



IOWA ADMINISTRATIVE BULLETIN

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PREFACE

The Iowa Administrative Bulletin is published biweekly pursuant to Iowa Code chapters 2B and 17A and contains Notices of Intended Action and rules adopted by state agencies.

It also contains Proclamations and Executive Orders of the Governor which are general and permanent in nature; Regulatory Analyses; effective date delays and objections filed by the Administrative Rules Review Committee; Agenda for monthly Administrative Rules Review Committee meetings; and other materials deemed fitting and proper by the Administrative Rules Review Committee.

The Bulletin may also contain public funds interest rates [12C.6]; workers' compensation rate filings [515A.6(7)]; usury rates [535.2(3)"a"]; and agricultural credit corporation maximum loan rates [535.12].

PLEASE NOTE: Underscore indicates new material added to existing rules; ~~strike through~~ indicates deleted material.

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CITATION of Administrative Rules

The Iowa Administrative Code shall be cited as (agency identification number) IAC (chapter, rule, subrule, lettered paragraph, or numbered subparagraph).

441 IAC 79	(Chapter)
441 IAC 79.1	(Rule)
441 IAC 79.1(1)	(Subrule)
441 IAC 79.1(1)"a"	(Paragraph)
441 IAC 79.1(1)"a"(1)	(Subparagraph)

The Iowa Administrative Bulletin shall be cited as IAB (volume), (number), (publication date), (page number), (ARC number).

IAB Vol. XII, No. 23 (5/16/90) p. 2050, ARC 872A

NOTE: In accordance with Iowa Code section 2B.5A, a rule number within the Iowa Administrative Code includes a reference to the statute which the rule is intended to implement: 441—79.1(249A).

Schedule for Rule Making 2015

NOTICE SUBMISSION DEADLINE	NOTICE PUB. DATE	HEARING OR COMMENTS 20 DAYS	FIRST POSSIBLE ADOPTION DATE 35 DAYS	ADOPTED FILING DEADLINE	ADOPTED PUB. DATE	FIRST POSSIBLE EFFECTIVE DATE	POSSIBLE EXPIRATION OF NOTICE 180 DAYS
Dec. 17 '14	Jan. 7 '15	Jan. 27 '15	Feb. 11 '15	Feb. 13 '15	Mar. 4 '15	Apr. 8 '15	July 6 '15
Jan. 2	Jan. 21	Feb. 10	Feb. 25	Feb. 27	Mar. 18	Apr. 22	July 20
Jan. 16	Feb. 4	Feb. 24	Mar. 11	Mar. 13	Apr. 1	May 6	Aug. 3
Jan. 30	Feb. 18	Mar. 10	Mar. 25	Mar. 27	Apr. 15	May 20	Aug. 17
Feb. 13	Mar. 4	Mar. 24	Apr. 8	Apr. 10	Apr. 29	June 3	Aug. 31
Feb. 27	Mar. 18	Apr. 7	Apr. 22	Apr. 24	May 13	June 17	Sep. 14
Mar. 13	Apr. 1	Apr. 21	May 6	May 8	May 27	July 1	Sep. 28
Mar. 27	Apr. 15	May 5	May 20	***May 20***	June 10	July 15	Oct. 12
Apr. 10	Apr. 29	May 19	June 3	June 5	June 24	July 29	Oct. 26
Apr. 24	May 13	June 2	June 17	June 19	July 8	Aug. 12	Nov. 9
May 8	May 27	June 16	July 1	***July 1***	July 22	Aug. 26	Nov. 23
May 20	June 10	June 30	July 15	July 17	Aug. 5	Sep. 9	Dec. 7
June 5	June 24	July 14	July 29	July 31	Aug. 19	Sep. 23	Dec. 21
June 19	July 8	July 28	Aug. 12	Aug. 14	Sep. 2	Oct. 7	Jan. 4 '16
July 1	July 22	Aug. 11	Aug. 26	***Aug. 26***	Sep. 16	Oct. 21	Jan. 18 '16
July 17	Aug. 5	Aug. 25	Sep. 9	Sep. 11	Sep. 30	Nov. 4	Feb. 1 '16
July 31	Aug. 19	Sep. 8	Sep. 23	Sep. 25	Oct. 14	Nov. 18	Feb. 15 '16
Aug. 14	Sep. 2	Sep. 22	Oct. 7	Oct. 9	Oct. 28	Dec. 2	Feb. 29 '16
Aug. 26	Sep. 16	Oct. 6	Oct. 21	***Oct. 21***	Nov. 11	Dec. 16	Mar. 14 '16
Sep. 11	Sep. 30	Oct. 20	Nov. 4	***Nov. 4***	Nov. 25	Dec. 30	Mar. 28 '16
Sep. 25	Oct. 14	Nov. 3	Nov. 18	***Nov. 18***	Dec. 9	Jan. 13 '16	Apr. 11 '16
Oct. 9	Oct. 28	Nov. 17	Dec. 2	***Dec. 2***	Dec. 23	Jan. 27 '16	Apr. 25 '16
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PRINTING SCHEDULE FOR IAB

<u>ISSUE NUMBER</u>	<u>SUBMISSION DEADLINE</u>	<u>ISSUE DATE</u>
4	Friday, July 31, 2015	August 19, 2015
5	Friday, August 14, 2015	September 2, 2015
6	Wednesday, August 26, 2015	September 16, 2015

PLEASE NOTE:

Rules will not be accepted after **12 o'clock noon** on the Friday filing deadline days unless prior approval has been received from the Administrative Rules Coordinator's office.

If the filing deadline falls on a legal holiday, submissions made on the following Monday will be accepted.

*****Note change of filing deadline*****

The Administrative Rules Review Committee will hold its regular, statutory meeting on Tuesday, August 11, 2015, at 9 a.m. in Room 103, State Capitol, Des Moines, Iowa. The following rules will be reviewed:

ACCOUNTANCY EXAMINING BOARD[193A]

Professional Licensing and Regulation Bureau[193]
COMMERCE DEPARTMENT[181]*"umbrella"

Updates related to Senate File 198; attest services; license renewal; mandatory disclosures; continuing education; resource updates, amendments to chs 1, 3, 5 to 8, 10, 11, 13, 14
Notice **ARC 2058C** 7/8/15

AGRICULTURE AND LAND STEWARDSHIP DEPARTMENT[21]

Storage and handling of anhydrous ammonia, 43.6 Filed **ARC 2059C** 7/22/15

CORRECTIONS DEPARTMENT[201]

Iowa state industries, 37.2(5), 37.3, 37.4, 37.7, 37.8(1), 37.9 Filed **ARC 2056C** 7/8/15

ENVIRONMENTAL PROTECTION COMMISSION[567]

NATURAL RESOURCES DEPARTMENT[561]*"umbrella"

Withdrawal of water from Cambrian-Ordovician (Jordan) aquifer, 50.2, 52.4(3), 52.9(3), 53.7 Filed **ARC 2053C** 7/8/15
NPDES general permit no. 2—topsoil preservation at construction sites, 64.15(2) Filed **ARC 2054C** 7/8/15

HUMAN SERVICES DEPARTMENT[441]

Update of references, codes and diagnoses related to medical resource manuals, amendments to chs 24, 25, 78, 79, 83, 88, 90 Notice **ARC 2062C** 7/22/15
Provider participation requirements for psychologists; claim forms, 77.22, 80.2 Notice **ARC 2061C** 7/22/15
HCBS, brain injury, and intellectual disability waivers—transportation and supported community living services, 78.37(11), 78.41, 78.43, 78.46(5), 83.60, 83.61(1)
Filed Emergency After Notice **ARC 2050C** 7/8/15

INSPECTIONS AND APPEALS DEPARTMENT[481]

Elder group homes, assisted living programs, and adult day services—informal conference, contested case hearing, 67.14 Notice **ARC 2067C** 7/22/15
Subacute mental health care facilities—publicly funded facility beds, treatment of persons involuntarily hospitalized under Iowa Code chapter 229, 71.3(6), 71.13 Filed **ARC 2068C** 7/22/15

NATURAL RESOURCE COMMISSION[571]

NATURAL RESOURCES DEPARTMENT[561]*"umbrella"

Concessions—Honey Creek Resort State Park exemption, 14.9 Notice **ARC 2055C** 7/8/15
State parks and recreation areas—cabins, open shelters, Honey Creek Resort State Park, 61.5(1), 61.15 Filed **ARC 2052C** 7/8/15

PHARMACY BOARD[657]

PUBLIC HEALTH DEPARTMENT[641]*"umbrella"

Reference library resources, 6.3, 7.3, 15.4, 16.5 Notice **ARC 2065C** 7/22/15
Administration of influenza and pneumococcal vaccines, 7.8(14), 23.9(4) Notice **ARC 2063C** 7/22/15
Designation of imitation controlled substances, rescind 10.41 Notice **ARC 2064C** 7/22/15

PUBLIC HEALTH DEPARTMENT[641]

Medical residency training state matching grants program, 108.3, 108.4 Notice **ARC 2066C** 7/22/15

PUBLIC SAFETY DEPARTMENT[661]

Electrician and electrical contractor licensing program; postsecondary electrical education programs; electrical inspection program and inspector qualifications, amendments to chs 501, 502, 505, 550 Notice **ARC 2057C** 7/8/15

REGENTS BOARD[681]

Criteria for admission to state universities, amendments to ch 1 Filed **ARC 2051C** 7/8/15

REVENUE DEPARTMENT[701]

Multiresidential real estate assessment—dual classification, 71.1(5) Notice **ARC 2060C** 7/22/15

TRANSPORTATION DEPARTMENT[761]

Open records; confidential records, 4.1, 4.3, 4.4, 4.6, 4.9 Filed **ARC 2049C** 7/8/15

ADMINISTRATIVE RULES REVIEW COMMITTEE MEMBERS

Regular, statutory meetings are held the second Tuesday of each month at the seat of government as provided in Iowa Code section 17A.8. A special meeting may be called by the Chair at any place in the state and at any time.

Senator Mark Chelgren
819 Hutchinson
Ottumwa, Iowa 52501

Senator Mark Costello
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Imogene, Iowa 51645

Senator Thomas Courtney
2609 Clearview
Burlington, Iowa 52601

Senator Wally Horn
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Mt. Auburn, Iowa 52313

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Oskaloosa, Iowa 52577

Larry Johnson, Jr.
Administrative Rules Coordinator
Governor's Ex Officio Representative
Capitol, Room 18
Des Moines, Iowa 50319
Telephone (515)281-5211

ACCOUNTANCY EXAMINING BOARD[193A]

Updates related to Senate File 198; attest services; license renewal; mandatory disclosures; continuing education; resource updates, amendments to chs 1, 3, 5 to 8, 10, 11, 13, 14 IAB 7/8/15 ARC 2058C	Professional Licensing Bureau Offices 200 E. Grand Ave., Suite 350 Des Moines, Iowa	July 28, 2015 9 a.m.
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NATURAL RESOURCE COMMISSION[571]

Concessions—Honey Creek Resort State Park exemption, 14.9 IAB 7/8/15 ARC 2055C	Conference Room 4 West Wallace State Office Bldg. Des Moines, Iowa	July 28, 2015 2 p.m.
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PUBLIC HEALTH DEPARTMENT[641]

Medical residency training state matching grants program, 108.3, 108.4 IAB 7/22/15 ARC 2066C	Participation by conference call: Call-in no.: 1-866-685-1580 Conference code: 0008881777	August 11, 2015 2 to 3 p.m.
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PUBLIC SAFETY DEPARTMENT[661]

Electrician and electrical contractor licensing program; postsecondary electrical education programs; electrical inspection program and inspector qualifications, amendments to chs 501, 502, 505, 550 IAB 7/8/15 ARC 2057C	First Floor Conference Room 125 Oran Pape State Office Bldg. 215 E. 7th St. Des Moines, Iowa	August 20, 2015 10 a.m.
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RACING AND GAMING COMMISSION[491]

Iowa greyhound pari-mutuel racing fund, 7.15 IAB 6/24/15 ARC 2045C	Prairie Meadows Events Center 1 Prairie Meadows Dr. Altoona, Iowa	July 29, 2015 8:30 a.m.
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The following list will be updated as changes occur.

“Umbrella” agencies and elected officials are set out below at the left-hand margin in CAPITAL letters.

Divisions (boards, commissions, etc.) are indented and set out in lowercase type under their statutory “umbrellas.”

Other autonomous agencies are included alphabetically in SMALL CAPITALS at the left-hand margin.

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ARC 2062C

HUMAN SERVICES DEPARTMENT[441]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 249A.4, the Department of Human Services proposes to amend Chapter 24, “Accreditation of Providers of Services to Persons with Mental Illness, Intellectual Disabilities, or Developmental Disabilities,” Chapter 25, “Disability Services Management,” Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” Chapter 79, “Other Policies Relating to Providers of Medical and Remedial Care,” Chapter 83, “Medicaid Waiver Services,” Chapter 88, “Managed Health Care Providers,” and Chapter 90, “Targeted Case Management,” Iowa Administrative Code.

Current administrative rules do not comply with the current versions of medically related resource manuals as specified by the Centers for Medicare and Medicaid Services, pursuant to the administrative simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II). Specifically, the administrative rules stipulating services covered under the Iowa Medicaid program currently refer to outdated versions of the following resource manuals: International Classification of Diseases (ICD-10), Diagnostic and Statistical Manual of Mental Disorders (DSM-5), Code on Dental Procedures and Nomenclature (CDT), and American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Addictive, Substance-Related and Co-Occurring Conditions (ASAM-PPC). In order to keep these references current without having to amend them in the future, the Department proposes to amend the administrative rules to refer to the “current version” of the resource.

In addition, the proposed amendments:

- Update the definitions of “mental retardation” and “serious emotional disturbance” and the term “developmental disorders,” pursuant to the current version of the DSM.
- Eliminate the references to “V codes,” pursuant to the change of that designation in the current version of the ICD.
- Update ICD diagnoses listed in subrule 78.8(2) regarding coverage of chiropractic manipulative therapy (CMT), pursuant to the current version of the ICD.
- Update coverage of mental health and substance abuse services in rule 441—88.61(249A) and subrule 88.65(5), pursuant to the current version of the ICD.
- Change the diagnosis of “bulimia” to “bulimia nervosa,” pursuant to the current version of the DSM.
- Eliminate the diagnosis of “bulimarexia,” pursuant to the current version of the DSM.
- Rescind the definition of “International classifications of diseases—fourth edition, ninth revision (ICD-9)” in paragraph 79.1(16)“a” because the term is not used in the current version of subrule 79.1(16) and, therefore, is being removed because it is obsolete.

Any interested person may make written comments on the proposed amendments on or before August 11, 2015. Comments should be directed to Harry Rossander, Bureau of Policy Coordination, Department of Human Services, Hoover State Office Building, Fifth Floor, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980 or by e-mail to policyanalysis@dhs.state.ia.us.

These amendments do not provide for waivers in specified situations because requests for the waiver of any rule may be submitted under the Department’s general rule on exceptions at 441—1.8(17A,217).

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code section 249A.4.

HUMAN SERVICES DEPARTMENT[441](cont'd)

The following amendments are proposed.

ITEM 1. Amend rule **441—24.1(225C)**, definitions of “Mental retardation” and “Serious emotional disturbance,” as follows:

“~~Mental retardation~~ Intellectual disability” means a diagnosis of ~~mental retardation~~ intellectual disability (intellectual developmental disorder), global developmental delay, or unspecified intellectual disability (intellectual developmental disorder) under these rules which shall be made only when the onset of the person’s condition was ~~before the age of 18 years~~ during the developmental period and shall be based on an assessment of the person’s intellectual functioning and level of adaptive skills. A licensed psychologist or psychiatrist who is professionally trained to administer the tests required to assess intellectual functioning and to evaluate a person’s adaptive skills shall make the diagnosis. A diagnosis of ~~mental retardation~~ intellectual disability shall be made in accordance with the criteria provided in the current version of the Diagnostic and Statistical Manual of Mental Disorders, ~~Fourth Edition~~, published by the American Psychiatric Association.

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

ITEM 2. Amend paragraph **25.41(2)“c”** as follows:

c. Demographic information including 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, diagnosis in the current version of the DSM IV diagnosis, diagnosis in the current version of the ICD-9 diagnosis, disability group (i.e., ~~mental retardation~~ intellectual disability, developmental disability, chronic mental illness, mental illness), central point of coordination (county number preceded by A 1), and central point of coordination (CPC) name.

ITEM 3. Amend paragraph **25.41(3)“b,”** table entries for “DSMIV” and “ICD9,” as follows:

Field Name	Data Type	Field Size	Format	Description
DSMIV <u>DSM</u> (current version)	Text	50		DSM IV (current version) diagnosis code of client
ICD9 <u>ICD</u> (current version)	Text	50		ICD-9 (current version) diagnosis code (optional for county use; not tied to CoMIS entry)

ITEM 4. Amend subrule 78.1(24) as follows:

78.1(24) Topical fluoride varnish. Payment shall be made for application of an FDA-approved topical fluoride varnish, as defined by the current version of the Current Dental Terminology, Third Edition Code on Dental Procedures and Nomenclature (CDT-3); published by the American Dental Association, for the purpose of preventing the worsening of early childhood caries in children aged 0 to 36 months of age, when rendered by physicians acting within the scope of their practice, licensure, and other applicable state law, subject to the following provisions and limitations:

a. to d. No change.

ITEM 5. Rescind paragraph **78.8(2)“a”** and adopt the following **new** paragraph in lieu thereof:

a. The subluxation must have resulted in a neuromusculoskeletal condition set forth in the table below for which CMT is appropriate treatment. The symptoms must be directly related to the subluxation

HUMAN SERVICES DEPARTMENT[441](cont'd)

that has been diagnosed. The mere statement or diagnosis of “pain” is not sufficient to support the medical necessity of CMT. CMT must have a direct therapeutic relationship to the patient’s condition. No other diagnostic or therapeutic service furnished by a chiropractor is covered under the Medicaid program.

ICD	CATEGORY I	ICD	CATEGORY II	ICD	CATEGORY III
G44.1	Vascular headache NEC*	G54.0- G54.4	Nerve root and plexus disorders, brachial plexus disorders, lumbosacral plexus disorders, cervical root disorders NEC, thoracic root disorders NEC, lumbosacral root disorders NEC	M48.30- M48.33	Traumatic spondylopathy, site unspecified, occipito-atlanto-axial region, cervical region, cervicothoracic region
G44.209	Tension headache, unspecified, not intractable	G54.8	Other nerve root and plexus disorders	M48.35- M48.38	Traumatic spondylopathy, thoracolumbar region, lumbar region, lumbosacral region, sacral and sacrococcygeal region
M47.21- M47.28	Other spondylosis with radiculopathy, occipito-atlanto-axial region, cervical region, cervicothoracic region, thoracic region, thoracolumbar region, lumbar region, lumbosacral region, sacral and sacrococcygeal region	G54.9	Nerve root and plexus disorder, unspecified	M50.20- M50.23	Other cervical disc displacement
M47.811- M47.818	Spondylosis without myelopathy or radiculopathy, occipito-atlanto-axial region, cervical region, cervicothoracic region, thoracic region, thoracolumbar region, lumbar region, lumbosacral region, sacral and sacrococcygeal region	G55	Nerve root and plexus compressions in diseases classified elsewhere	M50.30- M50.33	Other cervical disc degeneration
M47.891- M47.898	Other spondylosis, occipito-atlanto-axial region, cervical region, cervicothoracic region, thoracic region, thoracolumbar region, lumbar region, lumbosacral region, sacral and sacrococcygeal region	M43.00- M43.28	Spondylolysis; spondylolisthesis; fusion of spine	M51.24- M51.27	Other thoracic, thoracolumbar and lumbosacral intervertebral disc displacement
M54.2	Cervicalgia	M43.6	Torticollis	M51.34- M51.37	Other thoracic, thoracolumbar and lumbosacral intervertebral disc degeneration
M54.5	Low back pain	M46.00- M46.09	Spinal enthesopathy	M54.30- M54.32	Sciatica
M54.6	Pain in the thoracic spine	M46.41- M46.47	Discitis, unspecified, occipito-atlanto-axial region, cervical region, cervicothoracic region, thoracic region, thoracolumbar region, lumbar region, lumbosacral region	M54.40- M54.42	Lumbago with sciatica

HUMAN SERVICES DEPARTMENT[441](cont'd)

ICD	CATEGORY I	ICD	CATEGORY II	ICD	CATEGORY III
M54.81	Occipital neuralgia	M48.00- M48.08	Spinal stenosis	M96.1	Postlaminectomy syndrome, NEC
M54.89	Other dorsalgia	M48.34	Traumatic spondylopathy, thoracic region		
M54.9	Dorsalgia, unspecified	M50.10- M50.13	Cervical disc disorder with radiculopathy		
R51	Headache	M50.80- M50.83	Other cervical disc disorders		
		M50.90- M50.93	Cervical disc disorder, unspecified		
		M51.14- M51.17	Intervertebral disc disorders with radiculopathy, thoracic region, thoracolumbar region, lumbar region, lumbosacral region		
		M51.84- M51.87	Other thoracic, thoracolumbar and lumbosacral intervertebral disc disorders		
		M53.0	Cervicocranial syndrome		
		M53.1	Cervicobrachial syndrome		
		M53.2X1- M53.2X9	Spinal instabilities		
		M53.3	Sacrococcygeal disorders NEC		
		M53.80	Other specified dorsopathies, site unspecified		
		M53.84- M53.88	Other specified dorsopathies, thoracic region, thoracolumbar region, lumbar region, lumbosacral region, sacral and sacrococcygeal region		
		M53.9	Dorsopathy, unspecified		
		M54.10- M54.18	Radiculopathy		
		M60.80	Other myositis, unspecified site		
		M60.811, M60.812	Other myositis, shoulder, right, left		
		M60.819	Other myositis, unspecified shoulder		
		M60.821, M60.822	Other myositis, upper arm, right, left		
		M60.829	Other myositis, unspecified upper arm		
		M60.831, M60.832	Other myositis, forearm, right, left		
		M60.839	Other myositis, unspecified forearm		
		M60.841, M60.842	Other myositis, hand, right, left		
		M60.849	Other myositis, unspecified hand		

HUMAN SERVICES DEPARTMENT[441](cont'd)

ICD	CATEGORY I	ICD	CATEGORY II	ICD	CATEGORY III
		M60.851, M60.852	Other myositis, thigh, right, left		
		M60.859	Other myositis, unspecified thigh		
		M60.861, M60.862	Other myositis, lower leg, right, left		
		M60.869	Other myositis, unspecified lower leg		
		M60.871, M60.872	Other myositis, ankle and foot, right, left		
		M60.879	Other myositis, unspecified ankle and foot		
		M60.88, M60.89	Other myositis, other site, multiple sites		
		M60.9	Myositis, unspecified		
		M62.830	Muscle spasm of back		
		M72.9	Fibroblastic disorder, unspecified		
		M79.1	Myalgia		
		M79.2	Neuralgia and neuritis, unspecified		
		M79.7	Fibromyalgia		
		M99.20- M99.23	Subluxation stenosis of neural canal, head region, cervical region, thoracic region, lumbar region		
		M99.30- M99.33	Osseous stenosis of neural canal, head region, cervical region, thoracic region, lumbar region		
		M99.40- M99.43	Connective tissue stenosis of neural canal, head region, cervical region, thoracic region, lumbar region		
		M99.50- M99.53	Intervertebral disc stenosis of neural canal, head region, cervical region, thoracic region, lumbar region		
		M99.60- M99.63	Osseous and subluxation stenosis of intervertebral foramina, head region, cervical region, thoracic region, lumbar region		
		M99.70- M99.73	Connective tissue and disc stenosis of intervertebral foramina, head region, cervical region, thoracic region, lumbar region		
		Q76.2	Congenital spondylolisthesis		
		S13.4XXA, S13.4XXD	Sprain of ligaments of cervical spine, initial encounter, subsequent encounter		

HUMAN SERVICES DEPARTMENT[441](cont'd)

ICD	CATEGORY I	ICD	CATEGORY II	ICD	CATEGORY III
		S13.8XXA, S13.8XXD	Sprain of joints and ligaments of other parts of neck, initial encounter, subsequent encounter		
		S16.1XXA, S16.1XXD	Strain of muscle, fascia and tendon at neck level, initial encounter, subsequent encounter		
		S23.3XXA, S23.3XXD	Sprain of ligaments of thoracic spine, initial encounter, subsequent encounter		
		S23.8XXA, S23.8XXD	Sprain of other specified parts of thorax, initial encounter, subsequent encounter		
		S33.5XXA, S33.5XXD	Sprain of ligaments of lumbar spine, initial encounter, subsequent encounter		
		S33.6XXA, S33.6XXD	Sprain of sacroiliac joint, initial encounter, subsequent encounter		

* NEC means not elsewhere classified.

ITEM 6. Amend subrule **78.12(1)**, definition of “Mental disorder,” as follows:

“*Mental disorder*” means a disorder, dysfunction, or dysphoria diagnosed pursuant to the current version of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, published by the American Psychiatric Association, excluding intellectual disabilities, personality disorders, medication-induced movement disorders and other adverse effects of medication, and other conditions that may be a focus of clinical attention.

ITEM 7. Amend subparagraph **78.31(4)“b”(1)** as follows:

(1) General characteristics. Eating disorders are characterized by gross disturbances in eating behavior. Eating disorders include anorexia nervosa, or bulimia, or bulimarexia nervosa. Compulsive overeaters are not ~~acceptable~~ approved for this program.

ITEM 8. Amend subparagraph **78.31(4)“b”(4)**, introductory paragraph, as follows:

(4) Admission criteria. In order to be accepted for treatment, the patient shall meet the diagnostic criteria for anorexia nervosa or bulimia nervosa as established by the current version of the DSM III R (Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised), published by the American Psychiatric Association.

ITEM 9. Amend paragraph **78.45(1)“c”** as follows:

c. The member has a validated principal mental health diagnosis consistent with a severe and persistent mental illness. For this purpose, a mental health diagnosis means a disorder, dysfunction, or dysphoria diagnosed pursuant to the current version of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, published by the American Psychiatric Association, excluding neurodevelopmental disorders, substance-related disorders, personality disorders, medication-induced movement disorders and other adverse effects of medication, and other conditions that may be a focus of clinical attention. Members with a primary diagnosis of substance-related disorder, developmental disability, or organic disorder are not eligible for ACT services.

HUMAN SERVICES DEPARTMENT[441](cont'd)

ITEM 10. Rescind the definition of “International classifications of diseases—fourth edition, ninth revision (ICD-9)” in paragraph **79.1(16)“a.”**

ITEM 11. Amend subrule 79.1(20) as follows:

79.1(20) Dentists. The dental fee schedule is based on the definitions of dental and surgical procedures given in the Current Dental Terminology, Third Edition current version of the Code on Dental Procedures and Nomenclature (CDT-3) published by the American Dental Association.

ITEM 12. Amend rule **441—83.121(249A)**, definition of “Serious emotional disturbance,” as follows:

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

ITEM 13. Amend rule **441—88.61(249A)**, definitions of “ASAM-PPC-2R,” “Mental health services,” “Service necessity” and “Substance abuse services,” as follows:

“*ASAM-PPC-2R*” shall mean the current version of the American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Addictive, Substance-Related Disorders, Second Edition Revised, and Co-Occurring Conditions published by the American Society of Addiction Medicine in 2001.

“*Mental health services*” shall mean those clinical, rehabilitative, or supportive services provided by an individual, agency, or other entity that is licensed, accredited, certified, or otherwise approved as required by law to treat any mental disorder listed in the current version of the International Classification of Diseases—Ninth Edition (ICD-9) published by the World Health Organization. At a minimum, covered disorders include the following ranges of the ICD-9: 290-302.9; 306-309.9; and 311-314.9 F01, F03 to F06 (mental disorders due to known physiological conditions: vascular dementia, amnestic disorder due to physiological condition, delirium due to physiological condition, other mental disorders due to physiological conditions); F20 to F25, F28, F29 (schizophrenia, schizotypal, delusional and other non-mood psychotic disorders); F30 to F34, F39 (mood (affective) disorders); F40 to F45, F48 (anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders); F50 to F53, F59 (behavioral syndromes associated with physiological disturbances and physical factors: eating disorders, sleep disorders not due to substance/known physiological condition, sexual dysfunction not due to substance/known physiological condition, puerperal psychosis); F60, F63 to F66, F68, F69 (disorders of adult personality and behavior); F84 (except F84.2) (pervasive developmental disorders); and F90 to F95, F98, F99 (behavioral and emotional disorders with onset usually occurring in childhood and adolescence). Additional code ranges may be included in the contract. Mental health services shall include, but not be limited to, those services listed at subrule 88.65(3).

“*Service necessity*” shall mean that substance abuse services for the treatment of conditions related to substance abuse meet the following requirements according to the criteria of the current version of the American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Addictive, Substance-Related, and Co-Occurring Conditions (ASAM-PPC-2R) published by the American Society of Addiction Medicine. The services shall be:

1. to 5. No change.

“*Substance abuse services*” shall mean those clinical, rehabilitative, supportive and other services provided in response to and to alleviate the symptoms of any substance abuse disorder listed in the current version of the International Classification of Diseases—Ninth Edition (ICD-9); published by the World Health Organization, disorders 303 through 305.9 F10 to F19, F55 (mental and behavioral disorders due to known psychoactive substance use), provided by an individual, agency, or other entity that is

HUMAN SERVICES DEPARTMENT[441](cont'd)

licensed, accredited, certified, or otherwise approved as required by law to treat any of these substance abuse disorders. Services include, but are not limited to, services listed at subrule 88.65(4).

ITEM 14. Amend subrule 88.65(4) as follows:

88.65(4) Covered and required substance abuse services. The contractor shall ensure, arrange, monitor and reimburse the following services for the treatment of substance abuse:

a. Outpatient services (all Level ~~I~~ 1 services according to the current version of the ASAM-PPC-2R).

b. Intensive outpatient and partial hospitalization services (all Level ~~II~~ 2 services according to the current version of the ASAM-PPC-2R).

c. Residential or inpatient services (all Level ~~III~~ 3 services according to the current version of the ASAM-PPC-2R).

d. Medically managed intensive inpatient services (all Level ~~IV~~ 4 services according to the current version of the ASAM-PPC-2R).

e. to j. No change.

ITEM 15. Amend subrule 88.65(5) as follows:

88.65(5) Covered diagnoses. Services for a covered diagnosis cannot be denied solely on the basis of an individual's also having a noncovered diagnosis. Mental health services, including inpatient care, cannot be denied solely on the basis of an individual's having no diagnosis pursuant to the current version of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, published by the American Psychiatric Association. The contractor will be responsible for ensuring, arranging, monitoring, and reimbursing services necessary for the behavioral care and treatment of the covered diagnoses for Iowa Plan enrollees who are diagnosed with a covered diagnosis and a noncovered diagnosis.

The services defined at subrules 88.65(3) and 88.65(4) shall be provided to all Iowa Plan enrollees who meet the diagnostic criteria for the following disorders listed in the current version of the International Classification of Diseases—Ninth Edition (ICD-9) published by the World Health Organization:

~~1. a.~~ Mental health: 290-302.9; 306-309.9; 311-314.9.

(1) Mental disorders due to known physiological conditions (vascular dementia, amnesic disorder due to physiological condition, delirium due to physiological condition, other mental disorders due to physiological conditions): ICD codes F01 and F03 to F06.

