

February 28<sup>th</sup>, 2020

DHS Council Members:

Enclosed, please find the materials for the March 11<sup>th</sup>, 2020 meeting.

This meeting will be held by **CONFERENCE CALL** - please see the agenda for the call-in information.

Please be sure to let me know if you will be unable to attend as a quorum is necessary.

Thank you,

*Annie Lukens*

Annie Lukens  
Executive Officer, DHS  
alukens@dhs.state.ia.us

**AGENDA**

**Wednesday, March 11, 2020**

**Time: 10:00 a.m. – 11:00 a.m.**

**Dial: 1-866-685-1580**

**Code: 515-281-7064#**

This meeting is accessible to persons with disabilities. (If you have special needs, please contact the Department of Human Services (515) 281-5455 two days prior to the meeting.) Note: Times listed on agenda for specific items are approximate and may vary depending on the length of discussion for preceding items. Please plan accordingly.

**TELECONFERENCE MEETING  
AGENDA**

- 10:00 a.m.** Call to order
- 10:05 a.m.** Approval of Minutes – February 12<sup>th</sup>, 2020
- 10:10 a.m.** Rules - **Nancy Freudenberg**

The following amendments to the administrative rules are presented for adoption at the March 11, 2020, Council on Human Services meeting:

**R-1.** Amendments to Chapter 176, “Dependent Adult Abuse,” and Chapter 177, “In-Home Health Related Care,” Iowa Administrative Code. These amendments add provisions for coordination of services to avoid duplication. The rules also add clarification when reviews need to be completed and when services may be terminated. The amendments remove form names and numbers.

**R-2.** Amendments to Chapter 187, “Aftercare Services and Support,” Iowa Administrative Code. Aftercare rules were recently changed by the Department. There was an oversight when changes were made and an incorrect dollar amount was cited in the amount of services some participants may receive for financial support for aftercare programs. This amendment corrects the rule clarifying that youth may receive up to \$300 per quarter, which was the original intent of the rule.

The following amendments to the administrative rules are presented as Noticed rules.

**N-1.** Amendments to Chapter 77, “Conditions of Participation for Providers of Medical and Remedial Care,” Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” and Chapter 79, “Other Policies Relating to Providers of Medical and Remedial Care,” Iowa Administrative Code. The Iowa Board of Pharmacy, in collaboration with the Iowa Department of Public Health, developed statewide protocols for pharmacists ordering and dispensing of naloxone and nicotine replacement therapy (NRT) tobacco cessation products, as well as pharmacists ordering and administering vaccines. In order to allow these expanded pharmacist practice protocols under Medicaid the following changes are proposed:

- Adds “Pharmacist” as a provider type eligible to enroll in the Medicaid program.
- Clarifies qualified prescriber and prescription requirements based on the pharmacist expanded practice standards.

- Amends the section related to pharmacies administering influenza vaccine to children to include all Medicaid covered vaccines for children and adds the administration of adult vaccines, pursuant to 657 IAC 39 and the statewide protocols. Also adds Medicaid verification and reporting requirements. The changes enable pharmacists to take advantage of the expanded practice standards while clarifying the Medicaid verification and reporting requirements for vaccines.
- Amends the section related to basis of reimbursement for vaccines related to pharmacies. All billing and reimbursement of vaccines, regardless of provider type, will be through the healthcare common procedure coding system (HCPCS) to ensure consistency among providers as well as a coordinated Medicaid immunization record for the member.

**N-2.** Amendments to Chapter 170, “Child Care Services,” Iowa Administrative Code. The current Child Care Assistance (CCA) Plus program is based on an income limit of 85 percent of the state median income and is limited to 12 months. The time limit is in conflict with federal regulations. Effective July 1, 2020, the time limit will be eliminated and the income eligibility criteria will be reduced to 225 percent of the federal poverty level. The change recommended by the Governor to the infant and toddler definition is also incorporated in this estimate.

- 10:35 a.m.** Council Update
- 10:45 a.m.** Director’s Report – **Director Kelly Garcia**
- 11:00 a.m.** Adjourn

**TELECONFERENCE MINUTES: COUNCIL ON HUMAN SERVICES: FEBRUARY 12th 2020**

EXECUTIVE COMMITTEE MEMBERS	DEPARTMENT OF HUMAN SERVICES
Mark Anderson, Chair – present via phone	Director Kelly Garcia – present
Kimberly Kudej – present via phone	Mikki Stier – present
Sam Wallace – present via phone	Matt Highland – present
Carol Forristall – present via phone	Nancy Freudenberg – present
Rebecca Peterson – present via phone	Annie Lukens – present
Skylar Mayberry-Mayes – present via phone	

EX-OFFICIO LEGISLATIVE MEMBERS
Representative Joel Fry – absent
Senator Mariannette Miller-Meeks – absent
Senator Amanda Ragan – absent
Representative Timi Brown-Powers – absent
GUESTS
N/A

**CALL TO ORDER**

Mark Anderson, Council Chair, called the Council meeting to order at 10:01 a.m. via conference call on Wednesday, February 12, 2020.

Mark Anderson read aloud: “This meeting of the Iowa Council on Human Services is being held in accord with Section 21.8 of the Code of Iowa entitled, “electronic meeting.” The Code states that a governmental body may conduct a meeting by electronic means if circumstances are such that a meeting in person is impossible or impractical, or if the governmental body complies with the rules. The rules essentially state that access must be provided to the public. The meeting is being held on a speaker phone in the First Floor Conference Room of the Hoover State Office Building. An agenda was sent to interested groups as well as the press advising that the meeting will be held via conference call. Minutes will be kept of the meeting.”

**ROLL CALL**

Annie Lukens, held roll call of the Council of Human Services. Attendance details listed above.

**APPROVAL OF MINUTES**

A motion was made to approve the minutes of the January 8th, 2020 meeting minutes.

*VOTE: MOTION UNANIMOUSLY CARRIED.*

## **RULES**

Nancy Freudenberg, Bureau Chief of Policy Coordination with Department of Human Services presents the following amendments to the administrative rules for adoption:

**R-1.** Amendments to Chapter 7, "Appeals and Hearings." In an ongoing effort to streamline the Department's processes and provide accessibility to consumers. The Department has revised its appeal rules with the following goals in mind:

- Simplification
- Uniformity
- Clarification of scope
- Clearly defining appeal rights
- Protecting self-represented litigants

The Department has sought to eliminate redundancies, streamline processes across programs where permissible under state and federal law, clarify circumstances in which appeal hearings are granted and ensure conformity among appeal processes.

*VOTE: MOTION UNANIMOUSLY CARRIED.*

**R-2.** Adopts a new Chapter 16, "Notices". Amendments to Chapter 14, "Offset of County Debts Owed Department"; Chapter 40, "Application for Aid," Chapter 41, "Granting Assistance," Chapter 46, "Overpayment Recovery," Chapter 74, "Iowa Health and Wellness Plan," Chapter 75, "Conditions of Eligibility," Chapter 76, "Enrollment and Reenrollment," Chapter 79, "Other Policies Relating to Providers of Medical and Remedial Care," Chapter 82, "Intermediate Care Facilities for Persons with an Intellectual Disability," Chapter 83, "Medicaid Waiver Services," Chapter 86, "Healthy and Well Kids in Iowa (Hawk-I) Program," Chapter 90, "Targeted Case Management," Chapter 91, "Medicare Drug Subsidy," Chapter 93, "PROMISE JOBS Program," Chapter 95, "Collections," Chapter 106, "Certification Standards for Children's Residential Facilities," Chapter 109, "Child Care Centers," Chapter 153, "Funding for Local Services," Chapter 170, "Child Care Services," and Chapter 187, "Aftercare Services Program," Iowa Administrative Code.

These amendments adopt a new Chapter 16, "Notices" to centralize administrative rules regarding timely and adequate notices. In addition, these amendments update cross-references in other chapters regarding timely and adequate notices based on changes in Chapter 7 cross references that are being updated. The Department is still required to provide timely and adequate notice. The rules are simply being moved from one chapter into a centrally located chapter and rules are updated accordingly.

*VOTE: MOTION UNANIMOUSLY CARRIED.*

**R-3.** Amendments to Chapter 79, "Other Policies Relating to Providers of Medical and Remedial Care." This rule updates Medical Assistance Advisory Council (MAAC) and Executive meeting rules regarding MAAC membership, voting and duties and removal of the executive committee and responsibilities based on legislative changes from the 2019 session.

*VOTE: MOTION UNANIMOUSLY CARRIED.*

**R-4.** Amendments to Chapter 79, "Other Policies Relating to Providers of Medical and Remedial Care," and Chapter 83, "Medicaid Waiver Services." Legislation from the 2019 session directed the Department to eliminate the monthly budget maximum or cap for individuals eligible for the Medicaid home and community based services (HCBS) brain injury waiver. Legislation also appropriated additional funds to adjust the per diem rates for assertive rates for assertive community treatment (ACT) Services.

*VOTE: MOTION UNANIMOUSLY CARRIED.*

The following amendments to the administrative rules are presented as Noticed rules this month.

