND REMEDIAL CARE

770—79.1(249A) Principles governing reimbursement of providers of medical and health services. The basis of payment for services rendered by providers of service participating in the medical assistance program varies depending upon whether the provider is noninstitutional, such as physicians, dentists, and similar providers and on whether the provider is also eligible to participate in the Medicare program. Except as indicated, those providers of service eligible to participate in the Medicare program are reimbursed on the basis of Medicare methodology. Other types of providers are reimbursed by methodology established by the department. Providers of care must accept reimbursement based upon reasonable charges as determined by the department, making no additional charge to the recipient.

79.1(1) *Types of providers.*

a. Institutional-Medicare. Providers are reimbursed on the basis of retrospective reimbursement based on reasonable and proper costs of operation with suitable retroactive adjustments based on submission of fiscal and statistical reports by the provider. The retroactive adjustment represents the difference between the amount received by the provider during the year for covered services and the amount determined in accordance with an accepted method of cost apportionment to be the actual cost of services rendered to medical assistance recipients.

b. Institutional-departmental. Providers are reimbursed on the basis of prospective or retrospective cost-related reimbursement, depending on type of institution.

c. Noninstitutional-Medicare. Providers are reimbursed on the basis of usual, customary, and reasonable charges not to exceed the lesser of:

(1) The actual charge made by the provider of service,

(2) The customary charge made by the provider for the same or similar services, and

(3) The prevailing charges for the same or similar services in the locality served by the provider. The prevailing charges for the services in the locality are adjusted annually on the basis of an economic index but may not exceed the seventy-fifth percentile of the customary charges in the locality for each year.

d. Noninstitutional-departmental. Providers are reimbursed on the basis of a fixed fee for service. If product cost is involved in addition to service, reimbursement is based either on actual acquisition cost of the product to the provider or product cost is included as part of the fee for service. Increases in fixed fees are made periodically or on an annual basis provided for by statute.

79.1(2) *Basis of reimbursement of specific provider categories.*

Institutional	Basis of reimbursement
1. Home health agencies	Medicare
2. Rehabilitation agencies	Medicare
3. Rural health clinics	Medicare
4. Skilled nursing facilities	Medicare
5. Hospitals	Prospective reimbursement. (See 79.1(3)
6. Family planning clinics	Prospective rate per clinic visit determined on basis of financial and statistical data submitted annually by clinic.
7. Intermediate care facilities and intermediate care facilities for the mentally retarded	See 81.10(1), 770—81.6(249A), and 770—82.5(249A)

Noninstitutional	Basis of reimbursement
1. Ambulance	Medicare
2. Chiropractors	Medicare

3. Medical equipment and prosthetic devices	Medicare (See 79.1(6)
4. Podiatrists	Medicare (service) Fixed fee (orthotics)
5. Physical therapists	Medicare
6. Dentists	Medicare
7. Laboratories	Medicare
8. Psychologists	Fixed fee
9. Optometrists	Product acquisition cost plus fixed fee
10. Opticians	Product acquisition cost plus fixed fee
11. Orthopedic shoes	Fixed fee
12. Physicians (doctors of medicine or osteopathy)	Statewide prevailing fee for recognized specialties as determined by Medicare methodology subject to an annual increase not to exceed five percent.
13. Prescribed drugs	See 78.2(2), (3), and (4)
14. Hearing aids	Product acquisition cost plus fixed fee
15. Audiologists	Fixed fee
16. Community mental health centers	Physicians (see item 12 above) Psychologists, social workers, psychiatric nurses (fixed fee)
17. Screening centers	Fixed fee
18. Maternal health centers	Fixed fee

79.1(3) *Reimbursement for hospitals.* Hospital reimbursement is prospective based on a per diem rate calculated for each hospital by establishing a base year per diem rate to which an annual index is applied.

a. The base rate shall be the medical assistance per diem rate as determined by the individual hospital cost report for the hospital's 1981 fiscal year as adjusted by Medicare except that no recognition will be given to the routine nursing salary cost differential allowed by Medicare. The annual index will be calculated by the department based on the average percentage change in a standard category of hospital expenses to which forecasted increases will be applied.

b. For hospitals where medical assistance recipients account for fifty-one percent or more of the hospital's total bed days the hospital and the department will negotiate an appropriate per diem rate.

c. Hospitals shall be reimbursed the lower of actual charges or the medical assistance cost per diem rate. The determination of the applicable rate shall be based on the hospital fiscal year aggregate of actual charges and medical assistance cost per diem rate. If an overpayment exists the hospital will refund or have the overpayment deducted from subsequent billings.

d. Hospital prospective reimbursement rates shall be established as of October 1, 1982, for the remainder of the applicable hospital fiscal year. Prior to the beginning of each succeeding hospital fiscal year, inpatient hospital prospective reimbursement rates shall be established and become effective for the period of one year.

e. A hospital may at times offer to the public new or expanded services including capitals which require certificate of need approval, or permanently terminate a service. Within sixty days after such an event, the hospital shall submit a budget which shall take into consideration new, expanded, or terminated services. These budgets will be subject to desk review and audit. Upon completion of the desk review, reimbursement rates may be adjusted, if indicated. Failure to submit budgets within sixty days shall require disallowances of all expenses, direct and indirect, associated with the service until the following cost reporting period. The new rate will be retroactive to the beginning of the new or expanded service or the termination of an existing service.

f. The current method for submitting billing and cost reports shall be maintained. All cost reports will be subject to desk review audit and if necessary a field audit.

79.1(4) ***Prohibition against reassignment of claims.*** No payment under the medical assistance program for any care or service provided to a patient by any health care provider shall be made to anyone other than such providers. However with respect to physicians,

79.7(6) *Duties.* The medical assistance advisory council shall:

a. Make recommendations on the reimbursement for medical services rendered by providers of services.

b. Assist in identifying unmet medical needs and maintenance needs which affect health.

c. Make recommendations for objectives of the program and for methods of program analysis and evaluation, including utilization review.

f. Recommend ways in which needed medical supplies and services can be made available most effectively and economically to the program recipients.

g. Advise on such administrative and fiscal matters as the commissioner of the department of social services may request.

h. Advise professional groups and act as liaison between them and the department.

i. Report at least annually to the appointing authority.

j. Perform such other functions as may be provided by state or federal law or regulation.

k. Communicate information considered by the council to the member organizations and bodies.

79.7(7) *Responsibilities.*

a. Recommendations of the council shall be advisory and not binding upon the department of social services or the member organizations and bodies. The department will consider all advice and counsel of the council.

b. The council may choose subjects for consideration and recommendation. It shall consider all matters referred to it by the department of social services.

c. Any matter referred by a member organization or body shall be considered upon an affirmative vote of the council.

d. The department shall provide the council with reports, data, and proposed and final amendments to rules, regulations, laws, and guidelines, for its information, review, and comment.

e. The department shall present the biennial budget for the medical assistance program for review and comment.

f. The department shall permit staff members to appear before the council to review and discuss specific information and problems.

g. The department shall maintain a current list of members and alternates on the council.

770—79.8(249) Requests for prior authorization. When the fiscal agent has not reached a decision on a request for prior authorization after sixty days from the date of receipt by the fiscal agent, the request will be approved.

79.8(1) All requests for prior authorization shall be made on Form XIX P Auth (SDC), Request for Prior Authorization.

79.8(2) The policy applies to services or items specifically designated as requiring prior authorization.

79.8(3) The provider shall receive a notice of approval or denial for all requests.

79.8(4) Prior authorizations approved because a decision is not timely made shall not be considered a precedent for future similar requests.

