

*State of Iowa*

# **Iowa**

# **Administrative**

# **Code**

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

In addition to the changes adopted by agencies, the replacement pages may reflect objection to a rule or a portion of a rule filed by the Administrative Rules Review Committee (ARRC), the Governor, or the Attorney General pursuant to Iowa Code section 17A.4(4); an effective date delay imposed by the ARRC pursuant to section 17A.4(5) or 17A.8(9); rescission of a rule by the Governor pursuant to section 17A.4(6); or nullification of a rule by the General Assembly pursuant to Article III, section 40, of the Constitution of the State of Iowa.

The Supplement may also contain replacement pages for the IAC Index and for the preliminary sections of the IAC: General Information about the IAC, Chapter 17A of the Code of Iowa, Style and Format of Rules, Table of Rules Implementing Statutes, and Uniform Rules on Agency Procedure.

# 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 of 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.

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**UPDATING INSTRUCTIONS**  
**March 8, 2000, Biweekly Supplement**

[Previous Supplement dated 2/23/00]

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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.

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### CHAPTER 3 CONTINUING EDUCATION

[Prior to 3/9/88, see Landscape Architectural Examiners Board[540] Ch 3]

**193D—3.1(544B,17A) Definitions.** As used in these rules, the following definitions shall apply.

*“Hours”* of continuing education means a contact hour spent in either structured educational activities or individually planned activities intended to increase the landscape architect’s knowledge and competence in public protection subjects and related practice subjects. Contact hour is defined as the typical 50-minute classroom instructional session or its equivalent. One Continuing Education Unit (C.E.U.) offered by an accredited sponsor shall be considered equivalent to ten contact hours of continuing education.

*“Individually planned education”* means educational activities in which the landscape architect personally addresses public protection subjects or related practice subjects which are not systematically presented by others, including reading or writing articles on such subjects, studying or researching landscape architecture, designs or building types, rendering services to the public, advancing the profession’s and public’s understanding of the practice of landscape architecture and the like.

*“Public protection subjects”* means technical and professional subjects which the board deems appropriate to safeguard directly the public’s health, safety, and welfare. Such subjects include environmental systems, site design, land use analyses, landscape architecture programming, grading and drainage, storm water management, erosion control, site and soils analyses, accessibility, building codes, evaluation and selection of products and materials, construction methods, contract documentation, construction administration and the like.

*“Related practice subjects”* means technical and professional subjects other than public protection subjects which the board deems appropriate to safeguard indirectly the public’s health, safety, and welfare. Such subjects include design, environmental systems, cost analysis, construction contract negotiation, construction-phase office procedures, project management, review of state registration laws including rules of professional conduct.

*“Structured educational activities”* means educational activities in which the teaching methodology consists primarily of systematic presentation of public protection subjects or related practice subjects by qualified individuals or organizations including monographs, courses of study taught in person or by correspondence, organized lectures, presentations or workshops and other means through which identifiable technical and professional subjects are presented in a planned manner.

**193D—3.2(544B,17A) Continuing education requirements.**

**3.2(1) Hours required.** Each registrant shall complete during each two-year registration term a minimum of 36 hours of continuing education approved by the board. Compliance with the requirement of continuing education is a prerequisite for registration renewal.

**3.2(2)** Within any 24-month biennial renewal period during which 36 contact hours must be acquired, at least 12 contact hours shall be in public protection subjects acquired in structured educational activities (all 36 hours may be acquired in public protection subjects and activities). Twenty-four hours may be in related practice subjects acquired through either individually planned activities or structured educational activities. Hours acquired in any 24-month biennial renewal period may not be carried over to a subsequent 24-month renewal period. Continuing education hours need not be acquired in this state, but may be acquired at any location.

**3.2(3)** A landscape architect who holds registration in Iowa for less than 12 months from the date of initial registration shall not be required to report continuing education at the first registration renewal. A landscape architect who holds registration in Iowa for more than 12 months, but less than 24 months from the date of initial registration, shall be required to report 18 contact hours (including 6 hours in public protection) earned in the preceding 12 months at the first registration renewal.

**3.2(4) Sources of continuing education.** The following suggested list may be used by all registrants in determining the types of activities which may fulfill the continuing education requirements.

*a.* Contact hours in attendance at short courses or seminars dealing with landscape architectural subjects and sponsored by colleges, universities or professional organizations.

*b.* Contact hours in attendance at presentations on landscape architectural subjects which are held in conjunction with conventions or at seminars related to materials use and function. Such presentations as those presented by the Council of Landscape Architecture Registration Boards (CLARB), American Society of Landscape Architects, Construction Specification Institute, Construction Products Manufacturers Council or similar organizations devoted to landscape architecture education may qualify.

*c.* Contact hours in attendance at short courses or seminars relating to business practice or new technology and offered by colleges, universities, professional organizations or system suppliers.

*d.* Three preparation hours for each class hour spent teaching landscape architectural courses or seminars. College or university faculty members may not claim credit for teaching regular curriculum courses.

*e.* Contact hours spent in professional service to the public which draws upon the registrant's professional expertise on boards and commissions such as: serving on planning commissions, building code advisory boards, urban renewal boards, or code study committees.

*f.* Contact hours spent in landscape architectural research which is published or is formally presented to the profession or public.

*g.* Contact hours spent in landscape architectural self-study courses such as those sponsored by the American Society of Landscape Architects, Council of Landscape Architect Registration Boards (CLARB), or similar organizations.

*h.* College or university courses dealing with landscape architectural subjects or business practice. Each semester hour shall equal 15 contact hours. A quarter hour shall equal 10 contact hours.

*i.* Contact hours spent in educational tours or landscape architecturally significant areas, where the tour is sponsored by college, university or professional organizations. Self-guided tours do not qualify.

**3.2(5) Financing.** It is the responsibility for each registrant to finance the costs for continuing education.

**193D—3.3(544B,17A) Reporting.** Each registrant shall file with the board a signed report, under penalty of perjury, on forms provided by the board, setting forth the continuing education in which the registrant has participated and shall request approval of completed continuing education activities. The report shall be filed with the renewal application for each two-year renewal period in which claimed continuing education hours were completed. The information in the report shall include:

1. School, firm, or organization conducting the course.
2. Location of the course.
3. Title of the course and description of the content.
4. Principal instructor(s).
5. Dates attended.
6. Hours claimed.

Landscape architect's forms may be selected for review by the board for verification of compliance with these requirements. Evidence of compliance shall be maintained by the landscape architect for two years after the period for which the form was submitted. If the board disallows any continuing education hours, unless the board finds following notice and hearing that the landscape architect willfully disregarded these requirements, then the landscape architect shall have six months from notice of such disallowance to make up the deficiency by acquiring the required number of contact hours. Such hours shall not again be used for the next renewal.



**193D—3.4 Reserved.****193D—3.5(544B,17A) Reporting.** Rescinded IAB 3/8/00, effective 9/1/00.

**193D—3.6(544B,17A) Hearings.** In the event of denial, in whole or part, of any application for approval of credit for continuing education activity, the registrant shall have the right within 20 days after the date of notification of the denial by mail, to request a hearing by the board which shall be held within 60 days after receipt of the request for the hearing. The decision of the board shall be final.

**193D—3.7(544B,17A) Physical disability, illness, hardships or extenuating circumstances.** The board may, in individual cases involving physical disability, illness (certified by a medical doctor), hardship, or extenuating circumstances, grant waivers of the continuing education requirements for a period of time not to exceed one year. No waiver or extension of time shall be granted unless the registrant makes a written request to the board for such action.

**193D—3.8(544B,17A) Methods of compliance and exemptions.** A registrant licensed to practice as a landscape architect shall be deemed to have complied with the continuing education requirements during the continuing education compliance period that the registrant:

1. Serves honorably on active duty in the military service; or
2. Resides in another state or district having a continuing education requirement for the occupation or profession and meets all requirements of that state or district for practice therein; or
3. Is a government employee working in the person's licensed specialty and assigned to duty outside the United States; or
4. Is approved by the board for periods of active practice and absence from the state.
5. If the registrant was not engaged in active practice as a landscape architect and will maintain inactive status during the period for which renewal is requested, the board may exempt the registrant from continuing education. No exemption shall be granted without a written request from the registrant.

**193D—3.9(544B,17A) Ground for denial of registration renewal.** Failure of a registrant to complete the continuing education requirements as set forth in this chapter or failure to file a report of completed continuing education, or failure to submit a written request for waiver or exemption shall be grounds for the board to deny renewal of the registration.

These rules are intended to implement Iowa Code chapter 544B.

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## CHAPTER 17 OPEN ENROLLMENT

**281—17.1(282) Intent and purpose.** It is the intent of Iowa Code section 282.18 to maximize parental choice in providing a wide range of educational opportunities which are not available for pupils because of where they live. It is the purpose of this chapter to give guidance and direction to parents/guardians, public school district administrators and boards in making quality decisions regarding school district choice for the education of pupils.

**281—17.2(282) Definitions.** For the purpose of this chapter the indicated terms are defined as follows:

*“Alternative receiving district”* is a district to which a parent/guardian petitions for the open enrollment transfer of a pupil from a receiving district. An alternative receiving district could be the district of residence of the parents/guardians.

*“Economic eligibility requirements”* relate to family household income levels that qualify the parent/guardian for transportation assistance from the resident district for an open enrollment pupil.

*“Good cause”* is a condition that occurs after the open enrollment filing deadline related to change in the status of a pupil’s residence or change in the status of a pupil’s resident district that qualifies the parent/guardian to file a request for open enrollment which shall be considered in the same manner as if the deadline had been met.

*“Nuclear family”* is a family group that consists of the mother and father and their children in a two-parent family or all children in a family group for which a single parent/guardian(s) has custody and responsibility.

*“Open enrollment”* is the procedure allowing a parent/guardian to enroll one or more pupils in a public school district other than the district of residence at no tuition cost.

*“Receiving district”* is the public school district in which a parent/guardian desires to have the pupil enrolled or the district accepting the application for enrollment of a pupil under the provisions of Iowa Code section 282.18.

*“Resident district”* is the district of residence for school purposes of the parent/guardian and the district in which an open enrollment pupil shall be counted for the purpose of generating state aid regardless of the district in which the pupil is enrolled.

*“Sending district”* is synonymous with the term resident district.

*“Timely filed application”* includes an open enrollment request postmarked or hand-delivered on or before January 1, an open enrollment request for “good cause” as defined in Iowa Code section 282.18(18), and an open enrollment request filed for a continuation of an educational program postmarked or hand-delivered on or before the third Thursday of the following September.

*“Volunteer or court-ordered desegregation”* is a district that is either under direct court order or is in voluntary compliance with state board of education guidelines to maintain certain minority-nonminority pupil ratios in the district according to a desegregation plan or order.

**281—17.3(282) Application process for the 1990-1991 and subsequent school years.** The following procedures shall be used by parents/guardians and school districts in processing open enrollment applications.

**17.3(1) Parent/guardian responsibilities.** On or before January 1 of the school year preceding the school year for which open enrollment is requested, a parent/guardian shall formally notify the district of residence of the request for open enrollment. The request for open enrollment shall be made on forms provided by the department of education. The parent/guardian is required to indicate on the form if the request is for a pupil requiring special education, as provided by Iowa Code chapter 256B. The forms for open enrollment application are available from each public school district, area education agency, and the state department of education.

**17.3(2) School district responsibilities.** The board of the resident district shall act on an open enrollment request by no later than February 1 of the year preceding the school year for which the request is made. If the request is denied, the parent/guardian shall be notified by the district superintendent within three days following board action and a copy of the application form, indicating the action taken, shall be filed with the department of education. If the request is approved, the district superintendent shall forward the approved application form to the receiving district within five days following board action and shall notify the parent/guardian within three days of this action.

The board of the receiving district shall act to approve or deny an open enrollment request by no later than March 1 following receipt of the request from the resident district. The receiving district superintendent shall provide notification of either approval or denial of the request to the parent/guardian and to the resident district within 15 days of board action and shall file a copy of the application form, indicating the final action on the request, with the department of education.

As an alternative procedure, either the resident board or the receiving board may by policy authorize the superintendent to approve, but not deny, timely filed applications. The board shall have the discretion to determine the scope of the authorization. The authorization may be for regular applications filed on or before January 1, good cause applications, kindergarten applications and continuation applications filed on or before the third Thursday of the following September, or any combination that the board determines. The same timelines for approval, forwarding, and notification shall apply.

The parent/guardian may withdraw an open enrollment request anytime prior to the first day of school in the resident district. After the first day of school, an open enrollment request can only be changed during the term of the approval by the procedures of subrules 17.8(3) and 17.8(4).

Boards of the resident and receiving districts shall comply with the provisions of rule 17.11(282) if the application for open enrollment is for a pupil requiring special education as provided by Iowa Code chapter 256B.

By September 30 of each school year, the district shall notify parents of open enrollment deadlines, transportation assistance, and possible loss of athletic eligibility for open enrollment pupils. This notification may be published in a school newsletter, a newspaper of general circulation, or a parent handbook provided to all patrons of the district. This information shall also be provided to any parent/guardian of a pupil who transfers into the district during the school year.



**281—17.4(282) Filing after the January 1 deadline—good cause.** A parent/guardian may apply for open enrollment after the filing deadline of January 1 of the school year preceding the school year for which open enrollment is requested if good cause exists for the failure to meet the deadline. Good cause is a change in the status of the pupil's residence or a change in the status of the pupil's resident district taking place after January 1, or the closing or loss of accreditation of a nonpublic school of attendance after January 1 resulting in the desire of the parent/guardian to obtain open enrollment for the following school year. If good cause can be established, the parent/guardian shall be permitted to apply for open enrollment in the same manner as if the deadline had been met.

Consideration of an open enrollment request filed under the provision of good cause, with the exception of the options provided in rule 17.5(282), does not preclude the authority, as appropriate, for the resident or receiving district to administer board policy related to insufficient classroom space or the requirements of a desegregation plan or order in acting to approve or deny the request. (See subrules 17.6(2) and 17.6(3).)

**17.4(1)** Good cause related to change in the pupil's residence shall include:

a. A change in the family residence due to the family's moving from the district of residence any-time after January 1 of the school year preceding the school year for which open enrollment is requested.

b. A change in the state of residence allowing a parent/guardian moving into an Iowa school district from out of state to obtain open enrollment to a different district from their new district of residence.

c. A change in the marital status of the pupil's parents.

d. A guardianship proceeding.

e. Placement of the child in foster care.

f. Adoption.

g. Participation in a foreign exchange program.

h. Participation in a substance abuse or mental health treatment program.

i. A similar set of circumstances related to the resident status of the child consistent with the provisions of good cause.

**17.4(2)** Good cause related to change in status of the pupil's resident district or nonpublic school of attendance shall include:

a. Reorganization action.

(1) Failure of the area education board to vote in favor of a reorganization proposal,

(2) Failure of the area education board to act on objections to exclude territory from a reorganization proposal,

(3) Failure of a reorganization election,

(4) Rescinded IAB 3/8/00, effective 4/12/00.

b. Dissolution action.

(1) Failure of a dissolution commission to make a recommendation to the board of directors,

(2) Failure of the board to take positive action on objections filed by residents of the district to a dissolution proposal,

(3) Failure of contiguous districts to accept a dissolution proposal,

(4) Failure of an election on a dissolution proposal.

c. Whole grade sharing action.

- (1) Failure of the board to pursue negotiations for a whole grade sharing proposal for which it has given public notice by board action of its intent to pursue,
- (2) Failure of the board to approve a request by a parent/guardian to send an affected pupil to a contiguous district rather than to the district party to the agreement,
- (3) Failure of the board to extend or renew a whole grade sharing agreement,
- (4) Unilateral rejection by one board of a whole grade sharing agreement prior to expiration of the term of the agreement.

d. Loss of accreditation.

- (1) Removal of accreditation by the state board after January 1.
- (2) Surrender of accreditation after January 1.
- (3) Permanent closure of a nonpublic school after January 1.

e. A similar set of circumstances related to change in status of the resident district of a pupil consistent with the provisions of good cause.

On open enrollment requests for good cause related to a change in status of the pupil's school district of residence, action by a parent/guardian must be taken to file notification within 45 days of the last board action or within 30 days of the certification of an election, whichever circumstance is applicable.

17.4(3) A similar set of circumstances related to change in residence of the pupil or change in status of the resident district shall not include:

a. Actions of a board of education in the designation of attendance centers within a school corporation and in the assignment of pupils to such centers as provided by Iowa Code section 279.11.

b. Actions of a board of education in making its own rules of government for the internal organization and operation of the school corporation as provided by Iowa Code section 279.8.

17.4(4) If a request for open enrollment related to good cause is denied by the resident district, the parent/guardian may appeal this decision to the director of the department of education or to the state board of education under Iowa Code chapter 290, but not both.

17.4(5) Timelines for board action on applications filed after January 1 for good cause. Boards shall utilize the basic time frames established in subrule 17.3(2) in acting on open enrollment requests filed by a parent/guardian citing good cause as defined in subrules 17.4(1) and 17.4(2). The board of the resident district shall act on the request within 30 days of its receipt. As an alternative procedure, the board may by policy authorize the superintendent to approve, but not deny, such applications. The same timelines for approval, forwarding, and notification shall apply. If the request is denied, the parent/guardian shall be notified by the district superintendent within three days following board action and a copy of the application form, indicating the action taken, shall be filed with the department of education. If the request is approved, the district superintendent shall forward the approved application form to the receiving district within five days following board action and shall notify the parent/guardian within three days of this action.

The board of the receiving district shall act to approve or deny an open enrollment request within 30 days following receipt of the request from the resident district. The receiving district superintendent shall provide notification of either approval or denial of the request to the parent/guardian and to the resident district within 15 days of board action and shall file a copy of the application form indicating the final action on the request with the department of education.

**281—17.5(282) Good cause exception.** Rescinded IAB 12/8/93, effective 1/12/94.

**281—17.6(282) Restrictions to open enrollment requests.** A district board may exercise the following restrictions related to open enrollment requests.

**17.6(1) *Enrollment loss caps.*** Rescinded IAB 12/8/93, effective 1/12/94.

**17.6(2) *Volunteer or court-ordered desegregation.*** In districts involved with voluntary or court-ordered desegregation (see 17.2(282)) where there is a requirement to maintain minority and nonminority student ratios according to a desegregation plan or order, the superintendent of the district may deny a request for open enrollment transfer if it is found that the enrollment or release of a pupil will adversely affect the district's desegregation plan or order. Transfer requests that would facilitate the desegregation plan or order shall be given priority to other transfer requests received by the district. A parent/guardian whose request for open enrollment transfer is denied by the superintendent of the district on the basis of its adverse effect on the district's desegregation plan may appeal that decision to the district board.

**17.6(3) *Policy on insufficient classroom space.*** No receiving district shall be required to accept an open enrollment transfer request if it has insufficient classroom space to accommodate the pupil(s). Each district board shall adopt a policy which defines the term "insufficient classroom space" for that district. This policy shall establish a basis for the district to make determinations on the acceptance or denial, as a receiving district, of an open enrollment transfer request. This policy may include, but shall not be limited to, one or more of the following: nature of the educational program, grade level, available instructional staff, instructional method, physical space, pupil-teacher ratio, equipment and materials, facilities either being planned or under construction, facilities planned to be closed, finances available, sharing agreement in force or planned, bargaining agreement in force, law or rules governing special education class size, or board-adopted district educational goals and objectives. This policy shall be reviewed annually by the district board.

**17.6(4) *Designation of attendance center.*** The right of a parent/guardian to request open enrollment is to a district other than the district of residence, not to an attendance center within the nonresident district. In accepting an open enrollment pupil, the receiving district board has the same authority it has in regard to its resident pupils as provided by Iowa Code section 279.11, to "determine the particular school which each child shall attend." In the application process, however, the parent or guardian may request an attendance center of preference.

**281—17.7(282) Open enrollment for kindergarten.** While the regular time frame in requesting open enrollment is that an application should be made no later than January 1 of the school year preceding the school year for which the enrollment is requested, a parent/guardian requesting to enroll a kindergarten pupil in a district other than the district of residence may make such application on or before the third Thursday of September of that school year. In considering an application for a kindergarten pupil the resident and the receiving district are not precluded from administering board-adopted policies related to enrollment loss caps, insufficient classroom space or the requirements of a desegregation plan or order.

As an alternative procedure, either the resident board or the receiving board may by policy authorize the superintendent to approve, but not deny, timely filed applications under this rule. The timelines established in rule 17.4(282) shall apply to applications for a kindergarten pupil.

**281—17.8(282) Requirements applicable to parents/guardians and students.**

**17.8(1) Eligibility for transfer.** A pupil who has been suspended or expelled by action of the administration or board of the resident district shall not be permitted to transfer if an open enrollment request is filed until the pupil is reinstated for school attendance in the resident district. Once reinstated, the application for transfer shall be considered in the same manner as any other open enrollment request. If a pupil for which an open enrollment request has been filed is subsequently expelled by action of the resident district board, the pupil may be denied transfer by the receiving district board until the pupil is reinstated for school attendance by the resident district. The parent/guardian may appeal the decision to deny transfer by the receiving district to the director of the department of education. If the decision of the director is to allow the transfer, this action shall be conditioned upon the expiration of the expulsion imposed by the resident district. The provisions of this subrule shall also apply to a pupil who has been suspended or expelled in a receiving district and is requesting open enrollment transfer to an alternative receiving district or is seeking to return to the resident district as outlined in subrule 17.8(4).

**17.8(2) Restrictions on participation in interscholastic athletic contests and competitions.** A pupil who transfers school districts under open enrollment in any of the grades 10 through 12 shall not be eligible to participate in interscholastic contests and competitions during the first 90 school days of transfer. This restriction also shall apply to transfers resulting from an approved petition filed by a parent or guardian to transfer to an alternative receiving district and when the pupil returns to the district of residence using the process outlined in subrule 17.8(4). This 90-school-day restriction does not prohibit the pupil from practicing with an athletic team during the 90 school days of ineligibility. This 90-school-day restriction is not applicable to a pupil who:

- a. Participates in an athletic activity in the receiving district that is not available in the district of residence.
- b. Participates in an athletic activity for which the resident district and the receiving district have a “cooperative student participation agreement” in place as provided by rule 281—36.20(280).
- c. Has paid tuition for one or more years to the receiving school district prior to making application and being approved for open enrollment.
- d. Has attended the receiving district for one or more years, prior to making application and being approved for open enrollment, under a sharing or mutual agreement between the resident district and the receiving district.
- e. Has been participating in open enrollment and whose parents/guardians move out of their district of residence but exercise the option of maintaining the open enrollment agreement as provided in subrule 17.8(6). If the pupil has established athletic eligibility under open enrollment, it is continued despite the parent’s or guardian’s change in residence.
- f. Obtains open enrollment as provided in subrule 17.8(7).
- g. Obtains open enrollment due to the dissolution and merger of the former district of residence under Iowa Code subsection 256.11(12).
- h. Obtains open enrollment due to the pupil’s district of residence entering into a whole-grade sharing agreement on or after July 1, 1990, including the grade in which the pupil would be enrolled at the start of the whole-grade sharing agreement.
- i. Participates in open enrollment and the parent/guardian is an active member of the armed forces and resides in permanent housing on government property provided by a branch of the armed services.
- j. Is enrolled in an accredited nonpublic high school because the pupil’s district of residence has entered into a whole-grade sharing agreement for the pupil’s grade with another district.

**17.8(3) Term of enrollment.** Rescinded IAB 10/9/96, effective 11/13/96.

**17.8(4) Petition for attendance in an alternative receiving district.** Once the pupil of a parent/guardian has been accepted for open enrollment, attendance in an alternative receiving district under open enrollment can be initiated by filing a petition for change with the receiving district. The petition shall be filed by the parent/guardian with the receiving district by January 1 of the year preceding the school year for which the change is requested. The timelines and notification requirements for such a request shall be the same as outlined in subrule 17.3(2). If the request is approved, the alternative district shall send notice of this action to the parent/guardian, to the district filing the transfer, and to the resident district of the pupil. Petitions for transfer shall be effectuated at the start of the next school year.

As an alternative procedure, the receiving and alternative receiving district boards by mutual agreement may effectuate the transfer of an open enrollment pupil at any time following receipt of a written request for transfer which is approved by the two boards. The parent/guardian and the resident district board shall be notified of the approval and the date for transfer within 15 days of the mutual agreement action of the receiving and alternative receiving boards.

The record of approval action on any petition for transfer shall be filed with the department of education by the alternative receiving district.

A pupil in good standing may return to the district of residence at any time following written notice from the parent/guardian to both the resident district and the receiving district.

**17.8(5) Renewal of an open enrollment agreement.** An open enrollment agreement shall remain in place unless canceled by the parent/guardian or terminated as outlined in the provisions of subrule 17.8(10).

**17.8(6) Change in residence when participating in open enrollment.** If the parent/guardian of a pupil who is participating in open enrollment changes the school district of residence during the term of the agreement, the parent/guardian shall have the option to leave the pupil in the receiving district under open enrollment, to open enroll to another school district, or to enroll the pupil in the new district of residence, thus terminating the open enrollment agreement. If the choice is to leave the pupil under open enrollment or to open enroll to another school district, the original district of residence shall be responsible for payment of the cost per pupil plus any applicable weightings or special education costs for the balance of the school year, if any, in which the move took place, providing the move took place on or after the third Friday in September. The new district of residence shall be responsible for these payments during succeeding years of the agreement.

If the move takes place between the end of one school year and the third Friday in September of the following school year, the new district of residence shall be responsible for that year's payment as well as succeeding years.

If the pupil is to remain under open enrollment or to open enroll to another school district, the parent/guardian shall write a letter, delivered by mail or by hand on or before the third Thursday of the next September, to notify the original resident district, the new resident district, and the receiving district of this decision.

Timely requests under this rule shall not be denied. If the request is for a high school pupil, the pupil shall not be subject to the initial 90-school-day ineligibility period of subrule 17.8(2).

**17.8(7) *Change in residence when not participating in open enrollment.*** If a parent/guardian moves out of the school district of residence, and the pupil is not currently under open enrollment, the parent/guardian has the option for the pupil to remain in the original district of residence as an open enrollment pupil with no interruption in the education program or to open enroll to another school district. The parent/guardian exercising this option shall file an open enrollment request form with the new district of residence for processing and record purposes. This request shall be made on or before the third Thursday of the following September. Timely requests under this subrule shall not be denied. If the request is for a high school pupil, the pupil shall not be subject to the initial 90-school-day ineligibility period of subrule 17.8(2). If the move is on or after the third Friday in September, the new district of residence is not required to pay per-pupil costs or applicable weighting or special education costs to the receiving district until the first full year of the open enrollment transfer.

**17.8(8) *Pupil governance.*** An open enrollment pupil, and where applicable the pupil's parent/guardian, shall be governed by the rules and policies established by the board of directors of the receiving district. Any complaint or appeal by the parent/guardian concerning the educational system, its process, or administration in the receiving district shall be initially directed to the board of directors of that district in compliance with the policy of that district.