**N-1.** Amendments to Chapter 86, “Healthy and Well Kids in Iowa (HAWK-I) Program.” Legislation from the 2019 session removes the references to the third party administrator for the Healthy and Well Kids in Iowa (Hawk-I) program. These rules also update incorrect references in the rules.

*VOTE: MOTION UNANIMOUSLY CARRIED.*

**N-2.** Amendments to Chapter 176, “Dependent Adult Abuse.” Two pieces of legislation recently passed in the 2019 session which resulted in proposed rule changes. HF 569 added personal degradation as a category for dependent adult abuse. HF 323 changed the definition of personal degradation for dependent adult abuse. These proposed rules define dependent adult abuse and the criteria for outcome determinations for dependent adult abuse evaluations conducted by the Department for personal degradation.

*VOTE: MOTION UNANIMOUSLY CARRIED.*

**N-3.** Amendments to Chapter 176, “Dependent Adult Abuse,” and Chapter 177, “In-Home Health Related Care.” These proposed amendments add provisions for coordination of services to avoid duplication. The rules also add clarification when reviews need to be completed and when services may be terminated. The amendments remove form names and numbers.

*VOTE: MOTION UNANIMOUSLY CARRIED.*

**N-4.** Amendments to Chapter 187, “Aftercare Services and Support.” Aftercare rules were recently changed by the Department. There was an oversight when changes were made and an incorrect dollar amount was cited in the amount of services some participants may receive for financial support for aftercare programs. This proposed amendment corrects the rule clarifying that youth may receive up to \$300 per quarter, which was the original intent of the rule.

*VOTE: MOTION UNANIMOUSLY CARRIED.*

### **MANAGED CARE UPDATE**

Mike Randol and Mary Stewart presented update:

- This quarterly report is focused on key descriptors and measures that provide information about the managed care implementation and operations.
- While this report does contain operational data that can be an indicator of positive member outcomes, standardized, aggregate health outcome measures are reported annually. This will include measures associated with HEDIS®1 CAHPS2, and measures associated with the 3M Treo Value Index Score tool developed for the State Innovation Model (SIM) grant that the state has with the Centers for Medicare and Medicaid Services (CMS).
- The reports are largely based on managed care claims data. Because of this, the data will not be complete until a full 180 days has passed since the period reported. However, based on our knowledge of claims data this accounts for less than 15% of the total claim volume for that reporting period.
- The Medical Loss Ratio information is reflected as directly reported by the MCOs.
- The Department validates the data by looking at available fee-for-service historical baselines, encounter data, and by reviewing the source data provided by the MCOs.

### **COUNCIL UPDATE**

Mark Anderson discusses being approached by a citizen regarding a juvenile with multiple mental illnesses but has not committed a crime so does not fit the requirement to be admitted. This information has been taken to the director to look into.

No other reports

## **DIRECTORS REPORT**

### **Organization Updates**

- An updated table of organization
- I want to share with you that Mikki Stier expressed her intent to resign. Her last day in the office will be April 17, 2020.
- I thank Ms. Stier for her years of service to the State of Iowa. I look forward to building a team that yields strong oversight and operational efficiencies to ensure that Iowans receive the highest quality services.
- The Department will post two new positions in the immediate future, Deputy of Client Services (DCS) and Chief Operating Officer (COO).
  - The DCS will oversee work to connect all client services—mental health, medical, developmental and other services to better meet the needs of the whole person. This deputy will also be charged with ensuring connections exist to other agencies which provide client services.
  - The COO will focus on connection points between the agency's significant administrative services (IT, fiscal, and procurement) and will ensure these structures work together to support the client service functions.

### **Glenwood Update**

- The Department is not going to comment on pending litigation, but DHS is committed to ensuring the safety and well-being of those we serve, and our employees. We continue to take all necessary action to address all allegations.
- We held both staff and family town halls
  - The family town hall we held the Saturday before last.
    - There were tough conversations, which is to be expected.
    - They were concerned about their loved ones, they wanted accountability and to know who knew what when.
    - And, they wanted us to know that Glenwood has provided the best to care to their loved ones and they want the facility to stay open.
  - The staff town halls we held on last Thursday, February 6.
    - 21 hours of discussion
    - 102, or about a third of direct care staff
    - 13 pages of notes
    - 4 consistent themes: Communication, trust, scheduling and training.
- There is a lot of work to do to build trust and improve communication from the leadership team and supervisors to direct care staff.
- This Friday I will return to Glenwood to hear from the leadership team.
- DOJ is on-site this week, and I will meet with them on Friday.
- They too will be having office hours to hear directly from staff.

### **Tours of Facilities and Providers around the State**

- Last week I toured Woodward Resource center.
- I have now visited all DHS facilities within my first 100 days.
  - It's clear at Woodward they have a strong leadership team with a great sense of trust among their staff.
  - Certainly some best practices and approaches to share with Glenwood.
  - As we move forward, it will be important for the new DA of facilities to encourage information and practice sharing among facilities.

- I continue to get out and meet not just our staff but a variety of stakeholders and providers throughout the state.
- A couple of weeks ago, I joined Rebecca at the House of Mercy recently, which was a really special tour.
  - Some of our social workers from the Des Moines Service Area joined us and we talked about some of the interesting work their doing, some of the areas they're expanding, and talked about some potential pilot projects in the future.
  - I've asked Rebecca to present at a future council meeting to highlight the unique work they do and look forward to her presentation.
- And, I also recently went to Iowa City to meet with Senator Bolckcom and several providers in the area.
  - We had productive discussions around their region's mental health progress and I also met with providers who work closely with individuals with intellectual disabilities.
  - We toured one provider's facility, where they should us some pretty incredible programming for those they serve.
  - And we'll also be exploring partnerships showcasing some of their creative arts programs. So lots of fun things in the works.

#### **Meeting with Legislators and Confirmation**

- I've spent a lot of time in the past several weeks meeting with legislators to provide them updates, mostly on GRC and Medicaid, but also to see what they're hearing from constituents.
- I was introduced to the Senate on Monday, as part of the confirmation process and later today I will go before the Human Resources committee in preparation for a vote.
  - It's been an honor to serve Iowans in this crucial role at this critical time and I am hopeful I'll be able to continue to help to improve the lives of Iowa's families who rely on us.

#### **NEXT MEETING**

The next meeting of the Council on Human Services is Wednesday, March, 11<sup>th</sup> 2020 and will be a teleconference.

#### **ADJOURN**

Council on Human Services teleconference meeting held on February 12<sup>th</sup>, 2020 adjourned at 11:04am CST.

February 28, 2020

Dear Council Member:

The following amendments to the administrative rules are presented for adoption at the March 11, 2020, Council on Human Services meeting:

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- Amends the section related to pharmacies administering influenza vaccine to children to include all Medicaid covered vaccines for children and adds the administration of adult vaccines, pursuant to 657 IAC 39 and the statewide

protocols. Also adds Medicaid verification and reporting requirements. The changes enable pharmacists to take advantage of the expanded practice standards while clarifying the Medicaid verification and reporting requirements for vaccines.

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Sincerely,

***Nancy Freudenberg***

Nancy Freudenberg  
Bureau Chief  
Policy Coordination

Enclosures

**HUMAN SERVICES DEPARTMENT [441]**

**Adopted and Filed**

**Rulemaking related to coordination of services and reviews**

The Department hereby amends Chapter 177, “In-Home Health Related Care,” Iowa Administrative Code.

*Legal Authority for Rule Making*

This rule making is adopted under the authority provided in Iowa Code section 234.6.

*State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code section 234.6.

*Purpose and Summary*

The amendments add provisions for coordination of services to avoid duplication. The amendments also add clarification when reviews need to be completed and when services may be terminated. These amendments remove form names and numbers.

*Public Comment and Changes to Rule Making*

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on January 29, 2020, as **ARC 4888C**.

No public comments were received.

No changes from the Notice have been made.

### *Adoption of Rule Making*

This rule making was adopted by the Council on Human Services on March 11, 2020.

### *Fiscal Impact*

These proposed amendments may reduce state supplementary assistance payments through coordination of services provided to the client. However, in-home health-related care (IHHRC) expenditures have been declining since FY 2017, and the Department does not expect this rule provision to fundamentally change the overall cost trend.

### *Jobs Impact*

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

### *Waivers*

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to rule 441-1.8(17A,217).

### *Review by Administrative Rules Review Committee*

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

*Effective Date*

This rule making will become effective on May 15, 2020.

The following rule-making action is adopted:

ITEM 1. Amend subrule 177.4(1) as follows:

**177.4(1) Eligible individual.**

a. No change.

b. The physician's certification shall include a statement of the specific health care services and that the services can be provided in the individual's own home. The certification shall be given on ~~Form 470-0673, Physician's Report~~, a form prescribed by the department or on a similar plan of care form presently used by public health agencies.

c. and d. No change.

ITEM 2. Amend subrule 177.4(2) as follows:

**177.4(2) Relationship to other programs.** In-home ~~health-related~~ health-related care shall be provided only when other ~~existing~~ programs cannot meet the client's need. There shall be no duplication of services.

