

ADMINISTRATIVE RULE TRANSMITTAL

Subject of Rule Making:		
Administrative Code Chapters Affected:	Iowa Code <u>Section</u> or Bill Giving Rule Making Authority:	
Program Specialist:	Date Initiated:	Desired Effective Date:

Are you requesting emergency rule making? No Yes

Are there grounds for emergency rule making? No

Yes, because:

The period for notice and public comment may be waived because obtaining public comment is:

Unnecessary. Reason:

Impracticable. Reason:

Contrary to the public interest. Reason:

The implementation period can be waived since:

Legislation permits it. Citation:

The rule confers a benefit on the public or removes a restriction on the public. Reason:

The effective date is necessary because of imminent peril to public health, safety, or welfare. Reason:

Are public hearings needed? No Yes

Are changes to a data system needed? No Yes

Will this affect appeal volume? No Yes: Increase Decrease

Is training required? No Yes, scheduled for:

Are form changes required? No Yes, to:

Are manual changes required? No Yes, to:

Division Sign-Off:

Bureau Chief Signature:	Date
Attorney General Signature: (Approval as to form only)	Date
Division Administrator Signature:	Date

Information on Proposed Rules

Name of Program Specialist	Telephone Number	E-mail Address
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1. Give a brief summary of the rule changes:
2. What is the legal basis for the change? (Cite the authorizing state and federal statutes and federal regulations):
3. Why is the Department requesting these changes?
4. What will be the effect of this rule (who, what, when, how)?
5. What are the potential costs and benefits of this rule to the persons affected?
6. What are the potential costs and benefits of this rule to the state?
7. What are the likely areas of public comment or controversy?
8. Are there any alternatives to making these changes in rules that you considered and rejected?
9. What will be the effect on other governmental bodies (federal or state agencies, county governments)?
10. If rules do not contain waiver provisions, explain why:

Proposed Rule Changes

ADMINISTRATIVE RULE FISCAL IMPACT STATEMENT

Date:

Agency: Human Services IAC citation: 441 IAC Agency contact:
Summary of the rule:
<i>Fill in this box if the impact meets these criteria:</i> <input type="checkbox"/> No fiscal impact to the state. <input type="checkbox"/> Fiscal impact of less than \$100,000 annually or \$500,000 over 5 years. <input type="checkbox"/> Fiscal impact cannot be determined. Brief explanation:
<i>Fill in the form below if the impact does not fit the criteria above:</i> <input type="checkbox"/> Fiscal impact of \$100,000 annually or \$500,000 over 5 years.
Assumptions:
Describe how estimates were derived:

Estimated Impact to the State by Fiscal Year

	<u>Year 1 (FY)</u>	<u>Year 2 (FY)</u>
Revenue by each source:		
General fund	_____	_____
Federal funds	_____	_____
Other (specify):	_____	_____
TOTAL REVENUE	_____	_____
Expenditures:		
General fund	_____	_____
Federal funds	_____	_____
Other (specify):	_____	_____
TOTAL EXPENDITURES	_____	_____
NET IMPACT	_____	_____

_____ This rule is required by state law or federal mandate.
Please identify the state or federal law:

_____ Funding has been provided for the rule change.
Please identify the amount provided and the funding source:

_____ Funding has not been provided for the rule.
Please explain how the agency will pay for the rule change:

Fiscal impact to persons affected by the rule:

Fiscal impact to counties or other local governments (required by Iowa Code 25B.6):

Agency representative preparing estimate:
Telephone number: