



Administrative Rules Review Committee

THE RULES DIGEST

June 2012

Scheduled for Committee review
Tuesday June 12th, 2012
Room #116

Reference
XXXIV IAB No. 23(05/16/12)
XXXIV IAB No. 24(05/30/12)

HIGHLIGHTS IN THIS ISSUE:

<i>CERTIFICATES FOR LENDING TRANSACTIONS, Insurance Division.....</i>	<i>1</i>
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<i>MEDICAID RULES, Human Services Department.....</i>	<i>3</i>

INSURANCE DIVISION

10:35

Certificates of insurance for commercial lending transactions, 05/30/12 IAB, ARC 0141C, EMERGENCY AFTER NOTICE.

These rules were informally reviewed by the Committee in April because they were implemented on an “emergency” basis following the completion of the notice period. The rules clarify what information a regulated insurance company may provide its customer in connection with a commercial real estate transaction between the customer and a lender. They relate to the situation where a lender requires a certificate of insurance on commercial real estate, and what can properly be placed in that certificate.

OCCUPATIONAL THERAPY BOARD

10:50

Occupational therapy practice, 05/30/12 IAB, ARC 0134C, NOTICE.

The board proposes a detailed definition for the practice of occupational therapy. In part the definition provides that occupational therapy is: “the therapeutic use of occupations, including everyday life activities with individuals, groups, populations, or organizations, to support participation, performance, and function in roles and situations in home, school, workplace, community, and other settings.” The rule then provides a variety of examples and explanations.

The rule also establishes the supervisory requirements for assistants; the occupational therapist must provide general supervision of a licensed assistant and on-site supervision of unlicensed assistants. The occupational therapist must participate in treatment including direct face-to-face patient contact every twelfth visit or 60 calendar days, whichever comes first, for all patients regardless of setting and must document each visit.

The rule sets out specific functions which cannot be delegated to an assistant. Basically, the delegation of actual treatment is allowed, but evaluation and documentation is not.

NATURAL RESOURCE COMMISSION

11:05

Shooting sports program grants, 05/30/12 IAB, ARC 0146C, NOTICE.

This rulemaking creates two new grants under the DNR's shooting sports program for shooting range development and enhancement around the state. The grants are for: (1) the development of new ranges or the improvement of existing ranges; and (2) the purchase of range equipment. This new chapter implements this program by defining eligibility, application procedures, project selection criteria, the make-up and role of a scoring committee, maximum grant amounts, payment procedures, and record-keeping requirements. The shooting sports program receives federal dollars plus some state Fish and Game Protection Fund dollars to foster shooting sports and hunter safety in the state.

ELECTRICAL LICENSING BOARD

11:15

Electrician and electrical contractor licensing program, 05/30/12 IAB, ARC 00120C, ADOPTED.

Previous rules provide that a licensee from another state may be licensed in Iowa, without further examination, if the licensing state utilizes an examination approved in Iowa and has a reciprocity agreement. This filing places a number of restrictions on reciprocity; reciprocity is limited to a journeyman class A license. The amendment also requires that the applicant have a score of 75 or higher on the licensing state's examination and have completed an apprenticeship program or have completed 16,000 hours of electrical work as an electrician licensed by the other state.

This amendment also provides that an application for a license shall be denied if the applicant has unpaid fees which are 120 days or more past due. The license for which the applicant applied may be issued after the fees are paid.

The existing rules require that an electrical contractor licensee or any holder of an electrician license working as an independent contractor must maintain general and complete operations liability insurance in the amount of at least \$1 million for all work performed which requires licensing; and must cease operation immediately if the insurance coverage is no longer in force.

REVENUE DEPARTMENT

11:25

Subpoena of records from public or private utility companies, 05/16/12 IAB, ARC 0124C, ADOPTED.

This rulemaking implements the Director of the Department of Revenue's statutory authority to subpoena certain records from utility companies. These records will be used to assist the Department in locating individuals who have a debt or obligation placed with the centralized collection unit of the Department. Subpoenas for these records will be issued when the Department, through reasonable efforts, has been unable to locate these individuals.

The new rule defines the form which a subpoena will take and the means of submission of a subpoena by the department to a utility. The rule provides for verification by the utility via certain identifying information that the person who is the subject of a subpoena is a current customer of the utility. The rule requires transmission of data through a secure data file, and provides that the records involved must be kept confidential by the department and the utility in accordance with state and federal law. The rule provides that the department shall only use the information gained for the purpose of contacting an individual for collection purposes.

HUMAN SERVICES DEPARTMENT

2:30

"Emergency" rules--Medicaid, 05/30/12 IAB, ARC 0141C, EMERGENCY.

Each year, at the conclusion of the legislative session, the Department is mandated to adopt a variety of rule changes to the Medicaid program. These provisions must be reviewed by the ARRC before they can be effective. Three of these changes are added to the June agenda. The first of these amendments implements Senate File 2336,

relating to payment for Medicaid habilitation services, home health services, services provided under the elderly, intellectual disability, or brain injury waiver, targeted case management, and services provided in a psychiatric medical institution for children or a community-based intermediate care facility for persons with an intellectual disability (ICF/ID).

The filing removes statutory requirements for county governments to pay the nonfederal share of medical assistance costs for the following services: habilitation, targeted case management, services provided under the home- and community-based services intellectual disability waiver or brain injury waiver, and care in community-based intermediate care facility for persons with an intellectual disability (ICF/ID). The filing increases the cap on home and community-based services elderly waiver costs.

The filing increases home health agency reimbursement rates by 2 percent effective July 1, 2012. The final item adds psychiatric medical institutions for children (PMICs) as covered mental health services under the Iowa Plan for Behavioral Health.

The second filing reduces Medicaid reimbursement for inpatient hospital care when a member is readmitted to a hospital within seven days of discharge from that hospital for treatment of the same condition.

The third filing lowers Medicaid reimbursement for drugs administered by a physician when the drugs are billed as a physician service. A reduction of 2 percent below the reimbursement rates is required.