**17.8(9) *Appeal procedure.*** A parent/guardian may appeal the decision of the board of directors of a school district (resident or receiving) on any matter related to open enrollment. This appeal is to the state board of education and shall comply with the provisions of Iowa Code section 290.1; the appeal shall be filed within 30 days of the decision of the district board, it shall be in the form of an affidavit signed by the parent/guardian, and it shall state in a plain and concise manner what the parent/guardian feels to be the basis for appeal.

In addition, and as an alternative to an appeal to the state board of education under Iowa Code section 290.1, a parent/guardian may file an appeal to the director of the department of education on the following open enrollment decisions:

*a.* Denial by the resident district board of a request for open enrollment for failure on the part of the parent/guardian to show good cause in not meeting the filing deadline.

*b.* Denial by a receiving district to approve an open enrollment transfer for a pupil that has been expelled from school in the resident district.

If a parent/guardian files an appeal to the director of the department of education, this precludes the ability to file the same appeal to the state board of education.

**17.8(10) *Open enrollment termination.*** Open enrollment ends when:

*a.* The pupil graduates, moves into the receiving district, moves into a third district and does not elect to continue attending in the receiving district, moves out of state, elects to attend a nonpublic school instead of the receiving district, or any other circumstance not excepted below that results in the pupil no longer attending the receiving district.

**EXCEPTIONS:** This rule shall not apply if the pupil is placed temporarily in foster care, a juvenile detention center, mental health or substance abuse treatment facility, or other similar placement. In such cases, the open enrollment status will automatically be reinstated when the pupil returns.

*b.* The pupil drops out of school. In this instance, if the pupil desires to return to the resident district during the term of the original open enrollment, notice must be given as outlined in the provisions of subrule 17.8(4).

**281—17.9(282) Transportation.**

**17.9(1) *Parent responsibilities.*** The parent/guardian of a pupil who has been accepted for open enrollment shall be responsible to transport the pupil without reimbursement, except as provided in subrule 17.9(2), to and from a point on a regular school bus route of the receiving district. This point shall be a designated stop on the bus route of the receiving district. If this point—designated stop—is within the distances established by Iowa Code section 285.1 from the school designated for attendance by the receiving district, that district may, but is not required to, provide transportation for an open enrollment pupil. A receiving district may send buses into a resident district solely for the purpose of transporting an open enrollment pupil if the boards of both the sending and receiving districts agree to this arrangement. Bus routes that are outside the boundary of the receiving district that have been authorized by an area education agency board of directors, as provided by Iowa Code subsection 285.9(3), may be used to transport open enrollment pupils if boards of directors of the resident and receiving districts have both taken action to approve such an arrangement. Bus routes that have been established by the receiving district for the purpose of transporting nonpublic school or special education pupils that operate in the resident district of an open enrollment pupil shall not be utilized for the transportation of such pupil for the portion of the route that is within the resident district unless the boards of directors of the resident and receiving districts have both taken action to approve such an arrangement. Bus routes transporting pupils for the purpose of whole-grade sharing shall not be used to transport open enrollment pupils for the portion of the route that is within the resident district unless the boards of directors of the resident and receiving districts have both taken action to approve such an arrangement.

**17.9(2) *Qualifications and provisions for transportation assistance.*** Open enrollment pupils that meet the economic eligibility requirements established by the department of education shall receive transportation assistance from their resident district under the following conditions. The resident district is not required to provide any transportation assistance for a pupil involved in open enrollment with a district that is not contiguous with the pupil's resident district. The resident district shall provide transportation for the pupil to a point that is a designated stop on a regular bus route of a contiguous receiving district, or as an alternative, the resident district shall pay the parent/guardian for providing this transportation. In either situation the resident district is not obligated to expend more than the average cost per pupil transported amount established for that district for the previous school year. If the resident district provides the transportation, it shall determine that it is able to perform this function at a cost not in excess of the average cost per pupil transported for the resident district as established the previous year. It shall not assess any additional cost to the parent/guardian for providing transportation. If the district chooses to reimburse the parent/guardian for providing transportation, to determine the amount to be reimbursed, the district shall use the provisions of Iowa Code subsection 285.1(3). This reimbursement shall not exceed the average cost per pupil transported for the resident district as established the previous year. The resident district may withhold from the amount it is required to pay to a receiving district for an open enrollment pupil the actual amount or the average cost per pupil transported amount it pays for transportation assistance, whichever is the lesser amount.

**17.9(3) *Economic eligibility requirements for transportation.*** A parent/guardian shall be eligible for transportation assistance from the resident district if the household income of the parent/guardian is at or below 160 percent of the federal income poverty guidelines as stated by household size. Since the federal income poverty guidelines are adjusted each year, the department of education shall provide revised eligibility guidelines to school districts each year.

**281—17.10(282) Method of finance.** Open enrollment options shall be made available for pupils at no instructional cost to their parents/guardians. Open enrollment pupils shall be considered enrolled resident pupils in the resident district and shall be included in the certified enrollment count of that district for the purposes of generating school foundation aid.

**17.10(1) Full-time pupils.** For full-time pupils, the resident district shall pay each year to the receiving district an amount equal to the state cost per pupil for the previous year plus phase III money equal to the per pupil amount for the previous year as provided by Iowa Code chapter 294A plus any moneys received for the pupil as a result of non-English speaking weighting provided by Iowa Code section 280.4.

**17.10(2) Dual enrolled pupils.** For home-schooled pupils who are dual enrolled, the resident district shall pay each year to the receiving district an amount equal to .1 times the state cost per pupil for the previous year plus phase III money equal to .1 times the per pupil amount allocated for the previous year as provided by Iowa Code chapter 294A plus any moneys received for the pupil as a result of non-English speaking weighting provided by Iowa Code section 280.4.

**17.10(3) Home school assistance program pupils.** For home-schooled pupils who are registered for a home school assistance program, the resident district shall pay each year to the receiving district an amount equal to .6 times the state cost per pupil for the previous year plus phase III money equal to .6 times the per pupil amount for the previous year as provided by Iowa Code chapter 294A plus any moneys received for the pupil as a result of non-English speaking weighting provided by Iowa Code section 280.4.

**17.10(4) Transportation assistance.** The resident district may deduct any transportation assistance funds for which the pupil is eligible as provided by subrule 17.9(2).

**17.10(5) Method of payment.** These moneys shall be paid to the receiving district on a quarterly basis. The district cost per pupil for nonspecial education students shall be the cost calculated each year for the school year preceding the school year for which the open enrollment takes place. Costs for special education students shall be as outlined in rule 17.11(282).

**17.10(6) Partial-year situations.** In the event that the pupil who is under open enrollment withdraws from school, moves into the district of attendance, moves out of state, moves to another district in the state of Iowa and elects to attend that district, graduates at mid-year, is allowed to return to the district of residence during the school year, or other similar set of circumstances that result in the pupil no longer attending in the receiving district, payment of both cost per pupil and phase III funds will be prorated based on the number of quarters of school enrollment.

**17.10(7) Late transfers.** The resident district and the receiving district boards by mutual agreement may effectuate the transfer of an open enrollment pupil at any time following receipt of a petition for transfer which is approved by the two boards. A transfer due to good cause is a late transfer. If any transfer is made on or after the third Friday in September, the resident district is not required to pay per-pupil costs or applicable weighting or special education costs to the receiving district until the first full year of the open enrollment transfer.

**17.10(8) Whole grade sharing pupils.** If the resident district and the receiving district have entered into a whole grade sharing agreement that includes the grade level of an open enrolled pupil, that pupil shall be considered a shared pupil for finance and transportation purposes. This subrule shall become effective with the 1994-95 school year.



**281—17.11(282) Special education students.** If a parent/guardian requests open enrollment for a pupil requiring special education, as provided by Iowa Code chapter 256B, this request shall receive consideration under the following conditions. The request shall be granted only if the receiving district is able to provide within that district the appropriate special education program for that student in accordance with Iowa rules of special education, 281—41.84(256B,273,34CFR300). This determination shall be made by both the resident district and the receiving district before approval of the application. In a situation where the appropriateness of the program is in question, the pupil shall remain enrolled in the program of the resident district until a final determination is made. If the appropriateness of the special education program in the resident district is questioned by the parent, then the parent should request a due process hearing as provided by 281—41.113(1). If the appropriateness of the special education program in the receiving district is at issue, the final determination of the appropriateness of a special education instructional program shall be the responsibility of the director of special education of the area education agency in which the receiving district is located, based upon the decision of a diagnostic-education team from the receiving district which shall include a representative from the resident district that has the authority to commit district resources.

District transportation requirements, parent/guardian responsibilities and, where applicable, financial assistance for an open enrollment special education pupil shall be as provided by rule 17.9(282).

The district of residence shall pay to the receiving district on a quarterly basis the actual costs incurred by the receiving district in providing the appropriate special education program. These costs shall be based on the current year expenditures with needed adjustments made in the fourth quarter payment. The responsibility for ensuring that an appropriate program is maintained for an open enrollment special education pupil shall rest with the resident district. The receiving district and the receiving area education agency director shall provide, at least on an annual basis, evaluation reports and information to the resident district on each special education open enrollment pupil. The receiving district shall provide notice to the resident district of all staffings scheduled for each open enrollment pupil. For an open enrolled special education pupil where the receiving district is located in an area education agency other than the area education agency within which the resident district is located, the resident district and the receiving district are required to forward a copy of any approved open enrollment request to the director of special education of their respective area education agencies. Any monies received by the area education agency of the resident district for an approved open enrollment special education pupil shall be forwarded to the receiving district's area education agency.

**281—17.12(282) Laboratory school provisions.** A parent/guardian may make a request for open enrollment transfer to a laboratory school operated by the state board of regents. The regents institution operating a laboratory school and the board of directors of the public school district in which the laboratory school is located shall develop a transfer policy. This policy shall include:

1. A provision that the total number of pupils enrolled in a laboratory school in any one year shall not exceed 670 pupils.
2. Provisions to protect and promote the quality and integrity of the teacher education program of the laboratory school.

3. Provisions to protect and promote the viability of the education program of the public school district.

4. The order in which and the reasons why requests to transfer to the laboratory school shall be considered.

The denial of a request to transfer to a laboratory school is not subject to appeal by a parent/guardian under Iowa Code section 290.1.

A pupil that is accepted for open enrollment transfer to a laboratory school shall not be included in the basic enrollment of the resident district with the laboratory school reporting the enrollment directly to the department of education with the following exception. If the number of pupils enrolled in the laboratory school from a school district during the current year exceeds the number enrolled from that district during the 1989-1990 school year, the pupils representing the difference between the current and the 1988-1989 school year enrollment for the district shall be included in the basic enrollment of the resident district with the district retaining the money generated through the foundation aid formula.

**281—17.13(282) Applicability.** For implementing the open enrollment provisions of Iowa Code section 282.18, the provisions of this chapter shall be retroactively applicable to June 5, 1989.

These rules are intended to implement Iowa Code section 282.18.

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CHAPTER 69  
WAIVER OF SCHOOL BREAKFAST PROGRAM REQUIREMENT

DIVISION I

**281—69.1(283A) General statement.** Applications for waiver of the requirement that all school districts shall operate or provide for the operation of school breakfast programs at all public schools in each district effective July 1, 1999, until July 1, 2000, are subject to approval by the state board of education as provided in Iowa Code section 283A.2(3).

**281—69.2(283A) Definitions.** For purposes of clarity, the following definitions are used throughout this chapter:

*"Department"* means the state department of education.

*"Nutritionally adequate meal"* means a lunch or breakfast which meets the minimum criteria for eligibility for federal reimbursement under the federal National School Lunch Act of 1946 and the federal Child Nutrition Act of 1966.

*"School"* means a public school of high school grade or under.

*"School board"* means a board of school directors regularly elected by the registered voters of a school corporation or district of the state of Iowa.

*"School breakfast or lunch program"* means a program under which breakfasts or lunches are served by any public school in the state of Iowa on a nonprofit basis to children in attendance, including any such program under which a school receives assistance out of funds appropriated by the Congress of the United States.

**281—69.3(283A) Institutions impacted.** Iowa Code section 283A.2 states that all public school districts shall operate or provide for the operation of school breakfast programs at all public schools in each district beginning with the July 1, 1999, school year unless the state board of education has granted a waiver. Under Iowa Code section 283A.2(3), waivers are only available for the 1999-2000 school year.

**281—69.4(283A) Criteria for applying for a waiver.** Each school or school district unable to meet the requirement to provide a school breakfast program may file, not later than June 1, 1999, for the school year beginning July 1, 1999, on forms provided by the department, a written request to the state board of education for a waiver of the breakfast program requirement for the school or school district.

The written request for waiver shall be made by the school district for the entire district or for one or more schools within the district. The waiver request shall include the following components:

1. The name(s) of the school or school district applying for the waiver, agreement number, contact person, and telephone number.
2. The reason(s) for which the waiver is being requested and corresponding documentation.
3. The percentage of students in attendance at the school during the month of March 1999 who were eligible for free or reduced price meals.
4. Signatures of the president of the local school board, the school food authority, and the superintendent.

**281—69.5(283A) Approval of waiver applications.** The department shall receive all requests for waiver of the breakfast program requirement. The department will evaluate the requests and make recommendation for approval or denial based on the criteria established by the state board of education. The state board of education will approve or deny all waiver requests. The criteria for evaluating the waiver request shall include the following:

1. Required components including sufficient detail to justify the reason for the waiver request.
2. Documentation that less than 35 percent of the students in attendance at the school during the month of March 1999 were eligible for free or reduced price meals under the federal National School Lunch Act of 1946 and the federal Child Nutrition Act of 1966.
3. A valid reason for requesting a waiver:
  - A breakfast program was implemented in this facility during the 1997-98 or 1998-99 school year and participation was less than 15 percent of enrollment, or
  - A survey was conducted of all households in the school's attendance area within the past year and less than 25 percent expressed interest in participating in a breakfast program, or
  - The district school food service program is operating with a negative balance, or
  - A breakfast program is offered to all students in the district although a breakfast program is not available in all school buildings, or
  - Any other circumstance as determined by the state board that warrants the granting of the waiver request.

**281—69.6(283A) Notification.** The department will notify school districts if the request for waiver of the school breakfast program requirement for the school year beginning July 1, 1999, has been approved or denied. The notification will be mailed within ten working days of the decision by the state board of education.

**281—69.7(283A) Schools granted a waiver from the school breakfast program requirement.** School districts granted a waiver for the school year beginning July 1, 1999, shall be required to file a plan for implementing the required breakfast program for the following school year. The written plan shall be on file with the department no later than May 31, 2000.

**281—69.8(283A) Appeal of waiver denial.** A decision by the state board of education to deny a waiver is final. Any applicant may appeal the denial of a properly submitted waiver application to district court under the provisions of Iowa Code chapter 17A.

These rules are intended to implement Iowa Code section 283A.2.

**281—69.9 and 69.10** Reserved.

DIVISION II  
ACCESS TO A SCHOOL BREAKFAST PROGRAM  
(Effective July 1, 2000)

**281—69.11(78GA,ch147) General statement.** Effective July 1, 2000, a school district shall operate or provide for the operation of a school breakfast program at all attendance centers in the district or provide access to a school breakfast program at an alternative site if the district meets the criteria established in 69.14(78GA,ch147).

**281—69.12(78GA,ch147) Definitions.** The following definitions are used in these rules:

“*Attendance center*” means a public school of high school grade or under.

“*Department*” means the state department of education.

“*Nutritionally adequate breakfast*” means a meal which meets the minimum criteria for eligibility for federal reimbursement under the federal National School Lunch Act of 1946 and the federal Child Nutrition Act of 1966.

“*School board*” means a board of school directors regularly elected by the registered voters of a school corporation or district of the state of Iowa.

“*School breakfast program*” means a program under which breakfasts are served by any public school in the state of Iowa on a nonprofit basis to children in attendance, including any such program under which a school receives assistance out of funds appropriated by the Congress of the United States.

**281—69.13(78GA,ch147) Institutions impacted.** Iowa Code section 283A.2 as amended by 1999 Iowa Acts, chapter 147, states that a school district shall operate or provide for the operation of school breakfast programs serving nutritionally adequate breakfasts at all attendance centers in the district. However, a school district that meets the requirements of rules 69.14(78GA,ch147) through 69.16(78GA,ch147) may provide access to a school breakfast program at an alternative site to students who wish to participate in a school breakfast program.

**281—69.14(78GA,ch147) Criteria for a plan to provide safe, reasonable student access to a school breakfast program.** A school board that wishes to provide safe, reasonable student access to a school breakfast program, rather than operate or provide for the operation of a school breakfast program at a specific attendance center within the district shall develop an alternative site plan to operate the school breakfast program at another attendance center within the school district and shall annually certify to the department that the plan meets the following criteria:

1. Provides safe travel routes to and from the alternative breakfast site for all eligible students.
2. Minimizes student travel time between the student’s attendance center and the alternative breakfast site.
3. Provides for a reasonable relationship between the time breakfast is offered, the time the student is required to arrive at the attendance center and alternative site, and the daily school start time.
4. Provides an alternative breakfast site facility adequate for the number of students participating in the breakfast program.

**281—69.15(78GA,ch147) Notification requirements.** The school board that wishes to provide access to a school breakfast program in accordance with this provision shall notify the parent, guardian, or legal or actual custodian of a child enrolled in the school district of the school district’s intention to develop and implement a plan to provide school breakfast programs only in certain attendance centers. At any time in which the school district proposes to make substantive changes to a plan certified with the department, the notification requirements of this rule shall apply.

**281—69.16(78GA,ch147) Certification requirements.** The school board shall annually certify to the department that the plan meets the criteria outlined in rule 69.14(78GA,ch147). The certification shall be submitted to the department of education, on forms provided, not later than May 1 each year for the school year beginning July 1. Any changes to the plan requiring a new notification must be certified with the department within 30 days of adoption of the new plan.

These rules are intended to implement 1999 Iowa Acts, chapter 147.

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1. The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the integrity of the financial system and for the ability to detect and prevent fraud.

2. The second part of the document outlines the specific procedures for recording transactions. It details the steps involved in the accounting cycle, from identifying the transaction to posting it to the appropriate ledger account.

3. The third part of the document discusses the importance of internal controls. It explains how internal controls help to ensure the accuracy and reliability of financial information and to prevent errors and fraud.

4. The fourth part of the document discusses the importance of external audits. It explains how external audits provide an independent assessment of the accuracy and reliability of financial information and help to build confidence in the financial system.

5. The fifth part of the document discusses the importance of transparency and disclosure. It explains how transparency and disclosure help to ensure that financial information is accurate and reliable and that it is available to all interested parties.

6. The sixth part of the document discusses the importance of ethical behavior. It explains how ethical behavior is essential for the integrity of the financial system and for the ability to detect and prevent fraud.

7. The seventh part of the document discusses the importance of ongoing education and training. It explains how ongoing education and training help to ensure that financial professionals have the skills and knowledge necessary to perform their duties effectively and ethically.

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DIVISION II  
COUNTY MANAGEMENT PLAN

PREAMBLE

These rules define the standards for county management plans for mental health, mental retardation, and developmental disability services, including the single point of entry process for accessing services and supports paid from the county mental health, mental retardation, and developmental disability services fund (Iowa Code section 331.424A). Each county must complete a plan in order to meet the requirements of Iowa Code section 331.439. The single point of entry process is hereinafter called the central point of coordination (CPC). The CPC is an administrative gatekeeper to the service's fund and is not meant to replace case management or service coordination. The county management plan describes how persons with disabilities receive appropriate services and supports within the financial limitations of federal, state, and county resources. In partnership with the state, the county develops a management plan that describes the capacities of the county to manage the county mental health, mental retardation, and developmental disability services fund in a manner that is cost-efficient. These rules are designed to give counties maximum flexibility to manage the public mental health and developmental disabilities (MH/DD) system themselves or, if a county so chooses, to contract with a private managed care company to manage all or part of the county's system. However, even when a county contracts with a private entity to manage its system, the county must approve the county management plan in which it defines the parameters of consumer eligibility and service criteria to be used by the contractor. The county management plan shall be guided by the following principles: choice, empowerment, and community.

**441—25.11(331) Definitions.**

*"Access point"* means a part of the service system or the community that shall be trained to complete applications for persons with a disability and forward them to the central point of coordination. Access points may include, but need not be limited to, providers, public or private institutions, advocacy organizations, legal representatives, and educational institutions.

*"Applicant"* means a person who applies to receive services and supports from the service system.

*"Authorized representative"* means a person designated by the consumer or by Iowa law to act on the person's behalf in specified affairs to the extent prescribed by law.

*"Board"* means a county board of supervisors.

*"Central point of coordination (CPC)"* means the administrative entity designated by a board, or the boards of a consortium of counties, to act as the single entry point to the service system as required in Iowa Code section 331.440.

*"Clinical assessment"* means those activities conducted by a qualified professional to identify the consumer's current level of functioning and to identify the appropriate type and intensity of services and supports.

*"Consortium"* means two or more counties that join together to carry out the responsibilities of this division.

*"Consumer"* means a person who is eligible to receive services and supports from the service system.

*"County"* means a single county or a consortium of counties legally organized to develop and implement the county management plan.

*“County management plan”* means the county plan, developed pursuant to Iowa Code section 331.439 as amended by 1999 Iowa Acts, chapter 160, division IV, for organizing, financing, delivering, and evaluating mental health, mental retardation, and developmental disabilities services and supports in a manner that deliberately seeks to control costs while delivering high-quality mental health, mental retardation, and developmental disabilities services and supports. The plan shall consist of three parts: (1) a policies and procedures manual, (2) a three-year strategic plan, and (3) an annual plan review.

*“CPC administrator”* means a person who possesses a baccalaureate degree from an accredited school and has demonstrated competency in human services program administration and planning and has two years of experience working with people with disabilities. A person continually employed by a county to implement a central point of coordination process or to perform similar duties, prior to April 1, 1996, shall be considered to be a qualified CPC administrator. This exemption shall only be valid for a person initially appointed as CPC administrator for fiscal year 1997. An individual employed under this exemption and continually employed as a CPC administrator may be employed by any county as a CPC administrator.

*“Department”* means the Iowa department of human services.

*“Director”* means the director of the Iowa department of human services.

*“Emergency service”* means a service needed immediately to protect the life or safety of a consumer or others.

*“Evaluation”* means evaluation services as described in 441—subrule 24.3(8).

*“Individualized services”* means services and supports that are tailored to meet the individual needs of the consumer.

*“Legal settlement”* is as defined in Iowa Code sections 252.16 and 252.17.

*“Managed care”* means a system that provides the coordinated delivery of services and supports that are necessary and appropriate, delivered in the least restrictive settings and in the least intrusive manner. Managed care seeks to balance three factors:

1. Achieving high-quality outcomes for participants.
2. Coordinating access.
3. Containing costs.

*“Managed system”* means a system that integrates planning, administration, financing, and service delivery. The system consists of the financing or governing organization, the entity responsible for care management, and the network of service providers.

*“Management organization”* means an organization contracted to manage part or all of the service system for a county.

*“Provider”* means a person or group of persons or agency providing services for people with disabilities.

*“Qualified professional”* means a person who has education, training, licensure, certification, or experience to make the particular decision at issue as required by federal or state law.

*“Screening”* means the process used by the central point of coordination to determine eligibility for the service system.

*“Service coordinator”* means a person as defined in rule 441—22.1(225C). For purposes of these rules this may include department social workers providing social casework as defined in rule 441—130.6(234), county caseworkers, county social workers, or qualified case managers as defined in rule 441—24.1(225C).

*“Services fund”* means the county mental health, mental retardation, and developmental disability services fund created in Iowa Code section 331.424A, subsection 2.

*“Service system”* refers to the services and supports administered and paid from the county mental health, mental retardation, and developmental disability services fund.

*“State case status”* is the status of a person who does not have a county of legal settlement as defined in Iowa Code sections 252.16 and 252.17.

*“System principles”* means:

1. *“Choice”* which means the consumer or authorized representative chooses the services, supports, and goods needed to best meet the consumer’s individual goals and accepts the responsibility and consequences of those choices.

2. *“Community”* which means that the system ensures the rights and abilities of all consumers to live, learn, work, and recreate in natural communities of their choice.

3. *“Consumer empowerment”* which means that the service system ensures the rights, dignity, and ability of consumers and their families to exercise choices, take risks, provide input, and accept responsibility.

*“Unique identifier”* means the social security number or the personal identifier for a consumer determined using a methodology adopted by the state-county management committee.

**441—25.12(331) County management plan—general criteria.** A county shall develop a plan for providing an array of cost-effective, individualized services and supports that assist the consumers to be as independent, productive, and integrated into the community as possible within the constraints of the services fund.

**25.12(1) Geographical area.** The plan shall define the geographical area covered by the plan.

**25.12(2) Three-part plan.** The plan shall consist of three parts:

- a. A policies and procedures manual.
- b. A management plan annual review.
- c. A three-year strategic plan.

**441—25.13(331) Policies and procedures manual.** The policies and procedures manual shall describe system management and plan administration.

**25.13(1) System management section.** The system management section of the manual shall describe, but shall not be limited to, the following:

a. *Plan development.* The process for the development of the policies and procedures manual, the strategic plan, and amendments to those documents shall involve the various stakeholders in a meaningful way. These stakeholders shall include, but not be limited to, consumers, family members, county officials, advocates, and providers. The process used to involve the stakeholders shall be documented in the strategic plan including how stakeholder input was considered in the development of the final plan. Each process shall include at least one public hearing.

b. *Plan administration.* A statement that the county will directly administer the plan or a description of the management organization responsible for plan administration shall be included in the plan. If the county contracts for plan administration, the plan shall contain a description of how the county will monitor the management organization’s performance through designated county staff or through another contractor independent of the management organization. The management organization shall comply with Iowa Code section 331.439(1)“c.”

c. *The financial accountability process.* The process to ensure the ongoing financial accountability of the plan shall be included. Financial accountability shall include the rate-setting and reimbursement methods used to reimburse service and support providers, which may include vouchers and other nontraditional payment mechanisms.

d. *Risk-bearing managed care contracts.* A county that enters a risk-bearing contract shall include the methodology used to determine the solvency of any plan administered by a management organization in its policies and procedures manual. This shall include, but not be limited to:

(1) A required annual independent audit of the management organization responsible for plan administration.

(2) The rate-setting and reimbursement methods used by the county to reimburse the management organization.