79.8(5) Approved prior authorization applies to covered services and does not apply to the recipient's eligibility for medical assistance.

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

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CHAPTER 80
PROCEDURE AND METHOD OF PAYMENT

770—80.1(249A) The fiscal agent function in medical assistance.

80.1(1) *General administrative responsibilities of fiscal agent.* The fiscal agent designated by the department will perform the following primary functions:

a. Receive, process and pay claims submitted by providers of medical and remedial care participating in the program.

b. Make available instructional materials and billing forms to providers participating in the program.

c. Provide reports, statistical and accounting information as required by the department.

d. Participate with staff of the department in analysis and evaluation of policies and procedures.

e. In co-operation with the department develop and carry out a continuous program of cost and utilization review which is applicable to all groups of providers participating in the program. The purpose of cost and utilization review is to assure that only required medical and health services are being provided to recipients of medical assistance in accordance with department policy and that the cost of such services is not in excess of that charged the general public.

80.1(2) *Method of selection of fiscal agent.* The department shall publish a request for proposal announcing the forthcoming selection of a fiscal agent for the medical assistance program and outline the elements of the fiscal agent contract. The department will receive sealed bids from prospective fiscal agents for the medical assistance program. Basis of competitive bidding will be a per claim rate which would be applicable to all claims processed by the fiscal agent under the program in combination with an evaluation of technical, business and financial aspects of the bidders. A certified check payable to the Iowa department of social services in the amount of $50,000 shall be filed with each proposal. This check may be cashed and the proceeds retained by the department as liquidated damages if the bidder fails to execute a contract and file security as required by the specifications issued by the department. Proposals containing any reservations not provided for in the specifications may be rejected and the department reserves the right to waive technicalities and to reject any or all bids.

80.1(3) *Reimbursement of fiscal agent for performance of contract.* All allowable costs other than amount paid providers of medical and remedial care and services shall be referred to as administrative costs.

a. Rate per claim. Administrative costs other than those not associated with the processing of claims as set forth below shall be based on a fixed rate per claim handled. The fiscal agent will bill the department once each month the sum of the bid price multiplied by the number of original adjudicated claims.

b. Costs not associated with processing of claims. Costs not associated with processing claims will be established by contract with the fiscal agent. The fiscal agent will bill the department under separate voucher for these services according to the dates agreed upon by contract.

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

770—80.2(249A) Submission of claims. Providers of medical and remedial care participating in the program will submit claims for services rendered to the fiscal agent on at least a monthly basis. Following audit of the claim the fiscal agent will make payment to the provider of care.

80.2(1) Claims for payment for services provided recipients who are Medicare beneficiaries shall be submitted on forms specified for that program.

80.2(2) Claims for payment for services provided recipients who are not Medicare beneficiaries shall be submitted on the following forms:

a. Ambulance services shall submit claims on Form XIX AMB-1, Ambulance Claim.

b. Audiologists and hearing aid dealers shall submit claims on Form XIX, PRACT-1 and Form XIX DLR-1, Dealer's Claim, respectively.

c. Chiropractors shall submit claims on Form XIX CHIRO-1, Chiropractor Claim.

d. Community Mental Health Centers shall submit claims on Form XIX PRACT-1, Practitioner Claim.

e. Dentists shall submit claims on Form XIX DENT-1, Dental Claim.

f. Practitioners and institutions providing screening services shall submit claims on Form XIX SCR-1, Screening Claim.

g. Practitioners and institutions providing family planning services shall submit claims on Form XIX PRACT-1, Practitioner Claim.

h. Home health agencies shall submit claims on Form XIX HHA-1, Home Health Claim.

i. Hospitals providing inpatient care shall submit claims on Form XIX HOSP-1, Inpatient Hospital Claim. Hospitals providing outpatient services shall submit claims on Form XIX HOSP-2, Outpatient Hospital Claim.

j. Laboratories shall submit claims on Form XIX X-LAB-1, Laboratory and X-Ray Claim.

k. Medical Equipment Appliance and Sickroom Supply Dealers shall submit claims on Form XIX-DLR-1, Dealer's Claim.

l. Opticians shall submit claims on Form XIX-DLR-1, Dealer's Claim.

m. Optometrists shall submit claims on Form XIX-OPTO-1, Optometrist's Claim.

n. Orthopedic Shoe Dealers shall submit claims on Form XIX-DLR-1, Dealer's Claim.

o. Pharmacies shall submit claims on the Universal Pharmacy Claim Form.

p. Independently Practicing Physical Therapists shall submit claims on Form HCFA 1500.

q. Physicians shall submit claims on Form HCFA 1500.

r. Podiatrists shall submit claims on Form HCFA 1500.

s. Rehabilitation agencies shall submit claims on Form XIX-HOSP-2, Outpatient Hospital Claim.

t. Rural Health Clinics shall submit claims on Form HCFA 1500.

u. Skilled Nursing Facilities shall submit claims on Form XIX-SNH-1, Skilled Nursing Facility Claim.

770—80.3(249A) Amounts paid provider from other sources. 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 the carrier.

770—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 where the amount of time that has elapsed between the date the service was rendered and the date the initial claim is received by the fiscal agent exceeds three hundred sixty-five days except that payment for claims submitted beyond the three hundred sixty-five-day limit shall be considered if retroactive eligibility on newly approved cases is made which exceeds three hundred sixty-five days or if attempts to collect from a third party payer delays the submission of a claim.

80.4(2) *Claim adjustments.* A provider's request for an adjustment to a paid claim must be received by the fiscal agent within one year from the date the claim was paid in order to have the adjustment considered.

This rule is intended to implement sections 249A.3, 249A.4 and 249A.12, The Code.

770—80.5(249A) Authorization process.

80.5(1) *Identification cards.* A medical identification card shall be issued to recipients for use in securing medical and health services available under the program. The cards are issued by the department on a monthly basis and are valid only for the month of issuance. Payment will be made for services provided an ineligible recipient when verification establishes that the recipient was issued a medical identification card for the month in which the service was provided.

80.5(2) *Third party liability.* When a third party liability for medical expenses exists, this resource shall be utilized before payment is made through the medical assistance program except when otherwise authorized by the department.

80.5(3) *Skilled nursing facilities.* When authorizing payment for skilled nursing care, family income shall be applied against the cost of care with the following exceptions.

a. Any income committed for the current month's maintenance expense of the recipient or noninstitutionalized ineligible spouse and dependent children in the home during the month of entry is not applied against the cost of care.

b. The recipient shall be allowed to keep $25 per month for personal needs.

c. Ongoing client participation shall be determined in accordance with rule 770—75.5(249A).

These rules are intended to implement section 249A.4, The Code.

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CHAPTER 81

[Ch 81, January 1975 IDR Supplement, renumbered to Ch 135]

INTERMEDIATE CARE FACILITIES

770—81.1(249A) Definitions.

81.1(1) *Activities director.* A person who meets the qualifications of 470—subrule 58.26(3) implementing chapter 135C.

81.1(2) *Administrator.* A person licensed in the state as a nursing home administrator or, in the case of a hospital qualifying as an intermediate care facility, by the hospital administrator, with the necessary authority and responsibility for management of the facility and implementation of administrative policies.

81.1(3) *Beginning eligibility date.* Date of an individual's admission to the facility or date of eligibility for Medical Assistance, whichever is the later date. When a person has been admitted to a facility prior to a determination of eligibility for medical assistance, the beginning eligibility date shall be the date of admission or to the first day of the month preceding the month in which application was made, whichever is later, provided eligibility existed at that time.

81.1(4) *Consultant social worker.* A person who meets one of the following criteria:

a. Has a degree from an accredited four-year college in social work, sociology, psychology, guidance and counselling or vocational rehabilitation and at least two years full-time paid employment in a social work capacity with a public or private agency.

b. Has a degree from an accredited four-year college and at least four years experience in a social work capacity with a public or private agency.

c. Has five years experience in a social work capacity in a public or private agency.

81.1(5) *Dietitian.* A person who is eligible for registration by the American Dietetic Association under its requirements in effect on January 17, 1974; or has a baccalaureate degree with major studies in food and nutrition, dietetics, or food service management, has one year of supervisory experience in the dietetic service of a health care institution, and participates annually in continuing dietetic education.

81.1(6) *Facility.* A licensed health care facility certified in accordance with the provisions 45 CFR 249.12 to provide intermediate health care services.

81.1(7) *Health services supervisor.* A registered nurse or licensed practical or vocational nurse who is currently licensed to practice in the state.

a. In the case of facilities where a licensed practical or vocational nurse serves as the supervisor of health services, consultation shall be provided by a registered nurse through

a. Upon admittance, a ledger sheet shall be credited with the resident's total incidental money on hand. Thereafter, the ledger shall be kept current on a monthly basis. The facility may combine such accounting with the disbursement section showing the date, amount given the resident, and the resident's signature. A separate ledger shall be maintained for each resident.

b. When something is purchased for the resident and is not a direct cash disbursement, each such expenditure item in the ledger shall be supported by a signed, dated receipt. The receipt shall indicate the article furnished for the residents' benefit.

c. Personal funds shall only be turned over to the resident, the resident's guardian, or other persons selected by the resident. With the consent of the resident, when the resident is able and willing to give such consent the administrator may turn over personal funds to a close relative or friend of the resident to purchase a particular item. A signed, dated receipt shall be required to be deposited in the resident's files.

d. The ledger and receipts for each resident shall be made available for periodic audits by an accredited department representative. Audit certification shall be made by the department's representative at the bottom of the ledger sheet. Supporting receipts may then be destroyed.

e. Upon a patient's death, a receipt shall be obtained from the next of kin or the resident's guardian before releasing the balance of the personal needs funds. In the event there is no next of kin available and the recipient has been receiving a grant from the Iowa department of social services for all or part of the personal needs, any such funds shall revert to the Iowa department of social services. In the event that an estate is opened, the department shall turn the funds over to the estate.

81.4(4) *Safeguarding personal property.* The facility shall safeguard the resident's personal possessions. Safeguarding shall include, but is not limited to:

a. Providing a method of identification of the resident's suitcases, clothing, and other personal effects, and listing these on an appropriate form attached to the resident's record at the time of admission. Such records shall be kept current. Any personal effects released to a relative of the resident shall be covered by a signed receipt.

b. Providing adequate storage facilities for the resident's personal effects.

c. Insuring that all mail is delivered unopened to the resident to whom it is addressed, except in those cases where the resident is too confused, as documented in the person's permanent medical record, to receive it, in which case such mail is held unopened for the resident's conservator or relatives. Mail may be opened by the facility in cases where the resident or relatives or guardian have given permission in writing for mail to be opened and read to the resident.

770—81.5(249A) Discharge and transfer.

81.5(1) *Notice.* When a public assistance recipient requests transfer or discharge, or another person requests this for such recipient, the administrator shall promptly notify the local office of the department of social services. This shall be done in sufficient time to permit a social service worker to assist in the planning for the transfer or discharge.

81.5(2) *Form.* The facility shall notify the local office of a discharge or transfer on form AA-4166-0, Case Activity Report.

81.5(3) *Plan.* The administrator and staff shall assist the resident in planning for transfer or discharge through development of a discharge plan. In as far as possible, the same persons participating in the decision to admit the resident in rule 81.3(3), shall be involved in the discharge planning.

81.5(4) *Transfer records.* When a resident is transferred to another facility, transfer information shall be summarized from the facility's records in a copy to accompany the resident. This information shall include:

a. A transfer form of diagnosis.

b. Aid to daily living information.

c. Transfer orders.

d. Nursing care plan.
e. Physician's orders for care.
f. The resident's personal records.
g. When applicable, the personal needs fund record.
h. Resident care review team assessment.

81.5(5) *Unused client participation.* When a resident leaves the facility during the month any unused portion of the resident's client participation shall be refunded.

770—81.6(249A) Financial and statistical report. All facilities in Iowa wishing to participate in the program shall submit a Financial and Statistical Report for Nursing Homes, form AA-4036-0, to the department. Such reports shall be based on the following rules.

81.6(1) *Failure to maintain records.* Failure to adequately maintain fiscal records, including census records, medical charts, ledgers, journals, tax returns, canceled checks, source documents, invoices, and audit reports by or for a facility may result in the penalties specified in subrule 81.14(1).

81.6(2) *Accounting procedures.* Financial information shall be based on that appearing in the audited financial statement. Adjustments to convert to the accrual basis of accounting shall be made when the records are maintained on other accounting bases. Facilities which are a part of a larger health facility extending short-term, intensive, or other health care not generally considered nursing care may submit a cost apportionment schedule prepared in accordance with recognized methods and procedures. Such schedule shall be required when necessary for a fair presentation of expense attributable to intermediate care facility patients.

81.6(3) *Submission of reports.* The report shall be submitted to the department of social services no later than three months after the close of each six months period of the facility's established fiscal year. Failure to submit the report within such time shall reduce payment to seventy-five percent of the current rate. Such reduced rate shall be paid for no longer than three months, after which time no further payments will be made.

81.6(4) *Payment at new rate.* When a new rate is established, payment at the new rate shall be effective with services rendered as of the first day of the month in which the report is postmarked, or if the report was personally delivered, the first day of the month in which the report was received by the department of social services. Adjustments shall be included in the payment the third month after the receipt of the report.

81.6(5) *Accrual basis.* Facilities not using the accrual basis of accounting shall adjust recorded amounts to the accrual basis. Expenses which pertain to an entire year shall be included in each six-month report in equal amounts. Records of cash receipts and disburse-

partnership and creates a new partnership which is not a party to the previously executed agreement and a transfer of ownership has occurred.

(2) When a participating nursing home is a sole proprietorship, a transfer of title and property to another party constitutes a change of ownership.

(3) When the facility is a corporation, neither a transfer of corporate stock nor a merger of one or more corporations with the participating corporation surviving is a transfer of ownership. A consolidation of two or more corporations resulting in the creation of a new corporate entity constitutes a change of ownership.

(4) When a participating facility is leased, a transfer of ownership is considered to have taken place. When the entire facility is leased, the total agreement with the lessor terminates. When only part of the facility is leased, the agreement remains in effect with respect to the unleased portion, but terminates with respect to the leased portion.

b. Upon change of ownership, the new owner or operator shall furnish the department with an appraisal made by a department-approved appraiser. The appraisal shall be based on market value.

c. The new owner or operator shall either continue the previous owner's depreciation schedule or set up a new depreciation schedule using the amount obtained by deducting the depreciation expense incurred since July 1, 1980 from the value of depreciable real property. The value will be the sale price or appraised value, whichever is less.

81.6(13) *Nontaxable transfer of ownership.* When a transfer of ownership occurs by means of a tax-free exchange of stock and an appraisal of a provider's assets is necessary because the property records do not adequately reflect the cost of the facility, the appraised cost will be recognized, but shall not exceed the cost basis of these assets used for federal tax purposes. When an appraisal has been approved resulting in asset costs in excess of the cost basis used for federal tax purposes, a redetermination of costs shall be made, including the filing of an amended cost report when necessary.

81.6(14) *Payment to new home.* A new home for which cost has not been established shall receive the prevailing maximum allowable cost ceiling. At the end of three months operation a financial and statistical report shall be submitted and the cost established. Subsequent reports shall be submitted from the beginning day of operation to the end of the fiscal year or six months interim period, whichever comes first, and each six months thereafter.

81.6(15) *Payment to new owner.* An existing facility with a new owner shall continue with the previous owner's per diem rate until a new financial and statistical report has been submitted and a new rate established, not to exceed private pay charges. The facility may submit a report for the period from beginning of actual operation to the end of the fiscal year or may submit two cost reports within the fiscal year provided the second report covers a period of six months ending on the last day of the fiscal year. The facility shall notify the department of social services of the date its fiscal year will end and of the reporting option selected.

81.6(16) *Establishment of ceiling and reimbursement rate.*

a. An inflation factor will be considered in determining the facility's prospective payment rate. The rate will be determined by using the change in the weighted average cost per diem of the compilation of various costs and statistical data as found in the two most recent reports of "Unaudited Compilation of Various Cost and Statistical Data". The percentage increase of this weighted average will be the basis for the next semiannual inflation factor. This factor shall not exceed five percent on a semiannual basis.

b. The maximum allowable cost ceiling shall be established at the beginning of the state's fiscal year. The maximum allowable cost ceiling shall be determined at a level where seventy-four percent of the participating facilities are receiving one hundred percent of their allowable costs. The June 30, 1981 report of "Unaudited Compilation of Various Costs and Statistical Data" shall be the basis of the calculation.

c. An incentive factor shall be determined at the beginning of the state's fiscal year based upon the June 30, 1981 "Unaudited Compilation of Various Costs and Statistical Data". The incentive factor shall be equal to one-half the difference between the forty-sixth percentile of allowable costs and the seventy-fourth percentile of allowable costs. Notwithstanding the foregoing, under no circumstances shall the incentive factor be less than $1.00 per patient day or more than $1.75 per patient day.

d. The reimbursement rate shall be established by determining, on a per diem basis, the allowable cost plus the established inflation factor plus the established incentive factor, subject to the maximum allowable cost ceiling.

e. For nonstate owned intermediate care facilities, an additional factor in determining the reimbursement rate shall be arrived at by dividing total reported patient expenses by total patient days during the reporting period. Total patient days for purposes of this computation shall be in-patient days as determined in subrule 81.6(7) or eighty percent of the licensed capacity of the facility, whichever is greater.

This rule is intended to implement Iowa Code sections 249A.2(6), 249A.3(2)"*a*" and 249A.16.

770—81.7(249A) Continued stay review. The Iowa foundation for medical care shall be responsible for reviews for need of continued care in intermediate care facilities.

This rule is intended to implement sections 249A.2(6) and 249A.3(2)"*a*" of the Code.

81.14(2) *Audit of proper billing and handling of patient funds.*

a. Field auditors of the department of social services, or representatives of health, education and welfare, upon proper identification, shall have the right to audit billings to the department of social services and receipts of client participation, to insure the facility is not receiving payment in excess of the contractual agreement and that all other aspects of the contractual agreement are being followed, as deemed necessary.

b. Field auditors of the department of social services or representatives of health, education and welfare, upon proper identification, shall have the right to audit records of the facility to determine proper handling of patient funds in compliance with subrule 81.4(3).

c. The auditor shall recommend and the department of social services shall request repayment by the facility to either the department of social services or the resident(s) involved, such sums inappropriately billed to the department or collected from the resident.

d. The facility shall have sixty days to review the audit and repay the requested funds or present supporting documentation which would indicate that the requested refund amount, or part thereof, is not justified.

e. When the facility fails to comply with paragraph "*d*", the requested refunds may be withheld from future payments to the facility. Such withholding shall not be more than twenty-five percent of the average of the last six monthly payments to the facility. Such withholding shall continue until the entire requested refund amount is recovered. If in the event the audit results indicate significant problems, the audit results may be referred to the attorney general's office for whatever action may be deemed appropriate.

f. When exceptions are taken during the scope of an audit which are similar in nature to the exceptions taken in a prior audit, the auditor shall recommend and the department may, after considering the seriousness of the exceptions, reduce payment to the facility seventy-five percent of the current payment rate.

This rule is intended to implement Iowa Code sections 249A.2(6), 249A.3(2)"*a*" and 249A.12.

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compliance.

o. When the facility is certified, the department of health shall notify the department of social services and shall recommend the terms and conditions of a provider agreement.

p. The department of social services shall review the certification data and transmit the provider agreement as recommended, or for good cause based on adequate and documented evidence may elect to execute a provider agreement for a term less than the full period of certification or may elect not to execute a provider agreement or may cancel a provider agreement.

82.3(2) *New or substantially rehabilitated facility.* At the time of initial certification survey, the facility shall meet as many physical, administrative, and service contract requirements as possible, and shall meet all other requirements for full compliance at the time of the scheduled resurvey. The same procedures for certification shall be followed as for existing facilities except as follows:

a. The initial survey shall determine what recommended limited or conditional term provider agreement should be entered into. Such recommendation shall be for twelve calendar months or less.

b. When a facility is not recommended for a limited or conditional certification, the health department shall notify the facility of the reasons for the negative recommendations. The facility shall arrange for a resurvey to occur when the objections which caused the negative recommendation to be made are removed.

c. When a facility is recommended for limited or conditional certification, a resurvey for full compliance shall occur no later than thirty days before the expiration of the certification.

82.3(3) *Subsequent cancellation of participation.* When the department of social services cancels or denies further participation, federal financial participation may continue for thirty days beyond the date of cancellation, when such extension is necessary to insure the orderly transfer of residents.

82.3(4) *Appeals of decertification.* A facility may appeal a decertification action according to the department's subrule 81.13(28).

This rule is intended to implement sections 249A.2(6) and 249A.3(2)*"a"*, The Code.

770—82.4(249A) Provider agreements. After certification of a facility, a provider agreement may be issued. The effective date of a provider agreement shall be no earlier than the date of certification. All survey procedures and the certification process shall be done in accordance with department of health, education, and welfare publication "State Survey Agency Long Term Care Manual."

82.4(1) *Terms of agreement.*

a. When a facility does not have any deficiencies, the provider agreement shall be issued for a period not to exceed twelve months. The agreement shall be for the term of, and in accordance with, the provisions of certification, except that for good cause, the department of social services may elect to execute an agreement for a term less than the period of certification, elect not to execute an agreement, or cancel an agreement.

b. When a facility has deficiencies:

(1) A new provider agreement may be executed for a period not to exceed sixty days from the time required to correct deficiencies up to a period of twelve months.

(2) A new provider agreement may be issued for a period of up to twelve months subject to automatic cancellation sixty days following the scheduled date for correction unless required corrections have been completed or unless the health department finds and notifies the department of social services that the facility has made substantial progress in correcting such deficiencies and has resubmitted in writing a new plan of correction acceptable to the health department.

(3) There shall be no new agreement when the facility continues to be out of compliance with the same standard at the end of the term of agreement.

82.4(2) *Extension of agreement.* The department of social services may extend an agreement when adequate funding is available, with a facility for two months under the following conditions:

a. The health and safety of the residents will not be jeopardized thereby, and

b. The extension is necessary to prevent irreparable harm to the facility or hardship to the resident, or

c. It is impracticable to determine whether such facility is complying with the provisions and requirements of the provider agreement.