ITEM 3. Amend subrule 177.4(4) as follows:

**177.4(4) Service plan.** A complete service plan shall be prepared which includes the services needed, the plan for providing these services, and the health care plan defined in rule ~~441—~~177.6(249). The service plan shall be developed following consultation between the client's service worker and case manager to avoid all duplication of services. Consultation shall include current services provided to the client, payer sources, level of service needs, and service history.

ITEM 4. Amend subrule 177.4(10) as follows:

**177.4(10) Application.** Application for in-home ~~health-related~~ health-related care shall be made on ~~Form 470-2927 or 470-2927(S), Health Services Application~~ a form prescribed by the department. An eligibility determination shall be completed within 30 days from the date of the application, unless one or more of the following conditions exist:

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

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

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

d. The application is pending because ~~Form 470-0636, Provider Agreement~~, the provider agreement has not been completed and completion is beyond control of the client. When ~~Form 470-0636~~ the provider agreement cannot be completed due to the client's failure to locate a provider, applications shall not be held pending beyond 60 days from the date of application.

ITEM 5. Amend subrule 177.5(2) as follows:

**177.5(2) Health assessment.** The provider shall obtain certification that the provider is physically and emotionally capable of providing assistance to another person who may have physical and emotional limitations.

a. The certification shall be based on an examination performed by a physician or advanced registered nurse practitioner or by a physician assistant who is working under the direction of a physician. If the provider works for an agency, the practitioner performing the examination may not be employed by the same agency.

b. The practitioner conducting the examination shall indicate the certification by signing ~~Form 470-0672, Provider Health Assessment~~ the provider health assessment.

c. The certification shall be submitted to the department service worker:

(1) Before the provider agreement is signed, and

(2) Annually thereafter.

ITEM 6. Amend subrule 177.6(3) as follows:

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

- a. At a minimum of every 60 days by the physician, including a written recertification of continuing appropriateness of the plan;
- b. At a minimum of every six months by the service worker, including a review of the total care plan and consultation with the client's case manager to consider any change in the client's payer sources, level of service needs, current services provided, and service history;
- c. At a minimum of every 60 days by the nurse who shall review the nursing plan; ~~or~~
- d. More frequently if required by the physician, the service worker, or the nurse; or
- e. Upon notification of initiation of waiver services.

ITEM 7. Amend subrule 177.9(3) as follows:

**177.9(3) Provider agreement.** The client and the provider shall enter into an agreement, using ~~Form 470-0636, Provider Agreement~~ the provider agreement form, prior to the provision of service. Any reduction to the state supplemental assistance program shall be applied to the maximum amount paid by the department of human services as stated in the ~~Provider Agreement~~ provider agreement by using ~~Form 470-1999, Amendment~~ the separate amendment to Provider Agreement provider agreement form.

ITEM 8. Amend rule 441—177.11(249) as follows:

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

**177.11(1) Request.** Upon the request of the client or legal representative.

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

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

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

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

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

**177.11(7) Qualified health care services absent.** Qualified health care services are health care services supervised by a registered nurse and approved by a physician. When a registered nurse is not available to supervise the in-home service and health care plan, or when a physician or nurse practitioner is not available to review or approve the health care plan, the state supplementary assistance payment shall be terminated.



Iowa Department of Human Services **Information on Proposed Rules**

Name of Program Specialist Gloriana Fisher	Telephone Number 515-281-5392	Email Address gfisher@dhs.state.ia.us
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1. Give a brief purpose and summary of the rulemaking: This change to administrative rules is designed to:
  - a. Outline coordination of services providers to avoid cost associated with duplication of direct services.
  - b. Remove form numbers from administrative rule.
  - c. Amend termination provisions to include termination grounds if qualified health care services are absent, which is a requirement of the program.
  
2. What is the legal basis for the change? (Cite the authorizing state and federal statutes and federal regulations):

Administrative rules are derived from Iowa Code Chapter 249 on State Supplementary Assistance.
  
3. Describe who this rulemaking will positively or adversely impact.
  - a. There will be a reduction of state supplementary assistance payments through coordination of services provided to the client. Future impact would be positive for IDHS and stakeholders with improved coordination of services.
  - b. IDHS will not have to alter administrative rules if form numbers or name change. Future impact would be positive for IDHS and stakeholders via reduced rule changes and reduced confusion if form numbers or form names change.
  - c. Reduced liability and clearer provisions for termination to reduce appeals and overturning of appeals with benefit IDHS. The concern is that statewide, finding nurses to oversee IHRC is challenging so many clients cannot have the service or will lose the service as agencies increasingly decide not to be providers if they see the program as a liability.
  
4. Does this rule contain a waiver provision? If not, why? No. Not applicable.
  
5. What are the likely areas of public comment?
  - a. Services could be impacted if service level needs don't align. b.
  - N/A
  - c. Nursing oversight is difficult to find and keep in place.
  
6. Do these rules have an impact on private-sector jobs and employment opportunities in Iowa? (If yes, describe nature of impact, categories and number of jobs affected, state regions affected, costs to employer per employee.) No such impact is anticipated.

**Administrative Rule Fiscal Impact Statement**

Date: September 5, 2019

**Agency:** Human Services  
**IAC citation:** 441 IAC 177  
**Agency contact:** Gloriana Fisher, Social Worker 6

**Summary of the rule:**

The rule adds provisions for coordination of services to avoid duplication, removes form numbers, and adds a services termination provision.

*Fill in this box if the impact meets these criteria:*

- No fiscal impact to the state.
- Fiscal impact of less than \$100,000 annually or \$500,000 over 5 years.
- Fiscal impact cannot be determined.

**Brief explanation:**

[Budget Analysts must complete this section for ALL fiscal impact statements.](#)

These changes may reduce state supplementary assistance payments through coordination of services provided to the client. However, In-Home Health Related Care (IHHRC) expenditures have been declining since SFY17 and the department does not expect this rule provision to fundamentally change the overall trend in program cost.

The revised termination provisions could impact the number enrolled in the program, but this is already a program requirement so any impact is expected to be minimal.

The removal of form numbers will have no fiscal impact.

*Fill in the form below if the impact does not fit the criteria above:*   
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 2020)</u>	<u>Year 2 (FY 2021)</u>
<b>Revenue by each source:</b>	General fund	Federal funds
Other (specify):	_____	_____
	_____	_____
<b>TOTAL REVENUE</b>	_____	_____
	_____	_____
<b>Expenditures:</b>		
General fund	Federal funds	Other (specify):
	_____	_____
	_____	_____
	_____	_____
<b>TOTAL EXPENDITURES</b>	<b>NET IMPACT</b>	
	_____	_____
	_____	_____

This rule is required by state law or federal mandate.

*Please identify the state or federal law:*

Identify provided change fiscal persons:

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:*

No significant impact is anticipated and any impact is expected to result in a savings.

**Fiscal impact to persons affected by the rule:**

Ensuring services are coordinated and program requirements are met should have a positive impact on stakeholders. No significant fiscal impact is anticipated.

**Fiscal impact to counties or other local governments (required by Iowa Code 25B.6):** None anticipated.

Agency representative preparing estimate: Joe Havig

Telephone number: 515-281-6022

**HUMAN SERVICES DEPARTMENT [441]**

**Adopted and Filed**

**Rulemaking related to aftercare amounts**

The Department of Human Services hereby amends Chapter 187, “Aftercare Services Program,” Iowa Administrative Code.

*Legal Authority for Rule Making*

This rule making is adopted under the authority provided in Iowa Code section 234.46.

*State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code section 234.46.

*Purpose and Summary*

When Chapter 187 was recently amended, the new language was unclear. The Department believes there was an oversight when changes were made, and the result was that some participants may receive less financial support than was intended. This proposed amendment corrects that error by clarifying that youth who previously received aftercare services may receive up to \$300 per quarter in postservices funds, which was the intent of the original amendment. This is the amount available to each youth per the aftercare contract.

*Public Comment and Changes to Rule Making*

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on January 29, 2020, as **ARC 4889C**.

No public comments were received.

No changes from the Notice have been made.

#### *Adoption of Rule Making*

This rule making was adopted by the Council on Human Services on March 11, 2020.

#### *Fiscal Impact*

This rule making has no fiscal impact to the state of Iowa.

#### *Jobs Impact*

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

#### *Waivers*

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to rule 441-1.8(17A, 217).

#### *Review by Administrative Rules Review Committee*

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

*Effective Date*

This rule making will become effective on May 13, 2020.

The following rule-making action is adopted:

Amend subrule 187.3(7) as follows:

**187.3(7) Postservices allowance.** Youth 21 or 22 years of age who previously received aftercare services may receive postservices funds if they meet all of the following criteria:

- a.* The youth is participating in postservices as described in subrule 187.3(3).
- b.* A budget discussion has been completed timely by the youth with a self-sufficiency advocate.
- c.* The need has been identified in the individual self-sufficiency plan.
- d.* The postservices funds approved for the youth have not exceeded ~~\$600 for the previous 12-month period~~ \$300 for a three-month period calculated from the date of initiation of postservices.