(3) Description of contract requirements prohibiting a management organization from achieving administrative costs or profit from elimination or reduction of services appropriate to consumer needs.

e. *A funding policy.* A policy shall be included indicating that the county is responsible for funding only those services and supports that are authorized in accordance with the process described in the county management plan (including those that are required by law).

f. *Conflict of interest policy.* The manual shall describe a conflict of interest policy that shall, at a minimum, ensure that service authorization decisions are either made by individuals or organizations which have no financial interest in the services or supports to be provided, or that such interest is fully disclosed to consumers, counties, and other stakeholders. The process for this disclosure shall be described in the manual.

g. *Provider network selection.* The manual shall require that providers that are subject to license, accreditation or approval meet established standards. The manual shall detail the approval process, including criteria, developed to select providers that are not currently subject to license, accreditation or approval standards. The manual shall identify the process the county will use to contract with providers.

h. *Delegated functions.* A county may contract with providers to perform functions of the central point of coordination for persons coming to the designated provider for service or may contract with a management organization to carry out the functions of the central point of coordination. When delegation is made, the county shall be responsible for ensuring that the contractor complies with Iowa Code section 331.440 as well as 441—Chapter 25 for any delegated duties and responsibilities.

i. *Access points.* The county shall designate access points and their function in the enrollment process. A process shall be included to ensure that applications received by an access point are forwarded by the end of the working day during which they are received to the consumer's county of residence and, when known, county of legal settlement, or the county departmental office for those with state case status. The county shall provide training to designated access points on the intake process and use of the application form.

j. *Staffing plan.* The county shall employ, directly or through contract, an adequate number of staff persons to administer the plan. At least one person who meets the qualifications of a central point of coordination administrator shall be designated to implement the central point of coordination process. Elected county or state officials shall not be hired or appointed as the central point of coordination administrator.

k. *Application form.* The policies and procedures manual shall designate the use of an application form, which shall be available in formats and languages appropriate to consumers' needs.

*l. Consumer access.* The manual shall describe how the county will provide access to appropriate, flexible, cost-effective community services and supports to meet the consumer needs in the least restrictive environment possible. This may include guidelines for individualized services and supports and may vary by eligibility group and type of service and support. The manual shall describe how the county will ensure access to services and supports while legal settlement is determined or in dispute.

*m. Consumer eligibility.* The manual shall describe the eligibility criteria for services and supports. This description shall include, but not be limited to, a description of who is eligible to receive services and supports by eligibility group and type of service or support and the criteria for any consumer copayments that may be required. Any copayment requirements shall be related to the consumer's ability to pay for services and supports and be in compliance with all state and federal laws.

*n. Confidentiality.* The manual shall describe a confidentiality policy that shall ensure compliance with all applicable state and federal statutes on confidentiality.

*o. Emergency services.* The manual shall specify the policy for accessing emergency services, including the county's protocol for voluntary and involuntary commitments. The policy shall include the criteria and time frames for application for emergency services.

*p. Waiting lists.* The policies and procedures manual shall specify if the county will use waiting lists, when needed. If the policies and procedures manual specifies the use of waiting lists for funding services and supports, it shall specify criteria for the use and review of each waiting list, including the criteria to be used to determine how and when a consumer will be placed on a waiting list. The manual shall specify how waiting list data will be used in future planning. If the county enters into a risk-bearing contract with a management organization, the contract shall specify that the management organization shall not use waiting lists.

*q. Quality assurance.* The policies and procedures manual shall describe a detailed quality improvement process that provides for ongoing and periodic evaluation of the service system and of the providers of services and supports in the system. The stakeholders shall be involved in the development and implementation of the quality assurance process and evaluation of the system with emphasis on consumer input. The quality assurance policies shall include, but not be limited to, the following:

(1) *System evaluation.* The system evaluation shall include, but not be limited to, an evaluation of consumer satisfaction, including empowerment and quality of life; provider satisfaction; patterns of service utilization; responsiveness to consumer needs and desires; the number and disposition of consumer appeals and the implementation of corrective action plans based on these appeals; and cost-effectiveness.

(2) *Quality of provider services.* The services and supports evaluation shall include, but not be limited to, an evaluation of the quality of provider services and supports based on consumer satisfaction and achievement of desired consumer outcomes; the number and disposition of appeals of provider actions and the implementation of corrective action plans based on these appeals; and the cost-effectiveness of the services and supports developed and provided by individual providers. The evaluation shall ensure that services and supports are provided in accordance with provider contracts.

*r. Collaboration.* The policies shall describe the county's collaboration with other funders, service providers, consumers and their families or authorized representatives, and advocates to ensure that authorized services and supports are responsive to consumers' needs and desires and are cost-efficient. The manual shall specifically describe the process for collaboration with the court to ensure that the court is aware of the services and supports available through the county management plan as alternatives to commitment and to coordinate funding for services to persons who are under court-ordered commitment pursuant to Iowa Code chapter 222 or 229.

s. *The ongoing education process.* The plan shall include the process the county will use to provide ongoing education, in various accessible formats, on its planning process and the intake and service authorization process to the community, including consumers, family members, and providers.

25.13(2) *Plan administration section.* The plan administration section of the policies and procedures manual shall specifically outline procedures for administering the plan at the consumer level. These procedures shall include, but shall not be limited to:

a. *Application (intake) procedure.* The plan administration section of the manual shall describe an application process that is readily accessible to applicants and their families or authorized representatives. This procedure shall describe where applicants can apply for services and how and when the applications will reach the CPC office. It shall outline an application review process including, but not limited to, how additional needed information shall be gathered to complete an application, a timeline for the review process, and qualifications of the professional reviewing the application.

b. *Eligibility determination.* Eligibility determination shall include, but not be limited to, the criteria used to authorize or deny funding for services and supports. This may include guidelines for individualized services and supports and may vary by eligibility group and type of service and support. The procedure shall specify the time frames for conducting eligibility determination that provides for timely access to services, including necessary and immediate services.

c. *Notice of decision.* The review process shall ensure a prompt screening for eligibility and initial decision to approve or reject the application or to gather more information. A written notice of decision which explains the action taken on the application and the reasons for that action shall be sent to the applicant or authorized representative or, in the case of minors, the family or the applicant's authorized representative. The time frame for sending a written notice of decision shall be included. If the consumer is placed on a waiting list for funding, the notice of decision shall include an estimate of how long the consumer is expected to be on the waiting list and the process for the consumer or authorized representative to obtain information regarding the consumer's status on the waiting list. The notice of decision shall outline the applicant's right to appeal and include a description of the appeal process.

d. *Referral.* The plan administration section of the manual shall describe to whom and for what purpose referral of the application is made. This may include, but is not limited to, description of referral directly to a provider for services and supports, referral for service coordination, or referral for clinical assessment.

e. *Consumer plan development.* The plan administration section of the manual shall describe the role of the service coordinator in consumer plan development and how the service coordinator will interface with the CPC. If review of the service request is deemed necessary, a qualified professional shall do the review.

f. *Request for funding.* The plan administration section shall indicate the process and format for a funding request.

g. *Service funding authorization.* The plan administration section of the manual shall describe who makes the funding authorization decisions and the qualifications of that individual. The procedures shall describe the criteria for authorization of funding and a timeline for responding to the request for funding. The procedures shall describe a process for coordinating the authorization of payment for services and supports with the county of legal settlement for persons with legal settlement in another county, or with the county departmental office for those with state case status. If the county of legal settlement and the county of residence mutually decide, the county of legal settlement may perform the intake and enrollment procedures.

*h. Service and cost tracking.* The plan administration section of the manual shall include a description of a system to track services and supports and payments made on behalf of all approved consumers. The tracking system shall provide an unduplicated consumer count and expenditure data. The tracking system shall also record denials of services and supports and indicate the reason why the applications were denied.

*i. Service monitoring.* The plan administration section of the manual shall outline the process of service and funding monitoring.

*j. Appeals.* The county shall develop and implement a process for appealing the decisions of the county or its agent. This appeal process shall be based on objective criteria, specify time frames, provide for notification in accessible formats of the decisions to all parties, and provide some assistance to consumers in using the process. Responsibility for the final administrative decision on an appeal shall rest with the county board of supervisors. If the appellant has state case status, responsibility for the final administrative decision on an appeal shall rest with the department, following the procedures established in 441—Chapter 7.

**25.13(3) Management plan annual review.** The policies and procedures manual shall address the process for preparation and distribution of the management plan annual review.

**25.13(4) Three-year strategic plan.** The policies and procedures manual shall address the process for development and approval of the three-year strategic plan.

**441—25.14(331) Policies and procedures manual review.** The policies and procedures manual shall be submitted by April 1, 2000, as a part of the county's management plan for the fiscal year beginning July 1, 2000. The director, in consultation with the state-county management committee, shall review all county management plans submitted by the dates specified. Based on the recommendations of the state-county management committee, and if the director finds the county policies and procedures manual in compliance with these rules and state and federal laws, the director may approve the manual. A manual approved by the director for the fiscal year beginning July 1, 2000, shall remain in effect subject to amendment.

**25.14(1) Criteria for acceptance.** The director shall determine a manual is acceptable when it contains all the required information, meets the criteria described in this division, and is in compliance with all applicable state and federal laws. The director may request additional information to determine whether or not the manual contains all the required information and meets criteria described in this division.

**25.14(2) Notification.** Except as specified in subrule 25.14(3), the director shall notify the county in writing of the decision on the manual by June 1, 2000. The decision shall specify that either:

*a.* The manual is approved as it was submitted, either with or without supplemental information already requested and received.

*b.* The manual will not be approved until revisions are made. The letter will specify the nature of the revisions requested and the time frames for their submission. The director may authorize a county to continue operation, for up to 90 days, using the previously approved county management plan. The extension begins on July 1, 2000.

**25.14(3) Review of late submittals.** The director may review manuals not submitted by April 1, 2000, after all manuals submitted by that date have been reviewed. The director will proceed with the late submittals in a timely manner.

**441—25.15(331) Amendments.** An amendment to the manual shall be submitted to the department at least 45 days prior to the date of implementation. Prior to implementation of any amendment to the manual, the director must approve the amendment. When an amendment substantially changes a county's policies and procedures manual, the department shall present the amendment to the state-county management committee.

**25.15(1) Criteria for acceptance.** The director shall determine an amendment is acceptable when it contains all the required information and meets the criteria described in this division for the applicable part of the policies and procedures manual and is in compliance with all applicable state and federal laws. The director may request additional information to determine whether or not the amendment contains all the required information and meets criteria described in this division.

**25.15(2) Notification.** The director shall notify the county, in writing, of the decision on the amendment within 45 days of receipt of the amendment. The decision shall specify either that:

- a. The amendment is approved as it was submitted, either with or without supplemental information already requested and received.
- b. The amendment is not approved. The notification will include why the amendment is not approved.

**441—25.16(331) Reconsideration.** Counties dissatisfied with the director's decision on a manual or an amendment may file a letter with the director requesting reconsideration. The letter of reconsideration must be received within 30 working days of the date of the notice of decision and shall include a request for the director to review the decision and the reasons for dissatisfaction. Within 30 working days of the receipt of the letter requesting reconsideration, the director, in consultation with the state-county management committee, will review both the reconsideration request and evidence provided. The director shall issue a final decision, in writing.

**441—25.17(331) Management plan annual review.** The county shall prepare a management plan annual review for the county stakeholders, the department of human services and the state-county management committee. The management plan annual review shall be submitted to the department for informational purposes by December 1. The management plan annual review shall incorporate an analysis of the data associated with the services managed during the preceding fiscal year by the county or by a managed care entity on behalf of the county. The management plan annual review shall include, but not be limited to:

1. Progress toward goals and objectives.
2. Documentation of stakeholder involvement.
3. Actual provider network.
4. Actual expenditures.
5. Actual scope of services.
6. Number, type, and resolution of appeals.
7. Quality assurance implementation, findings and impact on plan.
8. Waiting list information.



**441—25.18(331) Strategic plan.** The strategic plan shall describe the county's vision for its mental health, mental retardation, and developmental disabilities system for the ensuing three fiscal years. The strategic plan development shall follow the process outlined in the policies and procedures manual. The strategic plan shall be submitted, for informational purposes, to the department by April 1, 2000, and by April 1 of every third year thereafter. The strategic plan shall include, but not be limited to:

**25.18(1) Needs assessment.** The strategic plan shall include an assessment of current needs. This plan shall describe how information from the annual reports from the previous years was incorporated into the current strategic plan and how the information will be used to develop future plans for the funding and provision of services to eligible groups.

**25.18(2) Goals and objectives.** The strategic plan shall list goals and objectives that are guided by the system principles of choice, empowerment, and community. The goals and objectives shall reflect the system which the county plans to have in place in three years, the action steps which will be taken to develop the future system, and how progress toward implementation will be measured. Projected costs for future projects should be included.

**25.18(3) Services and supports.** The strategic plan shall list services and supports that the county will fund, when requested, by eligibility group.

**25.18(4) Provider network.** The strategic plan shall include a list of providers used to provide the scope of services and supports described in the plan.

**25.18(5) Access points.** The strategic plan shall list designated access points and their function in the enrollment process.

**441—25.19(331) Technical assistance.** The department shall provide technical assistance and other necessary support to counties to assist in the development and implementation of the county management plans and completion of reports.

These rules are intended to implement Iowa Code sections 331.424A, 331.439 as amended by 1999 Iowa Acts, chapter 160, and 331.440.

**441—25.20 to 25.40 Reserved.**

**DIVISION III  
MINIMUM DATA SET**

**441—25.41(331) Minimum data set.** Each county shall maintain data on all clients served through the MH/DD services fund. The type of information needed on each client is as follows:

1. Basic client information including a unique identifier, name, address, county of residence and county of legal settlement.
2. The state I.D. number for state payment cases.
3. Demographic information including, but not limited to, date of birth, sex, ethnicity, marital status, education, residential living arrangement, current employment status, monthly income, income sources, type of insurance, insurance carrier, veterans' status, guardianship status, legal status in the system, source of referral, DSM IV diagnosis, ICD-9 diagnosis, disability group (i.e., mental retardation, developmental disability, chronic mental illness, mental illness), central point of coordination (county number preceded by A 1), and central point of coordination (CPC) name.
4. Service information such as the decision on services, date of decision, date client terminated from CPC services, reason for termination, residence, approved service, service beginning dates, service ending dates, reason for terminating, approved units of services, and unit rate for service.

A county may choose to collect this information using the county management information system (CoMIS) program that was designed by the department or may collect the information through some other means. If a county chooses to use another system, the county must be capable of supplying the information in the same format. Below is the structure or description for each data item contained in CoMIS.

NAME	DESCRIPTION	SIZE	TYPE	ACCEPTABLE CODES/ENTRIES	REASON/USE
Client ID#	Client Identifier	F		Social Security Number	Unique identifier for each client/allows unduplicated client information
RESCO	County of Residence	F	N	00 through 99	Where the person lives
LEGCO	County of Legal Settlement	F	N	00 through 99	Who has financial responsibility
SID	State ID	F	A/N		Not required except for state payment cases
LNAME	Last name	F	A	Client's last name	CPC info
FNAME	First name	F	A	Client's first name	CPC info
MI	Middle initial	F	A	Client's middle initial	CPC info
ADD1	First address field	F	A/N		For local CPC use
ADD2	Second address field	F	A/N		For local CPC use
CITY	City/town	F	A		City where post office is located
STATE	State	F	A	State	State
ZIP	Postal Zip Code	F	N	5-Digit Zip	
BDATE	Date of Birth	F	N	Month/day/four-digit year	Demographic for planning
SEX	Sex	F	A	1=Male 2=Female	Demographic for planning

**441—25.53(77GA, HF2545) Methodology for awarding incentive funding.** Each county shall report on all performance measures listed in this division, plus any additional performance measures the county has selected, by December 1 of each year.

**25.53(1) Reporting.** Each county shall report performance measure information on forms, or by electronic means, developed for the purpose by the department in consultation with the state county management committee.

**25.53(2) Scoring.** The department shall analyze each county's report to determine the extent to which the county achieved the levels contained in the proposal accepted by the state county management committee. Prior to distribution of incentive funding to counties, results of the analysis shall be shared with the state county management committee.

**25.53(3) County ineligibility.** A county which does not report performance measure data by December 1 will be ineligible to receive incentive funds for that fiscal year. A county may apply for an extension by petitioning the state county management committee prior to December 1. The petition shall describe the circumstances which will cause the report to be delayed and identify the date by which the report will be submitted.

**441—25.54(77GA, HF2545) Subsequent year performance factors.** For any fiscal year which begins after July 1, 1999, the state county management committee shall not apply any additional performance measures until the county management information system (CoMIS) developed and maintained by the division of mental health and developmental disabilities has been modified, if necessary, to collect and calculate required data elements and performance measures and each county has been given the opportunity to establish baseline measures for those measures.

**441—25.55(77GA, HF2545) Phase-in provisions.**

**25.55(1) State fiscal year 1999.** For the fiscal year which begins July 1, 1998, each county shall collect data as required above in order to establish a baseline level on all performance measures. A county which collects and reports all required data by December 1, 1999, shall be deemed to have received a 100 percent score on the county's performance indicators.

**25.55(2) State fiscal year 2000.** A county which submits a proposal with its management plan for the fiscal year which begins July 1, 1999, and reports the levels achieved on the selected performance measures by December 1, 2000, shall be deemed to have received a 100 percent score on the county's performance indicators, regardless of the actual levels achieved.

These rules are intended to implement 1998 Iowa Acts, House File 2545, section 8, subsection 2.

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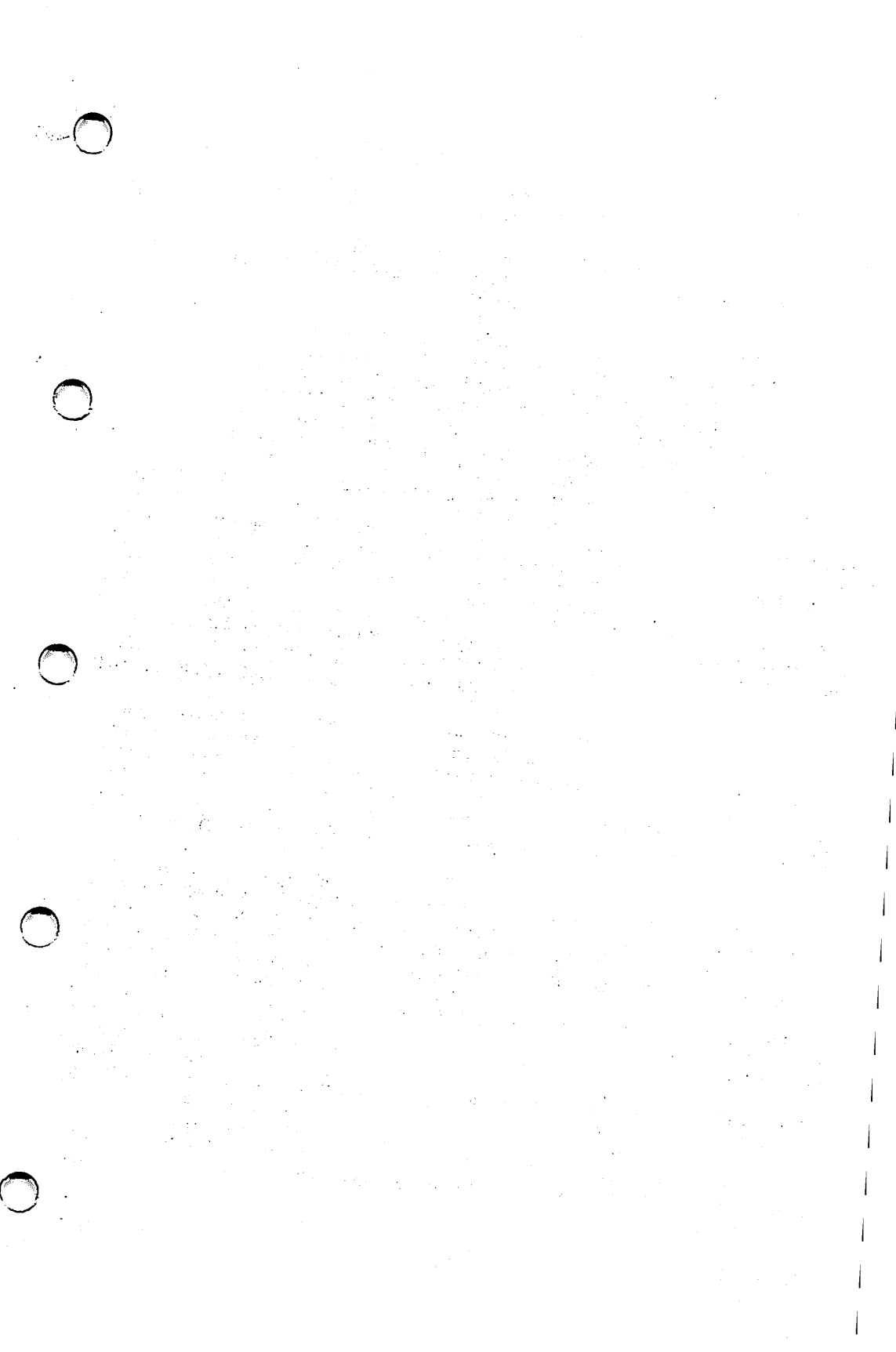
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CHAPTER 26  
COUNTY MAINTENANCE OF EFFORT CALCULATIONS AND REPORTING  
Rescinded IAB 5/5/99, effective 7/1/99

CHAPTER 27  
Reserved



**CHAPTER 51  
ELIGIBILITY**

[Prior to 7/1/83, Social Services[770] Ch 51]  
[Prior to 2/11/87, Human Services[498]]

**441—51.1(249) Application for other benefits.** An applicant or any other person whose needs are included in determining the state supplementary assistance payment must have applied for or be receiving all other benefits, including supplemental security income or aid to dependent children, for which the person may be eligible. The person must cooperate in the eligibility procedures while making application for the other benefits. Failure to cooperate shall result in ineligibility for state supplementary assistance.

This rule is intended to implement Iowa Code section 249.3.

**441—51.2(249) Supplementation.** Any supplemental payment made on behalf of the recipient from any source other than a nonfederal governmental entity shall be considered as income, and the payment shall be used to reduce the state supplementary assistance payment.

**441—51.3(249) Eligibility for residential care.**

**51.3(1) Licensed facility.** Payment for residential care shall be made only when the facility in which the applicant or recipient is residing is currently licensed by the department of inspections and appeals pursuant to laws governing health care facilities.

**51.3(2) Physician's statement.** Payment for residential care shall be made only when there is on file an order written by a physician certifying that the applicant or recipient being admitted requires residential care but does not require nursing services. The certification shall be updated whenever a change in the recipient's physical condition warrants reevaluation, but no less than every 12 months.

**51.3(3) Income eligibility.** The resident shall be income eligible when the income according to 52.1(3) "a" is less than 31 times the per diem rate of the facility. Partners in a marriage who both enter the same room of the residential care facility in the same month shall be income eligible for the initial month when their combined income according to 52.1(3) "a" is less than twice the amount of allowed income for one person (31 times the per diem rate of the facility).

**51.3(4) Diversion of income.** Rescinded IAB 5/1/91, effective 7/1/91.

**51.3(5) Resources.** Rescinded IAB 5/1/91, effective 7/1/91.

This rule is intended to implement Iowa Code section 249.3.

**441—51.4(249) Dependent relatives.**

**51.4(1) Income.** Income of a dependent relative shall be less than \$257. When the dependent's income is from earnings, an exemption of \$65 shall be allowed to cover work expense.

**51.4(2) Resources.** The resource limitation for a recipient and a dependent child or parent shall be \$2,000. The resource limitation for a recipient and a dependent spouse shall be \$3,000. The resource limitation for a recipient, spouse, and dependent child or parent shall be \$3,000.

**51.4(3) Living in the home.** A dependent relative shall be eligible until out of the recipient's home for a full calendar month starting at 12:01 a.m. on the first day of the month until 12 midnight on the last day of the same month.

**51.4(4) Dependency.** A dependent relative may be the recipient's ineligible spouse, parent, child, or adult child who is financially dependent upon the recipient. A relative shall not be considered to be financially dependent upon the recipient when the relative is living with a spouse who is not the recipient.

This rule is intended to implement Iowa Code sections 249.3 and 249.4.

**441—51.5(249) Residence.** A recipient of state supplementary assistance shall be living in the state of Iowa.

This rule is intended to implement Iowa Code section 249.3.

**441—51.6(249) Lump sum payment.** Rescinded IAB 3/4/92, effective 5/1/92.

**441—51.7(249) Income from providing room and board.** In determining profit from furnishing room and board or providing family life home care, \$257 per month shall be deducted to cover the cost, and the remaining amount treated as earned income.

This rule is intended to implement Iowa Code sections 249.3 and 249.4.

**441—51.8(249) Furnishing of social security number.** As a condition of eligibility applicants or recipients of state supplementary assistance must furnish their social security account numbers or proof of application for the numbers if they have not been issued or are not known and provide their numbers upon receipt.

Assistance shall not be denied, delayed, or discontinued pending the issuance or verification of the numbers when the applicants or recipients are cooperating in providing information necessary for issuance of their social security numbers.

This rule is intended to implement Iowa Code sections 249.3 and 249.4.

**441—51.9(249) Recovery.**

**51.9(1) Definitions.**

*“Administrative overpayment”* means assistance incorrectly paid to or for the client because of continuing assistance during the appeal process.

*“Agency error”* means assistance incorrectly paid to or for the client because of action attributed to the department as the result of one or more of the following circumstances:

1. Misfiling or loss of forms or documents.
2. Errors in typing or copying.
3. Computer input errors.
4. Mathematical errors.

5. Failure to determine eligibility correctly or to certify assistance in the correct amount when all essential information was available to the local office.

6. Failure to make prompt revisions in payment following changes in policies requiring the changes as of a specific date.

*“Client”* means a current or former applicant or recipient of state supplementary assistance.

*“Client error”* means assistance incorrectly paid to or for the client because the client or client’s representative failed to disclose information, or gave false or misleading statements, oral or written, regarding the client’s income, resources, or other eligibility and benefit factors. It also means assistance incorrectly paid to or for the client because of failure by the client or client’s representative to timely report as defined in rule 441—76.10(249A).

*“Department”* means the department of human services.

**51.9(2) Amount subject to recovery.** The department shall recover from a client all state supplementary assistance funds incorrectly expended to or on behalf of the client, or when conditional benefits have been granted.

*a.* The department also shall seek to recover the state supplementary assistance granted during the period of time that conditional benefits were correctly granted the client under the policies of the supplemental security income program.

*b.* The incorrect expenditures may result from client or agency error, or administrative overpayment.

**51.9(3) Notification.** All clients shall be promptly notified when it is determined that assistance was incorrectly expended. Notification shall include for whom assistance was paid; the time period during which assistance was incorrectly paid; the amount of assistance subject to recovery, when known; and the reason for the incorrect expenditure.

**51.9(4) Source of recovery.** Recovery shall be made from the client or from parents of children under the age of 21 when the parents completed the application and had responsibility for reporting changes. Recovery must come from income, resources, the estate, income tax refunds, and lottery winnings of the client.

**51.9(5) Repayment.** The repayment of incorrectly expended state supplementary assistance funds shall be made to the department.

**51.9(6) Appeals.** The client shall have the right to appeal the amount of funds subject to recovery under the provisions of 441—Chapter 7.