(2) Schizophrenia, schizotypal, delusional and other non-mood psychotic disorders: ICD codes F20 to F25, F28 and F29.

(3) Mood (affective) disorders: ICD codes F30 to F34 and F39.

(4) Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders: ICD codes F40 to F45 and F48.

(5) Behavioral syndromes associated with physiological disturbances and physical factors (eating disorders, sleep disorders not due to substance/known physiological condition, sexual dysfunction not due to substance/known physiological condition, puerperal psychosis): ICD codes F50 to F53 and F59.

(6) Disorders of adult personality and behavior: ICD codes F60, F63 to F66, F68 and F69.

(7) Pervasive developmental disorders: ICD codes F84 (except F84.2).

(8) Behavioral and emotional disorders with onset usually occurring in childhood and adolescence: ICD codes F90 to F95, F98 and F99.

~~2. b.~~ Substance abuse: 303-305.9. Mental and behavioral disorders due to known psychoactive substance use: ICD codes F10 to F19 and F55.

ITEM 16. Amend ~~441—Chapter 90~~, preamble, as follows:

PREAMBLE

These rules define and structure medical assistance targeted case management services provided in accordance with Iowa Code section 225C.20 for Medicaid members with ~~mental retardation~~ an intellectual disability, a chronic mental illness, or a developmental disability and members eligible for the home- and community-based services (HCBS) children's mental health waiver. Provider accreditation standards are set forth in ~~441—Chapter 24~~.

HUMAN SERVICES DEPARTMENT[441](cont'd)

Case management is a method to manage multiple resources effectively for the benefit of Medicaid members. The service is designed to ensure the health, safety, and welfare of members by assisting them in gaining access to appropriate and necessary medical services and interrelated social, educational, housing, transportation, vocational, and other services.

ITEM 17. Amend rule **441—90.1(249A)**, definitions of “Mental retardation” and “Targeted population,” as follows:

“~~Mental retardation~~ Intellectual disability” means a diagnosis of ~~mental retardation~~ intellectual disability (intellectual developmental disorder), global developmental delay, or unspecified intellectual disability (intellectual developmental disorder) which:

1. Is made only when the onset of the person’s condition was ~~before the age of 18 years~~ during the developmental period;
2. Is based on an assessment of the person’s intellectual functioning and level of adaptive skills;
3. Is made by a licensed psychologist or psychiatrist who is professionally trained to administer the tests required to assess intellectual functioning and to evaluate a person’s adaptive skills; and
4. Is made in accordance with the criteria provided in the current version of the Diagnostic and Statistical Manual of Mental Disorders, ~~Fourth Edition~~, published by the American Psychiatric Association.

“*Targeted population*” means people who meet one of the following criteria:

1. An adult who is identified with a primary diagnosis of ~~mental retardation~~ intellectual disability, chronic mental illness or developmental disability; or
2. A child who is eligible to receive HCBS ~~mental retardation~~ intellectual disability waiver or HCBS children’s mental health waiver services according to 441—Chapter 83.

ARC 2061C

HUMAN SERVICES DEPARTMENT[441]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 249A.4, the Department of Human Services proposes to amend Chapter 77, “Conditions of Participation for Providers of Medical and Remedial Care,” and Chapter 80, “Procedure and Method of Payment,” Iowa Administrative Code.

The Medicaid program’s provider participation requirements for psychologists currently refer to “the standards of the National Register of Health Service Providers in Psychology, 1981 edition.” The National Register of Health Service Providers in Psychology is now the National Register of Health Service Psychologists. The Register has credentialing requirements but no longer publishes dated editions of standards. These amendments update rule 441—77.22(249A) to reflect the current credentialing requirements of the National Register of Health Service Psychologists.

The Centers for Medicare and Medicaid Services (CMS) claim form requirements for payment of some Medicaid program services currently refer to “Form UB-92.” This form is outdated. These amendments also update paragraph 80.2(2)“a” to reflect the current UB-04 CMS claim form.

The option to copy rather than purchase CMS claim forms for Medicaid billing purposes is also eliminated.

Any interested person may make written comments on the proposed amendments on or before August 11, 2015. Comments should be directed to Harry Rossander, Bureau of Policy Coordination, Department of Human Services, Hoover State Office Building, Fifth Floor, 1305 East Walnut Street,

HUMAN SERVICES DEPARTMENT[441](cont'd)

Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980 or by e-mail to policyanalysis@dhs.state.ia.us.

These amendments do not provide for waivers in specified situations because requests for the waiver of any rule may be submitted under the Department's general rule on exceptions at 441—1.8(17A,217).

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code section 249A.4.

The following amendments are proposed.

ITEM 1. Amend rule 441—77.22(249A) as follows:

441—77.22(249A) Psychologists. All psychologists licensed to practice in the state of Iowa and meeting the standards current credentialing requirements of the National Register of Health Service Providers in Psychology, 1981 edition, published by the council for the National Register of Health Service Providers in Psychology, Psychologists are eligible to participate in the medical assistance program. Psychologists in other states are eligible to participate when they are duly licensed to practice in that state and meet the standards current credentialing requirements of the National Register of Health Service Providers in Psychology Psychologists.

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

ITEM 2. Amend paragraph **80.2(2)“a”** as follows:

a. The following providers shall submit claims on Form ~~UB-92~~ UB-04, CMS-1450:
(1) to (9) No change.

ITEM 3. Amend subrule 80.2(3) as follows:

80.2(3) Providers shall purchase ~~or copy~~ their supplies of forms CMS-1450 and CMS-1500 for use in billing.

ARC 2067C

INSPECTIONS AND APPEALS DEPARTMENT[481]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code sections 231B.2, 231C.3 and 231D.2, the Department of Inspections and Appeals hereby gives Notice of Intended Action to amend Chapter 67, “General Provisions for Elder Group Homes, Assisted Living Programs, and Adult Day Services,” Iowa Administrative Code.

The amendments implement changes to Iowa Code chapter 231B, “Elder Group Homes,” chapter 231C, “Assisted Living Programs,” and chapter 231D, “Adult Day Services,” resulting from legislation in 2015 Iowa Acts, House File 579. The legislation permits programs to request a contested case hearing pursuant to Iowa Code chapter 17A without first pursuing the informal conference process.

The Department does not believe that the proposed amendments impose any financial hardship on any regulated entity, body, or individual.

Any interested person may make written suggestions or comments on the proposed amendments on or before August 11, 2015. Such written materials should be addressed to the Director, Department of Inspections and Appeals, Lucas State Office Building, 321 East 12th Street, Des Moines, Iowa 50319-0083; faxed to (515)242-6863; or e-mailed to david.werning@dia.iowa.gov.

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code sections 231B.2, 231C.3, and 231D.2 and 2015 Iowa Acts, House File 579.

INSPECTIONS AND APPEALS DEPARTMENT[481](cont'd)

The following amendments are proposed.

ITEM 1. Amend subrule 67.14(2) as follows:

67.14(2) ~~Informal conference~~ *If contesting the final report.* If the program desires to contest the final report and civil penalty, if assessed, ~~and request an informal conference,~~ the program shall notify the department of inspections and appeals in writing that it desires to contest the final report and civil penalty and ~~request in writing an informal conference with an independent reviewer.~~ shall do one of the following:

~~a. *Request for informal conference.* The request for an informal conference must be in writing and include the following:~~

- ~~(1) Identification of the regulatory insufficiency(ies) being disputed;~~
- ~~(2) The type of informal conference requested: face-to-face or telephone conference; and~~
- ~~(3) A request for monitor's notes for the regulatory insufficiencies being disputed, if desired.~~

~~b. *Submission of documentation.* The program shall submit the following within 10 working days from the date of the program's written request for an informal conference:~~

- ~~(1) The names of those who will be attending the informal conference, including legal counsel; and~~
- ~~(2) Documentation supporting the program's position. The program must highlight or use some other means to identify written information pertinent to the disputed regulatory insufficiency(ies). Supporting documentation that is not submitted with the request for an informal conference will not be considered, except as otherwise permitted by the independent reviewer upon good cause shown. "Good cause" means substantial or adequate grounds for failing to submit documentation in a timely manner. In determining whether the program has shown good cause, the independent reviewer shall consider what circumstances kept the program from submitting the supporting documentation within the required time frame.~~

~~c. *Face-to-face or telephone conference.* A face-to-face or telephone conference, if requested, will be scheduled to occur within 10 working days of the receipt of the written request, all supporting documentation and the plan of correction required by subrule 67.13(3).~~

- ~~(1) Failure to submit supporting documentation will not delay scheduling.~~
- ~~(2) The conference will be scheduled for one hour. The program will informally present information and explanation concerning the contested regulatory insufficiency(ies). The department will have time to respond to the program's presentation. Due to the confidential nature of the conference, attendance may be limited.~~
- ~~(3) If additional information is requested by the independent reviewer during the informal conference, the program will have 2 working days to deliver the additional materials to the independent reviewer.~~

~~(4) When extenuating circumstances preclude a face-to-face conference, a telephone conference will be held or the program may be given one opportunity to reschedule the face-to-face conference.~~

~~d. *Results.* The results of the informal conference will generally be sent within 10 working days after the date of the informal conference, or within 10 working days after the receipt of additional information, if requested.~~

~~(1) The independent reviewer may affirm or may modify or dismiss the regulatory insufficiency and civil penalty. The independent reviewer shall state in writing the specific reasons for the affirmation, modification or dismissal of the regulatory insufficiency.~~

~~(2) The department will issue an amended (changes in factual content) or corrected (changes in typographical/data errors) final report if changes result from the informal conference.~~

~~(3) The program must submit to the department a new plan of correction for the amended or corrected report within 10 calendar days from the date of the letter conveying the results of the conference.~~

~~(4) If the informal conference results in dismissal of a regulatory insufficiency for which a civil penalty was assessed, the corresponding civil penalty will be rescinded.~~

a. Request an informal conference with an independent reviewer pursuant to subrule 67.14(3); or

INSPECTIONS AND APPEALS DEPARTMENT[481](cont'd)

b. Request a contested case hearing in the manner provided by Iowa Code chapter 17A for contested cases.

ITEM 2. Renumber subrules **67.14(3)** and **67.14(4)** as **67.14(4)** and **67.14(5)**.

ITEM 3. Adopt the following **new** subrule 67.14(3):

67.14(3) Informal conference.

a. *Request for informal conference.* The request for an informal conference must be in writing and include the following:

- (1) Identification of the regulatory insufficiency(ies) being disputed;
- (2) The type of informal conference requested: face-to-face or telephone conference; and
- (3) A request for monitor's notes for the regulatory insufficiencies being disputed, if desired.

b. *Submission of documentation.* The program shall submit the following within 10 working days from the date of the program's written request for an informal conference:

- (1) The names of those who will be attending the informal conference, including legal counsel; and
- (2) Documentation supporting the program's position. The program must highlight or use some other means to identify written information pertinent to the disputed regulatory insufficiency(ies).