Iowa Department of Human Services  
Information on Proposed Rules

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Name of Program Specialist	Telephone Number	Email Address
Doug Wolfe	242-5452	dwolfe@dhs.state.ia.us

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1. Give a brief purpose and summary of the rulemaking:

Aftercare rules were changed recently (ARC4369C). We believe there was an oversight when changes were made after the public comment period, and the result is that some participants may receive less financial support than was intended. The change here fixes that by clarifying the youth may receive up to \$300 per quarter, which was the intent of the original rule change is the amount available to youth, per the aftercare contract.

2. What is the legal basis for the change? (Cite the authorizing state and federal statutes and federal regulations):

OHS is responsible to write rules for the Preparation for Adult Living Program, per Iowa Code 234.46.2.

3. Describe who this rulemaking will positively or adversely impact.

This will help young people enter adulthood with the support needed to be successful.

4. Does this rule contain a waiver provision? If not, why?

No

5. What are the likely areas of public comment?

We expect support from juvenile court partners and youth advocates. No resistance is expected.

6. Do these rules have an impact on private-sector jobs and employment opportunities in Iowa? (If yes, describe nature of impact, categories and number of jobs affected, state regions affected, costs to employer per employee.)

Successful transitions from foster care to aftercare means youth are better prepared to enter the workforce. This can be seen as a positive benefit to private sector jobs and employment opportunities.



# Administrative Rule Fiscal Impact Statement

Date: November 5, 2019

Agency: Human Services  
 iAC citation: 441 IAC 187  
 Agency contact: Doug Wolfe

**Summary of the rule:**

Aftercare rules were changed recently (ARC4369C). We believe there was an oversight when changes were made after the public comment period, and the result is that some participants may receive less financial support than was intended. The change here fixes that by aligning the errant paragraph with an earlier reference to the same funds.

*Fill in this box if the impact meets these criteria:*

No fiscal impact to the state.

- Fiscal impact of less than \$100,000 annually or \$500,000 over 5 years.
- Fiscal impact cannot be determined.

**Brief explanation:**

Budget Analysts must complete this section for ALL fiscal impact statements.

There is no fiscal impact expected since this is correcting an oversight that would have caused some participants to receive less financial support than was originally intended.

*Fill in the form below if the impact does not fit the criteria above:*

- Fiscal impact of \$100,000 annually or \$500,000 over 5 years.

**Assumptions:**

NA

**Describe how estimates were derived:**

NA

Estimated Impact to the State by Fiscal Year

Year 1 (FY 2021)

Year 2 (FY 2022)

Revenue by each source:

General fund

Federal funds

Other (specify):

TOTAL REVENUE

Expenditures:

General fund

Federal funds

Other (specify):

TOTAL EXPENDITURES

NET IMPACT

D This rule is required by state law or federal mandate.

Please identify the state or federal law:

Identify provided change fiscal persons:

D Funding has been provided for the rule change.

Please identify the amount provided and the funding source:

[g] Funding has not been provided for the rule.

Please explain how the agency will pay for the rule change:

There is no fiscal impact

Fiscal impact to persons affected by the rule:

N/A

Fiscal impact to counties or other local governments (required by Iowa Code 258.6):

N/A

Agency representative preparing estimate: David O. Philmon, Jr

Telephone number: 515-281-6856

**HUMAN SERVICES DEPARTMENT [441]**

**Notice of Intended Action**

**Proposing rule making related to statewide protocols for pharmacist ordering and dispensing of naloxone and nicotine replacement therapy tobacco cessation products, as well as pharmacist ordering and administering vaccines and providing an opportunity for public comment.**

The Human Services Department hereby proposes to amend Chapter 77, “Conditions of Participation for Providers of Medical and Remedial Care,” Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” and Chapter 79, “Other Policies Relating To Providers Of Medical And Remedial Care,” Iowa Administrative Code.

*Legal Authority for Rule Making*

This rule making is proposed under the authority provided in Iowa Code chapter 39 and Iowa Code section 249.4.

*State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code chapter 39 and Iowa Code section 249.4.

*Purpose and Summary*

The Iowa Board of Pharmacy, in collaboration with the Iowa Department of Public Health, developed statewide protocols for pharmacists ordering and dispensing of naloxone and nicotine replacement therapy (NRT) tobacco cessation products, as well as pharmacists ordering and administering vaccines. In order to allow these expanded pharmacist practice protocols under Medicaid the following changes are proposed:

- Adds “Pharmacist” as a provider type eligible to enroll in the Medicaid program.
- Clarifies qualified prescriber and prescription requirements based on the pharmacist expanded practice standards.
- Amends the section related to pharmacies administering influenza vaccine to children to include all Medicaid covered vaccines for children and adds the administration of adult vaccines, pursuant to 657 IAC 39 and the statewide protocols. Also adds Medicaid verification and reporting requirements. The changes enable pharmacists to take advantage of the expanded practice standards while clarifying the Medicaid verification and reporting requirements for vaccines.
- Amends the section related to basis of reimbursement for vaccines related to pharmacies. All billing and reimbursement of vaccines, regardless of provider type, will be through the healthcare common procedure coding system (HCPCS) to ensure consistency among providers as well as a coordinated Medicaid immunization record for the member.

*Fiscal Impact*

To the extent that naloxone and NRT are currently being provided to Medicaid members based on a currently authorized prescriber prescription, the proposed changes would be a different access point to the products. If a Medicaid member is not currently accessing these products through a currently authorized Medicaid provider, the proposed changes could increase the number of prescriptions for these categories of drugs, resulting in an increase in expenditures. The extent of this potential fiscal impact can't be determined. To the extent pharmacists are currently administering vaccines dispensed through Pharmacy point of sales, there could be two potential fiscal impacts depending on the route of vaccine administration.

*Jobs Impact*

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

### *Waivers*

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to 441-1.8(17A, 217).

### *Public Comment*

Any interested person may submit written comments concerning this proposed rulemaking. Written comments in response to this rule making must be received by the Department no later than 4:30 p.m. on March 31, 2020. Comments should be directed to:

Nancy Freudenberg  
Iowa Department of Human Services  
Hoover State Office Building, Fifth Floor  
1305 East Walnut Street  
Des Moines, Iowa 50319-0114  
Email: [appeals@dhs.state.ia.us](mailto:appeals@dhs.state.ia.us)

### *Public Hearing*

No public hearing is scheduled at this time. As provided in Iowa Code section 17A.4(1)“b,” an oral presentation regarding this rule making may be demanded by 25 interested persons, a governmental subdivision, the Administrative Rules Review Committee, an agency, or an association having 25 or more members.

### *Review by Administrative Rules Review Committee*

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee’s meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rule-making action is proposed:

## Proposed Rule Changes

**ITEM 1.** Amend rule 441—77 CONDITIONS OF PARTICIPATION FOR PROVIDERS OF MEDICAL AND REMEDIAL CARE by adding the following:

441—77.57 (249A) Pharmacists. An authorized pharmacist licensed to practice in the state of Iowa is eligible to participate in the program.

**ITEM 2.** Amend rule 441—78.2(249A) Prescribed outpatient drugs as follows:

441—78.2(1) Qualified prescriber. 441—78.2(1. All drugs are covered only if prescribed or ordered by an Iowa Medicaid enrolled practitioner licensed or registered to prescribe as specified in Iowa Code section 155A.3(38). a legally qualified practitioner. Pursuant to Public Law 111-148, Section 6401, any practitioner prescribing drugs must be enrolled with the Iowa Medicaid enterprise in order for such prescribed drugs to be eligible for payment.

441—78.2(2) Prescription required. As a condition of payment for all drugs, including “nonprescription” or “over-the-counter” drugs that may otherwise be dispensed without a prescription, prescription or drug order, a prescription or drug order shall be transmitted as specified in Iowa Code sections 124.308, 155A.3 and 155A.27 by the practitioner to the pharmacy, subject to the provisions of Iowa Code section 155A.29 regarding refills. All prescriptions or drug orders shall be available for audit by the department.

**ITEM 3.** Rescind and replace rule 441—78.42(249A) as follows:

~~441—78.42(249A) Pharmacies administering influenza vaccine to children. Payment will be made to a pharmacy for the administration of influenza vaccine available through the Vaccines for Children (VFC) Program administered by the department of public health if the pharmacy is enrolled in the VFC program. Payment will be made for the vaccine only~~

## Proposed Rule Changes

~~if the VFC program stock has been depleted.~~

**441—78.42(249A) Pharmacies administering covered vaccines.** Payment will be made to a pharmacy for the following, when the authorized pharmacist administering the vaccine meets all Iowa Board of Pharmacy expanded practice standards and Medicaid requirements:

- a. Vaccines Administered to Children. Payment will be made to an enrolled pharmacy for an administration fee for vaccines available through the Vaccines for Children (VFC) Program administered by the department of public health if the pharmacy is enrolled in the VFC program. Payment will be made for the vaccine cost only if the VFC program stock has been depleted.
- b. Vaccines Administered to Adults. Payment will be made to an enrolled pharmacy for an administration fee and vaccine cost.
- c. Verification and Reporting. Prior to the ordering and administration of an immunization pursuant to statewide protocol, the authorized pharmacist shall consult and review the statewide immunization registry (IRIS). Within thirty (30) calendar days following administration of any vaccine, the pharmacist shall report such administration to the patient's primary health care provider, primary physician, and IRIS. If a patient does not have a primary health care provider, the pharmacist shall provide the patient with a written record of the vaccine administered to the patient and shall advise the patient to consult a physician.