This rule is intended to implement Iowa Code sections 249.3 and 249.4.

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CHAPTER 52  
PAYMENT

[Prior to 7/1/83, Social Services[770] Ch 52]  
[Prior to 2/11/87, Human Services[498]]

**441—52.1(249) Assistance standards.** Assistance standards are the amounts of money allowed on a monthly basis to recipients of state supplementary assistance in determining financial need and the amount of assistance granted.

**52.1(1) Protective living arrangement.** The following assistance standards have been established for state supplementary assistance for persons living in a protective living arrangement:

Family life home certified under rules in 441—Chapter 111.

\$521.20	care allowance
73.00	personal allowance
<hr/>	
\$594.20	Total

**52.1(2) Dependent relative.** The following assistance standards have been established for state supplementary assistance for dependent relatives residing in a recipient's home.

a. Aged or disabled client and a dependent relative	\$769
b. Aged or disabled client, eligible spouse, and a dependent relative	\$1026
c. Blind client and a dependent relative	\$791
d. Blind client, aged or disabled spouse, and a dependent relative	\$1048
e. Blind client, blind spouse, and a dependent relative	\$1070

**52.1(3) Residential care.** Payment to a recipient in a residential care facility shall be made on a flat per diem rate of \$17.36 or on a cost-related reimbursement system with a maximum reimbursement per diem rate of \$24.26. A cost-related per diem rate shall be established for each facility choosing this method of payment according to rule 441—54.3(249).

The facility shall accept the per diem rate established by the department for state supplementary assistance recipients as payment in full from the recipient and make no additional charges to the recipient.

a. All income of a recipient as described in this subrule after the disregards described in this subrule shall be applied to meet the cost of care before payment is made through the state supplementary assistance program.

Income applied to meet the cost of care shall be the income considered available to the resident pursuant to supplemental security income (SSI) policy plus the SSI benefit less the following monthly disregards applied in the order specified:

- (1) When income is earned, impairment related work expenses, as defined by SSI plus \$65 plus one-half of any remaining earned income.
- (2) Effective January 1, 2000, a \$73 allowance to meet personal expenses and Medicaid copayment expenses.
- (3) When there is a spouse at home, the amount of the SSI benefit for an individual minus the spouse's countable income according to SSI policies. When the spouse at home has been determined eligible for SSI benefits, no income disregard shall be made.
- (4) When there is a dependent child living with the spouse at home who meets the definition of a dependent according to the SSI program, the amount of the SSI allowance for a dependent minus the dependent's countable income and the amount of income from the parent at home that exceeds the SSI benefit for one according to SSI policies.

(5) Established unmet medical needs of the resident, excluding private health insurance premiums and Medicaid copayment expenses. Unmet medical needs of the spouse at home, exclusive of health insurance premiums and Medicaid copayment expenses, shall be an additional deduction when the countable income of the spouse at home is not sufficient to cover those expenses. Unmet medical needs of the dependent living with the spouse at home, exclusive of health insurance premiums and Medicaid copayment expenses, shall also be deducted when the countable income of the dependent and the income of the parent at home that exceeds the SSI benefit for one is not sufficient to cover the expenses.

(6) The income of recipients of state supplementary assistance or Medicaid needed to pay the cost of care in another residential care facility, a family life home, an in-home health-related care provider, a home- and community-based waiver setting, or a medical institution is not available to apply to the cost of care. The income of a resident who lived at home in the month of entry shall not be applied to the cost of care except to the extent the income exceeds the SSI benefit for one person or for a married couple if the resident also had a spouse living in the home in the month of entry.

b. Payment is made for only the days the recipient is a resident of the facility. Payment shall be made for the date of entry into the facility, but not the date of death or discharge.

c. Payment shall be made in the form of a grant to the recipient on a post payment basis.

d. Payment shall not be made when income is sufficient to pay the cost of care in a month with less than 31 days, but the recipient shall remain eligible for all other benefits of the program.

e. Payment will be made for periods the resident is absent overnight for the purpose of visitation or vacation. The facility will be paid to hold the bed for a period not to exceed 30 days during any calendar year, unless a family member or legal guardian of the resident, the resident's physician, case manager, or department service worker provides signed documentation that additional visitation days are desired by the resident and are for the benefit of the resident. This documentation shall be obtained by the facility for each period of paid absence which exceeds the 30-day annual limit. This information shall be retained in the resident's personal file. If documentation is not available to justify periods of absence in excess of the 30-day annual limit, the facility shall submit a Case Activity Report, Form AA-4166-0, to the county office of the department to terminate the state supplementary assistance payment.

A family member may contribute to the cost of care for a resident subject to supplementation provisions at rule 441—51.2(249) and any contributions shall be reported to the county office of the department by the facility.

f. Payment will be made for a period not to exceed 20 days in any calendar month when the resident is absent due to hospitalization. A resident may not start state supplementary assistance on reserve bed days.

g. The per diem rate established for recipients of state supplementary assistance shall not exceed the average rate established by the facility for private pay residents.

(1) Residents placed in a facility by another governmental agency are not considered private paying individuals. Payments received by the facility from such an agency shall not be included in determining the average rate for private paying residents.

(2) To compute the facilitywide average rate for private paying residents, the facility shall accumulate total monthly charges for those individuals over a six-month period and divide by the total patient days care provided to this group during the same period of time.

**52.1(4) *Blind.*** The standard for a blind recipient not receiving another type of state supplementary assistance is \$22 per month.

**52.1(5) *In-home, health-related care.*** Payment to a person receiving in-home, health-related care shall be made in accordance with rules in 441—Chapter 177.

**52.1(6) *Minimum income level cases.*** The income level of those persons receiving old age assistance, aid to the blind, and aid to the disabled in December 1973 shall be maintained at the December 1973 level as long as the recipient's circumstances remain unchanged and that income level is above current standards. In determining the continuing eligibility for the minimum income level, the income limits, resource limits, and exclusions which were in effect in October 1972 shall be utilized.

This rule is intended to implement Iowa Code sections 234.6, 234.38, 249.2, 249.3, 249.4, and 249A.4.

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b. The provider shall complete Form 470-2579, Application for Authorization to Make Presumptive Medicaid Eligibility Determinations, and submit it to the department for approval in order to become certified as a provider qualified to make presumptive eligibility determinations. Once the provider has been approved as a provider qualified to make presumptive Medicaid eligibility determinations, Form 470-2582, Memorandum of Understanding Between the Iowa Department of Human Services and a Qualified Provider, shall be signed by the provider and the department.

c. Once the qualified provider has made a presumptive eligibility determination for a pregnant woman, the provider shall:

(1) Contact the department to obtain a state identification number for the pregnant woman who has been determined presumptively eligible.

(2) Notify the department in writing of the determination within five working days after the date the presumptive determination is made. A copy of the Presumptive Medicaid Eligibility Notice of Decision, Form 470-2580, shall be used for this purpose.

(3) Inform the pregnant woman in writing, at the time the determination is made, that if she chose not to apply for Medicaid on the Health Services Application, Form 470-2927, she has until the last day of the month following the month of the preliminary determination to file an application with the department. A Presumptive Medicaid Eligibility Notice of Decision, Form 470-2580, shall be issued by the qualified provider for this purpose.

(4) Forward copies of the Health Services Application, Form 470-2927, to the appropriate offices for eligibility determinations if the pregnant woman indicated on the application that she was applying for any of the other programs listed on the application. These copies shall be forwarded within two working days from the date of the presumptive determination.

d. In the event that a pregnant woman needing prenatal care does not appear to be presumptively eligible, the qualified provider shall inform the pregnant woman that she may file an application at the local department office if she wishes to have a formal determination made.

e. Presumptive eligibility shall end under any of the following conditions:

(1) The woman fails to file an application for Medicaid in accordance with rule 441—76.1(249A) by the last day of the month following the month of the presumptive eligibility determination.

(2) The woman files a Medicaid application by the last day of the month following the month of the presumptive eligibility determination and has been found ineligible for Medicaid.

(3) Rescinded IAB 5/1/91, effective 7/1/91.

f. The adequate and timely notice requirements and appeal rights associated with an application that is filed pursuant to rule 441—76.1(249A) shall apply to an eligibility determination made on the Medicaid application. However, notice requirements and appeal rights of the Medicaid program shall not apply to a woman who is:

(1) Denied presumptive eligibility by a qualified provider.

(2) Determined to be presumptively eligible by a qualified provider and whose presumptive eligibility ends because the woman fails to file an application by the last day of the month following the month of the initial presumptive eligibility determination.

(3) Rescinded IAB 5/1/91, effective 7/1/91.

g. A woman shall not be determined to be presumptively eligible for Medicaid more than once per pregnancy.

**75.1(31)** *Persons and families terminated from the family medical assistance program (FMAP) due to the increased earnings of the specified relative in the eligible group.* Medicaid shall be available for a period of up to 12 additional months to families who are canceled from FMAP as provided in subrule 75.1(14) because the specified relative of a dependent child receives increased income from employment.

For the purposes of this subrule, "family" shall mean individuals living in the household whose needs and income were included in determining the FMAP eligibility of the household members at the time that the FMAP benefits were terminated. "Family" also includes those individuals whose needs and income would be taken into account in determining the FMAP eligibility of household members if the household were applying in the current month.

a. Increased income from employment includes:

- (1) Beginning employment.
- (2) Increased rate of pay.
- (3) Increased hours of employment.

b. In order to receive transitional Medicaid coverage under these provisions, an FMAP family must have received FMAP during at least three of the six months immediately preceding the month in which ineligibility occurred.

c. The 12 months' Medicaid transitional coverage begins the day following termination of FMAP eligibility.

d. When ineligibility is determined to occur retroactively, the transitional Medicaid coverage begins with the first month in which FMAP eligibility was erroneously granted, unless the provisions of paragraph "f" below apply.

e. Rescinded IAB 8/12/98, effective 10/1/98.

f. Transitional Medicaid shall not be allowed under these provisions when it has been determined that the recipient received FMAP in any of the six months immediately preceding the month of cancellation as the result of fraud. Fraud shall be defined in accordance with Iowa Code Supplement section 239B.14.

g. During the transitional Medicaid period, assistance shall be terminated at the end of the first month in which the eligible group ceases to include a child, as defined by the family medical assistance program.

h. If the family receives transitional Medicaid coverage during the entire initial six-month period and has returned, by the twenty-first day of the fourth month, a complete Notice of Decision/Quarterly Income Report, Form 470-2663, Medicaid shall continue for an additional six months, subject to paragraphs "g" and "i" of this subrule. Failure to return a completed form shall result in cancellation of assistance. A completed form is a form with all items answered, signed, dated no earlier than the first day of the budget month, and accompanied by verification as required in paragraphs 75.57(1)"f" and 75.57(2)"l."

i. Assistance shall be terminated at the close of the first or fourth month of the additional six-month period if any of the following conditions exist:

(1) The family fails to return a complete Notice of Decision/Quarterly Income Report, Form 470-2663, by the twenty-first day of the first month or the fourth month of the additional six-month period as required in paragraph 75.1(31)"h," unless the family establishes good cause for failure to report on a timely basis. Good cause for failure to return the report timely shall be established when the family demonstrates one or more of the following conditions exist:

1. There was a serious illness or death of the recipient or a member of the recipient's family.
2. There was a family emergency or household disaster, such as a fire, flood, or tornado.
3. The recipient offers a good cause beyond the recipient's control.
4. There was a failure to receive the department's notification for a reason not attributable to the recipient. Lack of a forwarding address is attributable to the recipient.

(2) The specified relative had no earnings in one or more of the previous three months, unless the lack of earnings was due to an involuntary loss of employment, illness, or there were instances when problems could negatively impact the client's achievement of self-sufficiency as described at 441—subrule 93.133(4).

(3) It is determined that the family's average gross earned income, minus child care expenses for the children in the eligible group necessary for the employment of the specified relative, during the immediately preceding three-month period exceeds 185 percent of the federal poverty level as defined by the United States Office of Management and Budget and revised annually in accordance with Section 673(2) of the Omnibus Budget Reconciliation Act of 1981.

(4) Other property essential to the means of self-support of either spouse as to warrant its exclusion under the SSI program.

(5) Resources of a blind or disabled person who has a plan for achieving self-support as determined by division of vocational rehabilitation or the department of human services.

(6) For natives of Alaska, shares of stock held in a regional or a village corporation, during the period of 20 years in which the stock is inalienable, as provided in Section 7(h) and Section 8(c) of the Alaska Native Claims Settlement Act.

(7) Assistance under the Disaster Relief Act and Emergency Assistance Act or other assistance provided pursuant to federal statute on account of a presidentially declared major disaster and interest earned on these funds for the nine-month period beginning on the date these funds are received or for a longer period where good cause is shown.

(8) Any amount of underpayment of SSI or social security benefit due either spouse for one or more months prior to the month of receipt. This exclusion shall be limited to the first six months following receipt.

(9) A life insurance policy(ies) whose total face value is \$1500 or less per spouse.

(10) An amount, not in excess of \$1500 for each spouse that is separately identifiable and has been set aside to meet the burial and related expenses of that spouse. The amount of \$1500 shall be reduced by an amount equal to the total face value of all insurance policies which are owned by the person or spouse and the total of any amounts in an irrevocable trust or other irrevocable arrangement available to meet the burial and related expenses of that spouse.

(11) Federal assistance paid for housing occupied by the spouse.

(12) Assistance from a fund established by a state to aid victims of crime for nine months from receipt when the client demonstrates that the amount was paid as compensation for expenses incurred or losses suffered as a result of a crime.

(13) Relocation assistance provided by a state or local government to a client comparable to assistance provided under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 which is subject to the treatment required by Section 216 of the Act.

*d. Method of attribution.* The resources attributed to the institutionalized spouse shall be one-half of the documented resources of both the institutionalized and community spouse as of the first moment of the first day of the month of the spouse's first entry to a medical facility. However, if one-half of the resources is less than \$24,000, then \$24,000 shall be protected for the community spouse. Also, when one-half the resources attributed to the community spouse exceeds \$84,120, the amount over \$84,120 shall be attributed to the institutionalized spouse. (The maximum limit shall be indexed annually by the consumer price index.)

If the institutionalized spouse has transferred resources to the community spouse under a court order for the support of the community spouse, the amount transferred shall be the amount attributed to the community spouse if it exceeds the specified limits above.

*e. Notice and appeal rights.* The department shall provide each spouse a notice of the attribution results. The notice shall state that either spouse has a right to appeal the attribution if the spouse believes:

(1) That the attribution is incorrect, or

(2) That the amount of income generated by the resources attributed to the community spouse is inadequate to raise the community spouse's income to the minimum monthly maintenance allowance.

If an attribution has not previously been appealed, either spouse may appeal the attribution upon the denial of an application for Medicaid benefits based on the attribution.

*f. Appeals.* Hearings on attribution decisions shall be governed by procedures in 441—Chapter 7. If the hearing establishes that the community spouse's resource allowance is inadequate to raise the community spouse's income to the minimum monthly maintenance allowance, there shall be substituted an amount adequate to provide the minimum monthly maintenance needs allowance.

(1) To establish that the resource allowance is inadequate and receive a substituted allowance, the applicant must provide verification of all the income of the community spouse.

(2) The amount of resources adequate to provide the community spouse minimum maintenance needs allowance shall be based on the cost of a single premium lifetime annuity with monthly payments equal to the difference between the monthly maintenance needs allowance and other countable income not generated by either spouse's countable resources.

(3) The resources necessary to provide the minimum maintenance needs allowance shall be based on the maintenance needs allowance as provided by these rules at the time of the filing of the appeal.

(4) To receive the substituted allowance, the applicant shall be required to obtain three estimates of the cost of the annuity and these amounts shall be averaged to determine the cost of an annuity.

(5) The averaged estimates representing the cost of an annuity shall be substituted for the amount of resources attributed to the community spouse when the amount of resources previously determined is less than the averaged cost of an annuity. If the amount of resources previously attributed for the community spouse is greater than the averaged cost of an annuity, there shall be no substitution for the cost of the annuity and the attribution will remain as previously determined.

(6) The applicant shall not be required to purchase this annuity as a condition of Medicaid eligibility.

(7) If the appellant provides a statement from three insurance companies that they will not provide estimates due to the potential annuitant's age, the amount to be set aside shall be determined using the following calculation: The difference between the community spouse's gross monthly income not generated by countable resources (times 12) and the minimum monthly maintenance needs allowance (times 12) shall be multiplied by the annuity factor for the age of the community spouse in the Table for an Annuity for Life published at the end of Iowa Code chapter 450. This amount shall be substituted for the amount of resources attributed to the community spouse pursuant to subparagraph 75.5(3) "f"(5).

**75.5(4) Consideration of resources of married people.**

*a.* One spouse in a medical facility who entered the facility on or after September 30, 1989.

(1) **Initial month.** When the institutionalized spouse is expected to stay in a medical facility less than 30 consecutive days, the resources of both spouses shall be considered in determining initial Medicaid eligibility.

When the institutionalized spouse is expected to be in a medical facility 30 consecutive days or more, only the resources not attributed to the community spouse according to subrule 75.5(3) shall be considered in determining initial eligibility for the institutionalized spouse.

The amount of resources counted for eligibility for the institutionalized spouse shall be the difference between the couple's total resources at the time of application and the amount attributed to the community spouse under this rule.

(2) **Ongoing eligibility.** After the month in which the institutionalized spouse is determined eligible, no resources of the community spouse shall be deemed available to the institutionalized spouse during the continuous period in which the spouse is in an institution. Resources which are owned wholly or in part by the institutionalized spouse and which are not transferred to the community spouse shall be counted in determining ongoing eligibility. The resources of the institutionalized spouse shall not count for ongoing eligibility to the extent that the institutionalized spouse intends to transfer and does transfer the resources to the community spouse within 90 days unless unable to effect the transfer.

(3) **Exception based on estrangement.** When it is established by a disinterested third-party source that the institutionalized spouse is estranged from the community spouse, Medicaid eligibility will not be denied on the basis of resources when the applicant can demonstrate hardship.



**75.16(2) Allowable deductions from income.** In determining the amount of client participation, the department allows the following deductions from the client's income, taken in the order they appear:

*a. Ongoing personal needs allowance.* All clients shall retain \$30 of their monthly income for a personal needs allowance with the following exception. If the client is a veteran or surviving spouse of a veteran who receives a Veterans' Administration pension subject to limitation of \$90 after the month of entry pursuant to 38 U.S.C. Section 3203(f)(2), the veteran or surviving spouse of a veteran shall retain \$90 from the veteran's pension for their personal needs allowance beginning the month after entry to a medical institution. The \$90 allowance from a veteran's pension is in lieu of the \$30 allowance from any income, not in addition thereto.

If the client has earned income, an additional \$65 is added to the ongoing personal needs allowance from the earned income only.

*b. Personal needs in the month of entry.*

(1) Single person. A single person shall be given an allowance for stated home living expenses during the month of entry, up to the amount of the SSI benefit for a single person.

(2) Spouses entering institutions together and living together. Partners in a marriage who enter a medical institution in the same month and live in the same room shall be given an allowance for stated home living expenses during the month of entry, up to the amount of the SSI benefit for a couple.

(3) Spouses entering an institution together but living apart. Partners in a marriage who enter a medical institution during the same month and who are considered separately for eligibility shall each be given an allowance for stated home living expenses during the month of entry, up to one-half of the amount of the SSI benefit for a married couple. However, if the income of one spouse is less than one-half of the SSI benefit for a couple, the remainder of the allowance shall be given to the other spouse. If the couple's eligibility is determined together, an allowance for stated home living expenses shall be given to them during the month of entry up to the SSI benefit for a married couple.

(4) Community spouse enters a medical institution. When the second member of a married couple enters a medical institution in a later month, that spouse shall be given an allowance for stated expenses during the month of entry, up to the amount of the SSI benefit for one person.

*c. Personal needs in the month of discharge.* The client shall be allowed a deduction for home living expenses in the month of discharge. The amount of the deduction shall be the SSI benefit for one person (or for a couple, if both members are discharged in the same month). This deduction does not apply when a spouse is at home.

*d. Maintenance needs of spouse and other dependents.*

(1) Persons covered. An ongoing allowance shall be given for the maintenance needs of a community spouse. The allowance is limited to the extent that income of the institutionalized spouse is made available to or for the benefit of the community spouse. If there are minor or dependent children, dependent parents, or dependent siblings of either spouse who live with the community spouse, an ongoing allowance shall also be given to meet their needs.

(2) Income considered. The verified gross income of the spouse and dependents shall be considered in determining maintenance needs. The gross income of the spouse and dependent shall include all monthly earned and unearned income and assistance from the family investment program (FIP), supplemental security income (SSI), and state supplementary assistance (SSA). It shall also include the proceeds of any annuity or contract for sale of real property. Otherwise, the income shall be considered as the SSI program considers income. In addition, the spouse and dependents shall be required to apply for every income benefit for which they are eligible except that they shall not be required to accept SSI, FIP or SSA in lieu of the maintenance needs allowance. Failure to apply for all benefits shall mean reduction of the maintenance needs allowance by the amount of the anticipated income from the source not applied for.

(3) Needs of spouse. The maintenance needs of the spouse shall be determined by subtracting the spouse's gross income from \$2,103. (This amount shall be indexed for inflation annually according to the consumer price index.)

However, if either spouse established through the appeal process that the community spouse needs income above \$2,103, due to exceptional circumstances resulting in significant financial duress, an amount adequate to provide additional income as is necessary shall be substituted.

Also, if a court has entered an order against an institutionalized spouse for monthly income to support the community spouse, then the community spouse income allowance shall not be less than this amount.

(4) Needs of other dependents. The maintenance needs of the other dependents shall be established by subtracting each person's gross income from 133 percent of the monthly federal poverty level for a family of two and dividing the result by three. (Effective July 1, 1992, the percent shall be 150 percent.)

*e. Maintenance needs of children (without spouse).* When the client has children under 21 at home, an ongoing allowance shall be given to meet the children's maintenance needs.

The income of the children is considered in determining maintenance needs. The children's countable income shall be their gross income less the disregards allowed in the FIP program.

The children's maintenance needs shall be determined by subtracting the children's countable income from the FIP payment standard for that number of children. (However, if the children receive FIP, no deduction is allowed for their maintenance needs.)

*f. Client's medical expenses.* A deduction shall be allowed for the client's incurred expenses for medical or remedial care that are not subject to payment by a third party. This includes Medicare premiums and other health insurance premiums, deductibles or coinsurance, and necessary medical or remedial care recognized under state law but not covered under the state Medicaid plan.

This rule is intended to implement Iowa Code sections 239.5 and 249A.4.

**441—75.17(249A) Verification of pregnancy.** For the purpose of establishing Medicaid eligibility for pregnant women under this chapter, a signed statement from a maternal health center, family planning agency, physician's office, physician-directed qualifying provider, or advanced registered nurse practitioner who is a certified nurse midwife, as specified under the federal Social Security Act, Subsection 1902, shall serve as verification of pregnancy. Additionally, the number of fetuses shall be verified if more than one exists, and the probable date of conception shall be established when necessary to determine eligibility. When an examination is required and other medical resources are not available to meet the expense of the examination, the provider shall be authorized to make the examination and submit the claim for payment.

**441—75.18(249A) Continuous eligibility for pregnant women.** A pregnant woman who applies for Medicaid prior to the end of her pregnancy and subsequently establishes initial Medicaid eligibility under the provisions of this chapter shall remain continuously eligible throughout the pregnancy and the 60-day postpartum period, as provided in subrule 75.1(24), regardless of any changes in family income.

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TITLE XV  
*INDIVIDUAL AND FAMILY SUPPORT AND PROTECTIVE SERVICES*

CHAPTER 170  
CHILD CARE SERVICES  
[Prior to 7/1/83, Social Services[770] Ch 132]  
[Previously appeared as Ch 132—renumbered IAB 2/29/84]  
[Prior to 2/11/87, Human Services[498]]

PREAMBLE

The intent of this chapter is to establish requirements for the payment of child care services. Child care services are for children of low-income parents who are in academic or vocational training; or employed or looking for employment; or for a limited period of time, absent due to hospitalization, physical or mental illness, or death; or needing protective services to prevent or alleviate child abuse or neglect. Services may be provided in a licensed child care center, a registered group child care home, a registered family child care home, the home of a relative, the child's own home, a nonregistered family child care home, or in a facility exempt from licensing or registration.

**441—170.1(234) Definitions.**

*"Child care"* means a service that provides child care in the absence of parents for a portion of the day, but less than 24 hours. Child care supplements parental care by providing care and protection for children who need care in or outside their homes for part of the day. Child care provides experiences for each child's social, emotional, intellectual, and physical development. Child care may involve comprehensive child development care or it may include special services for a child with special needs. Components of this service shall include supervision, food services, program and activities, and may include transportation.

*"Child with protective needs"* means a child who has a case plan that identifies protective child care as a required service and who is a member of a family with one of the following:

1. A confirmed case of child abuse.
2. Episodes of family or domestic violence or substance abuse which place the child at risk of abuse or neglect and have resulted in a service referral to family preservation or family-centered services.

*"Child with special needs"* means a child with one or more of the following conditions:

1. The child has been diagnosed by a physician or by a person endorsed for service as a school psychologist by the Iowa department of education to have a developmental disability which substantially limits one or more major life activities, and the child requires professional treatment, assistance in self-care, or the purchase of special adaptive equipment.
2. The child has been determined by a qualified mental retardation professional to have a condition which impairs the child's intellectual and social functioning.
3. The child has been diagnosed by a mental health professional to have a behavioral or emotional disorder characterized by situationally inappropriate behavior which deviates substantially from behavior appropriate to the child's age, or which significantly interferes with the child's intellectual, social, or personal adjustment.

*"Department"* means the Iowa department of human services.

*"Food services"* means the preparation and serving of nutritionally balanced meals and snacks.

*"In-home"* means care which is provided within the child's own home.

*"Migrant seasonal farm worker"* means a person to whom all of the following conditions apply:

1. The person performs seasonal agricultural work which requires travel so that the person is unable to return to the person's permanent residence within the same day.
2. Most of the person's income is derived from seasonal agricultural work performed during the months of July through October. Most shall mean the simple majority of the income.
3. The person generally performs seasonal agricultural work in Iowa during the months of July through October.

*"Program and activities"* means the daily schedule of experiences in a child care setting.

*"Provider"* means a licensed child care center, a registered group child care home, a registered family child care home, a relative who provides care in the relative's own home solely for a related child (relative care), a caretaker who provides care for a child in the child's home (in-home), a nonregistered child care home, or a child care facility which is exempt from licensing or registration.

*"Relative"* means an adult aged 18 or older who is a grandparent, aunt or uncle to the child being provided child care.

*"Supervision"* means the care, protection, and guidance of a child.

*"Transportation"* means the movement of children in a four or more wheeled vehicle designed to carry passengers, such as a car, van, or bus, between home and facility.

*"Unit of service"* means a half day which shall be up to 5 hours of service per 24-hour period.

*"Vocational training"* means a training plan which includes a specific goal, that is, high school completion, improved English skills, development of specific academic or vocational skills.

1. Training may be approved for high school completion activities, adult basic education, GED, English as a second language, and a postsecondary education, up to and including a baccalaureate degree program.

2. Training may be approved for college programs which lead to an associate of arts degree.

3. Training shall be on a full-time basis. The training facility shall define what is considered as full time. Part-time plans may be approved only if the number of credit hours to complete training is less than full-time status, the required prerequisite credits or remedial course work is less than full-time status, or training is not offered on a full-time basis.

#### **441—170.2(234) Eligibility.**

**170.2(1) Financial.** Financial eligibility shall be determined according to rule 441—130.3(234,239B).

For migrant seasonal farm workers, the monthly gross income shall be determined by calculating the total amount of income earned in a 12-month period preceding the date of application and dividing the total amount by 12.

**170.2(2) General eligibility requirements.** In addition to meeting financial requirements, the child needing services must meet age requirements and each parent in the household must have at least one need for service. When funds are insufficient, families applying for services must meet the specific requirements found in subrule 170.2(3) of the priority group for which applications are being taken. Families approved when applications are being taken for priority groups are not required to meet the requirements in paragraph 170.2(2)"b" except at review or redetermination. Recipients of the family investment program or those whose earned income was taken into account in determining the needs of family investment program recipients are eligible for child care assistance notwithstanding waiting lists for child care services.

*a. Age.* Child care shall be provided only to children up to age 13, unless they are children with special needs in which case child care shall be provided up to age 19. Children who are part of the family investment program who are 13 years of age and older may be eligible for child care assistance benefits if there are special circumstances surrounding the child in need of child care. The child's parent or guardian shall submit a request for an exception to the supervisor of the county department office.

*b. Need for service.* Each parent in the household shall meet one or more of the following requirements:

(1) The parent is in academic or vocational training. Child care provided while the parent participates in postsecondary education leading up to and including a baccalaureate degree program or vocational training shall be limited to a 24-month lifetime limit. A month is defined as a fiscal month or part thereof and shall generally have starting and ending dates that fall within two calendar months but shall only count as one month. Time spent in high school completion, adult basic education, GED, or English as a second language does not count toward the 24-month limit.

Payment shall not be approved for the following:

1. When labor market statistics for a local area indicate low employment potential. Exceptions may be made when the client has a job offer prior to entering the training or if a client is willing to relocate after training to an area where there is employment potential. Clients willing to relocate must provide documentation from the department of workforce development, private employment agencies, or employers that jobs paying at least minimum wage for which training is being requested are available in the locale specified by the client.

2. Jobs paying less than minimum wage.

3. College coursework for a client who possesses a baccalaureate degree unless the coursework is to obtain a teaching certificate or complete continuing education units.

4. The course or training is one that the client has previously completed.

5. When the client was previously unable to maintain the cumulative grade point average required by the training or academic facility in the same training for which application is now being made. This does not apply to parents under the age of 18 who are enrolled in high school completion activities.

PROMISE JOBS child care allowances provided while the parent is a recipient of the family investment program and participating in PROMISE JOBS components in postsecondary education or training shall count toward the 24-month lifetime limit.

(2) The parent is employed 28 or more hours per week, or an average of 28 or more hours per week during the month. Child care services may be provided for the hours of employment of a single parent or the coinciding hours of employment of both parents in a two-parent home, and for actual travel time between home, child care facility, and place of employment.

(3) The parent needs child care as part of a protective service plan to prevent or alleviate child abuse or neglect.

(4) The person who normally cares for the child is absent from the home due to inpatient hospitalization or outpatient treatment for chemotherapy, radiation or dialysis because of physical illness, mental illness, or death. Care under this paragraph is limited to a maximum of one month, unless extenuating circumstances are justified and approved after case review by the regional administrator.

(5) The parent is looking for employment. Child care for job search shall be limited to only those hours the parent is actually looking for employment including travel time. A job search plan shall be approved by the department and limited to a maximum of 30 working days in a 12-month period. Child care in two-parent families may be provided only during the coinciding hours of both parents' looking for employment, or during one parent's employment and one parent's looking for employment. Documentation of job search contacts shall be furnished to the department. The department may enter into a nonfinancial coordination agreement for information exchange concerning job search documentation.

EXCEPTION: Additional hours may be paid for job search for PROMISE JOBS recipients if approved by the PROMISE JOBS worker.

(6) The person is participating in activities approved under the PROMISE JOBS program and there is a need for child care services.

(7) The family is part of the family investment program and there is a need for child care.

If a parent in a family investment program household remains in the home, child care assistance can be paid if that parent receives Supplemental Security Income.

**170.2(3) Priority for service.** Funds available for child care services shall first be used to continue services to families currently receiving child care services and to families with protective child care needs. As funds are determined available, families shall be served on a statewide basis from a region-wide waiting list based on the following schedule in descending order of prioritization. Recipients of the family investment program, or those whose earned income was taken into account in determining the needs of family investment program recipients, are eligible for child care notwithstanding waiting lists for child care services. Applications for child care services shall be taken only for the priority groupings for which funds have been determined available.

a. Families with an income at or below 100 percent of the federal poverty level whose members are employed at least 28 hours per week, and parents with a family income at or below 100 percent of the federal poverty level who are under the age of 21 and are participating in an educational program leading to a high school diploma or equivalent.

b. Rescinded IAB 7/6/94, effective 7/1/94.

c. Parents under the age of 21 with a family income at or below 100 percent of the federal poverty guidelines who are participating, at a satisfactory level, in an approved training program or in an education program.

d. Families with an income of more than 100 percent but not more than 140 percent of the federal poverty guidelines whose members are employed at least 28 hours per week.

e. Families with an income at or below 175 percent of the federal poverty guidelines whose members are employed at least 28 hours per week with a special needs child as a member of the family.

f. Rescinded IAB 7/6/94, effective 7/1/94.

g. Rescinded IAB 9/9/98, effective 11/1/98.

**170.2(4) Prioritization within child care subsidized programs.** Rescinded IAB 6/30/99, effective 7/1/99.

**441—170.3(234) Goals.** Appropriate goals for child care services are those described in 441—subrule 130.7(1), paragraphs “a,” “c,” and “d.”

**441—170.4(234) Elements of service provision.**

**170.4(1) Case plan.** The case plan shall be developed by the department service worker and contain information described in 441—subrule 130.7(2), when the child meets the need for service under 170.2(2)“b”(3).

**170.4(2) Fees.** Fees are assessed and collected in accordance with rule 441—130.4(234).

**170.4(3) Method of provision.** The department shall issue the Child Care Certificate, Form 470-2959, to the client to select a child care provider. Parents shall be allowed to exercise their choice for in-home care, except when the parent meets the need for service under subparagraph 170.2(2)“b”(3), as long as the conditions in paragraph 170.4(7)“d” are met. When the child meets the need for service under 170.2(2)“b”(3), parents shall be allowed to exercise their choice of licensed or registered child care provider except when the department service worker determines it is not in the best interest of the child.

The department shall make payment for child care provided to eligible families when the Child Care Certificate, Form 470-2959, has been completed and signed by the parent, the provider, and the department worker, and when the provider meets the applicable requirements set forth below.



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**CHAPTER 177**  
**IN-HOME HEALTH RELATED CARE**

[Prior to 7/1/83, Social Services[770] Ch 148]  
[Previously appeared as Ch 148—renumbered IAB 2/29/84]  
[Prior to 2/11/87, Human Services [498]]

**441—177.1(249) In-home health related care.** In-home health related care is a program of nursing care in an individual's own home to provide personal services to an individual because such individual's state of physical or mental health prevents independent self-care.

**441—177.2(249) Own home.** Own home means an individual's house, apartment, or other living arrangement intended for single or family residential use.

**441—177.3(249) Service criteria.** The client shall require health care services that would require the supervision of a professional registered nurse working under the certification of a physician.

**177.3(1) Skilled services may include but not be limited to:**

- a. Gavage feedings of individuals unable to eat solid foods.
- b. Intravenous therapy administered only by a registered nurse.
- c. Intramuscular injections required more than once or twice a week, excluding diabetes.
- d. Catheterizations, continuing care of indwelling catheters with supervision of irrigations and changing of Foley catheter when required.
- e. Inhalation therapy.
- f. Care of decubiti and other ulcerated areas, noting and reporting to physician.
- g. Rehabilitation services including, but not limited to: bowel and bladder training, range of motion exercises, ambulation training, restorative nursing services, reteaching the activity of daily living, respiratory care and breathing programs, reality orientation, reminiscing therapy, remotivation and behavior modification.
- h. Tracheotomy care.
- i. Colostomy care until the individual is capable of maintaining the colostomy personally.
- j. Care of medical conditions out of control which includes brittle diabetes and terminal conditions.
- k. Postsurgical nursing care, but only for short time periods, and primarily for individuals with complications following surgery, or with the need for frequent dressing changes.
- l. Monitoring medications needed for close supervision of medications because of fluctuating physical or psychological conditions, i.e., hypertensives, digitalis preparations, narcotics.
- m. Diets which are therapeutic and require evaluation at frequent intervals.
- n. Vital signs which is the recording and reporting of change in vital signs to the attending physician.

**177.3(2) Personal care services may include but not be limited to:**

- a. Supervision on a 24-hour basis for physical or emotional needs.
- b. Helping client with bath, shampoo, oral hygiene.
- c. Helping client with toileting.
- d. Helping client in and out of bed and with ambulation.
- e. Helping client to reestablish activities of daily living.
- f. Assisting with oral medications ordinarily self-administered and ordered by the physician.
- g. Performing incidental household services which are essential to the client's health care at home and are necessary to prevent or postpone institutionalization.

**441—177.4(249) Eligibility.****177.4(1) Eligible individual.**

a. The individual shall be eligible for supplemental security income in every respect except for income.

b. The physician's certification shall include a statement of the specific health care services and that the services can be provided in the individual's own home. The certification shall be given on Form SS-1719-0, Assessment of Functional Capacity of Client and Recommendation for Services, or on a similar plan of care form presently used by public health agencies.

c. The individual shall live in the individual's own home.

d. The client shall require and be receiving qualified health care services. Qualified health care services are health care services supervised by a registered nurse and approved by a physician.

**177.4(2) Relationship to other programs.** In-home health related care shall be provided only when other existing programs cannot meet the client's need.

**177.4(3) Maximum costs.** The maximum cost of service shall be \$466.49. The provider shall accept the payment made and shall make no additional charges to the recipient or others.

**177.4(4) Service plan.** A complete service plan shall be prepared which includes the services needed, the plan for providing these services, and the health care plan defined in rule 177.6(249).

**177.4(5) Certification procedure.** The approval by the area office of the department of human services of the case plan shall constitute certification and approval for payment.

**177.4(6) Temporary absence from home.** The client will remain eligible and payment will be made for services for a period not to exceed 15 days in any calendar month when the client is absent from the home for a temporary period. Payment will not be authorized for over 15 days for any continuous absence whether or not the absence extends into a succeeding month or months.

**177.4(7) Income for adults.** The gross income of the individual and spouse, living in the home, shall be limited to \$466.49 per month if one needs care or \$932.98 if both need care, with the following disregards:

a. The amount of the basic supplemental security income standard for an individual or a couple, as applicable.

b. When income is earned, \$65.00 plus one-half of any remaining income.

c. The amount of the supplemental security income standard for a dependent plus any established unmet medical needs, for each dependent living in the home. Any income of the dependent shall be applied to the dependent's needs before making this disregard.

d. The amount of the established medical needs of the ineligible spouse which are not otherwise met.

e. The amount of the established medical needs of the applicant or recipient which are not otherwise met and would not be met if the individual were eligible for the medical assistance program.

f. Rescinded, effective 7/1/84.

**177.4(8) Income for children.**

a. All income received by the parents in the home shall be deemed to the child with the following disregards:

(1) The amount of the basic supplemental security income standard for an individual when there is one parent in the home or for a couple when there are two parents in the home.

(2) The amount of the basic supplemental security income standard for a dependent for each ineligible child in the home.

(3) The amount of the unmet medical needs of the parents and ineligible dependents.

(4) When all income is earned, an additional basic supplemental security income standard for an individual in a one-parent home or for a couple in a two-parent home.

(5) When the income is both earned and unearned, \$65.00 plus one-half of the remainder of the earned income.

b. The income of the child shall be limited to \$466.49 per month with the following disregards:

(1) The amount of the basic supplemental security income standard for an individual.

(2) The amount of the established medical needs of the child which are not otherwise met and would not be met if the child were eligible for the medical assistance program.

(3) One-third of the child support payments received from an absent parent.

c. Rescinded, effective 7/1/84.

**177.4(9) Payment.** The client or the person legally designated to handle the client's finances shall be the sole payee for payments made under the program and shall be responsible for making payment to the provider except when the client payee becomes incapacitated or dies while receiving service.

a. The department shall have the authority to issue one payment to a provider on behalf of a client payee who becomes incapacitated or dies while receiving service.

b. When continuation of an incapacitated client payee in the program is appropriate, the department shall assist the client and the client's family to legally designate a person to handle the client's finances. Guardians, conservators, protective or representative payees, or persons holding power of attorney are considered to be legally designated.

c. Payment for the program shall be approved effective as of the date of application or the date all eligibility requirements are met and qualified health care services are provided, whichever is later, notwithstanding 42 U.S.C. 1382(c)(7).

**177.4(10) Application.** Application for in-home health related care shall be made on Form PA-1107-0, Application for Medical Assistance or State Supplementary Assistance. An eligibility determination shall be completed within 30 days from the date of the application, unless one or more of the following conditions exist:

a. An application has been filed and is pending for federal supplemental security income benefits.

b. The application is pending because the department has not received information, which is beyond the control of the client or the department.

c. The application is pending due to the disability determination process performed through the department.

d. The application is pending because the SS-1511-0, Provider Agreement, has not been completed and completion is beyond control of the client. When a Provider Agreement cannot be completed due to client's failure to locate a provider, applications shall not be held pending beyond 60 days from the date of application.

This rule is intended to implement Iowa Code section 249.3(2) "a."

**441—177.5(249) Providers of health care services.**

**177.5(1) Age.** The provider shall be at least 18 years of age.

**177.5(2) Physician's report.** The provider shall obtain a physician's report at the time service is initiated and annually thereafter. The report shall be on Form SS-1718-0, Provider Health Assessment Form.

**177.5(3) Qualifications.** The provider shall be qualified by training and experience to carry out the health care plan as specified in rule 177.4(4).

**177.5(4) Relative.** The provider may be related to the client, so long as the provider is not a member of the family as defined in rule 441—130.1(234).

177.5(5) Rescinded IAB 8/9/89, effective 10/1/89.

This rule is intended to implement Iowa Code section 249.3(2) "a."

**441—177.6(249) Health care plan.** The nurse shall complete the health care plan with the physician's approval. The health care plan shall include the specific types of services required, the method of providing those services, and the expected duration of services.

**177.6(1) Transfer from medical facility.** When the client is being transferred from a medical hospital or long-term care facility, the service worker shall obtain a transfer document describing the client's current care plan, to be provided to the nurse supervising the in-home care plan.

**177.6(2) Medical records.**

a. Medical records shall include, whenever appropriate, transfer forms, physician's certification and orders, interdisciplinary case plan, interdisciplinary progress notes, drug administration records, treatment records, and incident reports. The nurse shall be responsible for ensuring that record requirements are met.

b. Medical records shall be located in the nurse's case file, with a copy of the interdisciplinary plan of care and physician's plan of service in the service worker's file, and all other records available to the service worker. Upon termination of the in-home care plan, the records shall be maintained in the county office of the department of human services, or in the office of the public health nurse and available to the service worker, for five years or until completion of an audit.

c. The client or legal representative shall have the right to view the client's medical records.

**177.6(3) Review.** The continuing need for in-home health care services shall be reviewed:

a. At a minimum of every 60 days by the physician, including a written recertification of continuing appropriateness of the plan;

b. At a minimum of every three months by the service worker, including a review of the total care plan; and

c. At a minimum of every 60 days by the nurse who shall review the nursing plan.

More frequent reviews may be required by the physician, the service worker, or the nurse.

**177.6(4) Annual physical.** The client shall obtain a physical examination report annually and shall be under the regular supervision of a physician.

This rule is intended to implement Iowa Code section 249.3(2) "a"(2).

**441—177.7(249) Client participation.**

**177.7(1)** All income remaining after the disregards in 177.4(7) and 177.4(8) shall be considered income available for services and shall be used for service costs before payment for in-home health care begins.

**177.7(2)** First month. When the first month of service is less than a full month, there is no client participation for that month. Payment will be made for the actual days of service provided according to the agreed-upon rate.

This rule is intended to implement Iowa Code section 249.3(2) "a"(2).

**441—177.8(249) Determination of reasonable charges.** Payment will be made only for reasonable charges for in-home health care services as determined by the service worker. Reasonableness shall be determined by:

**177.8(1) Community standards.** The prevailing community standards for cost of care for similar services.

**177.8(2) Services at no charge.** The availability of service providers at no cost to the department.

This rule is intended to implement Iowa Code section 249.3(2) "a"(2).

**441—177.9(249) Written agreements.**

**177.9(1) *Independent contractor.*** The provider shall be an independent contractor and shall in no sense be an agent, employee or servant of the state of Iowa, the Iowa department of human services, any of its employees, or of its clients.

**177.9(2) *Liability coverage.*** All professional health care providers shall have adequate liability coverage consistent with their responsibilities, as the department of human services assumes no responsibility for, or liability for, individuals providing care.

**177.9(3) *Provider agreement.*** The client and the provider shall enter into an agreement, using Form SS-1511-0, Provider Agreement, prior to the provision of service. Any reduction to the state supplemental assistance program shall be applied to the maximum amount paid by the department of human services as stated in the Provider Agreement by using Form 470-1999, Amendment to Provider Agreement.

This rule is intended to implement Iowa Code section 249.3(2) "a"(2).

**441—177.10(249) Emergency services.** Written instructions for dealing with emergency situations shall be completed by the nurse and maintained in the client's home and in the county department of human services office. The instructions shall include:

**177.10(1) *Persons to notify.*** The name and telephone number of the client's physician, the nurse, responsible family members or other significant persons, and the service worker.

**177.10(2) *Hospital.*** Information as to which hospital to utilize.

**177.10(3) *Ambulance.*** Information as to which ambulance service or other emergency transportation to utilize.

This rule is intended to implement Iowa Code section 249.3(2) "a"(2).

**441—177.11(249) Termination.** Termination of in-home health related care shall occur under the following conditions.

**177.11(1) *Request.*** Upon the request of the client or legal representative. When termination of the program would result in an individual being unable to protect the individual's own interests, arrangements for guardianship, commitment, or protective placements shall be provided.

**177.11(2) *Care unnecessary.*** When the client becomes sufficiently self-sustaining to remain in the client's own home with services that can be provided by existing community agencies as determined by the service worker.

**177.11(3) *Additional care necessary.*** When the physical or mental condition of the client requires more care than can be provided in the client's own home as determined by the service worker.

**177.11(4) *Excessive costs.*** When the cost of care exceeds the maximum established in 177.4(3).

**177.11(5) *Other services utilized.*** When the service worker determines that other services can be utilized to better meet the client's needs.

**177.11(6) *Terms of provider agreement not met.*** When it has been determined by the service worker that the terms of the provider agreement have not been met by the client or the provider, the state supplementary assistance payment may be terminated.

This rule is intended to implement Iowa Code section 249.3(2) "a"(2).

**441—177.12** Rescinded IAB 8/9/89, effective 10/1/89.

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CHAPTER 27  
LANDS AND WATERS CONSERVATION FUND PROGRAM  
[Prior to 12/31/86, Conservation Commission[290] Ch 72]

**571—27.1(456A) Purpose.** The purpose of the Federal Land and Water Conservation Fund, hereinafter referred to as the L&WCF, is stated in Section 1(b) of the Land and Water Conservation Fund Act of 1965, as amended (78 stat. 897):

“The purposes of this Act are to assist in preserving, developing, and assuring accessibility to all citizens of the United States of America of present and future generations and visitors who are lawfully present within the boundaries of the United States of America such quality and quantity of outdoor recreation resources as may be available and are necessary and desirable for individual active participation in such recreation and to strengthen the health and vitality of the citizens of the United States by (1) providing funds for and authorizing Federal assistance to the States in planning, acquisition, and development of needed land and water areas and facilities and (2) providing funds for the Federal acquisition and development of certain lands and other areas.”

Section 6 of the Act contains the basic requirements and conditions for fulfilling the above:

“The Secretary of the Interior (hereinafter referred to as the Secretary) is authorized to provide financial assistance to the States from monies available for State purposes. Payments may be made to the States by the Secretary as hereafter provided, subject to such terms and conditions as he considers appropriate and in the public interest to carry out the purposes of this Act, for outdoor recreation: (1) planning, (2) acquisition of land, waters, or interest in land or waters, or (3) development.”

Section 6 of the Act further provides that:

“If consistent with an approved project, funds may be transferred by the State to a political subdivision or other appropriate public agency.”

The Iowa department of natural resources, hereinafter referred to as the department, acting through its director, will administer the L&WCF for the same purpose at the state and local levels.

**571—27.2(456A) Apportionment distribution.**

**27.2(1) Iowa apportionment.** The state expects to receive an annual apportionment from the L&WCF. This annual apportionment, after deducting any amount necessary to cover the department's costs of administering the program and state outdoor recreation planning costs shall be divided into two shares for state and local entity grants with the local entity share being not less than 50 percent.

**27.2(2) Local share.** The local share of the annual L&WCF apportionment shall be available for local entity grants on an annual basis.

**571—27.3(456A) Eligibility requirements.** The following eligibility requirements shall apply to local entities:

**27.3(1)** Participation in the L&WCF shall be limited to county conservation boards and incorporated cities.

**27.3(2)** A local entity shall have assessed outdoor recreation supplies, demands and needs and shall have allowed for input by affected citizens within the service area of any proposed project and project applications shall include documentation of these planning processes.

**571—27.4(456A) Assistance ceiling.** Local entities are eligible to receive annual assistance from the L&WCF in accordance with the following schedule:

Population of Area of Jurisdiction	L&WCF
0- 1,000	\$ 50,000
1,001- 5,000	75,000
5,001-10,000	100,000
10,001-25,000	125,000
25,001-50,000	150,000
50,001-75,000	175,000
over 75,000	200,000

Exceptions to the above limits: The maximum grant for local entities with populations in excess of 25,000 shall be \$125,000 for any swimming pool or golf course project. The maximum grant limit for local entities with populations of up to and including 10,000 shall be \$125,000 for any land acquisition project.

The assistance ceiling may be waived upon approval by the director under the following circumstances:

1. The project being proposed for L&WCF assistance is regional in nature or is expected to serve a minimum of 100,000 people.
2. The proposed project cannot be staged over a multiyear period so that a separate grant application might be submitted each year.

No grant shall be approved which exceeds the allotment for the review period.

**571—27.5(456A) Grant application submission.**

**27.5(1) Form of application.** Grant applications for both state and local projects shall be on forms and following guidelines provided by the department. Projects selected for funding with land and water conservation assistance must be in accordance with state comprehensive outdoor recreation plan priorities.

**27.5(2) Application timing.** The following information applies to local projects only. Grant applications and amendment requests which increase the existing grant amount shall be reviewed and selected for funding on an annual basis as provided in subrule 27.2(2). Annual reviews shall be held in April. Applications must be received in acceptable form by the Department of Natural Resources, Wallace State Office Building, Des Moines, Iowa 50319-0034, by the close of business on the work day closest to the fifteenth day of the month preceding each review month.

**27.5(3) Local funding.** An applicant shall certify that it has committed its share of project costs. Cash donations must be on deposit and a bond issue must have been passed by the electorate if such passage is necessary if either or both is a source of local funding.

**27.5(4) Development project application.** An application for a development project grant shall include development on only one project site or area with the exception that an application may include development of a like nature only on several sites (e.g., tennis courts).

**27.5(5) Application timing.** The following applies only to state projects. Applications will be reviewed annually in April. Grant applications and amendment requests exceeding 10 percent of the original grant amount will be due in the budget and grants bureau of the department on March 15 or the closest working day thereto.

**27.5(6) Application acceptance.** Applications for state projects will be accepted from the Iowa department of natural resources and any other state agency which submits an eligible project application.

**571—27.6(456A) Project review and selection.**

**27.6(1) Review and selection committee.** A review and selection committee, hereinafter referred to as the committee, composed of three staff members of the department as appointed by the director of the department shall determine which grant applications and amendment requests shall be selected for funding at the local level. A review and selection committee for state projects shall be composed of four staff members of the department as appointed by the director.

**27.6(2) Consideration withheld.** The committee will not consider any application which, on the date of the selection session, is not complete, or for which additional pertinent information has been requested and not received.

**27.6(3) Application rating system for local projects.** The committee will apply a numerical rating system to each grant application which is considered for fund assistance. The following criteria, with a weight factor for each, will be considered:

Criteria	Weight factor
Relationship to SCORP priorities	5
Direct recreation benefits	1
Local need	1
Quality of site	1

Each criterion will be given a score of from 1 to 10 which is then multiplied by the weight factor. The following additional criteria will be considered in the rating system:

*a.* Prior assistance. Any applicant who has never received a grant will be given a bonus of five points. Any applicant who has received prior assistance which is more than its fair share will be assessed penalty points. Fair share will be computed by dividing 50 percent of Iowa's total apportionment from the L&WCF by the total state population and multiplying this amount by the population of the applicant agency. Penalty points will be assessed in accordance with the following schedule:

Prior Assistance in Excess of Fair Share	Penalty Points
0 to \$2.50 per capita	0
\$ 2.51 to 12.50 per capita	1
12.51 to 22.50 per capita	2
22.51 to 32.50 per capita	3
32.51 to 42.50 per capita	4
over 42.50 per capita	5

*b.* Additional points will be added to the total score for the following:

Projects which have special features for the elderly and handicapped above the normal access requirements for this population will receive three points.

Projects which serve an area of greater minority population than the state average of 2.6 percent as follows:

Minority population greater than 3.5 percent	1 point
4.0 percent	2 points
4.5 percent	3 points

Projects which show evidence that the specific project has been through the normal channels of review and approval by proper local decision makers, thereby ensuring that public support and a commitment to develop and operate the facility are present and that the project under consideration is a part of (or does not conflict with) broader plans which exist may receive up to three bonus points.

All points will be totaled for each application and those applications receiving the highest scores will be selected for fund assistance to the extent of the allotment for each review period. However, no application shall be selected which has received a score of less than 60. Such applications shall be returned to the applicant.