82.4(3) *Deficiencies.* When the department of health survey indicates deficiencies in the areas of American National Standards Institute, life safety code, or environment and sanitation, a timetable detailing corrective measures shall be submitted to the department of health before a provider agreement can be issued. Such timetable shall not exceed two years from the date of initial certification and shall detail corrective steps to be taken and when corrections will be accomplished. The following rules shall apply in such situations.

a. The department of health shall determine that the facility can make corrections within the two-year period.

b. During the period allowed for corrections, the institutions shall be in compliance with existing state fire safety and sanitation codes and regulations.

c. The facility shall be surveyed at least semiannually until corrections are completed. The facility shall have made substantial effort and progress in its plan of correction as evidenced by work-orders, contracts, and other such similar documentation.

82.4(4) *Termination.* When a facility is terminated under Title XVIII of the Social Security Act, the department of social services shall take steps to terminate the facility's participation under Title XIX of the Social Security Act.

770—82.5(249A) Financial and statistical report. All facilities wishing to participate in the program shall submit a Financial and Statistical Report for Nursing Homes—Mentally Retarded, form AA-4039-0, to the department. Such reports shall be based on the following rules.

82.5(1) *Failure to maintain records.* Failure to maintain and submit adequate accounting or statistical records shall result in termination or suspension of participation in the program.

82.5(2) *Accounting procedures.* Financial information shall be based on that appearing in the audited financial statement. Adjustments to convert to the accrual basis of accounting shall be made when the records are maintained on other accounting bases. Facilities which are a part of a larger health facility extending short-term, intensive, or other health care not generally considered nursing care may submit a cost apportionment schedule prepared in accordance with recognized methods and procedures. Such schedule shall be required when necessary for a fair presentation of expense attributable to intermediate care facility patients.

82.5(3) *Submission of reports.* The report shall be submitted to the department of social services no later than three months after the close of each six months period of the facility's established fiscal year. Failure to submit the report within such time shall reduce payment to seventy-five percent of the current rate. Such reduced rate shall be paid for no longer than three months, after which time no further payments will be made.

82.5(4) *Payment at new rate.* When a new rate is established, payment at the new rate shall be effective with services rendered as of the first day of the month in which the report is postmarked, or if the report was personally delivered, the first day of the month in which the report was received by the department o social services. Adjustments shall be included in the payment the third month after the receipt of the report.

82.5(5) *Accrual basis.* Facilities not using the accrual basis of accounting shall adjust recorded amounts to the accrual basis. Expenses which pertain to an entire year shall be included in each six-month report in equal amounts. Records of cash receipts and disbursements shall be adjusted to reflect accruals of income and expense.

82.5(6) *Census of public assistance recipients.* Census figures of public assistance recipients shall be obtained on the last day of the month ending the reporting period.

82.5(7) *Patient days.* In determining in-patient days, a patient day is that period of service rendered a patient between the census-taking hours on two successive days, the day of discharge being counted only when the patient was admitted that same day.

tax purposes. When an appraisal has been approved resulting in asset costs in excess of the cost basis used for federal tax purposes, a redetermination of costs shall be made, including the filing of an amended cost report when necessary.

82.5(14) *Payment to new home.* A new home for which cost has not been established shall receive the prevailing maximum allowable cost ceiling. At the end of three months' operation a financial and statistical report shall be submitted and the cost established. Subsequent reports shall be submitted from the beginning day of operation to the end of the fiscal year or six months' interim period, whichever comes first, and each six months thereafter.

82.5(15) *Payment to new owner.* An existing facility with a new owner shall continue with the previous owner's per diem rate until a new financial and statistical report has been submitted and a new rate established. The facility may submit a report for the period from beginning of actual operation to the end of the fiscal year or may submit two cost reports within the fiscal year provided the second report covers a period of six months ending on the last day of the fiscal year. The facility shall notify the department of social services of the date its fiscal year will end and of the reporting option selected.

82.5(16) *Limitation on reimbursement rate.* For nonstate owned intermediate care facilities for the mentally retarded, the reimbursement rate shall be determined by dividing total reported patient expenses by total patient days during the reporting period. Total patient days for purposes of the computation shall be inpatient days as determined in subrule 82.5(7) or eighty percent of the licensed capacity of the facility, whichever is greater.

This rule is intended to implement Iowa Code sections 249A.12 and 249A.16.

770—82.6(249A) Eligibility for services.

82.6(1) *Interdisciplinary team.* The initial evaluation for admission shall be conducted by an interdisciplinary team. The team shall consist of a physician, a social worker, and other professionals. At least one member of the team shall be a qualified mental retardation professional.

82.6(2) *Evaluation.* The evaluation shall include a comprehensive medical, social, and psychological evaluation. The comprehensive evaluation shall include:

a. Diagnoses, summaries of present medical, social and where appropriate, developmental findings, medical and social family history, mental and physical functional capacity, prognoses, range of service needs, and amounts of care required.

b. An evaluation of the resources available in the home, family, and community.

c. An explicit recommendation with respect to admission or in the case of persons who make application while in the facility, continued care in such facility. Where it is determined that intermediate care facility for the mentally retarded services are required by an individual whose needs might be met through the use of alternative services which are currently unavailable, this fact shall be entered in the record, and plans shall be initiated for the active exploration of alternatives.

d. An individual plan for care shall include diagnosis, symptoms, complaints or complications indicating the need for admission, a description of the functional level of the resident; written objective; orders as appropriate for medications, treatments, restorative and rehabilitative services, therapies, diet, activities, social services, and special procedures designed to meet the objectives; and plans for continuing care, including provisions for review and necessary modifications of the plan, and discharge.

e. Written reports of the evaluation and the written individual plan of care shall be delivered to the facility and entered in the individual's record at the time of admission or, in the case of individuals already in the facility, immediately upon completion.

82.6(3) *Certification statement.* Eligible individuals may be admitted to an intermediate care facility for the mentally retarded upon the certification of a physician that there is a necessity for care at the facility. Eligibility shall continue as long as a valid need for such care exists.

This rule is intended to implement 249A.12 of the Code.

770—82.7(249A) Initial approval for ICF/MR care. Payment will be made for intermediate care facility for the mentally retarded care only upon certification of need for such level of care by a licensed physician of medicine or osteopathy and approval by the Iowa foundation for medical

82.17(2) *Audit of proper billing and handling of patient funds.*

a. Field auditors of the department of social services or representatives of health, education and welfare, upon proper identification, shall have the right to audit billings to the department of social services and receipts of client participation, to insure the facility is not receiving payment in excess of the contractual agreement and that all other aspects of the contractual agreement are being followed, as deemed necessary.

b. Field auditors of the department of social services or representatives of health, education and welfare, upon proper identification, shall have the right to audit records of the facility to determine proper handling of patient funds in compliance with subrule 82.9(3).

c. The auditor shall recommend and the department of social services shall request repayment by the facility to either the department of social services or the resident(s) involved, such sums inappropriately billed to the department or collected from the resident.

d. The facility shall have sixty days to review the audit and repay the requested funds or present supporting documentation which would indicate that the requested refund amount, or part thereof, is not justified.

e. When the facility fails to comply with paragraph *"d"* the requested refunds may be withheld from future payments to the facility. Such withholding shall not be more than twenty-five percent of the average of the last six monthly payments to the facility. Such withholding shall continue until the entire requested refund amount is recovered. If in the event the audit results indicate significant problems, the audit results may be referred to the attorney general's office for whatever action may be deemed appropriate.

f. When exceptions are taken during the scope of an audit which are similar in nature to the exceptions taken in a prior audit, the auditor shall recommend and the department may, after considering the seriousness of the exceptions, reduce payment to the facility seventy-five percent of the current payment rate.

These rules are intended to implement Iowa Code sections 249A.2, 249A.3 and 249A.12.