## Proposed Rule Changes

**ITEM 4.** Amend rule 441—79.1(2) Basis of reimbursement of specific provider categories as follows:

Provider category	Basis of reimbursement	Upper limit
Pharmacy <u>vaccine</u> administration <del>of influenza vaccine to children</del>	Physician fee schedule for immunization administration	Fee schedule in effect 6/30/13 plus 1%.

**ITEM 5.** Rescind rule 441—79.1(8) *Drugs “i”* as follows:

~~Vaccines for Children Program. All providers administering vaccines available through the Vaccines for Children Program to Medicaid members shall enroll in the Vaccines for Children Program. In lieu of payment, vaccines available through the Vaccines for Children Program shall be accessed from the department of public health for Medicaid members. Providers may receive Medicaid reimbursement for the administration of vaccines to Medicaid members through the otherwise applicable reimbursement for inpatient or outpatient services.~~



Iowa Department of Human Services  
**Information on Proposed Rules**

Name of Program Specialist Susan Parker	Telephone Number 256-4634	Email Address sparker2@dhs.state.ia.us
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1. Give a brief purpose and summary of the rulemaking:

The Iowa Board of Pharmacy, in collaboration with the Iowa Department of Public Health, developed statewide protocols for pharmacist ordering and dispensing of naloxone and nicotine replacement therapy (NRT) tobacco cessation products, as well as pharmacist ordering and administering vaccines. In order to allow these expanded pharmacist practice protocols under Medicaid the following changes are proposed:

- Adds “Pharmacist” as a provider type eligible to enroll in the Medicaid program.
- Clarifies qualified prescriber and prescription requirements based on the pharmacist expanded practice standards.
- Amends the section related to pharmacies administering influenza vaccine to children to include all Medicaid covered vaccines for children and adds the administration of adult vaccines, pursuant to 657 IAC 39 and the statewide protocols. Also adds Medicaid verification and reporting requirements. The changes enable pharmacists to take advantage of the expanded practice standards while clarifying the Medicaid verification and reporting requirements for vaccines.
- Amends the section related to basis of reimbursement for vaccines related to pharmacies. All billing and reimbursement of vaccines, regardless of provider type, will be through the healthcare common procedure coding system (HCPCS) to ensure consistency among providers as well as a coordinated Medicaid immunization record for the member.

2. What is the legal basis for the change? (Cite the authorizing state and federal statutes and federal regulations):

Iowa Code 249A.4; 657 IAC Chapter 39.

3. Describe who this rulemaking will positively or adversely impact.

The addition of pharmacists as a provider type accommodates the expanded practice standards under the Iowa Board of Pharmacy rules and protocols. The proposed changes will provide an additional access point for Medicaid members to obtain naloxone, NRT and vaccines without the need for an office appointment.

4. Does this rule contain a waiver provision? If not, why?

This amendment does not provide for waiver in specified situations because the policies addressed should apply in all cases and because a waiver can be requested under the Department’s general rule on exceptions at Iowa Admin. Code r. 441--1.8.

5. What are the likely areas of public comment?

Pharmacists and presumably other providers, will be supportive of the pharmacist enrollment changes to allow ordering as limited by the Board of Pharmacy as the rules and protocols are already in effect.

6. Do these rules have an impact on private-sector jobs and employment opportunities in Iowa? (If yes, describe nature of impact, categories and number of jobs affected, state regions affected, costs to employer per employee.)

No.



## Administrative Rule Fiscal Impact Statement

Date: August 15, 2019

**Agency:** Human Services  
**IAC citation:** 441 IAC – 77, 78 & 79  
**Agency contact:** Susan Parker

### Summary of the rule:

The Iowa Board of Pharmacy, in collaboration with the Iowa Department of Public Health, developed statewide protocols for pharmacist ordering and dispensing of naloxone and nicotine replacement therapy (NRT) tobacco cessation products, as well as pharmacist ordering and administering vaccines. The proposed changes will allow these expanded pharmacist practice protocols under Medicaid. Additionally changes are proposed to the basis of reimbursement for vaccines to accommodate these changes.

*Fill in this box if the impact meets these criteria:*

- No fiscal impact to the state.
- Fiscal impact of less than \$100,000 annually or \$500,000 over 5 years.
- Fiscal impact cannot be determined.

### Brief explanation:

[Budget Analysts must complete this section for ALL fiscal impact statements.](#)

To the extent that naloxone and NRT are currently being provided to Medicaid members based on a currently authorized prescriber prescription, the proposed changes would just be a different access point to the product(s). If a Medicaid member is not currently accessing these products through a currently authorized Medicaid prescriber, the proposed changes could increase the number of prescriptions for these categories of drugs, resulting in an increase in expenditures. The extent of this potential fiscal impact cannot be determined.

Programming changes are required under both the MMIS and Pharmacy Point of Sale (POS) however there are no associated costs under either contract related to these changes.

To the extent pharmacist are currently administering vaccines "dispensed" through Pharmacy POS, there could be two potential fiscal impacts depending on the route of vaccine administration.

- a. There could potentially be savings related to the difference in the current dispensing fee (\$10.07) paid under pharmacy policy and the transition to the reimbursement of the 90471 (percutaneous, intradermal, subcutaneous or intramuscular injections) administration fee (\$5.09) under medical policy.
- b. There could be an increased cost related to the difference in the current dispensing fee (\$10.07) paid under pharmacy policy and the transition to the reimbursement of the 90473 (intranasal or oral route) administration fee (\$12.88) under medical policy.

Additionally there is a potential for an increase in the number of vaccines billed by the pharmacy with these proposed changes, which could lead to an increase in total vaccine expenditures (product plus administration cost). The extent of this potential fiscal impact cannot be determined.

*Fill in the form below if the impact does not fit the criteria above:*

- Fiscal impact of \$100,000 annually or \$500,000 over 5 years.



Funding has not been provided for the rule.  
*Please explain how the agency will pay for the rule change:*  
The fiscal impact is not known.

***Fiscal impact to persons affected by the rule:***  
The extent of any fiscal impact cannot be determined.

***Fiscal impact to counties or other local governments (required by Iowa Code 25B.6):***  
No fiscal impact.

Agency representative preparing estimate: Jason Buls  
Telephone number: 515-281-5764

**HUMAN SERVICES DEPARTMENT[441]**

**Notice of Intended Action**

**Proposing rule making related to eligibility guidelines  
and providing an opportunity for public comment**

The Human Services Department hereby proposes to amend Chapter 170, “Child Care Services,” Iowa Administrative Code.

*Legal Authority for Rule Making*

This rule making is proposed under the authority provided in Iowa Code section 234.6.

*State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code section 234.6.

*Purpose and Summary*

The proposed amendments update the eligibility guidelines for the Child Care Assistance (CCA) Plus program. The 12-month limit on eligibility is being removed, and the income guidelines are being revised. The definition of “infant and toddler” in the payment rate tables is being revised to include children up to three years old, and the definition of “preschool” is being revised accordingly.

*Fiscal Impact*

The current CCA Plus program is based on an income limit of 85 percent of the state median income and is limited to 12 months. The time limit is in conflict with federal regulations. Effective July 1, 2020, the time limit will be eliminated and the income eligibility criteria will be reduced to 225 percent of the federal poverty level. Caseloads are projected to temporarily decrease slightly in SFY 2021 as the cases transition to the new eligibility criteria. The change recommended by the Governor to the infant and toddler definition is also incorporated in this estimate. \$354 is the projected average monthly cost per case for the CCA Plus program for SFY 2021 based on actuals through December 31, 2019, including the additional cost to the CCA Plus program due to the change to the infant and toddler definition.

*Jobs Impact*

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

*Waivers*

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to rule 441—1.8(17A,217).

*Public Comment*

Any interested person may submit written comments concerning this proposed rule making. Written comments in response to this rule making must be received by the Department no later than 4:30 p.m. on March 17, 2020. Comments should be directed to:

Nancy Freudenberg

Iowa Department of Human Services  
Hoover State Office Building, Fifth Floor  
1305 East Walnut Street  
Des Moines, Iowa 50319-0114  
Email: [appeals@dhs.state.ia.us](mailto:appeals@dhs.state.ia.us)

*Public Hearing*

No public hearing is scheduled at this time. As provided in Iowa Code section 17A.4(1)“b,” an oral presentation regarding this rule making may be demanded by 25 interested persons, a governmental subdivision, the Administrative Rules Review Committee, an agency, or an association having 25 or more members.

*Review by Administrative Rules Review Committee*

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee’s meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rule-making actions are proposed:

ITEM 1. Rescind paragraph **170.2(1)“a”** and adopt the following **new** paragraph in lieu thereof:

*a. Income limits.*

(1) For initial eligibility, an applicant family’s nonexempt gross monthly income as established in paragraph 170.2(1)“c” cannot exceed the amounts in this subparagraph.