**27.6(4) Application rating system for state projects.** The committee will apply a numerical rating system to each grant application which is considered for fund assistance. The following criteria, with a weight factor assigned for each, will be considered:

Criteria	Weight factor
SCORP priority	4
Quality of site	1
Renovation/rehabilitation project	1
Direct recreation benefits	1

Each criterion will be given a score from 0 to 10, which is then multiplied by the weight factor. Additional points will be added to the total score for the following:

Projects which have special features for the elderly and handicapped above the normal access requirements for this population — will receive three points.

Project which will serve an area of greater minority population than the state average of 2.6 percent as follows:

- Minority population greater than 3.5 percent 1 point
- 4.0 percent 2 points
- 4.5 percent 3 points

**27.6(5) Applications not selected for fund assistance.** Applications which have been considered and not selected for funding during the initial review period shall be returned to the applicant.

**571—27.7(456A) Public participation.** All regional planning agencies will be advised of the time and place of review sessions. Written comments will be accepted prior to each review session. A time period for public comment will be allowed immediately prior to each review session.

Potential applicants will be advised of any changes in the project evaluation and selection processes and criteria; but in any event, state agencies, regional planning agencies, county conservation boards and the Iowa League of Municipalities will be advised of the availability of program funding at least once every two years.

**571—27.8(456A) Commission review.** The natural resource commission will review all committee recommendations each review period at the next following commission meeting. The commission may reject any application selected for funding or approve any application not selected by the committee.

**571—27.9(456A) Federal review.** All applications selected for fund assistance shall be submitted to the administering federal agency for final review and grant approval.

**571—27.10(456A) Grant amendments.** Projects for which grants have been approved may be amended to increase or decrease project scope or to increase or decrease project costs and fund assistance. Amendments to increase project costs and fund assistance due to cost overruns will not be approved. A percentage of each year's appropriation may be reserved for amendments.

**571—27.11(456A) Timely commencement of projects.** Grant recipients are expected to carry out their projects in an expeditious manner. Projects for which grants are approved between January 1 and May 31 shall be commenced during the same calendar year. Projects for which grants are approved between June 1 and December 31 shall be commenced by June 1 of the following year. Failure to do so may be cause for termination of the project and cancellation of the grant.

**571—27.12(456A) Project period.** A project period which is commensurate with the work to be accomplished will be assigned to each project. Project period extensions will be granted only in a case of extenuating circumstances.

**571—27.13(456A) Reimbursements.**

**27.13(1) Grant amount.** Grant recipients will be reimbursed 50 percent of all eligible costs incurred on a project up to the amount of the grant.

**27.13(2) Project billings.** Grant recipients shall submit billings for reimbursements on forms provided by the department.

**27.13(3) Project billing frequency.** Project billings for development shall be submitted on the following basis:

- a. Up to \$10,000 total project cost—one billing.
- b. Up to \$50,000 total project cost—no more than two billings.
- c. Up to \$150,000 total project cost—no more than three billings.
- d. Over \$150,000 total project cost—no more than four billings.
- e. Each billing shall include all expenditures for every item included therein which has a total cost of \$25,000 or less (i.e., 100 percent item completion).

**27.13(4) Final project billing.** A final project billing shall be submitted within 90 days following the end of a project period. Failure to do so may be cause for termination of the project with no further reimbursement to the grant recipient.

**27.13(5) Documentation.** Grant recipients shall provide documentation as required by the department to substantiate all costs incurred on a project.

**27.13(6) Reimbursement withheld.** Ten percent of the total reimbursement due any grant recipient for a development project will be withheld pending a final site inspection or until any irregularities discovered as a result of a final inspection have been resolved.

**571—27.14(456A) Ineligible items.** The following items are ineligible for assistance from the L&WCF:

**27.14(1)** Donated labor, materials, and equipment use.

**27.14(2)** Force account labor and equipment use. (A grant recipient's own personnel and equipment.)

**27.14(3)** Donated real property.

**571—27.15(456A) Record keeping and retention.** A grant recipient shall keep adequate records relating to its administration of a project, particularly relating to all incurred costs. These records shall be available for audit by appropriate personnel of the department, the state auditor's office and the U.S. Department of the Interior.

These rules are intended to implement Iowa Code sections 456A.27 to 456A.35.

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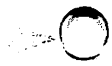
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**571—40.15(462A) Mitchell County waters.** Operation of vessels in Mitchell County on the following impounded waters:

Cedar River from Mitchell Dam, thence upriver to the County "S" bridge.

Cedar River from the St. Ansgar Mill Dam, thence upriver to the Newberg Bridge crossing Highway 105.

Cedar River from the Otranto Dam upriver to the Great Western Railway Bridge crossing the Cedar River.

The Stacyville Pool, on the Little Cedar River at Stacyville, Iowa.

**40.15(1)** Water recreation activities as restricted within posted areas which are marked with approved buoys shall be obeyed.

**40.15(2)** Reserved.

**571—40.16(462A) Maquoketa River.** Operation of vessels of the impoundment of the Maquoketa River in Delaware County, Iowa, extending westerly and northerly from the line between Sections 29 and 30 in Delhi Township in said county, to the line between Sections 10 and 15 in Milo Township in said county which impoundment is sometimes known and referred to as Hartwick Lake or Lake Delhi.

**40.16(1)** Water recreation activity restrictions shall be obeyed, including restrictions within posted areas which are marked with approved buoys.

**40.16(2)** No motorboat shall be operated at speeds greater than ten miles per hour at any time between the hours from one hour after sunset to one hour before sunrise.

**571—40.17(462A) Zoning of off-channel waters of the Wapsipinicon River in Pinicon Ridge Park in Linn County.** No motorboat shall be operated at a speed which will create a wake within the zoned area designated by regulatory buoys or signs on the off-channel waters of the Wapsipinicon River above the dam at Central City, Linn County, Iowa.

The zoned area will be the off-channel waters created in and adjacent to the developed recreation areas of the Pinicon Ridge Park on the west and south bank of the Wapsipinicon River above the dam at Central City, Linn County.

**571—40.18(462A) Speed restrictions on Lake Manawa.** No motorboat shall be operated at a speed greater than five miles per hour within the zoned areas 300 feet from shore around Lake Manawa in Pottawattamie County.

**571—40.19(462A) Zoning of Little Wall Lake.** No motorboat shall be operated at a speed which will create a wake within the zoned area designated by regulatory buoys on Little Wall Lake in Hamilton County.

The zoned area will not exceed approximately 20 acres in the northeast portion of the lake identified by a line from a point on the high-water mark approximately 296.6 feet west of the southeast corner of the southwest quarter of Section 10, Township 86 North, Range 24 West; thence northwest to the high-water mark which is 775 feet south and 319 feet west of the northeast corner of the northwest quarter of the southwest quarter of Section 10, Township 86 North, Range 24 West.

**571—40.20(462A) Lake Icaria, Adams County—watercraft use.** Motorboats of outboard or inboard-outdrive type with power not to exceed 300 horsepower shall be permitted on Lake Icaria. The following rules shall govern vessel operation on Lake Icaria in Adams County.

**40.20(1)** All vessels shall be operated at a no-wake speed when within 50 feet of another vessel which is not underway or is operating at a no-wake speed.

**40.20(2) Zoned areas.**

a. No vessel, except authorized emergency vessels, shall be permitted in areas specifically designated for swimming and wading which are plainly marked by the use of buoys or signs in accordance with 571—Chapter 41.

b. No motorboats, except authorized emergency vessels, shall be operated in marked bay areas at a speed greater than the limit designated by buoys or signs marking said bay. Said buoys or signs shall be in accordance with 571—Chapter 41.

c. No motorboats, except authorized emergency vessels, shall be operated in restricted speed areas between the nearest shore and a line designated by uniform marker buoys or signs at a speed greater than the limit designated on the buoys or signs marking the area. Such zoned areas shall be not less than 50 feet nor more than 400 feet from shore. Said buoys or signs shall be in accordance with 571—Chapter 41.

**571—40.21(462A) Zoning of the Des Moines River.** Vessel operation on the Des Moines River from its confluence with the Mississippi River in Lee County to the northerly meander lines of both the East and West Branches, shall be governed by this departmental rule as well as all applicable state laws and regulations.

**40.21(1)** No vessel, except authorized emergency vessels, shall be operated in marked areas at a speed greater than the limit designated by buoys marking said areas.

**40.21(2)** No vessel, except authorized emergency vessels, shall be permitted in areas specifically designated for swimming and wading which are plainly marked by the use of buoys.

**571—40.22(462A) Upper Gar Lake, Dickinson County.** Upper Gar Lake (5 mile per hour zone between the Henshaw Bridge at the north end of Upper Gar and south end of East Lake and the Old Sawmill Bridge at the south end of Upper Gar and the north end of Minnewashta).

**571—40.23(462A) Zoning of the Mississippi River, Guttenberg river mile 616, Clayton County.**

**40.23(1)** All vessels operated between the ice dike and Bussey Lake access shall be operated at a no-wake speed.

**40.23(2)** The city will designate the no-wake zone with buoys approved by the natural resource commission.

**571—40.24(462A) Mt. Ayr City Lake (Loch Ayr).** A motorboat shall not be operated within 100 feet of shore at a speed greater than ten miles per hour.

**571—40.25(462A) Iowa River in Iowa City, Johnson County.** No person shall operate any vessel towing persons on water skis, surfboards, or similar devices on the Iowa River in the area bounded by the Coralville Mill Dam and the Burlington Street Dam, except during regattas, races, marine parades, tournaments, or exhibitions authorized by the natural resource commission to be held in such area.



**571—40.46(462A) Zoning of Carter Lake, Pottawattamie County.**

40.46(1) All vessels operated in a designated zone known as Shoal Pointe Canal shall be operated at a no-wake speed.

40.46(2) The city of Carter Lake shall designate and maintain the no-wake zone with marker buoys approved by the natural resource commission.

**571—40.47(462A) Zoning of the Mississippi River, McGregor, Clayton County.**

40.47(1) All vessels, except commercial barge traffic, shall be operated at a no-wake speed within the area of river mile markers 634 and 633.4 and designated by buoys or other approved uniform waterway markers.

40.47(2) The city of McGregor will designate the no-wake zone with buoys approved by the natural resource commission.

These rules are intended to implement the provisions of Iowa Code sections 462A.17, 462A.26, and 462A.31.

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**CHAPTER 49**  
**OPERATION OF MOTOR VEHICLES IN MEANDERED**  
**STREAMS, NAVIGABLE STREAMS AND TROUT STREAMS**

**571—49.1(462A) Purpose and intent.** This chapter implements Iowa Code section 462A.34A and identifies meandered streams, trout streams, and navigable streams in which motor vehicles may not be operated.

**571—49.2(462A) Definitions.**

*"Department"* means the department of natural resources.

*"Meandered stream"* means a lake or stream which at the time of the original government survey was so surveyed as to mark, plat and compute acreage of adjacent fractional sections.

*"Motor vehicle"* means a vehicle which is self-propelled, but not including vehicles known as trackless trolleys which are propelled by electric power obtained from overhead trolley wires and are not operated upon rails. A motor vehicle is not a watercraft as defined in Iowa Code section 462A.2(32).

*"Navigable stream"* means all streams which can support a vessel capable of carrying one or more persons during a total of a six-month period in one out of every ten years.

*"Trout stream"* means a cold-water stream which, by natural or artificial methods, supports trout fish species.

**571—49.3(462A) Stream identification process.**

**49.3(1)** The names and locations of trout streams and navigable streams shall be provided by the department's district fisheries supervisors to the administrator of the parks, recreation and preserves division and the administrator of the fish and wildlife division.

**49.3(2)** The division administrators of the fish and wildlife division and the parks, recreation and preserves division will provide a list of navigable streams and trout streams to the director for review.

**49.3(3)** The director will approve a list of navigable streams and trout streams for the purpose of this rule.

**49.3(4)** As per Iowa Code subsection 17A.6(3), the department will provide upon request a complete list of meandered streams, navigable streams and trout streams which are included as a part of this rule.

**571—49.4(462A) Motor vehicle prohibition in meandered streams, trout streams and navigable streams.** Motor vehicles shall not be operated in any portion of a meandered stream, trout stream, or navigable stream when covered by water except as provided for in Iowa Code section 462A.34A(2). A vessel operating on any of the streams listed in this rule must be operating by floating on the water as a result of the buoyant force of the water. A vessel propelled by tires in contact with the bed of the stream is not a watercraft for the purpose of this rule. For the purpose of this rule, meandered streams, trout streams and navigable streams include the following:

COUNTY	RIVER/STREAM	LOCATION
Adair	Middle Nodaway River	Adams/Adair line to Hwy. 92
	Middle River	All
	West Fork-Middle Nodaway	Mouth to County Road N51
Adams	East Nodaway River	Adams/Taylor line to County Road H24
	Middle Nodaway River	All

Allamakee	Bear Creek	Mouth, S1,T99N,R6W to West Line S30,T100N,R6W
	Clear Creek	Mouth, S35,T100,R5W to North Line S15,T100N,R5W
	Clear Creek	Mouth, S29,T99N,R3W to West Line S25,T99N,R4W
	Cota Creek	Mouth, S26,T97N,R3W to West Line S10,T97N,R3W
	Dousman Creek	Mouth, S33,T96N,R3W to South Line S36,T96N,R3W
	French Creek	Mouth, S1,T99N,R5W to East Line S23,T99N,R5W
	Hickory Creek	Mouth, S23,R96N,R5W to South Line S28,T96N,R5W
	Irish Hollow Creek	Mouth, S21,T100N,R4W to North Line S17,T100N,R4W
	Little Paint Creek	Mouth, S32,T97N,R3W to North Line S30,T97N,R3W
	Mississippi River	All
	Norfolk Creek	Mouth, S6,T96,R5W to Conf. w/Teepie Creek, S24,T97N,R6W
	Paint Creek	Conf. w/Little Paint Creek, S32,T97N,R3W to Road Crossing, S18,T97N,R4W
	Patterson Creek	Mouth, S29,T99N,R6W to East Line S3,T98N,R6W
	Silver Creek	Mouth, S4,T99N,R5W to South Line S31,T99N,R5W
	Suttle Creek	Mouth, S18,T96N,R4W to South Line S31,T96N,R4W
	Teepie Creek	Mouth, S24,T97N,R6W to West Line S11,T97N,R6W
	Trout Run a/k/a Erickson's Brook	Mouth, S16,T98N,R4W to North Line S8,T98N,R4W
	Unnamed Creek	Mouth, S12,T99N,R4W to West Line S12,T99N,R4W
	Unnamed Tributary to Village Creek	Mouth, S23,T98N,R4W to West Line S23,T98N,R4W
	Unnamed Tributary to Yellow River	Mouth, S13,T96N,R5W to North Line S12,T96N,R5W
Upper Iowa River	Mouth, S36,T100N,R4W to West Line S31,T100N,R6W	
Village Creek	Mouth, S33,T99N,R3W to West Line S19,T98N,R4W	
Waterloo Creek	Conf. w/Bear Creek, S35,T100N,R6W to North Line S8,T100N,R6W	
Wexford Creek	Mouth, S5,T98N,R2W to West Line S25,T98N,R3W	
Yellow River	Mouth, S34,T96N,R3W to West Line S24,T96N,R5W	
Appanoose	Chariton River	Missouri Line to Rathbun Dam
	North Chariton River	Rathbun Lake to Hwy. 14
	South Chariton River	Appanoose/Wayne Line to Rathbun Lake
Benton	Bear Creek	Benton County Line to Mouth at Cedar River
	Cedar River	All
	Iowa River	All
	Mud Creek	Road Crossing W½ S13,T84N,R11W to Mouth at Cedar River

	Opossum Creek	SE¼ S5,T84N,R9W to Benton/Linn Line
	Prairie Creek 2	Road Crossing N½ S24,T83N,R12W to Benton/Linn Line
	Wolf Creek	All
Black Hawk	Beaver Creek	Mouth, S34,T90N,R14W to West County Line, S31,T90N,R14W
	Black Hawk Creek	Mouth, S22,T89N,R13W to West County Line, S6,T87N,R14W
	Cedar River	All
	Shell Rock River	Mouth, S4,T90N,R14W to North County Line, S4,T90N,R14W
	Wapsipinicon River	All
	West Fork Cedar River	All
	Wolf Creek	Mouth, S19,T87N,R11W to South County Line
Boone	Beaver Creek	West Line of S10,T82N,R28W to South County Line
	Des Moines River	All
Bremer	Cedar River	All
	Shell Rock River	All
	Wapsipinicon River	All
Buchanan	Wapsipinicon River	All
Buena Vista	Little Sioux River	All
	North Raccoon River	South County Line to North Line of S15,T91N,R36W
	Beaver Creek	All
	Hartgraves Creek	West County Line to Mouth at West Fork of Cedar River
Butler	Maynes Creek	West County Line to Mouth at West Fork of Cedar River
	Shell Rock River	All
	West Fork Cedar River	All
Calhoun	Cedar Creek	South County Line to S31,T87N,R31W
	North Raccoon River	All
Carroll	Middle Raccoon River	South County Line to West Line of S23,T84N,R35W
	North Raccoon River	All
Cass	East Nishnabotna River	All
Cedar	Cedar River	All
	Clear Creek	East Line of S21,T82N,R4W to Mouth at Cedar River
	Rock Creek	Road Crossing North Line Section 1, T81N,R3W to Mouth at Cedar River
	Sugar Creek	Road Crossing North Line Section 29, T81N,R2W to South County Line
	Wapsipinicon River	All

Cerro Gordo	Beaverdam Creek	I-35 to Franklin County Line
	E Branch-Beaverdam Creek	Hwy. 65 to Mouth at Beaverdam Creek
	Shell Rock River	All
	Spring Creek	County Road B15 to Mouth at Winnebago River
	Willow Creek	Hwy. 18 to Mouth at Winnebago River
	Winnebago River	All
Cherokee	Grey Creek	North Line of S22,T93N,R40W to Mouth at Mill Creek
	Little Sioux River	All
	Maple River	North Line of S5,T90N,R39W to Ida County Line
	Mill Creek	North Line S13,T93N,R41W to Mouth at Little Sioux River
	Perry Creek	North Line of S5,T91N,R40W to Mouth at Little Sioux River
	Rock Creek	East Line of S4,T91N,R41W to Mouth at Little Sioux River
	West Fork, Little Sioux River	North Line of S12,T92N,R42W to Plymouth County Line
Willow Creek	North Line S30,T91N,R41W to Mouth at Little Sioux River	
Chickasaw	Cedar River	All
	Little Cedar River	All
	Little Turkey River	All
	Wapsipinicon River	All
Clay	Little Sioux River	All
	Ocheyedan River	All
Clayton	Bear Creek	South Line S18,T91N,R4W to South Line S26,T91N,R5W
	Bloody Run Creek	Mouth, S15,T95N,R3W to South Line S21,T95N,R4W
	Brownfield Creek	Mouth, S25,T91N,R4W to Source, S31,T91N,R3W
	Buck Creek	Mouth, S32,T92N,R2W to West Line S9,T93N,R3W
	Cox Creek	Conf. w/Spring Creek, S25,T92N,R6W to South Line S12,T91N,R6W
	Dry Mill Creek	Mouth, S25,T93N,R5W to West Line S9,T93N,R4W
	Hewett Creek	Mouth, S11,T92N,R6W to South Line S29,T92N,R6W
	Maquoketa River	South Line S32,T91N,R6W to West Line S19,T91N,R6W
	Miners Creek	Mouth, S20,T92N,R2W to West Line S1,T92N,R3W
	Mink Creek	Mouth, S30,T93N,R6W to West Line S19,T93N,R6W
	Mossy Glen Creek	Mouth, S3,T91N,R5W to South Line S3,T91N,R5W
	Mississippi River	All
	North Cedar Creek	Mouth, S8,T94N,R3W to Source, S24,T94N,R4W
	Pecks Creek	Mouth, S1,T91N,R3W to South Line S15,T91N,R3W

	Pine Creek	Mouth, S26,T91N,R4W to Conf. w/Brownfield Creek, S25,T91N,R4W
	Sny-Magill Creek a/k/a Magill	Mouth, S23,T94N,R3W to West Line S6,T94N,R3W
	South Cedar Creek a/k/a Cedar	North Line S7,T92N,R3W to North Line S24,T93N,R4W
	Spring Creek a/k/a Kleinlein Creek	Mouth, S25,T92N,R6W to Source, S10,T91N,R6W
	Steeles Brook	Mouth, S26,T91N,R4W to South Line S34,T91N,R4W
	Turkey River	All
	Unnamed Tributary to Sny-Magill a/k/a West Fork	Mouth, S7,T94N,R3W to West Line S7,T94N,R3W
	Volga River	All
Clinton	Brophys Creek	South Line of S4,T81N,R5E to Mouth at the Wapsipinicon River
	Drainage Ditch 12	South Line of S30,T82N,R2E to Mouth at the Wapsipinicon River
	Elk River	South Line of S5,T83N,R6E to Mouth at the Mississippi River
	Harts Mill Creek	South Line of S8,T81N,R6E to Mouth at Mill Creek
	Mill Creek	South Line of S14,T81N,R6E to Mouth with Mississippi River
	Mississippi River	All
	Silver Creek	South Line of S22,T82N,R3E to S6,T80N,R4E
	Wapsipinicon River	All
Crawford	Boyer River	All
	Soldier River	All
Dallas	Beaver Creek	All
	Des Moines River	All
	Middle Raccoon River	All
	Raccoon River	All
	South Raccoon River	All
Davis	Des Moines River	All
Decatur	Long Creek	DeKalb Wildlife Area to Mouth at the Thompson River
	Thompson River	All
	Weldon River	Missouri Border to Hwy. 2
Delaware	Fenchel Creek	Mouth, S5,T90N,R6W to Richmond Springs, S4,T90N,R6W
	Fountain Spring Creek a/k/a Odell Branch	Mouth, S10,T90N,R4W to West Line S9,T90N,R4W

	Little Turkey River	North County Line, S1,T90N,R3W to South Line S11,T90N,R3W
	Maquoketa River	All
	Schechtman Branch	Mouth, S14,T90N,R4W to South Line S14,T90N,R4W
	South Branch Fountain Spring Creek	Mouth, S10,T90N,R4W to West Line S16,T90N,R4W
	Spring Branch	Mouth, S10,T88N,R5W to Spring Source, S35,T89N,R5W
	Steeles Branch	North County Line, S4,T90N,R4W to West Line S5,T90N,R4W
	Twin Springs Creek	Mouth, S2,T90N,R4W to Spring Source S12,T90N,R4W
Des Moines	Brush Creek	South Line of S5,T69N,R3W to Mouth at the Skunk River
	Cedar Fork Creek	West Line of S31,T72N,R3W to Mouth at the Flint River
	Dolbee Creek	East Line of S24,T72N,R2W to S31,T71N,R1W
	Flint River	County Line to Mouth at the Mississippi River
	Hawkeye Creek	North Line of S30,T72N,R3W to Mouth at the Mississippi River
	Knotty Creek	East Line of S25,T71N,R3W to the Mouth at the Flint River
	Long Creek	South Line of S3,T69N,R4W to the Mouth at the Skunk River
	Mississippi River	All
	Skunk River	All
	Spring Creek	South Line of S15,T69N,R3W to Mouth at the Mississippi River
	Tributary to Flint River	South Line of S27,T71N,R3W to Mouth at the Flint River
Dickinson	Little Sioux River	All
	Milford Creek	S12,T98N,R37W to Mouth at Little Sioux River
	West Branch, Little Sioux River	South Line of S27,T100N,R38W to Mouth at West Fork of Little Sioux River
	West Fork, Little Sioux River	South Line of S24,T100N,R38W to Mouth at Little Sioux River
Dubuque	Bloody Run	Mouth, S34,T90N,R2E to West Line S21,T90N,R2E
	Catfish Creek	South Line S9,T88N,R2E to Source S36,T88N,R1E
	Cloie Branch	Mouth, S5,T89N,R2E to West Line S5,T89N,R2E
	Hogans Branch	Mouth, S35,T89N,R1W to Gravel Road West Line S9,T88N,R1W
	Little Maquoketa River	S5,T88N,R1W to Mouth at Mississippi River
	Middle Fork, Little Maquoketa River a/k/a Bankston Creek	West Line S31,T90N,R1E to North Line S33,T90N,R1W
	Mississippi River	All



	North Fork, Maquoketa River	All
	Paint Hollow Creek a/k/a White Pine Creek	North County Line, S6,T90N,R2W to Spring Source S8,T90N,R2W
Emmet	East Fork, Des Moines River	Tuttle Lake Outlet to East County Line
	West Fork, Des Moines River	All
Fayette	Bass Creek a/k/a Turners	Mouth, S3,T95N,R9W to West Line S3,T95N,R9W
	Bear Creek	Mouth, S25,T93N,R7W to West Line S6,T92N,R7W
	Bell Creek	Mouth, S10,T94N,R7W to West Line S8,T94N,R7W
	Brush Creek	Mouth, S8,T92N,R7W to Road Crossing S20,T92N,R7W
	Little Turkey River	Mouth, S18,T95N,R8W to North Line S5,T95N,R10W
	Maquoketa River	East Line S24,T91N,R7W to Conf. w/Hwy. 3
	Mink Creek	East Line S24,T93N,R7W to West Line S15,T93N,R7W
	Otter Creek	Mouth, S13,T94N,R7W to S22,T94N,R8W
	Turkey River	All
	Unnamed Creek a/k/a Glovers Creek	Mouth, S22,T94N,R8W to West Line S15,T94N,R8W
	Unnamed Creek a/k/a Grannis Creek	Mouth, S30,T93N,R7W to Source, E¼ S36,T93N,R8W
	Volga River	East County Line to South Line S22,T93N,R8W
Floyd	Cedar River	All
	Little Cedar River	All
	Shell Rock River	All
	Winnebago River	All
Franklin	Bailey Creek	South Line of S13,T93N,R20W to Mouth at the West Fork, Cedar River
	Beaverdam Creek	North County Line to Mouth at the West Fork, Cedar River
	Hartgraves Creek	South Line of S28,T92N,R19W to East County Line
	Iowa River	All
	Maynes Creek	East Line of S30,T91N,R20W to East County Line
	Otter Creek	East Line of S31,T93N,R20W to Mouth at Hartgraves Creek
	Spring Creek	Beeds Lake Outlet to Mouth at Otter Creek
	West Fork, Cedar River	East Line of S19,T93N,R19W to East County Line
Fremont	East Nishnabotna River	Mouth at Nishnabotna River to East County Line
	Missouri River	All
	Nishnabotna River	Missouri/Iowa Line to South Line of S25,T68N,R41W