Supporting documentation that is not submitted with the request for an informal conference will not be considered, except as otherwise permitted by the independent reviewer upon good cause shown. "Good cause" means substantial or adequate grounds for failing to submit documentation in a timely manner. In determining whether the program has shown good cause, the independent reviewer shall consider what circumstances kept the program from submitting the supporting documentation within the required time frame.

c. *Face-to-face or telephone conference.* A face-to-face or telephone conference, if requested, will be scheduled to occur within 10 working days of the receipt of the written request, all supporting documentation and the plan of correction required by subrule 67.13(3).

(1) Failure to submit supporting documentation will not delay scheduling.

(2) The conference will be scheduled for one hour. The program will informally present information and explanation concerning the contested regulatory insufficiency(ies). The department will have time to respond to the program's presentation. Due to the confidential nature of the conference, attendance may be limited.

(3) If additional information is requested by the independent reviewer during the informal conference, the program will have 2 working days to deliver the additional materials to the independent reviewer.

(4) When extenuating circumstances preclude a face-to-face conference, a telephone conference will be held or the program may be given one opportunity to reschedule the face-to-face conference.

d. *Results.* The results of the informal conference will generally be sent within 10 working days after the date of the informal conference, or within 10 working days after the receipt of additional information, if requested.

(1) The independent reviewer may affirm or may modify or dismiss the regulatory insufficiency and civil penalty. The independent reviewer shall state in writing the specific reasons for the affirmation, modification or dismissal of the regulatory insufficiency.

(2) The department will issue an amended (changes in factual content) or corrected (changes in typographical/data errors) final report if changes result from the informal conference.

(3) The program must submit to the department a new plan of correction for the amended or corrected report within 10 calendar days from the date of the letter conveying the results of the conference.

(4) If the informal conference results in dismissal of a regulatory insufficiency for which a civil penalty was assessed, the corresponding civil penalty will be rescinded.

ITEM 4. Amend renumbered subrule 67.14(5) as follows:

67.14(5) Appeals Contested case hearings. ~~Formal~~ Contested case hearings shall be conducted by the department's administrative hearings division pursuant to Iowa Code chapter 17A and 481—Chapter 10.

ARC 2065C

PHARMACY BOARD[657]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 147.76, the Board of Pharmacy hereby gives Notice of Intended Action to amend Chapter 6, “General Pharmacy Practice,” Chapter 7, “Hospital Pharmacy Practice,” Chapter 15, “Correctional Pharmacy Practice,” and Chapter 16, “Nuclear Pharmacy Practice,” Iowa Administrative Code.

The proposed amendments were approved at the June 24, 2015, regular meeting of the Board of Pharmacy.

The proposed amendments eliminate the requirements that pharmacies maintain the Iowa Pharmacy Law and Information Manual and authorize pharmacies to utilize other sources, including electronic or Internet-based sources, for Iowa pharmacy laws, rules, and regulations.

Requests for waiver or variance of the discretionary provisions of these rules will be considered pursuant to 657—Chapter 34.

Any interested person may present written comments, data, views, and arguments on the proposed amendments not later than 4:30 p.m. on August 15, 2015. Such written materials may be sent to Terry Witkowski, Acting Director/Executive Officer, Board of Pharmacy, 400 S.W. Eighth Street, Suite E, Des Moines, Iowa 50309-4688; or by e-mail to terry.witkowski@iowa.gov.

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code section 155A.31.

The following amendments are proposed.

ITEM 1. Amend rule 657—6.3(155A) as follows:

657—6.3(155A) Reference library. References may be printed or computer-accessed. A reference library shall be maintained which includes, as a minimum, one current reference from each of the following categories, including access to current periodic updates.

1. ~~The Iowa Pharmacy Law and Information Manual~~ Current Iowa pharmacy laws, rules, and regulations.

2. to 8. No change.

ITEM 2. Amend rule 657—7.3(155A) as follows:

657—7.3(155A) Reference library. References may be printed or computer-accessed. A reference library shall be maintained which includes, as a minimum, one current reference from each of the following categories, including access to current periodic updates.

1. ~~The Iowa Pharmacy Law and Information Manual~~ Current Iowa pharmacy laws, rules, and regulations.

2. to 9. No change.

ITEM 3. Amend rule 657—15.4(155A) as follows:

657—15.4(155A) Reference library. References may be printed or computer-accessed. Each correctional pharmacy shall have on site, at a minimum, one current reference from each of the following categories, including access to current periodic updates.

1. ~~The Iowa Pharmacy Law and Information Manual~~ Current Iowa pharmacy laws, rules, and regulations.

PHARMACY BOARD[657](cont'd)

2. to 8. No change.

ITEM 4. Amend rule 657—16.5(155A) as follows:

657—16.5(155A) Library. Each nuclear pharmacy shall have access to the following references. References may be printed or computer-accessed and shall be current editions or revisions.

1. No change.
2. ~~The Iowa Pharmacy Law and Information Manual~~ Current Iowa pharmacy laws, rules, and regulations;
3. and 4. No change.

ARC 2063C

PHARMACY BOARD[657]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1) "b."

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 147.76, the Board of Pharmacy hereby gives Notice of Intended Action to amend Chapter 7, "Hospital Pharmacy Practice," and Chapter 23, "Long-Term Care Pharmacy Practice," Iowa Administrative Code.

The amendments were approved at the June 24, 2015, regular meeting of the Board of Pharmacy.

The proposed amendments permit, as authorized by federal law, the administration of any influenza or pneumococcal vaccine to a hospital or long-term care facility patient pursuant to physician-approved hospital or facility policy after the patient has been assessed for contraindications. Current subrules limit this authority to the administration of influenza and pneumococcal polysaccharide vaccines only.

Requests for waiver or variance of the discretionary provisions of Board rules will be considered pursuant to 657—Chapter 34.

Any interested person may present written comments, data, views, and arguments on the proposed amendments not later than 4:30 p.m. on August 15, 2015. Such written materials may be sent to Terry Witkowski, Acting Director/Executive Officer, Board of Pharmacy, 400 S.W. Eighth Street, Suite E, Des Moines, Iowa 50309-4688; or by e-mail to terry.witkowski@iowa.gov.

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code sections 155A.13, 155A.15, 155A.23, and 155A.35.

The following amendments are proposed.

ITEM 1. Amend subrule 7.8(14) as follows:

7.8(14) Influenza and pneumococcal vaccines. As authorized by federal law, a written or verbal patient-specific medication administration order shall not be required prior to administration to an adult patient of influenza and pneumococcal polysaccharide vaccines pursuant to physician-approved hospital policy and after the patient has been assessed for contraindications. Administration shall be recorded in the patient's medical record.

ITEM 2. Amend subrule 23.9(4) as follows:

23.9(4) Influenza and pneumococcal vaccines. As authorized by federal law, a written or verbal patient-specific medication administration order shall not be required prior to administration to an adult patient of influenza and pneumococcal polysaccharide vaccines pursuant to physician-approved facility policy and after the patient has been assessed for contraindications. Administration shall be recorded in the patient's record. The facility shall submit to the provider pharmacy a listing of those residents or staff members who have been immunized utilizing vaccine from each vial supplied by the provider pharmacy.

ARC 2064C**PHARMACY BOARD[657]****Notice of Intended Action**

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 124A.2, the Board of Pharmacy hereby gives Notice of Intended Action to amend Chapter 10, “Controlled Substances,” Iowa Administrative Code.

The amendment was approved at the June 24, 2015, regular meeting of the Board of Pharmacy.

The proposed amendment rescinds rule 657—10.41(124A) in which certain substances are identified and classified as imitation controlled substances. Those substances have been identified and classified by legislative action as controlled substances subject to Iowa Code chapter 124. Rescinding the designation of those substances as imitation controlled substances will eliminate the confusion created by their dual classification as imitation controlled substances, subject to the penalties for unlawful possession of imitation controlled substances, and their classification as controlled substances, subject to different penalties for unlawful possession of controlled substances.

Requests for waiver or variance are not addressed because there are no provisions from which to request a waiver or variance.

Any interested person may present written comments, data, views, and arguments on the proposed amendment not later than 4:30 p.m. on August 15, 2015. Such written materials may be sent to Terry Witkowski, Acting Director/Executive Officer, Board of Pharmacy, 400 S.W. Eighth Street, Suite E, Des Moines, Iowa 50309-4688; or by e-mail to terry.witkowski@iowa.gov.

After analysis and review of this rule making, no impact on jobs has been found.

This amendment is intended to implement Iowa Code section 124A.2.

The following amendment is proposed.

Rescind and reserve rule **657—10.41(124A)**.

ARC 2066C**PUBLIC HEALTH DEPARTMENT[641]****Notice of Intended Action**

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of 2015 Iowa Acts, Senate File 274, section 21, the Department of Public Health hereby gives Notice of Intended Action to amend Chapter 108, “Medical Residency Training State Matching Grants Program,” Iowa Administrative Code.

The rules in Chapter 108 provide for the awarding of grants to sponsors of accredited graduate medical education residency programs to establish new programs, expand existing programs, or support medical residency programs in excess of the federal residency cap. The proposed amendments implement 2015 Iowa Acts, Senate File 274, section 21 [Iowa Code section 135.176]. These amendments remove language that requires sponsors, including those sponsors funding residency positions in excess of the federal residency cap, to establish a dedicated fund. The amendments replace this language with language which requires that all sponsors demonstrate that funds have been budgeted.

PUBLIC HEALTH DEPARTMENT[641](cont'd)

In addition, the amendments change the total amount of a grant awarded to a sponsor proposing the establishment of a new or alternative campus accredited medical residency training program from not more than 25 percent of the amount the sponsor has budgeted to 100 percent of the amount a sponsor has budgeted. In addition, these amendments change the maximum award for an individual sponsor that establishes a new or alternative campus medical residency training program to no more than 50 percent of the state matching funds available each year to support the program funding priorities. These amendments also change the contract period with the Department from a three-year period to a minimum of a three-year period.

Any interested person may make written comments or suggestions on the proposed amendments on or before August 11, 2015. Such written comments should be directed to Doreen Chamberlin, Department of Public Health, Lucas State Office Building, 321 E. 12th Street, Des Moines, Iowa 50319. Comments may be sent by fax to (515)242-6384 or by e-mail to doreen.chamberlin@idph.iowa.gov.

A public hearing via conference call is scheduled for August 11, 2015, from 2 to 3 p.m. The call-in number is 1-866-685-1580, and the conference code to enter when prompted is 0008881777. Persons may present their views orally during the conference call. At the hearing, persons will be asked to give their names and addresses for the record and to confine their remarks to the subject of the amendments.

Any persons who intend to attend the public hearing and have special requirements, such as those relating to hearing impairments, should contact the Department of Public Health and advise of specific needs by Tuesday, August 4, 2015.

After analysis and review of this rule making, it is projected that these amendments will positively impact both physician employment opportunities in Iowa as well as employment of associated health care providers and other jobs supporting the work of physicians in Iowa communities. No specific projection for employment can be made at this time.

These amendments are intended to implement 2015 Iowa Acts, Senate File 274.

The following amendments are proposed.

ITEM 1. Rescind subrule **108.3(2)**.

ITEM 2. Renumber subrules **108.3(3)** to **108.3(5)** as **108.3(2)** to **108.3(4)**.

ITEM 3. Amend renumbered subrules 108.3(2) to 108.3(4) as follows:

108.3(2) A sponsor shall demonstrate through documented financial information that funds have been ~~reserved~~ budgeted and will be expended by the sponsor in the amount required to provide matching funds for each residency proposed in the request ~~for proposal~~ for state matching funds. A sponsor shall document this requirement by providing with its request ~~for proposal a signed, notarized statement of the organization's chief financial officer that such a fund exists, as well as what amounts of moneys have been set aside in this fund for purposes of supporting residency programs~~ a line-item budget showing sponsor funding amounts and state matching funds requested.

108.3(3) A sponsor shall demonstrate a need for such residency program in the state by providing with its request ~~for proposal~~ state matching funds objective evidence of such need including:

a. to d. No change.

108.3(4) A sponsor shall submit with its request ~~for proposal~~ state matching funds a recruitment and retention plan to encourage residents to enter practice in Iowa with a preference for health professional shortage areas and to demonstrate over time the impact on Iowa's workforce.

ITEM 4. Amend rule 641—108.4(135) as follows:

641—108.4(135) Amount of grant.

108.4(1) The department shall award funds based upon the funds ~~set aside in the special fund budgeted as demonstrated in the request, as identified in subrule 108.3(3)~~ 108.3(2).

108.4(2) The total amount of a grant awarded to a sponsor proposing the establishment of a new or alternative campus accredited medical residency training program shall be limited to no more than 100 percent of the amount of funds the sponsor has budgeted as demonstrated through a line-item budget for each residency sponsored for the purpose of the residency program.

PUBLIC HEALTH DEPARTMENT[641](cont'd)

The total amount of a grant awarded to a sponsor proposing the provision of a new residency position within an existing accredited medical residency or fellowship training program, or a sponsor funding residency positions which are in excess of the federal residency cap, shall be limited to no more than 25 percent of the amount of funds the sponsor demonstrates through documented financial information have been reserved and will be expended by the sponsor for each residency sponsored for the purpose of the residency program has budgeted as demonstrated through a line-item budget for each residency position sponsored for the purpose of the residency program.

108.4(3) A sponsor, if awarded, shall enter into a contract with the department over a minimum of a three-year project period to include approximately one-year (12 months -month) renewable contract periods. Annual contracts shall include annual budgets and, upon approval of annual performance measures, renewal applications for the project period. Annual contract periods shall be renewed based on the availability of funds.

108.4(4) No change.

108.4(5) An individual sponsor that establishes a new or alternative campus accredited medical residency training program shall not receive more than 50 percent of the state matching funds available each year to support the program. An individual sponsor proposing the provision of a new residency position within an existing accredited medical residency or fellowship training program, or a sponsor funding residency positions which are in excess of the federal residency cap, shall not receive more than 25 percent of the state matching funds available each year to support the program. However, if less than 95 percent of the available funds have been awarded in a given year, a sponsor may receive more than 25 percent of the state matching funds available if total funds awarded do not exceed 95 percent of the available funds. If more than one sponsor meets the requirements of this rule and has established, expanded, or supported a graduate medical residency training program in excess of the sponsor's 25 percent maximum share of state matching funds, the state matching funds shall be divided proportionately among such sponsors.

ARC 2060C**REVENUE DEPARTMENT[701]****Notice of Intended Action**

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 421.17, the Department of Revenue hereby gives Notice of Intended Action to amend Chapter 71, “Assessment Practices and Equalization,” Iowa Administrative Code.

The proposed amendment to Chapter 71 updates the Iowa Administrative Code to reflect changes to the definition of dual classification properties which were enacted by 2015 Iowa Acts, House File 616, section 3. The Act changed the definition to include properties that have a primary use for human habitation containing three or more dwelling units but also have a commercial or industrial use. The subject matter of subrule 71.1(5) establishes which properties shall be assigned a dual classification for property tax purposes.

Any interested person may make written suggestions or comments on the proposed amendment on or before August 11, 2015. Such written comments should be directed to the Policy Section, Policy and Communications Division, Department of Revenue, P.O. Box 10457, Des Moines, Iowa 50306; or by e-mail to Jane Severson at jane.severson@iowa.gov. Persons who want to convey their views orally should contact the Policy Section, Policy and Communications Division, Department of Revenue, at (515)281-8450 or at the Department of Revenue offices on the fourth floor of the Hoover State Office Building.

REVENUE DEPARTMENT[701](cont'd)

Any person who believes that the application of the discretionary provisions of these rules would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any.

The Legislative Services Agency did not complete a fiscal note on section 3 of 2015 Iowa Acts, House File 616. The Department estimates that the legislation will increase property taxes statewide for properties that have both commercial or industrial use and use for human habitation.

After analysis and review of this rule making, no negative impact on jobs has been found.

This amendment is intended to implement Iowa Code section 441.2(13) as amended by 2015 Iowa Acts, House File 616, section 3.

The following amendment is proposed.

Amend subrule 71.1(5) as follows:

71.1(5) *Multiresidential real estate.* ~~Multiresidential real estate shall include all lands and buildings parcels or portions of a parcel which are primarily used or intended for human habitation containing three or more separate dwelling units as well as structures and improvements used primarily as a part of, or in conjunction with, the dwelling units. For purposes of this rule, "used in conjunction with" means that the structure or improvement is located on the same parcel, on contiguous parcels, or on a parcel directly across a street or alley as the building or structure containing the dwelling units and when marketed for sale would be sold as a unit. Multiresidential real estate shall include that portion of a building that is used for human habitation and a proportionate share of the land upon which the building is situated, regardless of the number of dwelling units located in the building, if the use for human habitation is not the primary use of the building and such building is not otherwise classified as residential property.~~ Multiresidential real estate shall include mobile home parks, manufactured home communities, land-leased communities, and assisted living facilities. Multiresidential real estate shall exclude properties referred to in Iowa Code section 427A.1(8) or properties subject to valuation under Iowa Code section 441.21(2).

a. No change.

b. Dual classification. Assessors shall use dual classification on ~~properties~~ parcels where the primary use of the ~~property~~ parcel is commercial or industrial and a portion or portions of the ~~property~~ parcel meet the requirements of the multiresidential classification. ~~Properties~~ For the assessment year beginning January 1, 2015, a parcel where the primary use is multiresidential shall not receive a dual classification but instead shall be classified multiresidential for the entire parcel.

For assessment years beginning January 1, 2016, and after, assessors shall use dual classification on properties where the primary use of the parcel meets the requirements of the multiresidential classification and a portion or portions of the parcel meet the requirements of the commercial classification under subrule 71.1(6) or the industrial classification under subrule 71.1(7). If the primary use of a parcel is for human habitation and the parcel contains fewer than three separate dwelling units, it shall be classified as residential real estate under subrule 71.1(4).

There are only two permissible dual classifications: commercial/multiresidential and industrial/multiresidential. The assessor shall assign to that portion of the parcel that satisfies the requirements the classification of multiresidential property and to such other portions of the parcel the property classification for which such other portions qualify. The assessor shall maintain the valuation and assessment of property with a dual classification on one parcel record.

c. and *d.* No change.

TREASURER OF STATE

Notice—Public Funds Interest Rates

In compliance with Iowa Code chapter 74A and section 12C.6, the committee composed of Treasurer of State Michael L. Fitzgerald, Superintendent of Credit Unions JoAnn Johnson, Superintendent of

TREASURER OF STATE(cont'd)

Banking James M. Schipper, and Auditor of State Mary Mosiman have established today the following rates of interest for public obligations and special assessments. The usury rate for July is 4.25%.

INTEREST RATES FOR PUBLIC OBLIGATIONS AND ASSESSMENTS

74A.2 Unpaid Warrants	Maximum 6.0%
74A.4 Special Assessments	Maximum 9.0%

RECOMMENDED Rates for Public Obligations (74A.3) and School District Warrants (74A.7). A rate equal to 75% of the Federal Reserve monthly published indices for U.S. Government securities of comparable maturities. All Financial Institutions as defined by Iowa Code section 12C.1 are eligible for public fund deposits as defined by Iowa Code section 12C.6A.

The rate of interest has been determined by a committee of the state of Iowa to be the minimum interest rate that shall be paid on public funds deposited in approved financial institutions. To be eligible to accept deposits of public funds of the state of Iowa, a financial institution shall demonstrate a commitment to serve the needs of the local community in which it is chartered to do business. These needs include credit services as well as deposit services. All such financial institutions are required to provide the committee with a written description of their commitment to provide credit services in the community. This statement is available for examination by citizens.

New official state interest rates, effective July 9, 2015, setting the minimums that may be paid by Iowa depositories on public funds are listed below.

TIME DEPOSITS

7-31 days	Minimum .05%
32-89 days	Minimum .05%
90-179 days	Minimum .05%
180-364 days	Minimum .05%
One year to 397 days	Minimum .05%
More than 397 days	Minimum .20%

These are minimum rates only. All time deposits are four-tenths of a percent below average rates. Public body treasurers and their depositories may negotiate a higher rate according to money market rates and conditions.

Inquiries may be sent to Michael L. Fitzgerald, Treasurer of State, State Capitol, Des Moines, Iowa 50319.

ARC 2059C AGRICULTURE AND LAND STEWARDSHIP DEPARTMENT[21]

Adopted and Filed

Pursuant to the authority of Iowa Code section 200.14, the Department of Agriculture and Land Stewardship hereby amends Chapter 43, "Fertilizers and Agricultural Lime," Iowa Administrative Code.

This amendment adopts the newest national safety standards for the safety and handling of anhydrous ammonia. The amendment necessitates that the emergency shut-off valve required in the line going to the remote transfer station be placed on the intake side of the pump. Additional information about the new standards can be found at <http://www.iowaagriculture.gov/feedandfertilizer/pdfs/2015/IowasadaptationofthenewAmmoniaStandards.pdf>.

Notice of Intended Action was published in the Iowa Administrative Bulletin as **ARC 1998C** on May 27, 2015. No comments were received from the public. A public hearing was held on June 18, 2015. No members of the public attended the hearing. The adopted amendment is identical to the noticed amendment.

After analysis and review of this rule making, an estimated 15 percent of anhydrous tanks would require improved safety by moving the location of the emergency shut-off valve at a cost per tank of between \$400 to \$750 plus labor. This amendment is necessary to maintain and protect the safety of Iowa farmers and applicators.

This amendment is intended to implement Iowa Code section 200.14.

This amendment will become effective January 1, 2016.

The following amendment is adopted.

Amend rule 21—43.6(200) as follows:

21—43.6(200) Standard for the storage and handling of anhydrous ammonia. The Compressed Gas Association's (CGA's) American National Standard Safety Requirements for the Storage and Handling of Anhydrous Ammonia (6th edition), commonly referred to as ANSI K61.1-1989 revision, approved March 17, 1989 ANSI/CGA G-2.1 2014, is adopted by this reference as the official requirement for the storage and handling of anhydrous ammonia, with the following exceptions:

1. Strike subrule ~~3.1.1~~ 3.1 in its entirety and insert in lieu thereof the following:

~~3.1.1~~ 3.1 Any person required to handle, transfer, transport, or otherwise work with ammonia shall be trained once each calendar year prior to handling to understand the properties of ammonia, to become competent in safe operating practices, and to take appropriate actions in the event of a leak or an emergency.

2. Strike ~~Insert a new~~ subrule ~~3.4.1.1~~ 5.1.3 in its entirety and insert in lieu thereof the following to read as follows:

~~3.4.1.1~~ Two full face gas masks, each with one spare ammonia canister in a readily accessible location for use in ammonia concentrations less than the IDLH. See 2.19. A positive pressure, self-contained breathing apparatus may be substituted for the above equipment.

NOTE: A full face piece ammonia gas mask will provide effective respiratory protection in concentrations of ammonia in air that are not immediately dangerous to life or health for short periods of time. A gas mask is not recommended for respiratory protection in concentration exceeding the IDLH except for escape purposes only. Face piece fitting should be used to determine the ability of each individual gas mask wearer to obtain a satisfactory fit. If ammonia vapor is detected within the gas mask face piece, the face piece fit is improper, the ambient concentration is excessive, or the canister is exhausted, the wearer should return to fresh air immediately to take appropriate corrective measures. The life of a canister in service is controlled by many factors including the concentration of ammonia vapor to which it is exposed.

Canisters should not be opened until ready for use and should be discarded after use. Canisters should be discarded and replaced when the shelf life expiration date marked on the canister is exceeded. When canisters include an end-of-service indicator, the manufacturer's expiration instructions are to be

AGRICULTURE AND LAND STEWARDSHIP DEPARTMENT[21](cont'd)

followed. In addition to this protection, an independent air-supplied, positive pressure, self-contained breathing apparatus, approved by NIOSH/MSHA, should be used for entry into concentrations of ammonia vapor that are unknown or immediately dangerous to life or health. The American National Standard Z88.2, Practices for Respiratory Protection, should be referred to wherever respirators may be used. (13)

5.1.3 Equipment and components must be installed, operated, and maintained in accordance with the manufacturer's recommendations or best engineering practices.

3. Strike subrule 5.2.1 in its entirety and insert in lieu thereof the following:

5.2.1 Containers used with systems covered in Sections 6, 9, 11, and 12 shall be made of steel or other material compatible with ammonia, and tested in accordance with the current ASME Code. An exception to the ASME Code requirements is that construction under Table UW 12 at a basic joint efficiency of under 80 percent is not authorized.

4. Strike subrule 5.2.2.1 in its entirety and insert in lieu thereof the following:

5.2.2.1 The entire container shall be postweld heat treated after completion of all welds to the shells and heads. The method employed shall be as prescribed in the ASME Code, except that the provisions for extended time at lower temperature for postweld heat treatment shall not be permitted. Welded attachments to pads may be made after postweld heat treatment [10]. Exception: Implements of husbandry will not require postweld heat treatment if they are fabricated with hot-formed heads or with cold formed heads that have been stress relieved.

5. Strike subrule 5.2.2.2 in its entirety.

6. Strike subrule 5.2.4 in its entirety and insert in lieu thereof the following:

5.2.4 Welding for the repair or alteration of pressure-containing parts of a container shall be performed by an ASME Code certified welder. All repair or alteration shall conform insofar as possible to the ASME Code section and edition to which the container was constructed.

7. 3. Strike The following subrule 5.3.4 in its entirety and insert in lieu thereof the following as set out in CGA G-2.1 2014, page 16, is included:

5.3.4 In the absence of a specific determination by the secretary local jurisdictions, container locations separation distances for new, additional or relocated ammonia stationary storage containers and placements of containers covered by Sections 9, 10, 11 and 12 after January 1, 2002, shall comply with the following table be in accordance with Table 5:

Minimum Separation Distances for Location of Ammonia Storage Containers

Nominal Capacity of Container ³⁾ (Gallons or Cubic Meters)	Minimum Distances (in feet or meters) from Each Container to:			
	Mainline of Railroad ⁴⁾	Highway ⁵⁾ or Line of Adjoining Property which may be built upon, Highways & Mainline of Railroad	Place of Public Assembly ^{** 6)} or Residential Occupancy ⁷⁾	Institution Institutional Occupancy ⁸⁾
*Over 500 to 2,000 gals ⁹⁾	100 ft	25 ft	150 ft	250 ft
Over 2,000 to 30,000 gals	100 ft	50 ft	300 ft	500 ft
Over 30,000 to 100,000 gals	100 ft	50 ft	450 ft	750 ft
Over 100,000 gals	100 ft	50 ft	600 ft	1000 ft
Over 2 to 8 m ³	30 m	8 m	45 m	75 m
Over 8 to 110 m ³	30 m	15 m	90 m	150 m
Over 110 to 400 m ³	30 m	15 m	140 m	230 m
Over 400 m ³	30 m	15 m	180 m	300 m

1) Separation distances referred to are approximate and based on experience with minor releases.

2) For additional distances, see 5.3.2, 5.3.3, 5.3.4, 5.3.5, 5.3.6 and 6.4.6.

AGRICULTURE AND LAND STEWARDSHIP DEPARTMENT[21](cont'd)

3) The nominal capacity of multiple containers shall be aggregated, but only if containers are interconnected and safeguards do not exist to prevent a leak from one container from emptying interconnected containers.

4) Class II track or better. See 49 CFR 213.9 [8].

5) A highway is defined as a public way for purposes of vehicular travel, including the entire area within the right of way. See American Association of State Highway and Transportation Officials (AASHTO) Transportation Glossary (1983) [37].

6) Public assembly occupancy is a premise or that portion of a premise where large numbers of people congregate and from which occupants cannot quickly vacate the space. Public assembly occupancies include, among others, auditoriums, ballrooms, classrooms, passenger depots, restaurants, and theatres. See ANSI/ASHRAE 15 [1].

7) Residential occupancy is a premise or that portion of a premise that provides the occupants with complete independent living facilities including permanent provisions for living, sleeping, eating, cooking, and sanitation. Residential occupancies include, among others, dormitories, hotels, multiunit apartments, and private residences. See ANSI/ASHRAE 15 [1].

8) Institutional occupancy is a premise or that portion of a premise from which, because they are disabled, debilitated, or confined, occupants cannot readily leave without the assistance of others. Institutional occupancies include, among others, hospitals, nursing homes, asylums, and spaces containing locked cells. See ANSI/ASHRAE 15 [1].

9) ~~*NOTE: For 500 gallons (2m³) or less, see 5.3.1 and 5.3.3.~~

~~**“Place of Public Assembly” includes any place other than the ammonia business office in which, by public invitation, members of the public normally attend for reasons of business, entertainment, instruction or the like.~~

8. ~~Insert a new subrule 5.4.2.9 to read as follows:~~

~~5.4.2.9 Recertification of Non-Refrigerated Containers and Systems Other Than DOT Containers. Containers with unreadable or missing nameplates may be recertified and have nameplates installed with the following information:~~

~~A. An identification number issued by the department.~~

~~B. The certification date.~~

~~C. The maximum allowable working pressure.~~

~~D. The wall thickness of the container shell and heads in inches or millimeters.~~

~~E. The water capacity of the container in pounds or kilograms or United States standard gallons or cubic meters (m³) at 60 degrees Fahrenheit (15.6 degrees centigrade).~~

~~Items A through E must be determined and documented on forms provided by the department by a company that holds a valid R-stamp in compliance with the current edition of the National Board Inspection Code.~~

~~Nurse tanks and applicator tanks with unreadable or missing nameplates may be recertified and have nameplates installed by July 1, 2008.~~

9. ~~Strike subrule 5.5.11 in its entirety and insert in lieu thereof the following:~~

~~5.5.11 Each liquid filling connection shall have a positive shut-off valve in conjunction with either an internal back-pressure check valve or an internal excess flow valve. Vapor connections shall have a positive shut-off valve together with an internal excess flow valve.~~

~~NOTE: The internal back-pressure check valves or internal excess flow valves shall be installed in the facility piping prior to the positive shut-off valves. These valves shall be installed so that any break will occur on the side of the transfer hose. This may be accomplished by bulkheads or equivalent anchorage, or by the use of a weakness or shear fitting or any other method designed to protect the back-pressure check valves or excess flow valves.~~

10. ~~Strike subrule 5.7.6 in its entirety.~~

11. ~~Strike subrule 5.8.15 in its entirety and insert in lieu thereof the following:~~

~~5.8.15 No container pressure relief device shall be used over five years after the date of installation of the pressure relief device. Records shall be maintained which identify each container and indicate the date of installation for each container pressure relief device.~~

12. ~~Strike subrule 5.10.8.1 in its entirety and insert in lieu thereof the following:~~

~~5.10.8.1 By December 31, 1993, all stationary storage installations shall have an approved emergency shut-off valve installed in the liquid fixed piping of the transfer system. This requirement does not apply to lines feeding a fixed process system. When possible, the emergency shut-off valve~~

AGRICULTURE AND LAND STEWARDSHIP DEPARTMENT[21](cont'd)

shall be located on the discharge side of the pump. A suitable backflow check valve or properly rated excess flow valve shall be installed in the vapor fixed piping of the transfer system. The emergency shut-off valve shall remain closed when plant is not in use. The emergency shut-off valve shall be installed in the facility piping so that any break will occur on the side of the transfer hose.

NOTE: This may be accomplished by concrete bulkheads or equivalent anchorage, or by the use of a weakness or shear fitting or any other method designed to protect the emergency shut-off valve. Such anchorage is not required for tank car unloading.

4. Strike subrule 5.3.6 in its entirety and insert in lieu thereof the following:

5.3.6 Areas within 10 feet (3 meters) of a storage container shall be maintained clear of dry grass and weeds and other combustible materials. Areas shall be kept clear of debris or any item that would interfere with emergency actions or evacuation as well as materials or objects not necessary for the operation of the storage system and components.

5. Strike subrule 5.6.6 in its entirety and insert in lieu thereof the following:

5.6.6 Adequate provisions shall be made to protect the storage system and components, including all exposed piping, from physical damage which could result from impact by moving machinery, automobiles or trucks, or any other equipment at the facility. See also 6.7.1.

6. Insert a new subrule 5.10.8.2 to read as follows:

5.10.8.2 For transfer of liquids from a container utilizing a remote transfer point, each liquid filling connection shall have a positive shut-off valve in conjunction with either an internal back-pressure check valve or an internal excess flow valve. Vapor connections shall have a positive shut-off valve between the supply source and the intake side of the pump. The liquid line supplying this transfer from the pump shall have an emergency shut-off valve between the supply source and the intake side of the pump. The emergency shut-off valve shall remain closed when the plant is not in use.

NOTE: The internal back-pressure check valves or internal excess flow valves shall be installed in the facility piping prior to the positive shut-off valves. These valves shall be installed so that any break will occur on the side of the transfer hose. Protection from pull away while connected is the same as described in 5.10.8.1.

~~13- 7.~~ Add the following subrule 5.10.10:

5.10.10 Anhydrous ammonia shall be vented into an adequate supply of water. For this purpose, an adequate supply of water means ten gallons of water for each gallon of liquid ammonia or fraction thereof which is contained in the hose or vessel to be vented. The ammonia should be injected into the water as near the bottom of a vented water containing vessel as practical. If a hose is used to inject ammonia into water, the hose should be weighted or secured so that the end of the hose will remain near the bottom of the vessel. An approved sparging device is recommended. Any aqueous ammonia solution resulting from the venting process shall be disposed of safely and properly.

NOTE: Ammonia vapor may be flared off when appropriate equipment is used to not allow ammonia vapor to escape unchecked into the atmosphere. This section does not apply to venting of a coupling between transfer hose and nurse tank or applicator or venting of vapor through 85 percent bleeder valve when loading a nurse tank or applicator.

~~14- 8.~~ Add the following subrule 5.10.10.1:

5.10.10.1 Anhydrous ammonia shall not be vented into the air. Each transport truck unloading point at an anhydrous ammonia storage facility shall have a valve for venting purposes installed in the piping at or near the point where the piping and hose from the transport truck are connected. Anhydrous ammonia from any transport truck hose shall be vented into an adequate supply of water. For this purpose, an adequate supply of water means ten gallons of water for each gallon of liquid ammonia or fraction thereof which could be contained in the hose. The ammonia should be injected into the water as near the bottom of a vented water containing vessel as practical. If a hose is used to inject ammonia into water, the hose should be weighted or secured so that the end of the hose will remain near the bottom of the vessel. An approved sparging device is recommended. Any aqueous solution resulting from the venting process shall be disposed of safely and properly.

~~15- 9.~~ Add the following subrule 5.10.11:

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5.10.11 All anhydrous ammonia storage locations shall have a permanent working platform installed at each nurse tank or applicator loading location. The working platform shall be designed to allow for connecting and disconnecting of transfer hoses without standing on equipment being loaded.

NOTE: This section does not apply to nurse tanks or applicators with a working surface designed for loading purposes.

~~46. 10. Strike Add the following subrule 6.3.1.1 in its entirety and insert in lieu thereof the following:~~

~~6.3.1.1 Relief valves shall be installed in a manifold or other suitable device so that they can be replaced while the container remains pressurized. See NOTE in section 5.8.7. Containers designed with internal pressure relief systems are exempt from this requirement.~~

~~47. 11. Strike subrule 9.7.3 in its entirety and insert in lieu thereof the following:~~

~~9.7.3 A cargo tank of 3,500 gallons or less water capacity may be unloaded into permanent storage locations meeting the requirements of 3.4.1 and 5.10.8 through 5.10.8.2 or into implements of husbandry meeting the requirements of 4.1 through 4.7 Section 11. A cargo tank of greater than 3,500 gallons water capacity but not greater than 5,000 gallons water capacity may be unloaded at permanent storage locations meeting the requirements of 3.4.1 3.4 and 5.10.8 through 5.10.8.2 or into a portable application equipment container which is capable of holding the entire load. A cargo tank of greater than 5,000 gallons water capacity may only be unloaded into a permanent storage location meeting the requirements of 3.4.1 3.4 and 5.10.8 through 5.10.8.2 and capable of holding the entire load.~~

~~12. Strike subrule 11.3.5 in its entirety and insert in lieu thereof the following:~~

~~11.3.5 All vapor and liquid connections, except pressure relief valves and those specifically exempt in 5.5.5 and 5.5.6, shall be equipped with approved excess flow valves or may be fitted with quick-closing internal valves, which shall remain closed except during operating periods.~~

~~1. All vapor and liquid connections shall be closed except during operation periods.~~

~~2. Shared piping where multiple containers are plumbed together shall be equipped with additional excess flow valves or back-pressure check valves or both to meet the requirements of 5.10.8.~~

~~3. Mechanical remote shut-off valves may be added or substituted for excess flow valves in the piping after the vapor and liquid connections as a means of controlling the flow.~~

~~48. 13. Strike subrule 4.6.1(4) 11.6.1 in its entirety and insert in lieu thereof the following:~~

~~4.6.1(4) 11.6.1 Each person operating, repairing appurtenances of, or inspecting a nurse tank shall comply with the following requirements:~~

~~1. Any person required to handle, transfer, transport, or otherwise work with ammonia shall be trained once each calendar year prior to handling to understand the properties of ammonia, to become competent in safe operating practices, and to take appropriate actions in the event of a leak or an emergency; and~~

~~2. Any person making, breaking or testing any ammonia connection, transferring ammonia or performing maintenance or repair on an ammonia system under pressure shall wear chemical splash goggles and protective gloves impervious to ammonia. A full face shield may be worn over the goggles. However, a face shield shall not be worn as a substitute for a primary eye protection device (goggles).~~

~~49. 14. Strike subrule 4.6.2.2 11.6.2 in its entirety- and insert in lieu thereof the following:~~

~~11.6.2 Each nurse tank shall be equipped with the following safety equipment and features:~~

~~1. Each container shall have for first-aid purposes at least 5 gallons (20 liters) of clean water in a container designed to provide ready access to the water for flushing any area of the body contacted by ammonia; and~~

~~2. A legible decal listing first-aid procedures to follow for injuries caused by ammonia.~~

~~15. Strike subrule 12.3.3 in its entirety and insert in lieu thereof the following:~~

~~12.3.3 An excess flow valve is not required in the vapor connections, provided that the controlling orifice is not in excess of 0.4375 inches (11.1 mm) in diameter and the valve is a hand-operated (attached hand wheel or equivalent) shut-off valve. Bleed off of vapors may be done into water meeting requirements of 5.10.10 if vapor connections cannot be made to the supplying vessel when filling applicator tanks. Vapors may be vented into the ground in the field of application under proper field conditions.~~

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~~20.~~ 16. Strike subrule ~~12.4.1(1)~~ 12.4.1 in its entirety and insert in lieu thereof the following:
~~12.4.1(1)~~ 12.4.1 Each person operating, repairing appurtenances of, or inspecting an applicator tank shall comply with the following requirements:

1. Any person required to handle, transfer, transport, or otherwise work with ammonia shall be trained once each calendar year prior to handling to understand the properties of ammonia, to become competent in safe operating practices, and to take appropriate actions in the event of a leak or an emergency; and

2. Any person making, breaking or testing any ammonia connection, transferring ammonia or performing maintenance or repair on an ammonia system under pressure shall wear chemical splash goggles and protective gloves impervious to ammonia. A full face shield may be worn over the goggles. However, a face shield shall not be worn as a substitute for a primary eye protection device (goggles).

This rule is intended to implement Iowa Code section 200.14.

[Filed 7/1/15, effective 1/1/16]

[Published 7/22/15]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 7/22/15.

ARC 2068C**INSPECTIONS AND APPEALS DEPARTMENT[481]****Adopted and Filed**

Pursuant to the authority of Iowa Code section 135G.10, the Department of Inspections and Appeals hereby amends Chapter 71, "Subacute Mental Health Care Facilities," Iowa Administrative Code.

These amendments implement the changes to Iowa Code chapter 135G, "Subacute Mental Health Care Facilities," resulting from 2015 Iowa Acts, Senate File 401, including an increase in the number of publicly funded subacute care facility beds from 50 to 75. 2015 Iowa Acts, Senate File 401, also allows for the treatment of persons involuntarily hospitalized in accordance with Iowa Code chapter 229. The amendments therefore eliminate the requirement in the rules that persons be voluntarily admitted to a subacute mental health care facility.

The Department does not believe that the amendments impose any financial hardship on any regulated entity, body, or individual.

Notice of Intended Action was published in the Iowa Administrative Bulletin on May 27, 2015, as **ARC 1996C**. The Department received no comments during the public comment period. These amendments are identical to those published under Notice of Intended Action.

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code section 135G.10 and 2015 Iowa Acts, Senate File 401.

These amendments shall become effective August 26, 2015.

The following amendments are adopted.

ITEM 1. Amend subrule 71.3(6) as follows:

71.3(6) *Licensed beds limit.* The total number of publicly funded subacute care facility beds licensed under this chapter shall not exceed ~~50~~ 75.

ITEM 2. Rescind subparagraph **71.13(2)"b"(2)**.

ITEM 3. Renumber subparagraphs **71.13(2)"b"(3)** to **(6)** as **71.13(2)"b"(2)** to **(5)**.

ITEM 4. Amend subparagraphs **71.13(4)"a"(2)** and **(3)** as follows:

(2) The individual can be safely maintained and effectively treated with less intensive services in a community setting; or

(3) The symptoms of the individual do not meet admission criteria in subrule 71.13(2); ~~or~~ .

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- ITEM 5. Rescind subparagraph **71.13(4)“a”(4)**.
- ITEM 6. Rescind paragraph **71.13(6)“b.”**
- ITEM 7. Reletter paragraphs **71.13(6)“c”** to **“f”** as **71.13(6)“b”** to **“e.”**

[Filed 7/1/15, effective 8/26/15]

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