1. 145 percent of the federal poverty level applicable to the family size for children needing basic care; or
2. 200 percent of the federal poverty level applicable to the family size for children needing special-needs care; or
3. 85 percent of Iowa’s median family income, if that figure is lower than the standard in numbered paragraph “1” or “2.”

(2) For ongoing eligibility, at the time of a family’s annual eligibility redetermination as described in subrule 170.3(5), the family’s nonexempt gross monthly income as established in paragraph 170.2(1)“c” cannot exceed the amounts in this subparagraph.

1. 225 percent of the federal poverty level applicable to the family size for children needing basic care or special-needs care; or
2. 85 percent of Iowa’s median family income, if that figure is lower than the standard in numbered paragraph “1.”

ITEM 2. Amend paragraph **170.4(2)“a”** as follows:

*a. Sliding fee schedule.*

(1) The fee schedule shown in the following table is effective for eligibility determinations made on or after July 1, ~~2019~~ 2020:

Level	Monthly Income According to Family Size												Unit Fee Based on Number of Children in Care			
	1	2	3	4	5	6	7	8	9	10	11	12	13 +	1	2	3 or more
A	\$989	\$1340	\$1389	\$2390	\$2389	\$2399	\$3388	\$3399	\$3378	\$4413	\$4448	\$4483	\$5488	\$0.00	\$0.00	\$0.00
	\$1340	\$1389	\$2390	\$2389	\$2399	\$3388	\$3399	\$3378	\$4413	\$4448	\$4483	\$5488	\$5488			
	\$1340	\$1389	\$2390	\$2389	\$2399	\$3388	\$3399	\$3378	\$4413	\$4448	\$4483	\$5488	\$5488			
	\$1340	\$1389	\$2390	\$2389	\$2399	\$3388	\$3399	\$3378	\$4413	\$4448	\$4483	\$5488	\$5488			
	\$1340	\$1389	\$2390	\$2389	\$2399	\$3388	\$3399	\$3378	\$4413	\$4448	\$4483	\$5488	\$5488			
B	\$7444	\$1410	\$1478	\$2446	\$2455	\$2483	\$3451	\$3420	\$3498	\$4435	\$4472	\$5409	\$5461	\$0.20	\$0.45	\$0.70
	\$1410	\$1478	\$2446	\$2455	\$2483	\$3451	\$3420	\$3498	\$4435	\$4472	\$5409	\$5461	\$5461			
	\$1410	\$1478	\$2446	\$2455	\$2483	\$3451	\$3420	\$3498	\$4435	\$4472	\$5409	\$5461	\$5461			
	\$1410	\$1478	\$2446	\$2455	\$2483	\$3451	\$3420	\$3498	\$4435	\$4472	\$5409	\$5461	\$5461			
	\$1410	\$1478	\$2446	\$2455	\$2483	\$3451	\$3420	\$3498	\$4435	\$4472	\$5409	\$5461	\$5461			
C	\$7470	\$1449	\$1488	\$2462	\$2458	\$2464	\$3442	\$3421	\$4410	\$4447	\$4485	\$5423	\$5464	\$0.45	\$0.70	\$0.95
	\$1449	\$1488	\$2462	\$2458	\$2464	\$3442	\$3421	\$4410	\$4447	\$4485	\$5423	\$5464	\$5464			
	\$1449	\$1488	\$2462	\$2458	\$2464	\$3442	\$3421	\$4410	\$4447	\$4485	\$5423	\$5464	\$5464			
	\$1449	\$1488	\$2462	\$2458	\$2464	\$3442	\$3421	\$4410	\$4447	\$4485	\$5423	\$5464	\$5464			
	\$1449	\$1488	\$2462	\$2458	\$2464	\$3442	\$3421	\$4410	\$4447	\$4485	\$5423	\$5464	\$5464			
D	\$7499	\$1449	\$1488	\$2462	\$2465	\$3440	\$3444	\$3428	\$4421	\$4460	\$4499	\$5437	\$5476	\$0.70	\$0.95	\$1.20
	\$1449	\$1488	\$2462	\$2465	\$3440	\$3444	\$3428	\$4421	\$4460	\$4499	\$5437	\$5476	\$5476			
	\$1449	\$1488	\$2462	\$2465	\$3440	\$3444	\$3428	\$4421	\$4460	\$4499	\$5437	\$5476	\$5476			
	\$1449	\$1488	\$2462	\$2465	\$3440	\$3444	\$3428	\$4421	\$4460	\$4499	\$5437	\$5476	\$5476			
	\$1449	\$1488	\$2462	\$2465	\$3440	\$3444	\$3428	\$4421	\$4460	\$4499	\$5437	\$5476	\$5476			
E	\$7530	\$1459	\$1493	\$2473	\$2470	\$3443	\$3445	\$3429	\$4422	\$4472	\$4499	\$5452	\$5492	\$0.95	\$1.20	\$1.45
	\$1459	\$1493	\$2473	\$2470	\$3443	\$3445	\$3429	\$4422	\$4472	\$4499	\$5452	\$5492	\$5492			
	\$1459	\$1493	\$2473	\$2470	\$3443	\$3445	\$3429	\$4422	\$4472	\$4499	\$5452	\$5492	\$5492			
	\$1459	\$1493	\$2473	\$2470	\$3443	\$3445	\$3429	\$4422	\$4472	\$4499	\$5452	\$5492	\$5492			
	\$1459	\$1493	\$2473	\$2470	\$3443	\$3445	\$3429	\$4422	\$4472	\$4499	\$5452	\$5492	\$5492			