	West Nishnabotna River	Mouth at Nishnabotna River to North County Line
Greene	Cedar Creek	Mouth at North Raccoon River to North County Line
	North Raccoon River	All
Grundy	Black Hawk Creek	East Line of S35,T88N,R17W to Black Hawk County Line
	North Black Hawk Creek	NE¼ S8,T88N,R15W to Black Hawk County Line
	South Beaver Creek	E½ S3,T88N,R18W to Butler County Line
	Wolf Creek	N½ of S31,T86N,R17W to Black Hawk County Line
Guthrie	Middle Raccoon River	All
	South Raccoon River	East County Line to County Road F32
Hamilton	Boone River	All
	Brewers Creek	Mouth at Boone River to County Road R27
	Eagle Creek	Mouth at Boone River to Wright County Line
	Skunk River	County Line to Hwy. 175
	White Fox Creek	Mouth at Boone River to Wright County Line
Hancock	East Fork, Iowa River	South County Line to Hwy. 18
	West Fork, Iowa River	South County Line to County Road B55
	Winnebago River	All
Hardin	Elk Creek	Mouth at Iowa River to County Road D35
	Honey Creek	South County Line to County Road D65
	Iowa River	All
	South Fork, Iowa River	Mouth at Iowa River to Hwy. 359
Harrison	Boyer River	All
	Little Sioux River	All
	Missouri River	All
	Soldier River	All
Henry	Big Creek	North Line of S31,T72N,R5W to S19,T70N,R5W
	Cedar Creek	County Line to Mouth at the Skunk River
	Crooked Creek	Mouth at S31,T73N,R7W to East Section Line
	East Fork, Crooked Creek	All
	Little Cedar Creek	South County Line to Mouth at Cedar Creek
	Mud Creek	South Line of S15,T70N,R5W to Mouth at the Skunk River
Howard	Skunk River	All
	Beaver Creek	Mouth, S19,T100N,R12W to County Road A23
	Bohemian Creek	East Line S13,T97N,R11W to West Line S2,T97N,R11W
	Chialk Creek	Mouth, S1,T98N,R11W to Road Crossing, S36,T99N,R11W
	Nichols Creek	East Line S13,T100N,R11W to County Road V58

	Staff Creek	Mouth, S7,T100N,R13W to County Road V10
	Turkey River	East Line S12,T98N,R11W to Hwy. 9
	Upper Iowa River	East Line S12,T100N,R11W to North Line S11,T100N,R14W
	Wapsipinicon River	South Line S17,T97N,R14W to West Line S19,T98N,R14W
Humboldt	Des Moines River	South County Line to Conf. of East and West Fork of Des Moines River
	East Fork, Des Moines River	Mouth at the Des Moines River to North County Line
	West Fork, Des Moines River	Mouth at the Des Moines River to West County Line
Ida	Little Sioux River	All
	Maple River	All
Iowa	Bear Creek	West County Line to Mouth at the Iowa River
	Iowa River	All
	North Fork, English River	All
	Old Man Creek	West Line of S35,T79N,R10W to East County Line
Jackson	Brush Creek	North Line S23,T85N,R3E to North Line S1,T85N,R3E
	Cedar Creek	Mouth, S30,T85N,R3E to East Line S29,T85N,R3E
	Little Mill Creek	Mouth, S13,T86N,R4E to West Line S29,T86N,R4E
	Maquoketa River	All
	Mill Creek a/k/a Big Mill Creek	Conf. w/Little Mill Creek S13,T86N,R4E to West Line S1,T86N,R3E
	Mississippi River	All
	North Fork, Maquoketa River	West County Line to Mouth at the Maquoketa River
	Ozark Spring Run	Mouth, S32,T86N,R1E to Spring Source S32,T86N,R1E
	Pleasant Creek	East Line S11,T85N,R4E to West Line S15,T85N,R4E
	Unnamed Creek	Mouth, S7,T86N,R2E to West Line S11,T86N,R1E
	South Fork, Big Mill	Mouth, S8,T86N,R4E to West Line S17,T86N,R4E
	Storybook Hollow	Mouth, S7,T86N,R4E to South Line S12,T86N,R3E
	Unnamed Creek	Mouth, S1,T86N,R3E to West Line S2,T86N,R3E
Jasper	Indian Creek	All
	North Skunk River	All
	South Skunk River	All
Jefferson	Brush Creek	South Line of S18,T72N,R8W to the East County Line
	Cedar Creek	All
	Competine Creek	West County Line to Mouth at Cedar Creek
	Skunk River	All

	Walnut Creek	East Line of S22,T73N,R9W to the Mouth at the Skunk River
Johnson	Cedar River	All
	Clear Creek	West County Line to Mouth at the Iowa River
	Iowa River	All
	Old Mans Creek	West County Line to Mouth at the Iowa River
Jones	Buffalo Creek	West County Line to Mouth at the Wapsipinicon River
	Maquoketa River	All
	North Fork, Maquoketa River	All
	Wapsipinicon River	All
Keokuk	Bridge Creek	South Line of S23,T76N,R12W to the Mouth at the North Skunk River
	Cedar Creek	East Line of S19,T76N,R13W to the Mouth at the North Skunk River
	North Skunk River	West County Line to Mouth at the Skunk River
	Rock Creek	South Line of S21,T76N,R12W to Mouth at Cedar Creek
	South Fork, English River	West County Line to Mouth at the English River
	Skunk River	All
	South Skunk River	West County Line to Mouth at the Skunk River
Kossuth	Buffalo Creek	West Line of S4,T97N,R27W to Mouth at the East Fork, Des Moines River
	East Fork, Des Moines River	All
Lee	Big Sugar Creek	South Line of S26,T69N,R6W to Mouth at the Mississippi River
	Des Moines River	All
	Little Sugar Creek	South Line of S24,T68N,R7W to Mouth at the Des Moines River
	Lost Creek	South Line of S32,T69N,R4W to Mouth at the Mississippi River
	Mississippi River	All
	Pitman Creek	South Line of S10,T68N,R5W to Mouth at the Mississippi River
	Skunk River	All
Linn	Cedar River	All
	Prairie Creek	West County Line to Mouth at Cedar River
	Wapsipinicon River	All
Louisa	Big Slough Creek	East Line of S7,T74N,R5W to Mouth at Long Creek
	Cedar River	All

	Goose Creek	West County Line to Mouth at the Iowa River
	Iowa River	All
	Long Creek	South Line of S30,T75N,R5W to the Mouth at the Iowa River
	Mississippi River	All
	Muscatine Slough	North County Line to County Road Bridge in S31,T75N,R3W
	Muskrat Lake	S16,T74N,R3W to Mouth at the Iowa River
Lucas	Chariton River	Rathbun Lake to Hwy. 14
Lyon	Big Sioux River	All
	Little Rock River	East County Line to Mouth at Rock River
	Rock River	All
Madison	Clanton Creek	South Line of S32,T75N,R26W to the East County Line
	Middle River	All
	Thompson River	All
Mahaska	Cedar Creek	West County Line to Mouth at Des Moines River
	Des Moines River	All
	North Skunk River	All
	Skunk River	All
Marion	Des Moines River	All
	Skunk River	All
	Whitebreast Creek	West County Line to Mouth at Des Moines River
Marshall	Honey Creek	North County Line to Mouth at Iowa River
	Iowa River	All
	Minerva Creek	NW¼ S9,T85N,R20W to Mouth at Iowa River
	Timber Creek	County Road Bridge in S24,T83N,R18W to Mouth at Iowa River
Mills	Missouri River	All
	West Nishnabotna River	All
Mitchell	Beaver Creek	Mouth at S1,T98N,R16W to North Line S8,T99N,R15W
	Burr Oak Creek	County Road T46 to North Line S5,T98N,R16W
	Cedar River	South Line S13,T97N,R17W to North Line S8,T100N,R18W
	Little Cedar River	South Line S13,T97N,R15W to North Line S7,T100N,R16W
	Otter Creek	Mouth at S21,T100N,R18W to North Line S11,T100N,R18W
	Rock Creek	Conf. w/Goose Creek S35,T98N,R18W to Hwy. 9
	Spring Creek	Mouth at S13,T97N,R17W to North Line S8,T97N,R16W
	Turtle Creek	Mouth at S23,T99N,R18W to East Line S7,T99N,R17W
	Wapsipinicon River	East County Line to North Line of S20,T100N,R15W

Monona	Little Sioux River	All
	Maple River	Mouth at Little Sioux River to North County Line
	Missouri River	All
	Soldier River	All
	West Fork, Little Sioux River	Mouth at Little Sioux River to North County Line
Montgomery	East Nishnabotna River	All
	Middle Nodaway River	Mouth at Nodaway River to East County Line
	Nodaway River	All
Muscatine	Cedar River	All
	Mississippi River	All
	Mud Creek	West Line of S5,T78N,R1E to Mouth at Mississippi River
	Muscatine Slough	South Line of S4,T76N,R2W to South County Line
	Pike Run	South Line of S34,T78N,R3W to S19,T77N,R3W
	Pine Creek	Wildcat Den State Park to Mouth at Mississippi River
	Sugar Creek	North County Line to Mouth at the Cedar River
	Wapsinoc Creek	North County Line to Mouth at the Cedar River
	Weise Slough	S19,T78N,R3W
O'Brien	Little Sioux River	All
Osceola	Little Rock River	All
	Ocheyedan River	All
Page	East Nishnabotna River	All
	East Nodaway River	East County Line to Mouth at the Nodaway River
	Nodaway River	All
	Tarkio River	Hwy. 2 to South County Line
Palo Alto	West Fork, Des Moines River	All
Plymouth	Big Sioux River	All
	Floyd River	All
	West Fork, Little Sioux River	All
Pocahontas	Lizard Creek	West Line of S2,T90N,R31W to East County Line
	North Branch, Lizard Creek	North Line of S6,T91N,R31W to Mouth with Lizard Creek
	Pilot Creek	West Line of S9,T92N,R31W to Mouth with the West Fork, Des Moines River
	West Fork, Des Moines River	All

Polk	Beaver Creek	All
	Des Moines River	All
	North River	All
	Raccoon River	All
	South Skunk River	All
	Walnut Creek	All
Pottawattamie	East Nishnabotna River	All
	Missouri River	All
	West Nishnabotna River	All
Poweshiek	Bear Creek	NW¼ S8,T80N,R14W to the East County Line
	North Fork, English River	North Line of S23,T79N,R14W to East County Line
	North Skunk River	All
Ringgold	East Fork, Grand River	South County Line to Hwy. 2
	Grand River	South County Line to Hwy. 66
	Platte River	All
	Thompson River	All
Sac	Big Cedar Creek	West Line of S10,T88N,R35W to the Mouth at the North Raccoon River
	Boyer River	West Line of S5,T89N,R37W to South County Line
	Indian Creek	North Line of S7,T87N,R36W to Mouth at the North Raccoon River
	North Raccoon River	All
	Outlet Creek	East Line of S35,T87N,R36W to Mouth at Indian Creek
Scott	Lost Creek	North Line of S32,T80N,R5E to Mouth at the Wapsipinicon River
	Mississippi River	All
	Mud Creek	County Road Bridge in S11,T79N,R1E to Mouth at the Wapsipinicon River
	Wapsipinicon River	All
Sioux	Big Sioux River	All
	Floyd River	Hwy. 18 to South County Line
	Rock River	All
Story	Skunk River	All
Tama	Iowa River	All
	Salt Creek	West Line of S28,T84N,R13W to Mouth at the Iowa River
	Wolf Creek	All

Taylor	East Fork, 102 River	Hwy. 49 to South County Line	
	Platte River	All	
	West Fork, 102 River	Hwy. 2 to South County Line	
Union	Platte River	All	
	Thompson River	All	
Van Buren	Cedar Creek	All	
	Des Moines River	All	
Wapello	Des Moines River	All	
Warren	Clanton Creek	West County Line to Mouth at Des Moines River	
	Middle River	West County Line to Mouth at Des Moines River	
	North River	All	
	South River	All	
	Whitebreast Creek	All	
Washington	Camp Creek	North Line of S33,T77N,R7W to the Mouth at English River	
	Clemons Creek	West Line of S9,T75N,R8W to the South Line S14,T75N,R8W	
	Crooked Creek	East Line of S28,T76N,R9W to Henry County Line	
	Dutch Creek	South Line of S21,T75N,R9W to the Mouth at the Skunk River	
	East Fork, Crooked Creek	All	
	English River	All	
	Goose Creek	East County Line to East Line of S22,T76N,R6W	
	Honey Creek	Lake Darling to Mouth at the Skunk River	
	Iowa River	All	
	Long Creek	East County Line to West Line of S26,T75N,R6W	
	North Fork, Long Creek	East Line of S3,T75N,R7W to Mouth at Long Creek	
	Skunk River	All	
	Smith Creek	West County Line to Mouth at the English River	
Wayne	North Chariton River	Rathbun Lake to Hwy. 14	
	South Chariton River	Rathbun Lake to County Road S56	
	Webster	Brushy Creek	North Line of S8,T88N,R27W to Mouth at the Des Moines River
		Deer Creek	North Line of S16,T90N,R29W to Mouth at the Des Moines River
		Des Moines River	All



	North Branch, Lizard Creek	West County Line to Mouth at Des Moines River
	Prairie Creek	West Line of S29,T88N,R28W to Mouth at the Des Moines River
Winnebago	Winnebago River	All
Winneshiek	Bear Creek	East Line, S25,T100N,R7W to East Line of S29,T100N,R7W
	Bohemian Creek	Mouth at Turkey River to West Line S18,T97N,R10W
	Canoe Creek	County Road W38 to West Line S8,T99N,R8W
	Casey Spring	Mouth in S25,T99N,R9W to West line S26,T99N,R9W
	Coldwater Creek	Mouth S32,T100N,R9W to North Line S11,T100N,R10W
	Coon Creek	Mouth S2,T98N,R7W to NW¼ S13,T98N,R7W
	Dry Run Creek	Mouth S17,T98N,R8W to West Line S36,T98N,R9W
	East Pine Creek	Mouth S28,T100N,R9W to North Line of S9,T100N,R9W
	Martha Creek	Mouth S6,T99N,R9W to West Line of S13,T99N,R10W
	Middle Bear Creek	Mouth S14,T100N,R7W to North Line S16,T100N,R7W
	Nichols Creek	Mouth S18,T100N,R10W to West Line S18,T100N,R10W
	North Bear Creek	Conf. w/South Bear Creek, S25,T100N,R7W to East Line of S10,T100N,R7W
	North Canoe Creek	Mouth S22,T99N,R8W to North Line S1,T99N,R8W
	Pine Creek	Mouth at Upper Iowa River to the North Line S7,T100N,R9W
	Pine Creek	Mouth at Canoe Creek to the North Line S21,T99N,R7W
	Paint Creek	East Line S13,T99N,R7W to West Line S11,T99N,R7W
	Silver Creek	Mouth at Upper Iowa River to North Line S26,T100N,R9W
	Smith Creek	Conf. w/Trout Creek in S21,T98N,R7W to South Line S33,T98N,R7W
	Ten Mile Creek	Mouth at Upper Iowa River to Conf. w/Walnut Creek at S18,T98N,R9W
	Trout Creek	Mouth at Upper Iowa River to Conf. w/Smith Creek at S21,T98N,R7W
	Trout Creek	Mouth at Upper Iowa River to East Line of S27,T98N,R8W
	Trout Run Creek	Road Crossing at NW¼ S1,T97N,R8W to Mouth at Trout Creek
	Twin Springs Creek	West Line of S17,T98N,R8W to Mouth at Upper Iowa River
	Upper Iowa River	All
Woodbury	Big Sioux River	All
	Floyd River	All
	Little Sioux River	All
	Maple River	All

	Missouri River	All
	West Fork, Little Sioux River	All
Worth	Beaver Creek	Hwy. 9 to Mouth at Winnebago River
	Deer Creek	County Road S56 to East County Line
	Elk Creek	Hwy. 105 to Mouth at Shell Rock River
	Shell Rock River	All
	Willow Creek	Hwy. 9 to Mouth at Winnebago River
	Winans Creek	Hwy. 9 to Mouth at Winnebago River
Wright	Boone River	All
	Eagle Creek	County Road R33 to South County Line
	East Fork, Iowa River	North County Line to Mouth at Iowa River
	Iowa River	South Line of S19,T93N,R23W to East County Line
	West Fork, Iowa River	North County Line to Mouth at Iowa River
	White Fox Creek	County Road R38 to South County Line

**571—49.5(462A) Motor vehicle prohibition in meandered streams.** Motor vehicles shall not be operated in any part of the beds of meandered streams, including dry sandbars. Meandered streams are the following:

1. Des Moines River. From Mississippi River to west line of T95N, R32W, Palo Alto County, west branch, and north line of T95N, R29W, Kossuth County, east branch at a point near Algona.
2. Iowa River. From Mississippi River to west line T81N, R11W, Iowa County, due north of Ladora.
3. Cedar River. From Iowa River to west line T89N, R13W, Black Hawk County, at the east edge of Cedar Falls.
4. Raccoon River. From Des Moines River to west line of Polk County.
5. Wapsipinicon River. From Mississippi River to west line T86N, R6W, Linn County, northwest of Central City.
6. Maquoketa River. From Mississippi River to west line T84N, R3E, Jackson County, due north of Maquoketa.
7. Skunk River. From Mississippi River to north line of Jefferson County, at the southwest edge of Coppock.
8. Turkey River. From Mississippi River to west line T95N, R7W, Fayette County, northwest of Clermont.
9. Nishnabotna River. From Missouri River to north line T67N, R42W, Fremont County, northeast of Hamburg.
10. Upper Iowa River. From Mississippi River to west line Section 28, T100N, R4W, Allamakee County, about two and one-half miles upstream from its mouth.
11. Little Maquoketa River. From Mississippi River to west line Section 35, T90N, R2E, Dubuque County, about one mile upstream from its mouth.

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**CHAPTER 83**  
**SCUBA AND SKIN SPEARING OF ROUGH FISH**

[Prior to 12/31/86, Conservation Commission[290] Ch 6]

**571—83.1(481A) When permitted.** The spearing of rough fish by scuba and skin divers will be permitted in accordance with the following seasons and rules.

**571—83.2(481A) Prohibited areas.** Scuba and skin spearing for rough fish shall be lawful in all natural lakes in Iowa year-round.

**83.2(1)** Scuba and skin spearing shall be permitted in all state-owned meandered streams.

*a.* Des Moines River—From Mississippi River to west line of T-95N, R-32W, Palo Alto County, west branch, and north line of T-95N, R-29W, Kossuth County, east branch a point near Algona.

*b.* Iowa River—From Mississippi River to west line T-81N, R-11W, Iowa County near Koszta.

*c.* Cedar River—From Iowa River to west line T-89N, R-13W, Black Hawk County, at Cedar Falls.

*d.* Raccoon River—From Des Moines River to west line Polk County.

A meandered lake or stream is one which at the time of the original government survey was so surveyed as to mark, plat and compute acreage of adjacent fractional section.

*e.* Wapsipinicon River—From Mississippi River to west line T-86N, R-6W, above Central City in Linn County.

*f.* Maquoketa River—From Mississippi River to west line T-84N, R-3E, near Maquoketa in Jackson County.

*g.* Skunk River—From Mississippi River to north line T-73N, R-8W, northeast corner of Jefferson County.

*h.* Turkey River—From Mississippi River to west line T-95N, R-7W, Fayette County near Clermont.

*i.* Nishnabotna River—To north line T-67N, R-42W, Fremont County, northeast of Hamburg.

*j.* Upper Iowa River—From its mouth to west line Section 28-100-4 west, Allamakee County.

*k.* Little Maquoketa River—From Mississippi River to west line Section 35-90N-2 east, Dubuque County.

**83.2(2)** Scuba and skin spearing shall be permitted in streams or impoundments on private land where access is permitted by owner or lessee.

**83.2(3)** Scuba and skin spearing is prohibited in all state-owned artificial lakes.

**83.2(4)** Scuba and skin spearing is prohibited in all state-owned strip mines, county conservation board areas and fish and game management areas where posted as such.

**83.2(5)** Scuba and skin spearing is prohibited within 100 feet of any swimming beach area.

**83.2(6)** A valid fishing license shall be required of all individuals engaged in scuba and skin spearing unless the individual is exempt under the provisions of Iowa Code section 483A.17.

**571—83.3(481A) Permitted equipment.** Permitted equipment to be used in scuba and skin spearing shall be:

1. Hand and pole spears.

2. Rubber band powered spear guns.

3. Spring powered spear guns.

4. Pneumatic spring powered spear guns.

5. All spears used on powered spear guns shall be attached to the gun by a cord lanyard or other device, the overall length of spear gun and cord shall not exceed 20 feet.

**571—83.4(481A) Prohibited equipment.** Prohibited equipment and methods shall be:

1. No power or exploding spear heads will be permitted.
2. No guns powered by gunpowder explosive or explosives or compressed gas will be permitted.
3. A spear gun may not be cocked or fired within 100 feet of any swimming beach area.

**571—83.5(481A) Diver's flag.** The "International Diver's Flag" (a red flag with a white diagonal stripe running from the upper left-hand corner to the lower right-hand corner, minimum size, 12" x 15", with a 3" stripe), shall be displayed by each diver or group of divers on a buoy, float or boat during any diving or underwater spear fishing activity. This diving flag shall be displayed on the water only when underwater diving activity is in progress, the diver or group of divers must stay within a 100-foot circle of the flag. Recognition of this flag by law will not be construed as conferring any rights or privileges on its users nor be construed as restricting the use of the water so marked. Operators of boats shall exercise precaution commensurate with conditions indicated.

**571—83.6(481A) Employees exempt.** Underwater scuba and skin spearing regulations shall not apply to authorized agents of the department of natural resources when engaged in research or management studies or enforcement.

These rules are intended to implement Iowa Code sections 481A.38, 481A.39, and 481A.67.

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*j. Wages for certain testing purposes.* Wages for testing purposes to ensure compliance with Internal Revenue Code Section 415 shall include a member's gross wages, excluding nontaxable fringe benefits and all amounts placed in tax-deferred vehicles including, but not limited to, plans established pursuant to Internal Revenue Code Sections 125, 401(k), 403, and 457, and excluding IPERS contributions paid after December 31, 1994, by employers on behalf of employees. Effective January 1, 1996, the annual wages of a member taken into account for testing purposes under any of the applicable sections of Internal Revenue Code shall not exceed the applicable amount set forth in Internal Revenue Code Section 401(a)(17), and any regulations promulgated pursuant to that section. The foregoing sentence shall not be deemed to permit the maximum amount of wages of a member taken into account for any other purpose under Iowa Code chapter 97B to exceed the maximum covered wage ceiling under Iowa Code section 97B.1A(25). Effective January 1, 1998, wages for testing purposes to ensure compliance with Internal Revenue Code Section 415 shall include elective deferrals placed in tax-deferred plans established pursuant to Internal Revenue Code Sections 125, 401(k), 403, and 457 by employers on behalf of employees.

21.4(2) Wages are reportable in the quarter in which they are actually paid to the employee, except in cases where employees are awarded lump sum payments of back wages, whether as a result of litigation or otherwise, in which case the employer shall file wage adjustment reporting forms with IPERS allocating said wages to the periods of service for which such payments are awarded. Employers shall forward the required employer and employee contributions and interest to IPERS.

An employer cannot report wages as having been paid to employees as of a quarterly reporting date if the employee has not actually or constructively received the payments in question. For example, wages that are mailed, transmitted via electronic funds transfer for direct deposit, or handed to an employee on June 30 would be reported as second quarter wages, but wages that are mailed, transmitted via electronic funds transfer for direct deposit, or handed to an employee on July 3 would be reported as third quarter wages.

IPERS contributions must be calculated on the gross amount of a back pay settlement before the settlement is reduced for taxes, interim wages, unemployment compensation, and similar mitigation of damages adjustments. IPERS contributions must be calculated by reducing the gross amount of a back pay settlement by any amounts not considered covered wages such as, but not limited to, lump sum payments for medical expenses.

Notwithstanding the foregoing, a back pay settlement that does not require the reinstatement of a terminated employee and payment of the amount of wages that would have been paid during the period of severance (before adjustments) shall be treated by IPERS as a "special lump sum payment" under subrule 21.4(1) above and shall not be covered.

21.4(3) One quarter of service will be credited for each quarter in which a member is paid covered wages.

*a.* "Covered wages" means wages of a member during periods of service that do not exceed the annual covered wage maximum. Effective January 1, 1997, and for each subsequent calendar year, covered wages shall not exceed \$160,000 or the amount permitted for that year under Section 401(a)(17) of the Internal Revenue Code.

*b.* Effective January 1, 1988, covered wages shall include wages paid a member regardless of age. (From July 1, 1978, until January 1, 1988, covered wages did not include wages paid a member on or after the first day of the month in which the member reached the age of 70.)

*c.* If a member is employed by more than one employer during the calendar year, the total amount of wages paid shall be included in determining the annual covered wage maximum. If the amount of wages paid to a member by several employers during a calendar year exceeds the covered wage limit, the amount of the excess shall not be subject to contributions required by Iowa Code section 97B.11. See subrule 21.8(1), paragraph "h."

This rule is intended to implement Iowa Code section 97B.1A(25).

**581—21.5(97B) Identification of employees covered by the IPERS retirement law.****21.5(1) Definition of employee.**

a. A person is in employment as defined by Iowa Code chapter 97B if the person and the covered employer enter into a relationship which both recognize to be that of employer/employee. A person is not in employment if the person volunteers services to a covered employer for which the person receives no remuneration. An employee is an individual who is subject to control by the agency for whom the individual performs services for wages. The term control refers only to employment and includes control over the way the employee works, where the employee works and the hours the employee works. The control need not be actually exercised for an employer/employee relationship to exist; the right to exercise control is sufficient. A public official may be an "employee" as defined in the agreement between the state of Iowa and the Secretary of Health, Education and Welfare, without the element of direction and control.

Effective July 1, 1994, a person who is employed in a position which allows IPERS coverage to be elected as specified in Iowa Code section 97B.1A(8) must file a one-time election form with IPERS for coverage. If the person was employed before July 1, 1994, the election must be postmarked on or before July 1, 1995. If the person was employed on or after July 1, 1994, the election must be postmarked within 60 days from the date the person was employed. Coverage will be prospective from the date the election is approved by IPERS. The election, once filed, is irrevocable and membership continues until the member terminates covered employment. The election window does not allow members who had been in coverage to elect out.

Effective July 1, 1994, members employed before that date as a gaming enforcement officer, a fire prevention inspector peace officer, or an employee of the division of capitol police (except clerical workers), may elect coverage under Iowa Code chapter 97A in lieu of IPERS. The election must be directed to the board of trustees established in Iowa Code section 97A.5 and postmarked on or before July 1, 1995. Coverage under IPERS will terminate when the board of trustees approves the election. The election, once received by the board of trustees, is irrevocable. If no election is filed by that date, the member will remain covered by IPERS until termination of covered employment. The election window does not allow a member who previously elected out of IPERS to reverse the decision and become covered under IPERS.

Effective January 1, 1999, new hires who may elect out of IPERS coverage shall be covered on the date of hire and shall have 60 days to elect out of coverage in writing using IPERS' forms. Notwithstanding the foregoing, employees who had the right to elect IPERS coverage prior to January 1, 1999, but did not do so, shall be covered as of January 1, 1999, and shall have until December 31, 1999, to elect out of coverage.