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CHAPTER 83

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CHAPTER 84
EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT

770—84.1(249A) Definitions.

84.1(1) *Screening.* "Screening" is the use of quick, simple procedures which can be carried out with large groups of people to sort out apparently well persons from those who have a disease or abnormality and to identify those in need of more definitive study. The screening process includes:

a. Physical measurements.

b. Unclothed physical inspection.

CHAPTERS 163 to 165
Reserved

CHAPTER 166
JUVENILE COMMUNITY-BASED GRANTS

770—166.1(69GA,chs 7,11) Definitions.

166.1(1) *"Commissioner"* means the commissioner of the department of social services or successor agency.

166.1(2) *"District"* means one of the department of social services or successor districts.

166.1(3) The *"district review committee"* means the group of individuals designated by the district administrator to review juvenile community-based grant applications. The juvenile court, juvenile probation, public schools, consumer groups, local service providers, and other relevant groups shall be represented on this committee. No individual employed by an agency applying for a grant or on the board of directors of such agency shall serve on the district review committee. The district administrator may designate a subgroup of the district's human service planning council or representatives of regional human service planning councils to serve as a district review committee.

166.1(4) *"District administrator"* means administrator of the district office.

166.1(5) *"District office"* means one of department of social services or successor agency district offices.

166.1(6) *"Grantee"* means the recipient of a juvenile community-based grant.

166.1(7) *"Juvenile community-based grants"* means those grants of state appropriated funds to private agencies or units of local government to develop or improve selected services to children and their families.

166.1(8) The *"state review committee"* means a group of individuals with knowledge and experience in the development and delivery of services to juveniles who are designated by the commissioner to review juvenile community-based grant applications.

770—166.2(69GA,chs 7,11) Availability of grants.

166.2(1) In any year in which the legislature appropriates funds for juvenile community-based grants, the department shall provide start-up and continuation moneys for selected services. The amount of the money granted shall be contingent upon the funds available. The type of services selected for funding shall be in compliance with the legislative appropriation and intent language.

166.2(2) The department shall utilize these funds to develop or expand direct services provided by the department only when private agencies and units of local government are unwilling or unable to develop the selected services in the targeted areas.

770—166.3(69GA,chs 7,11) Who can apply. Applicants must be an incorporated agency or a unit of local government.

770—166.4(69GA,chs 7,11) Request for proposals.

166.4(1) The department shall distribute "request for proposals" (RFP's) no later than April 1 prior to the fiscal year for which state appropriated funds are available or are anticipated to become available for juvenile community-based grants.

166.4(2) The department shall distribute these RFP's through the following individuals, groups and agencies:

a. Iowa department of public instruction
b. Iowa juvenile laws committee
c. Iowa juvenile probation officers association
d. Iowa state association of county governments
e. Juvenile justice advisory council
f. Office for planning and programming

g. Youth services advisory council
h. Relevant public and private provider associations
i. Community mental health centers
j. Department district and local offices
k. All applicants for funding from the previous year

166.4(3) The request for proposal shall:

a. Specify the geographical area(s) of the state that is being targeted.
b. Specify the service(s) which is being targeted for development or provision.
c. Explain where and how application materials may be obtained.
d. Inform potential applicants that district offices of the department will provide consultation regarding the following:

(1) Determination of the need for particular services.
(2) Definition of service components, measurable impacts and evaluation techniques.
(3) Completion of the application form.

770—166.5(69GA,chs 7,11) Application materials. Application for Juvenile Community-based Grants, Form SS-1116-0, shall be available through the district offices of the department by April 1 and shall require at least the following information:

166.5(1) A brief narrative describing the agency or unit of local government requesting funding.

166.5(2) If an agency, a brief description of other services provided by the agency.

166.5(3) A statement of the unmet needs to be addressed by the services, including supporting statistics as available.

166.5(4) A description of the services for which department funding is being requested which includes but is not limited to the following:

a. The geographical area to be served.
b. The target population to be served.
c. Eligibility requirements.
d. The anticipated source of referrals for the services.
e. The anticipated number of clients to be served.
f. A description of the components of the service(s).
g. A discussion of how the components of service(s) will meet the unmet need identified in 166.5(3).

166.5(5) A statement of the anticipated measurable outcomes of the service provision and the means of determining these outcomes.

166.5(6) Job descriptions and requirements for any new positions.

166.5(7) The proposed budget for the services, results of previous efforts to secure funding for this service, other sources of income, plans for future funding of the service, including written commitments, if possible.

166.5(8) Statement of co-operation and co-ordination from relevant professionals, such as juvenile judges, juvenile probation officers, department staff, other providers of service, consumers, etc., to demonstrate community support, involvement and utilization of the program to avoid duplication and to share the resources.

166.5(9) The table of organization and articles of incorporation, if a newly formed agency.

770—166.6(69GA,chs 7,11) Submission process.

166.6(1) All applicants shall submit three copies of the completed application Form SS-1116-0, as discussed in 166.5(69GA,chs 7,11), to the department. One copy of the application shall be supplied to the district office in the geographical area to be served and two copies supplied to the commissioner or designee. In order to be included in the review process and considered for possible funding, applications shall be postmarked by midnight, May 10. Applications may be delivered to the department during regular business hours any time prior to the deadline.

166.6(2) If proposed projects will serve more than one district, a copy of the application shall be submitted to each district to be served.

770—166.7(69GA,chs 7,11) Selection process.

166.7(1) All proposals submitted to a district shall be reviewed by the district review committee who shall make funding recommendations to the district administrator.

166.7(2) The district administrator or designees shall review all proposals submitted to the district and the recommendations of the district review committee. The district administrator shall make funding recommendations to the commissioner. The district administrator shall also forward the district review committee's recommendations to the commissioner.

166.7(3) The state review committee shall review all proposals and submit funding recommendations to the commissioner.

166.7(4) The commissioner or designees shall review all proposals and the recommendations of the district review committee, the district administrator and the state review committee. The commissioner shall make the final funding decisions.

166.7(5) The following factors will be considered in selecting proposals:

a. The demonstrated need for the service in the geographical area served.

b. The community support demonstrated and the co-operation and co-ordination with existing agencies.

c. The efforts of the program to secure other funding.

d. The general program structure including but not limited to, how well goals can be met, how realistic the objectives are, the administration of funds, stability of the organization, the overall quality in comparison to other proposals and services offered.

e. The extent to which the utilization of the funds will expand or improve the continuum of services available to children in the district and meet the unmet need.

770—166.8(69GA,chs 7,11) Notification of applicants. Applicants shall be notified no later than June 15 as to whether their application has been denied or that the department is interested in negotiating a contract regarding their proposal. If the legislative appropriation for this program is signed by the governor after May 10, resulting in a delay in the selection process, all applicants shall be informed by June 15 of the delay and the date funding decisions will be announced.

770—166.9(69GA,chs 7,11) Contracts.

166.9(1) The contract shall be negotiated by the district and the applicant.

166.9(2) The applicant may be requested to modify the proposal in the negotiation process.

166.9(3) The applicant or the department may request a modification of the contract. Both parties must agree to any modification of the contract.

166.9(4) Funds are to be spent to meet the program goals as provided in the contract.

166.9(5) Expenditures will be reimbursed monthly pursuant to regular reimbursement procedures of the state of Iowa.

770—166.10(69GA,chs 7,11) Records. Grantees shall keep statistical records of services provided and any other records as required by the department and specified in the contract.