Level	Monthly Income According to Family Size												Unit Fee Based on Number of Children in Care			
	1	2	3	4	5	6	7	8	9	10	11	12	13 +	1	2	3 or more
F	\$1,155	\$1,561	\$1,967	\$2,373	\$2,779	\$3,185	\$3,591	\$4,000	\$4,408	\$4,816	\$5,224	\$5,632	\$6,040	\$1.20	\$1.45	\$1.70
	\$1,187	\$1,593	\$1,999	\$2,405	\$2,811	\$3,217	\$3,623	\$4,030	\$4,436	\$4,842	\$5,248	\$5,654	\$6,060	\$1.20	\$1.45	\$1.70
	\$1,219	\$1,625	\$2,031	\$2,437	\$2,843	\$3,249	\$3,655	\$4,062	\$4,468	\$4,874	\$5,280	\$5,686	\$6,092	\$1.20	\$1.45	\$1.70
	\$1,251	\$1,657	\$2,063	\$2,469	\$2,875	\$3,281	\$3,687	\$4,094	\$4,500	\$4,906	\$5,312	\$5,718	\$6,124	\$1.20	\$1.45	\$1.70
	\$1,283	\$1,689	\$2,095	\$2,501	\$2,907	\$3,313	\$3,719	\$4,126	\$4,532	\$4,938	\$5,344	\$5,750	\$6,156	\$1.20	\$1.45	\$1.70
	\$1,315	\$1,721	\$2,127	\$2,533	\$2,939	\$3,345	\$3,751	\$4,158	\$4,564	\$4,970	\$5,376	\$5,782	\$6,188	\$1.20	\$1.45	\$1.70
	\$1,347	\$1,753	\$2,159	\$2,565	\$2,971	\$3,377	\$3,783	\$4,190	\$4,596	\$5,002	\$5,408	\$5,814	\$6,220	\$1.20	\$1.45	\$1.70
	\$1,379	\$1,785	\$2,191	\$2,597	\$3,003	\$3,409	\$3,815	\$4,222	\$4,628	\$5,034	\$5,440	\$5,846	\$6,252	\$1.20	\$1.45	\$1.70
	\$1,411	\$1,817	\$2,223	\$2,629	\$3,035	\$3,441	\$3,847	\$4,254	\$4,660	\$5,066	\$5,472	\$5,878	\$6,284	\$1.20	\$1.45	\$1.70
	\$1,443	\$1,849	\$2,255	\$2,661	\$3,067	\$3,473	\$3,879	\$4,286	\$4,692	\$5,098	\$5,504	\$5,910	\$6,316	\$1.20	\$1.45	\$1.70
	\$1,475	\$1,881	\$2,287	\$2,693	\$3,099	\$3,505	\$3,911	\$4,318	\$4,724	\$5,130	\$5,536	\$5,942	\$6,348	\$1.20	\$1.45	\$1.70
	\$1,507	\$1,913	\$2,319	\$2,725	\$3,131	\$3,537	\$3,943	\$4,350	\$4,756	\$5,162	\$5,568	\$5,974	\$6,380	\$1.20	\$1.45	\$1.70
G	\$1,539	\$1,945	\$2,351	\$2,757	\$3,163	\$3,569	\$3,975	\$4,381	\$4,787	\$5,193	\$5,599	\$6,005	\$6,411	\$1.45	\$1.70	\$1.95
	\$1,571	\$1,977	\$2,383	\$2,789	\$3,195	\$3,601	\$4,007	\$4,413	\$4,819	\$5,225	\$5,631	\$6,037	\$6,443	\$1.45	\$1.70	\$1.95
	\$1,603	\$2,009	\$2,415	\$2,821	\$3,227	\$3,633	\$4,039	\$4,445	\$4,851	\$5,257	\$5,663	\$6,069	\$6,475	\$1.45	\$1.70	\$1.95
	\$1,635	\$2,041	\$2,447	\$2,853	\$3,259	\$3,665	\$4,071	\$4,477	\$4,883	\$5,289	\$5,695	\$6,101	\$6,507	\$1.45	\$1.70	\$1.95
	\$1,667	\$2,073	\$2,479	\$2,885	\$3,291	\$3,697	\$4,103	\$4,509	\$4,915	\$5,321	\$5,727	\$6,133	\$6,539	\$1.45	\$1.70	\$1.95
	\$1,699	\$2,105	\$2,511	\$2,917	\$3,323	\$3,729	\$4,135	\$4,541	\$4,947	\$5,353	\$5,759	\$6,165	\$6,571	\$1.45	\$1.70	\$1.95
	\$1,731	\$2,137	\$2,543	\$2,949	\$3,355	\$3,761	\$4,167	\$4,573	\$4,979	\$5,385	\$5,791	\$6,197	\$6,603	\$1.45	\$1.70	\$1.95
	\$1,763	\$2,169	\$2,575	\$2,981	\$3,387	\$3,793	\$4,199	\$4,605	\$5,011	\$5,417	\$5,823	\$6,229	\$6,635	\$1.45	\$1.70	\$1.95
	\$1,795	\$2,201	\$2,607	\$3,013	\$3,419	\$3,825	\$4,231	\$4,637	\$5,043	\$5,449	\$5,855	\$6,261	\$6,667	\$1.45	\$1.70	\$1.95
	\$1,827	\$2,233	\$2,639	\$3,045	\$3,451	\$3,857	\$4,263	\$4,669	\$5,075	\$5,481	\$5,887	\$6,293	\$6,699	\$1.45	\$1.70	\$1.95
	\$1,859	\$2,265	\$2,671	\$3,077	\$3,483	\$3,889	\$4,295	\$4,701	\$5,107	\$5,513	\$5,919	\$6,325	\$6,731	\$1.45	\$1.70	\$1.95
	\$1,891	\$2,297	\$2,703	\$3,109	\$3,515	\$3,921	\$4,327	\$4,733	\$5,139	\$5,545	\$5,951	\$6,357	\$6,763	\$1.45	\$1.70	\$1.95
H	\$1,923	\$2,329	\$2,735	\$3,141	\$3,547	\$3,953	\$4,359	\$4,765	\$5,171	\$5,577	\$5,983	\$6,389	\$6,795	\$1.70	\$1.95	\$2.20
	\$1,955	\$2,361	\$2,767	\$3,173	\$3,579	\$3,985	\$4,391	\$4,797	\$5,203	\$5,609	\$6,015	\$6,421	\$6,827	\$1.70	\$1.95	\$2.20
	\$1,987	\$2,393	\$2,799	\$3,205	\$3,611	\$4,017	\$4,423	\$4,829	\$5,235	\$5,641	\$6,047	\$6,453	\$6,859	\$1.70	\$1.95	\$2.20
	\$2,019	\$2,425	\$2,831	\$3,237	\$3,643	\$4,049	\$4,455	\$4,861	\$5,267	\$5,673	\$6,079	\$6,485	\$6,891	\$1.70	\$1.95	\$2.20
	\$2,051	\$2,457	\$2,863	\$3,269	\$3,675	\$4,081	\$4,487	\$4,893	\$5,303	\$5,709	\$6,111	\$6,517	\$6,923	\$1.70	\$1.95	\$2.20
	\$2,083	\$2,489	\$2,895	\$3,301	\$3,707	\$4,113	\$4,519	\$4,925	\$5,339	\$5,745	\$6,143	\$6,549	\$6,955	\$1.70	\$1.95	\$2.20
	\$2,115	\$2,521	\$2,927	\$3,333	\$3,739	\$4,145	\$4,551	\$4,957	\$5,375	\$5,781	\$6,175	\$6,581	\$6,987	\$1.70	\$1.95	\$2.20
	\$2,147	\$2,553	\$2,959	\$3,365	\$3,771	\$4,177	\$4,583	\$4,989	\$5,411	\$5,817	\$6,207	\$6,613	\$7,019	\$1.70	\$1.95	\$2.20
	\$2,179	\$2,585	\$2,991	\$3,397	\$3,803	\$4,209	\$4,615	\$5,021	\$5,447	\$5,853	\$6,239	\$6,645	\$7,051	\$1.70	\$1.95	\$2.20
	\$2,211	\$2,617	\$3,023	\$3,429	\$3,835	\$4,241	\$4,647	\$5,053	\$5,483	\$5,889	\$6,271	\$6,677	\$7,083	\$1.70	\$1.95	\$2.20
	\$2,243	\$2,649	\$3,055	\$3,461	\$3,867	\$4,273	\$4,679	\$5,085	\$5,515	\$5,921	\$6,303	\$6,709	\$7,115	\$1.70	\$1.95	\$2.20
	\$2,275	\$2,681	\$3,087	\$3,493	\$3,899	\$4,305	\$4,711	\$5,117	\$5,547	\$5,953	\$6,335	\$6,741	\$7,147	\$1.70	\$1.95	\$2.20
I	\$2,307	\$2,713	\$3,119	\$3,525	\$3,931	\$4,337	\$4,743	\$5,149	\$5,555	\$5,961	\$6,367	\$6,773	\$7,179	\$1.95	\$2.20	\$2.45
	\$2,339	\$2,745	\$3,151	\$3,557	\$3,963	\$4,369	\$4,775	\$5,181	\$5,587	\$5,993	\$6,399	\$6,805	\$7,211	\$1.95	\$2.20	\$2.45
	\$2,371	\$2,777	\$3,183	\$3,589	\$3,995	\$4,401	\$4,807	\$5,213	\$5,619	\$6,025	\$6,431	\$6,837	\$7,243	\$1.95	\$2.20	\$2.45
	\$2,403	\$2,809	\$3,215	\$3,621	\$4,027	\$4,433	\$4,839	\$5,245	\$5,651	\$6,057	\$6,463	\$6,869	\$7,275	\$1.95	\$2.20	\$2.45
	\$2,435	\$2,841	\$3,247	\$3,653	\$4,059	\$4,465	\$4,871	\$5,277	\$5,683	\$6,089	\$6,495	\$6,901	\$7,307	\$1.95	\$2.20	\$2.45
	\$2,467	\$2,873	\$3,279	\$3,685	\$4,091	\$4,497	\$4,903	\$5,309	\$5,715	\$6,121	\$6,527	\$6,933	\$7,339	\$1.95	\$2.20	\$2.45
	\$2,499	\$2,905	\$3,311	\$3,717	\$4,123	\$4,529	\$4,935	\$5,341	\$5,747	\$6,153	\$6,559	\$6,965	\$7,371	\$1.95	\$2.20	\$2.45
	\$2,531	\$2,937	\$3,343	\$3,749	\$4,155	\$4,561	\$4,967	\$5,373	\$5,779	\$6,185	\$6,591	\$6,997	\$7,403	\$1.95	\$2.20	\$2.45
	\$2,563	\$2,969	\$3,375	\$3,781	\$4,187	\$4,593	\$4,999	\$5,405	\$5,811	\$6,217	\$6,623	\$7,029	\$7,435	\$1.95	\$2.20	\$2.45
	\$2,595	\$3,001	\$3,407	\$3,813	\$4,219	\$4,625	\$5,031	\$5,437	\$5,843	\$6,249	\$6,655	\$7,061	\$7,467	\$1.95	\$2.20	\$2.45
	\$2,627	\$3,033	\$3,439	\$3,845	\$4,251	\$4,657	\$5,063	\$5,469	\$5,875	\$6,281	\$6,687	\$7,093	\$7,499	\$1.95	\$2.20	\$2.45
	\$2,659	\$3,065	\$3,471	\$3,877	\$4,283	\$4,689	\$5,095	\$5,501	\$5,907	\$6,313	\$6,719	\$7,125	\$7,531	\$1.95	\$2.20	\$2.45