Employment as defined in Iowa Code chapter 97B is not synonymous with IPERS membership. Some classes of employees are excluded under Iowa Code section 97B.1A(8)"b" from membership by their nature. The following subparagraphs are designed to clarify the status of certain employee positions.

(1) Effective January 1, 1999, elected officials in positions for which the compensation is on a fee basis, elected officials of school districts, elected officials of townships, and elected officials of other political subdivisions who are in part-time positions are covered by IPERS unless they elect out of coverage. An elected official who becomes covered under this chapter may later terminate membership by informing IPERS in writing of the expiration of the member's term of office, or if a member of the general assembly, of the intention to terminate coverage. An elected official does not terminate covered employment with the end of each term of office if the official has been reelected for the same position. If elected for another position, the official shall be covered unless the official elects out of coverage.

Effective July 1, 1990, a school employee will not be considered terminated if, while performing the normal duties, the employee performs for the same employer additional duties which take the employee beyond the expected termination date for the normal duties. Only when all the employee's compensated duties cease for that employer will that employee be considered terminated.

The bona fide retirement period will be waived, however, if the member is elected to public office which term begins during the normal four-month bona fide retirement period. This waiver does not apply if the member was an elected official who was reelected to the same position for another term. The bona fide retirement period will also be waived for state legislators who terminate their nonlegislative employment and the IPERS coverage for their legislative employment and begin retirement but wish to continue with their legislative duties.

A member will have a bona fide retirement if the member returns to work as an independent contractor with a public employer during the four-month qualifying period. Independent contractors are not covered under IPERS.

Effective July 1, 1998, a member does not have a bona fide retirement until all employment with covered employers, including employment which is not covered by this chapter, with such employer is terminated and the member receives at least four monthly benefit payments. In order to receive retirement benefits, the member must file a completed application for benefits form with the department before returning to any employment with the same employer.

Notwithstanding the foregoing, the continuation of group insurance coverage at employee rates for the remainder of the school year for a school employee who retires following completion of services by that individual shall not cause that person to be in violation of IPERS' bona fide retirement requirements.

**21.11(10)** If a member files a retirement application but fails to select a first month of entitlement, IPERS will select by default the earliest month possible. A member may appeal this default selection by sending written notice of the appeal postmarked on or before 30 days after a notice of the default selection was mailed to the member. Notice of the default selection is deemed sufficient if sent to the member at the member's address of record.

This rule is intended to implement Iowa Code sections 97B.5, 97B.15, 97B.48(1), 97B.49A to 97B.49I, 97B.50(1), 97B.51, 97B.52, and 97B.52A.

**581—21.12(97B) Service credit.** An employee working in a position for a school district or other institution which operates on a nine-month basis shall be credited with a year of service for each year in which three quarters of coverage are recorded, if the employee returns to covered employment the next operating year. The foregoing sentence shall be implemented as follows. A member will receive credit for the third quarter when no wages are reported in that quarter if the member works the following three calendar quarters and had covered wages in the immediately preceding second quarter. An individual employed on a fiscal- or calendar-year basis shall be credited with a year of service for each year in which four quarters of coverage are recorded.

**21.12(1) Prior service.**

*a.* A member shall receive prior service credit if the member made contributions under the abolished Iowa Old-Age and Survivors' Insurance (IOASI) System and has not qualified for IOASI benefits. If qualified, a member will be granted credit for verified service that occurred during and prior to the IOASI period.

*b.* Effective July 1, 1990, "public employee" means not only an employee who had made contributions under IOASI, but also includes a member who had service as a public employee prior to July 4, 1953, in another state, or for the federal government, or within other retirement systems established in the state of Iowa and who qualifies for the buy-in programs referenced in 21.24(2). To receive credit for service in another system, however, the public employee who had not made contributions to IOASI but who wishes to receive prior service credit for public employment elsewhere must meet the following conditions:

- (1) Have been a public employee;

(2) Waive on a form provided by IPERS all rights to a retirement in another system for that period of employment for the public employer(s), if any; and

(3) Submit verification of service for that other public employer to IPERS.

A qualifying member who decides to purchase IPERS credit for prior service must make employer and employee contributions to IPERS for each year of service or fraction thereof allowed in this buy-in. This contribution shall be equal to the member's covered IPERS wages for the most recent full calendar year of IPERS coverage, using the rates in Iowa Code sections 97B.11, 97B.49B and 97B.49C then applicable to the type of service credit being purchased, and multiplied by the number of years or fraction thereof being purchased from other public employment.

c. Prior to July 1, 1990, public employment must have been for the state of Iowa, or a county, city, township, school district of the state of Iowa, or a political subdivision, provided the employment was not in an elective position, and provided further that the employee is not covered by another retirement plan funded in whole or in part by the state of Iowa or a political subdivision. Effective July 1, 1990, public employment may also include service for a public employer in another state, for the federal government, or for public employment covered by another retirement system within the state of Iowa.

d. For the purposes of this rule, public school teachers are considered to have been in service on July 4, 1953, if they were under contract at the end of the school year 1952-1953 or if they signed a contract for the 1953-1954 school year on or before July 4, 1953.

**21.12(2) *Prior service credit for vacation or leave of absence.***

a. Prior service credit shall be given for a period of vacation or leave of absence authorized by the employer not to exceed 12 months. If a period of vacation or leave of absence exceeds 12 months, prior service credit shall be given for the first 12 months only. However, if a period of vacation or leave of absence was granted for 12 months or less, and renewed for 12 months or less, all periods of vacation or leave of absence shall be included as prior service, even though all periods added together exceed 12 months.

b. Reentry into public employment by an employee on leave of absence can be achieved by the employee by accepting employment with any public employer, provided there is no interruption between the end of the period of the leave of absence and reentry into public employment.

c. The employer must verify the inclusive dates of the period of vacation or leave of absence before prior service can be given.

**21.12(3) *Prior service credit for military service.***

a. Prior service credit shall be given for the entire period of military service during a war or national emergency, provided the employee was employed by the employer immediately prior to entry into military service and the employee returned to work for the same employer within 12 months after release from service.

b. The employer must verify the inclusive dates of the period of absence from work. A copy of the enlistment and discharge records must also be provided to IPERS to verify enlistment and discharge dates.

**21.12(4) *Prior service credit for interruption in service.*** Prior service credit shall be given for periods of temporary or seasonal interruption in service where the temporary suspension of service does not terminate the period of employment of the employee. Verification from the employer is needed stating the dates of employment, periods of interruption and that employment was not terminated during those periods.

**21.12(5) *Prior service credit for part-time employment.***

a. Effective July 1, 1990, if a member had covered wages reported in any quarter or the custodian of the record certifies service in any quarter, a full quarter of credit will be granted.

b. A teacher will receive credit for a full year in which three quarters of coverage are reported or three quarters of service are certified by the custodian of the records if the teacher had a contract for the following school year. IPERS may require the submission of a copy of that contract.



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(1) If the plan is not initiated, the board shall be notified in writing within 30 days of the anticipated start date.

(2) Any change made to the plan must be submitted to the board in writing for approval within 30 days of the change.

(3) If the plan is discontinued, the supervised clinical experience report should be completed and submitted to the board within 30 days of discontinuing the plan.

**300.4(3) Temporary permit.** A nonresident may apply to the board for a temporary permit to practice speech pathology or audiology for a period not to exceed three months by submitting documents to support the need for such a permit and documents to show that the applicant has substantially the same qualifications as required for a license. The application for temporary permit must be received by the board at least 30 days prior to the date the applicant intends to begin practice.

**645—300.5(147) Licensure by interstate endorsement.**

**300.5(1)** An out-of-state applicant seeking a license to practice speech pathology or audiology in Iowa is required to complete the same application as that required in subrule 300.4(1) except that the board may waive the examination requirement if the applicant has a license which was obtained by examination and if, in the opinion of the board, the examination and the examination score were essentially the same as for Iowa.

**300.5(2)** An out-of-state applicant shall, in addition, submit certification of all licenses obtained in another state. The certification shall include the license number, date issued, expiration date and whether any disciplinary action has been taken. If a license or certificate has ever been revoked or suspended, the applicant shall furnish a sworn statement detailing the circumstances.

**645—300.6(147) License renewal.**

**300.6(1)** The biennial license renewal period for a license to practice as a speech pathologist or audiologist shall extend from January 1 of each even-numbered year until December 31 of the next odd-numbered year. Continuing education requirements shall be completed within the same renewal period for each license holder.

An application and a continuing education report form for renewal of license to practice as a speech pathologist or audiologist shall be mailed to the licensee at least 60 days prior to the expiration of the license. Failure to receive the renewal application shall not relieve the license holder of the obligation to pay biennial renewal fees on or before the renewal date.

**300.6(2)** Beginning January 1, 2000, the continuing education requirements will coincide with the renewal compliance period. The licensee shall submit to the board office 30 days before licensure expiration the application and continuing education report form with the renewal fee as specified in rule 300.7(147). Individuals who were issued their initial licenses within six months of the start of the next renewal period will not be required to renew their licenses until the next renewal two years later. The new licensee is exempt from meeting the continuing education requirements for the continuing education biennium in which the license is originally issued. Individuals will be required to report 30 hours of continuing education for every renewal thereafter.

**300.6(3)** Late renewal. If the renewal fees are received by the board within 30 days after the renewal expiration date, a penalty fee is charged. If renewal fees are received more than 30 days after the renewal expiration date, the license is lapsed. An application for reinstatement must be filed with the board with the reinstatement fee, the renewal fee and the penalty fee as outlined in rule 300.7(147). Individuals who submit the renewal application and complete documentation of continuing education hours after the end of the compliance period shall be required to pay a penalty fee and shall be subject to an audit of their continuing education report.

**300.6(4)** Speech pathologists and audiologists who have not fulfilled the requirements for license renewal or an exemption in the required time frame will have a lapsed license and shall not engage in the practice of speech pathology or audiology.

**645—300.7(147) Licensure fees.** All fees are nonrefundable.

**300.7(1)** The application fee for a license to practice speech pathology or audiology is \$105, the application fee for a temporary clinical license is \$65, and the application fee for a temporary permit is \$25.

**300.7(2)** The renewal fee of a license to practice speech pathology or audiology for a biennial period is \$80. The annual renewal fee for a temporary clinical license is \$40.

**300.7(3)** The penalty fee for failure to renew a license within 30 days following its expiration is \$40.

**300.7(4)** The reinstatement fee for a lapsed license or to reinstate a license under certificate of exemption status is \$25.

**300.7(5)** The fee for certification of Iowa license is \$10.

**300.7(6)** The fee for license replacement is \$10.

**300.7(7)** The penalty fee for failure to obtain the required continuing education within the compliance period is \$25.

**300.7(8)** The penalty fee for failure to notify the board office of an address change within 30 days is \$15. If the penalty is not paid by the time of license renewal, the license may not be renewed.

**300.7(9)** Licensees who submit their continuing education report form after the deadline shall be assessed a \$25 late fee and their reports will be audited.

**300.7(10)** Fee for a returned check is \$15.

**645—300.8(272C) Exemptions for inactive practitioners.** A licensee who is not engaged in practice in the state of Iowa, but who wishes to retain a license, may be granted a waiver of compliance with continuing education requirements. The licensee shall apply to the board on a form provided by the board. The application shall contain a statement that the licensee will not engage in the practice of speech pathology or audiology in Iowa without first complying with all regulations governing reinstatement after exemption.

**645—300.9(272C) Reinstatement of inactive practitioners.** Inactive practitioners who have been granted a waiver of compliance with these regulations shall, prior to engaging in the practice of speech pathology or audiology in the state of Iowa, satisfy the following requirements for reinstatement:

**300.9(1)** Submit written application for reinstatement on a form provided by the board.

**300.9(2)** Furnish, in addition to the application, evidence of one of the following:

a. The full-time practice of speech pathology or audiology in another state of the United States or 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 hours of accredited continuing education computed by multiplying 15 by the number of years a waiver of compliance shall have been in effect for such applicant, including the biennium during which the request for inactive status was requested if the continuing education requirement for that biennium had not yet been satisfied to a maximum of 75 hours; or

c. Successful completion of the licensing examination (the National Teacher Examination (NTE) for Speech Pathology or Audiology) conducted within one year immediately prior to the submission of such application for reinstatement. A passing score of 600 or greater is required.

**300.9(3)** Pay the current biennial license renewal fee and reinstatement fee.

**645—300.10(272C) Reinstatement of lapsed license.**

**300.10(1)** A license to practice speech pathology and audiology shall be considered lapsed if not renewed within 30 days of the renewal date and if no certificate of exemption has been granted.

**300.10(2)** Those persons who have failed to renew a license to practice and have not previously received a certificate of exemption shall pay the past due renewal fees, reinstatement and penalty fees to a maximum of \$350. In addition, those persons shall complete all past due continuing education by multiplying 15 by the number of years the license shall have been lapsed to a maximum of 90 hours. Application shall be made on a form provided by the board.

**645—300.11(147) Organization of board of speech pathology and audiology examiners.****300.11(1) Chair.**

- a. Shall be selected by the members of the board.
- b. Shall preside at all meetings of the board and conduct the meeting following Robert's Rules of Order.
- c. Shall appoint committees as is deemed necessary to study issues.

**300.11(2) Vice-chair.**

- a. Shall be selected by the members of the board.
- b. Shall act in capacity of chair in the absence of that officer.

**300.11(3) Secretary.**

- a. Shall be selected by the members of the board.
- b. Shall act in capacity of chair in the absence of officers representing the chair and vice-chair.
- c. Shall keep an accurate and complete record of all transactions of the board.

**300.11(4) Quorum.** Four members of the seven-member board shall represent a quorum. Business shall not be conducted in the absence of a quorum.

These rules are intended to implement Iowa Code chapters 147 and 272C.

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- c. Contributes to the professional competency of the licensee; and
  - d. Is conducted by individuals who have education, training, or experience by reason of which said individuals may be considered qualified to present the subject matter of the program.
- 301.3(3) Poster sessions may be approved as independent study pursuant to subrule 301.4(3).

**645—301.4(272C) Procedures for accreditation of sponsors and review of continuing education activities.**

**301.4(1) Accreditation of sponsors.**

a. An institution, organization, agency or individual desiring to be designated as an accredited sponsor of continuing education activities shall apply on a form provided by the board. If approved by the board, such institution, organization, agency or individual shall be designated as an accredited sponsor of continuing education activities, and the activities of such an approved sponsor which are relevant to speech pathology and audiology shall be deemed automatically approved for continuing education credit.

b. All accredited sponsors shall issue a certificate of attendance to each licensee who attends a continuing education activity. The certificate shall include sponsor name and number; date of program; name of participant; total number of clock hours excluding introductions, breaks, meals, etc.; program title and presenter; program site; and whether the program is approved for speech pathology, audiology, or both.

c. All accredited sponsors shall keep on file for three years, on a form approved by the board, a list of attendees, license number, number of continuing education clock hours, and a program description and objectives.

d. The board may at any time reevaluate an accredited sponsor. If after such reevaluation the board finds there is a basis for consideration of revocation of the accreditation of a sponsor, the board shall give notice by ordinary mail to that sponsor of a hearing on such possible revocation at least 30 days prior to the hearing.

e. All accredited sponsors shall notify the board if there is a change of address or telephone number or if the contact person changes. Such changes should be sent to the board within 60 days of the change.

**301.4(2) Review of programs.** The board may monitor and review any continuing education program already approved by the board. Upon evidence of significant variation in the program presented from the program approved, the board may disapprove all or any part of the approved hours granted the program.

**301.4(3) Independent study.** The independent study plan must be submitted and approved prior to beginning the study. The projected date of completion must be recorded on the board-provided application form. An independent study report must be filed within 30 days after the projected date of completion. One 30-day extension may be granted upon the condition that such a request in writing is received within 30 days of the projected date of completion. A reminder will not be sent by the board.

A maximum of 10 hours of credit will be given for presenting professional programs that meet the criteria as listed in 301.3(2). Two hours of credit will be awarded for each hour of new presentation material. A course schedule or brochure must be maintained for audit, and an independent study plan must be submitted and approved prior to the presentation. An independent study report shall be filed within 30 days after the completion of the presentation.

The maximum number of independent study hours that can be accrued during any biennium is 16 hours of the 30 hours required. Ten hours of independent study can be accrued for presentations, and 6 hours can be accrued for other independent study activities.

This rule is intended to implement Iowa Code section 272C.2.

**645—301.5(272C) Reporting continuing education credits.**

**301.5(1)** A report of continuing education activities shall be submitted on a board-approved form with the application for renewal by the end of the biennial license renewal period. The information included on the form shall include the title of continuing education activity, date(s), sponsor of activity, sponsor number (if board approved), and continuing education hours earned; or the date and location the licensee successfully completed the National Teacher Examination in speech pathology or audiology, as appropriate. A licensee who takes the licensing examination in lieu of earning continuing education credits shall have the results of the examination sent to the board by the agency administering the examination. The licensee's signature upon this form shall be regarded as verification that the licensee did attend and participate in the activities listed on the form. All continuing education activities submitted must be completed in the continuing education compliance period for which the license was issued as specified in 301.2(2) or a late fee will be assessed as outlined in 645—subrule 300.7(7).

**301.5(2)** Failure to receive renewal application shall not relieve the licensee of the responsibility of meeting continuing education requirements and submitting the renewal fee by the end of the compliance period.

**301.5(3) Audit of continuing education reports.**

*a.* After each educational biennium, the board will audit a percentage of the continuing education reports before granting the renewal of licenses to those being audited.

*b.* The licensee shall make available to the board for auditing purposes a verification of attendance for all reported activities that includes the following information:

- (1) Date, place, course title, schedule, presenter(s).
- (2) Number of contact hours for program attended.
- (3) Official signature of sponsor indicating successful completion of course.

(4) For activities not provided by an accredited sponsor, the licensee shall submit a description of the program content indicating that the content is integrally related to the practice of speech pathology or audiology and contributes directly to the provision of speech pathology or audiology services to the public.

*c.* For auditing purposes the licensee must retain the above information for three years after the biennium has ended.

*d.* Submission of a false report of continuing education or failure to meet continuing education requirements will cause the license to lapse and may result in formal disciplinary action.

*e.* All renewal license applications that are submitted late (after the end of the compliance period) shall be subject to audit of continuing education report.

*f.* Any licensee against whom a complaint is filed may be subject to an audit of continuing education.

**645—301.6(272C) Disability or illness.** The board may, in individual cases involving 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 is made on forms provided by the board and signed by the licensee and appropriately licensed health care professional and the waiver is acceptable to the board. Waivers of the minimum education requirements may be granted by the board for any period of time not to exceed one calendar year. In the event that the 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.



*e.* Referral of clients for additional services or evaluation and recommendation of sources for purchasing appliances shall be without any consideration for financial or material gain to the licensee making the referral or recommendation for purchase.

*f.* Licensees who dispense products to persons served professionally shall observe the following standards:

1. Products associated with professional practice must be dispensed to the person served as a part of a program of comprehensive habilitative care.

2. Fees established for professional services must be independent of whether a product is dispensed.

3. Persons served must be provided freedom of choice for the source of services and products.

4. Price information about professional services rendered and products dispensed must be disclosed by providing to or posting for persons served a complete schedule of fees and charges in advance of rendering services, which schedule differentiates between fees for professional services and charges for products dispensed.

*g.* Failure to comply with Food and Drug Administration rules 21 CFR §801.420 (April 1, 1981) "Hearing aid devices; professional and patient labeling" and 21 CFR §801.421 (April 1, 1981) "Hearing aid devices, conditions for sale."

**301.112(4)** Personal disqualifications:

*a.* Mental or physical inability reasonably related to and adversely affecting the licensee's ability to practice in a safe and competent manner.

*b.* Involuntary commitment for treatment of mental illness, drug addiction or alcoholism.

**301.112(5)** Practicing the profession while the license is suspended.

**301.112(6)** Suspension or revocation of license by another state.

**301.112(7)** Negligence by the licensee in the practice of the profession, which is a failure to exercise due care including negligent delegation to or supervision of employees or other individuals, whether or not injury results; or any conduct, practice or conditions which impair the ability to safely and skillfully practice the profession.

**301.112(8)** Prohibited acts consisting of the following:

*a.* Permitting an unlicensed employee or person under the licensee's control to perform activities requiring a license.

*b.* Permitting another person to use the licensee's license for any purpose.

*c.* Practice outside the scope of a license.

*d.* Verbally or physically abusing clients.

**301.112(9)** Unethical business practices, consisting of any of the following:

*a.* False or misleading advertising.

*b.* Betrayal of a professional confidence.

*c.* Falsifying clients' records.

*d.* Billing for services which were not rendered, or charging fees which are inconsistent with any prior agreements reached with the clients.

**301.112(10)** Failure to report a change of name or address within 30 days after it occurs.

**301.112(11)** Submission of a false report of continuing education or failure to submit the annual report of continuing education.

**301.112(12)** Failure to notify the board within 30 days after occurrence of any judgment or settlement of a malpractice claim or action.

**301.112(13)** Failure to comply with a subpoena issued by the board.

This rule is intended to implement Iowa Code sections 272C.3 and 272C.4.

**645—301.113(272C) Peer review committees.** Rescinded IAB 6/30/99, effective 8/4/99.

These rules are intended to implement Iowa Code sections 272C.2, 272C.4, 272C.5, 272C.6, 17A.10 and 17A.17.

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- Confidentiality **441**—78.16(4), 81.13(5)e, 82.2(1)c(2); **481**—41.16, 50.8(1), 57.6(7,8), 57.24, 57.35(5), 57.40, 58.5(7,8), 58.27, 58.39(6), 58.44, 62.6, 62.9, 62.14(1), 62.18(2), 62.22, 63.5(7,8), 63.22, 63.33(5), 63.38, 64.5(7,8), 64.35, 65.20(2)



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Discharge/transfer **441**—81.5, 82.2(4)*b(4,5)*, 82.10; **481**—57.13(2)*e*, 57.16(3), 57.36, 58.12(2)*e*, 58.15(2,5), 58.40, 62.14(1), 62.18(4), 63.13(2), 63.17(3), 63.34, 64.36, 65.16

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Hospitalization **441**—52.1(3)*f*, 81.10(4), 82.14(4)*e,f*, 82.18(3), *see also Absence this subheading above; Hospitals above*

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Incompetency **481**—57.48, 58.52, 62.23(22), 63.46, 65.26

Indigent, *see Financial Assistance above*

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Leaves **481**—57.19(2)*d*, 57.43(7), 58.21(11), 58.21(14)*f*, 58.47(7), 62.15(7), 62.23(16), 63.14(7), 63.18(2)*d,m*, 63.41(7), *see also Absence this subheading above; Discharge/Transfer this subheading above*

Mail **441**—81.4(4), 81.13(5)*i*, 82.2(2)*a*(9), 82.9(4); **481**—57.43, 58.47, 62.23(11), 63.41, 65.25(12)

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Possessions, personal **441**—81.4(4), 81.13(5)*l*, 81.52(4), 82.2(2)*a*(12), 82.9(4); **481**—57.13(1), 57.26(14), 57.28(4), 57.45, 58.12(1), 58.31(20), 58.33(4), 58.49, 62.16, 62.19(11), 62.23(19), 63.13(1), 63.26(4), 63.43, 64.4(7,8), 65.18, 65.21(12)*b*, 65.25(15)

Privacy **441**—81.13(5)*e*, 82.2(2)*a*; **481**—57.17(6), 57.41, 57.43(8), 57.46, 58.16(6), 58.45, 58.47(8), 58.50, 60.5(6)*n*, 60.5(8)*d*, 60.5(9), 61.5(7)*n*, 62.23, 63.12(6), 63.39, 63.41, 63.44, 65.25(11)

Religion **481**—57.23(3), 57.44, 58.26(3), 58.48, 62.11(5)*c*, 62.14(2)*b*, 63.42, 65.25(14)

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- Rooms
- Basement **481**—60.3(8), 61.3(8,11)
  - Layout, *see* *Design/Building Requirements above*
  - Sharing **481**—57.46, 58.50, 62.23(20), 63.44, 65.25(16)
  - Transfer **441**—81.13(5)*o*; **481**—57.36(2), 58.40(2), 62.14(2), 63.34(2), 64.36(2)
- Safety **441**—81.13(5)*f*, 81.13(6)*a(2,5)*, 81.13(8)*e,h*, 82.2(1)*b*, 82.2(7)*h–l*, 82.3(2)*d,f*; **481**—57.13(1)*f*, 57.25, 58.12(1)*f*, 58.28, 58.54(4)*b*, 62.19, 63.13(1)*f*, 63.23, 65.21(8,10), *see also* *Design/Building Requirements: Fire Safety above; Drugs above; Emergencies above; Hazards above*
- Seclusion **441**—81.13(17)*b*, 82.2(5)*c*; **481**—57.25(4), 58.43(7)*h*, 60.5(9), 61.6(10), 61.5(12), 62.13, 63.23(4), 65.15
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- Telephones, *see* *Telephones below*
- Training/habilitation **441**—82.2(6)*c(5)*; **481**—57.22, 57.42(2), 58.22, 58.25(2), 58.46, 62.12, 63.40, 65.25(6)
- Transfers, *see* *Discharge/Transfer this subheading above*
- Transportation **441**—81.6(11)*e*, 81.10(5)*b,c*, 81.13(10)*b(2)*, 81.13(15)*b*, 81.13(19)*j,k*, 82.5(11)*k*, 82.19(1); **481**—57.20(2), 58.19(2), 58.23, 62.12, 62.19(6), 63.16(2), 65.21(7)
- Valuables, *see* *Money/Property above*
- Visitors **441**—81.13(5)*j*, 82.2(2)*a,c*; **481**—57.43, 57.46, 58.47, 58.50, 62.23(12), 63.41, 63.44, 65.25(13)
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- Work assignments **441**—81.13(5)*h*, 82.2(2)*a(8)*; **481**—57.42, 58.46, 62.23(6,7), 63.40, 65.25(8)
- Respite care **481**—57.51, 58.56, 62.26, 63.50, 64.63, 65.30, *see also* **HUMAN SERVICES DEPARTMENT: Medical Assistance (Medicaid)**
- Restraints, *see* *Residents above*
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- Sale/lease **441**—54.1, 54.3(12–15), 81.6(12,15), 81.9(3), 81.13(19)*p*, 81.38(4)*c*, 82.2(1)*e*, 82.5(11)*j*, 82.5(12,15), 82.13(3); **481**—57.3(1)*c*, 57.6(7,8), 57.16(3), 58.3(1)*c*, 58.5(7,8), 58.15(5), 62.2(2), 62.6, 62.18(4), 63.3(1)*c*, 63.5(7,8), 63.17(3), 64.3(1)*b*, 64.5(7,8), 65.6

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Social services **441**—81.13(8)*g*, 82.2(3)*b*(5)“6”; **481**—57.22, 58.25, 62.1, 63.21, 64.17(7)*c*, *see also Financial Assistance above*

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