770—166.11(69GA,chs 7,11) Quarterly progress reports. All grantees shall supply the department with quarterly progress reports that include but are not limited to the following information:

1. The state grant dollars expended as they relate to each line item in the budget.
2. A list of goals and activities completed on schedule.
3. Any goals or activities not completed on schedule and the reason for the delay.
4. The number of clients served and the services provided.
5. The major goals for the next quarter.
6. Any general comments on the progress of the project.

770—166.12(69GA,chs 7,11) Evaluation. The department shall complete an evaluation of the grantee's program by April 15 to determine how well the purposes and goals of the program are being met.

770—166.13(69GA,chs 7,11) Termination of contract.

166.13(1) The contract may be terminated by the grantee at any time during contract period by giving thirty days' notice to the department.

166.13(2) The department may terminate a contract upon ten days' notice when the grantee or any of its subcontractors fails to comply with the grant award stipulations, standards, or conditions. The department may terminate a contract upon thirty days' notice when there is a reduction of funds by executive order.

166.13(3) Within forty-five days of the termination, the grantee shall supply the department with a financial statement detailing all costs up to the effective date of the termination.

770—166.14(69GA,chs 7,11) Reallocation of funds.

166.14(1) Grantees shall immediately notify the appropriate district administrator in writing when the grantee determines that at least $500 of the grant will not be expended.

166.14(2) The district administrator and the grantee may negotiate a revision to the contract to allow for expansion or modification of the services but shall not increase the total amount of the grant.

166.14(3) The department may request grantees to free anticipated unexpended funds so that they may be used for other projects.

166.14(4) Grantees may free anticipated unexpended funds by submitting in writing a request to the commissioner to reduce the amount of the contract.

166.14(5) Anticipated unexpended funds which have been freed may be granted to other applicants who were only partially funded or did not receive any funding. These funds may also be used to increase the contracts of grantees whose proposals were fully funded when additional funds would improve the quality or increase the quanitity of services being provided. The commissioner or designee shall determine how unexpended funds are reallocated.

These rules are intended to implement 1981 Iowa Acts, chapter 7, section 3, subsection 10, paragraph "a" and chapter 11, section 2, subsection 2.

[Filed 5/20/83, Notice 3/16/83—published 6/8/83, effective 8/1/83]

ARTICLE G
CONTRACTS
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GENERAL REQUIREMENTS AND COVENANTS FOR CONSTRUCTION ON PRIMARY, FARM-TO-MARKET, SECONDARY, STATE PARK, AND INSTITUTIONAL ROADS AND MAINTENANCE WORK ON THE PRIMARY ROAD SYSTEM

(06,G)-1.1(307A) General requirements for highway construction

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CONSTRUCTION INSPECTION
Reserved

ARTICLE I
MATERIAL INSPECTION AND TESTING
Reserved

ARTICLE J
MAINTENANCE
CHAPTER 1
PRIMARY ROAD EXTENSIONS

[06,J]-1.1(321) Closing primary road extensions

ARTICLE K
TRAFFIC ENGINEERING
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CHAPTER 2
SIGNING MANUAL

(06,K)-2.1(321) Manual on uniform traffic control devices for streets and highways

CHAPTER 3
SIGNING ON PRIMARY ROADS

(06,K)-3.1(307A) Erection of destination signs at the junction of a secondary and a primary highway

(06,K)-3.2(307A) Erection of signs for numbered business routes

(06,K)-3.3(307A) Erection of signs for schools

(06,K)-3.4(307A) Erection of camping service signs on interstate highways

(06,K)-3.5(321) Erection of signs for sanitary landfills

(06,K)-3.6(321) Erection of signs for special events

(06,K)-3.7(321) Erection of signs for organized off-highway camps

(06,K)-3.8(321) Erection of signs for county conservation parks

(06,K)-3.9(321) Erection of no parking signs

CHAPTER 4
LIGHTING ON PRIMARY-SECONDARY ROADS

(06,K)-4.1(321) Lighting of primary-secondary intersections

CHAPTER 5
TRAFFIC SIGNALS, SCHOOL SIGNALS AND BEACONS ON PRIMARY ROADS

(06,K)-5.1(307A) Erection of traffic signals, school signals, and beacons on primary highways

CHAPTER 6
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(06,K)-6.1(307A) Traffic and engineering investigations on secondary highways

CHAPTER 7
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(06,K)-7.1(307A) Adjustment of speed zones on primary highways

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OPERATIONS RESEARCH
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ARTICLE M
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LOCAL SYSTEMS

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[06,Q]1.1(307A) Instructional memorandums to county engineers

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PREPARATION OF SECONDARY
ROAD CONSTRUCTION PROGRAMS,
BUDGETS, AND COUNTY
ENGINEERS' ANNUAL REPORTS

[06,Q]2.1(309) County construction program

[06,Q]2.2(309) County secondary road budget

[06,Q]2.3(309) County engineer's annual report

CHAPTERS 3 to 6
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07 MOTOR VEHICLE DIVISION

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Reserved

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ARTICLE C
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[07,C] 13.5(321) Requirements for issuance and validity of license types
[07,C] 13.6(321) Duplicate licenses
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[07,C] 13.8(321) License reinstatement or reissue
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OFFICE OF RIGHT OF WAY
RELOCATION ASSISTANCE SECTION

INCREASED INTEREST DIFFERENTIAL PAYMENT CALCULATION

County Linn
R.O.W. Project No. I-380-6 (25) 264-01-57
Federal Project No. I-380-6 (25) 264-01-57
Parcel No. 689

Name John Doe

Address 869 Highland N.E., Cedar Rapids, Iowa

COMPUTATION OF INCREASED INTEREST COST

	Amount		Interest Rate		Terms	
New Mortgage	$ 35,000	(1)	9	%(7)	300	Months(4)
Existing Mortgage	$ 17,905	(2)	7	%(8)	216	Months(5)
lesser of above	$ 17,905	(3)			216	Months(6)

Passbook Interest Rate 5 %(9)

Debt Service Costs $ 350.00 (10)*

COMPUTATION

A. 9 (line(7))% FOR 216 (line(6)) MOS. = .009364 (factor) x $ 17,905. (line(3)) = 167.67

B. 6¾ (line(8))% FOR 216 (line(6)) MOS. = .008010 (factor) x $ 17,905. (line(3)) = 143.42

C. DIFFERENCE (line A — B) = 24.25

D. 5 (line(9))% FOR 216 (line(6)) MOS. = .007030 (factor) x 17,905. (line(3)) = 125.87

E. DIVIDE (line C. ÷ line D.) = .192659

F. INTEREST DIFFERENTIAL (line E. x line (3)) = 3449.56

G. ADD DEBT SERVICE COSTS, IF ANY (line (10)) = 179.05

TOTAL INTEREST DIFFERENTIAL PAYMENT = 3,628.61

*origination or services fee on the amount refinanced but not to exceed an amount which would have been paid if the original mortgage balance was refinanced. The origination or services fees shall not exceed such fees normal to real estate transactions in the area.

NOTE: If there is more than one outstanding mortgage on an acquired dwelling, the discounted value of each mortgage must be determined. To do this, a separate computation is made to each mortgage. A consolidation is then completed.

These rules are intended to implement chapter 316 of the Code.
[Filed 6/17/74]
*[Filed 7/8/77, Notice 5/4/77—published 7/27/77, effective 8/31/77]
[Filed without Notice 9/2/77—published 9/21/77, effective 10/26/77]

*Inadvertently omitted from IAC 7/27/77.

CHAPTER 5

[Rescinded, effective 7/13/83—published 6/8/83]

CHAPTER 6

[Rescinded, effective 4/1/83—published 4/27/83]

ARTICLE Q
LOCAL SYSTEMS

CHAPTER 1
AVAILABILITY OF INSTRUCTIONAL MEMORANDUMS TO COUNTY ENGINEERS

820—[06,Q]1.1(307A) Instructional memorandums to county engineers. The department shall produce a manual of instructional memorandums to county engineers regarding secondary and farm-to-market roads. The manual shall communicate instructions, requirements and guidance information to the counties.

1.1(1) The manual of instructional memorandums shall be available to all county engineers free of charge.

1.1(2) Reserved.

This rule is intended to implement Iowa Code section 307A.2.

[Filed 7/1/75]
[Filed 5/13/83, Notice 3/30/83—published 6/8/83, effective 7/13/83]

CHAPTER 2
PREPARATION OF SECONDARY ROAD CONSTRUCTION PROGRAMS, BUDGETS, AND COUNTY ENGINEERS' ANNUAL REPORTS

820—[06,Q]2.1(309) County construction program. Each year the department shall distribute to the counties a set of detailed instructions for the preparation of the county construction program required by Iowa Code section 309.22. The instructions shall constitute the form, content and method of preparation acceptable to the department.

This rule is intended to implement Iowa Code section 309.22.

820—[06,Q]2.2(309) County secondary road budget. Each year the department shall distribute to the counties a set of detailed instructions for the preparation of the county secondary road budget required by Iowa Code section 309.93. The instructions shall constitute the form, content and method of preparation acceptable to the department.

This rule is intended to implement Iowa Code section 309.93.

820—[06,Q]2.3(309) County engineeer's annual report. Each year the department shall distribute to the counties a set of detailed instructions for the preparation of the county engineer's annual report required by Iowa Code section 309.22. The instructions shall constitute the standard requirements which must be followed and the forms to be completed.

This rule is intended to implement Iowa Code section 309.22.

[Filed 7/1/75]
[Filed 10/29/75, Notice 9/8/75—published 11/17/75, effective 12/22/75]
[Filed 5/13/83, Notice 3/30/83—published 6/8/83, effective 7/13/83]

CHAPTERS 3 to 6

[Rescinded, effective 7/13/83—published 6/8/83]

CHAPTER 7
TO DEFINE THE ACTIONS NEEDED TO PROPOSE, PREPARE AND CONSUMMATE AN AGREEMENT TO TRANSFER HIGHWAY JURISDICTIONS BETWEEN THE STATE AND A COUNTY

820—[06,Q]7.1(307A) Transfer of jurisdiction. The department shall make the initial contact with county officials to determine their willingness to accept primary road transfers and their desire to transfer secondary roads.

7.1(1) The department shall prepare the agreement for review and signature of the county officials.

7.1(2) Prior to execution of the agreement a public notice of the proposed transfer of jurisdiction shall be placed in a newspaper having general circulation in the county. The department shall aid the county officials in preparing the notice and verify that it is published. All requests for a public hearing will be reviewed, and if a public hearing is required, the department shall, in conjunction with the county officials, establish the time, a place for the hearing, and give notice to interested parties.

The county shall initially pay the total costs of the hearing and its public notice, and the department shall make sure that the county is reimbursed for the state's share of the expense.

7.1(3) Vouchers needed to make any payment to the county shall be prepared by the department and sent to the county. Upon receipt of the signed voucher, the warrants shall be prepared and distributed.

This rule is intended to implement section 313.2 of the Code.

[Filed July 1, 1975]

CHAPTERS 11 and 12
Reserved

CHAPTER 13*
GENERAL REQUIREMENTS FOR IMPLEMENTING THE PAVEMENT MARKING DEMONSTRATION PROGRAM

820—[06,Q]13.1(307A) Source of funds. The Federal Aid Highway Act of 1973 authorized funds to carry out a pavement marking demonstration program to improve markings on all highways except interstate, and thereby provide greater safety for vehicles and pedestrians. Iowa's appropriations for this program are $437,536 for fiscal 1974, $1,326,139 for fiscal 1975, and $1,310,249 for fiscal 1976.

820—[06,Q]13.2(307A) Administration of funds. The federal highway program manual (FHPM) volume 6, chapter 8, contains the general federal requirements for implementation of this program.

The department of transportation (DOT) may use a portion of the pavement marking demonstration funds on the primary road system.

Project funds for those cities and counties wishing to participate in this program shall be available on a first-come, first-serve basis. No matching funds are needed for this program. The city or county having the jurisdiction of the roadway shall first pay the cost of the marking and shall be reimbursed by DOT for all eligible, claimed costs after DOT receipt of federal aid funds earned by the project.

820(06,Q]13.3(307A) Use of funds. All highways and streets, except the interstate system, are eligible under this marking program whether on a federal aid system or not, provided that for centerline marking projects, the pavement width is sixteen feet or more, and for edgeline markings projects, the pavement width is twenty feet or more.

Priority shall be given to projects on two-lane rural highways on the federal aid secondary systems or not on any federal aid system and to projects on route or systems having a high accident rate when it is probable the adequate markings will reduce the high accident rate.

13.3(1) *Renewal of pavement markings.* Funds may be used to renew pavement markings which were applied under this program and which conform with the 1972 Iowa Manual on Uniform Traffic Control Devices (MUTCD). If edgelines are placed for the first time, existing centerline markings may be renewed, if renewal is necessary to provide adequate markings, at the same time and both shall conform to the MUTCD.

Funds may be used to renew markings applied under this program for as long as necessary to enable the effectiveness of the markings to be evaluated during a period of at least two years.

*Emergency, pursuant to sections 17A.4(2) and 17A.5(2)"*b*"(2) of the Code.

13.3(2) *Marking materials.* Highway traffic paint and reflective spheres shall be the normal marking materials; however, these funds may be used to upgrade the quality of the marking materials if proper justification is provided by the requesting agency and the proposed markings conform to the MUTCD.

820—[06,Q]13.4(307A) Project procedure. The state, county or city shall determine the location of the projects. The project shall have logical termini even if it extends into another jurisdiction.

13.4(1) *Agreement to participate.* An "agreement to participate" shall be executed by each participating county or city.

The agreement to participate shall define the responsibility for plan preparation, construction and materials inspection, contract letting and awarding to low bidder, or use of force account procedures, payment to the contractor, method and time for claiming reimbursement of federal funds, retention of records, auditing of claim and payment of costs found to be ineligible.

13.4(2) *Plan preparation.* The state, county or city shall prepare the plans for the work.

13.4(3) *Work accomplishment—contract or force account.* The work may be accomplished by force account or by contract. Contracts may be let at public letting or negotiated, provided that all state and federal requirements are met. All contract proposals shall be reviewed by DOT prior to advertising and contracts shall be concurred in by DOT prior to award.

13.4(4) *Payment for project work and reimbursement.* The cost of work on all projects shall be paid by the local agency involved and then eligible costs reimbursed by DOT from federal funds earned by the project.

13.4(5) *Documentation of project completion.* A certificate of completion, form 435, and final payment, form 436, must be completed for each project. A claim for reimbursement must be submitted to DOT for work done if federal aid is to be received.

820—[06,Q]13.5(307A) Project reports. Each county or city participating in this program shall make periodic reports on their respective projects, as requested by DOT, on the effectiveness of the program including a summary of available accident statistics based on a limited sampling.

These rules are intended to implement chapter 307A of the Code.

[Emergency, filed 10/29/75—published 11/17/75, effective 10/29/75]

CHAPTERS 14 and 15

[Rescinded, effective 7/13/83—published 6/8/83]

CHAPTERS 17 and 18

[Rescinded, effective 7/13/83—published 6/8/83]

CHAPTER 19

[Rescinded, effective 4/1/83—published 4/27/83]