Level	Monthly Income According to Family Size												Unit Fee Based on Number of Children in Care			
	1	2	3	4	5	6	7	8	9	10	11	12	13 +	1	2	3 or more
J	\$1,295	\$1,537	\$1,691	\$1,867	\$2,057	\$2,257	\$2,467	\$2,687	\$2,917	\$3,157	\$3,407	\$3,667	\$3,937	\$2,200	\$2,450	\$2,700
	\$1,887	\$2,151	\$2,327	\$2,517	\$2,721	\$2,937	\$3,167	\$3,417	\$3,677	\$3,947	\$4,227	\$4,517	\$4,817	\$2,600	\$2,850	\$3,100
K	\$1,024	\$1,203	\$1,383	\$1,563	\$1,743	\$1,923	\$2,103	\$2,283	\$2,463	\$2,643	\$2,823	\$3,003	\$3,183	\$2,450	\$2,700	\$2,950
	\$1,337	\$1,537	\$1,737	\$1,937	\$2,137	\$2,337	\$2,537	\$2,737	\$2,937	\$3,137	\$3,337	\$3,537	\$3,737	\$2,600	\$2,850	\$3,100
L	\$1,287	\$1,537	\$1,787	\$2,037	\$2,287	\$2,537	\$2,787	\$3,037	\$3,287	\$3,537	\$3,787	\$4,037	\$4,287	\$2,700	\$2,950	\$3,200
	\$1,800	\$2,050	\$2,300	\$2,550	\$2,800	\$3,050	\$3,300	\$3,550	\$3,800	\$4,050	\$4,300	\$4,550	\$4,800	\$2,800	\$3,050	\$3,300
M	\$1,390	\$1,640	\$1,890	\$2,140	\$2,390	\$2,640	\$2,890	\$3,140	\$3,390	\$3,640	\$3,890	\$4,140	\$4,390	\$2,950	\$3,200	\$3,450
	\$1,900	\$2,150	\$2,400	\$2,650	\$2,900	\$3,150	\$3,400	\$3,650	\$3,900	\$4,150	\$4,400	\$4,650	\$4,900	\$3,000	\$3,250	\$3,500
N	\$1,495	\$1,745	\$1,995	\$2,245	\$2,495	\$2,745	\$2,995	\$3,245	\$3,495	\$3,745	\$3,995	\$4,245	\$4,495	\$3,100	\$3,350	\$3,600
	\$2,000	\$2,250	\$2,500	\$2,750	\$3,000	\$3,250	\$3,500	\$3,750	\$4,000	\$4,250	\$4,500	\$4,750	\$5,000	\$3,200	\$3,450	\$3,700

Level	Monthly Income According to Family Size												Unit Fee Based on Number of Children in Care			
	1	2	3	4	5	6	7	8	9	10	11	12	13 +	1	2	3 or more
O	\$44.93	\$51.9	\$52.5	\$53.0	\$53.54	\$54.0	\$54.5	\$55.0	\$55.61	\$56.13	\$56.65	\$57.16	\$73.9	\$3.45	\$3.70	\$3.95
	\$44.93	\$51.9	\$52.5	\$53.0	\$53.54	\$54.0	\$54.5	\$55.0	\$55.61	\$56.13	\$56.65	\$57.16	\$73.9			
	\$44.93	\$51.9	\$52.5	\$53.0	\$53.54	\$54.0	\$54.5	\$55.0	\$55.61	\$56.13	\$56.65	\$57.16	\$73.9			
	\$44.93	\$51.9	\$52.5	\$53.0	\$53.54	\$54.0	\$54.5	\$55.0	\$55.61	\$56.13	\$56.65	\$57.16	\$73.9			
P	\$55.22	\$62.0	\$62.5	\$63.0	\$63.58	\$64.1	\$64.6	\$65.1	\$65.68	\$66.21	\$66.73	\$67.26	\$84.7	\$3.70	\$3.95	\$4.20
	\$55.22	\$62.0	\$62.5	\$63.0	\$63.58	\$64.1	\$64.6	\$65.1	\$65.68	\$66.21	\$66.73	\$67.26	\$84.7			
	\$55.22	\$62.0	\$62.5	\$63.0	\$63.58	\$64.1	\$64.6	\$65.1	\$65.68	\$66.21	\$66.73	\$67.26	\$84.7			
	\$55.22	\$62.0	\$62.5	\$63.0	\$63.58	\$64.1	\$64.6	\$65.1	\$65.68	\$66.21	\$66.73	\$67.26	\$84.7			
Q	\$65.67	\$71.1	\$71.6	\$72.1	\$72.74	\$73.2	\$73.8	\$74.3	\$74.93	\$75.47	\$76.02	\$76.57	\$94.1	\$3.95	\$4.20	\$4.45
	\$65.67	\$71.1	\$71.6	\$72.1	\$72.74	\$73.2	\$73.8	\$74.3	\$74.93	\$75.47	\$76.02	\$76.57	\$94.1			
	\$65.67	\$71.1	\$71.6	\$72.1	\$72.74	\$73.2	\$73.8	\$74.3	\$74.93	\$75.47	\$76.02	\$76.57	\$94.1			
	\$65.67	\$71.1	\$71.6	\$72.1	\$72.74	\$73.2	\$73.8	\$74.3	\$74.93	\$75.47	\$76.02	\$76.57	\$94.1			
R	\$76.02	\$80.4	\$80.9	\$81.3	\$81.95	\$82.5	\$83.1	\$83.6	\$84.26	\$84.81	\$85.37	\$85.92	\$103.5	\$4.20	\$4.45	\$4.70
	\$76.02	\$80.4	\$80.9	\$81.3	\$81.95	\$82.5	\$83.1	\$83.6	\$84.26	\$84.81	\$85.37	\$85.92	\$103.5			
	\$76.02	\$80.4	\$80.9	\$81.3	\$81.95	\$82.5	\$83.1	\$83.6	\$84.26	\$84.81	\$85.37	\$85.92	\$103.5			
	\$76.02	\$80.4	\$80.9	\$81.3	\$81.95	\$82.5	\$83.1	\$83.6	\$84.26	\$84.81	\$85.37	\$85.92	\$103.5			



Monthly Income According to Family Size

Unit Fee Based on Number of Children in Care

Level	1	2	3	4	5	6	7	8	9	10	11	12	13 +	1	2	3 or more
W	\$4,499	\$2,499	\$3,499	\$3,899	\$4,458	\$5,111	\$5,763	\$6,417	\$7,069	\$7,722	\$8,376	\$9,028	\$9,681	\$5.45	\$5.70	\$5.95
	\$5,111	\$2,525	\$3,525	\$3,925	\$4,484	\$5,137	\$5,790	\$6,443	\$7,096	\$7,749	\$8,402	\$9,055	\$9,708	\$5.45	\$5.70	\$5.95
	\$5,722	\$2,550	\$3,550	\$3,950	\$4,509	\$5,162	\$5,815	\$6,468	\$7,121	\$7,774	\$8,427	\$9,080	\$9,733	\$5.45	\$5.70	\$5.95
	\$6,333	\$2,575	\$3,575	\$3,975	\$4,534	\$5,187	\$5,840	\$6,493	\$7,146	\$7,799	\$8,452	\$9,105	\$9,758	\$5.45	\$5.70	\$5.95
X	\$4,999	\$2,599	\$3,599	\$4,099	\$4,598	\$5,297	\$5,996	\$6,695	\$7,394	\$8,093	\$8,792	\$9,491	\$10,190	\$5.70	\$5.95	\$6.20
	\$5,297	\$2,625	\$3,625	\$4,125	\$4,624	\$5,323	\$6,022	\$6,721	\$7,420	\$8,119	\$8,818	\$9,517	\$10,216	\$5.70	\$5.95	\$6.20
	\$5,595	\$2,650	\$3,650	\$4,150	\$4,649	\$5,348	\$6,047	\$6,746	\$7,445	\$8,144	\$8,843	\$9,542	\$10,241	\$5.70	\$5.95	\$6.20
	\$5,893	\$2,675	\$3,675	\$4,175	\$4,674	\$5,373	\$6,072	\$6,771	\$7,470	\$8,169	\$8,868	\$9,567	\$10,266	\$5.70	\$5.95	\$6.20
Y	\$4,999	\$2,699	\$3,699	\$4,199	\$4,698	\$5,397	\$6,096	\$6,795	\$7,494	\$8,193	\$8,892	\$9,591	\$10,290	\$5.95	\$6.20	\$6.45
	\$5,397	\$2,725	\$3,725	\$4,225	\$4,724	\$5,423	\$6,122	\$6,821	\$7,520	\$8,219	\$8,918	\$9,617	\$10,316	\$5.95	\$6.20	\$6.45
	\$5,695	\$2,750	\$3,750	\$4,250	\$4,749	\$5,448	\$6,147	\$6,846	\$7,545	\$8,244	\$8,943	\$9,642	\$10,341	\$5.95	\$6.20	\$6.45
	\$5,993	\$2,775	\$3,775	\$4,275	\$4,774	\$5,473	\$6,172	\$6,871	\$7,570	\$8,269	\$8,968	\$9,667	\$10,366	\$5.95	\$6.20	\$6.45
Z	\$4,999	\$2,799	\$3,799	\$4,299	\$4,798	\$5,497	\$6,196	\$6,895	\$7,594	\$8,293	\$8,992	\$9,691	\$10,390	\$6.20	\$6.45	\$6.70
	\$5,497	\$2,825	\$3,825	\$4,325	\$4,824	\$5,523	\$6,222	\$6,921	\$7,620	\$8,319	\$9,018	\$9,717	\$10,416	\$6.20	\$6.45	\$6.70
	\$5,795	\$2,850	\$3,850	\$4,350	\$4,849	\$5,548	\$6,247	\$6,946	\$7,645	\$8,344	\$9,043	\$9,742	\$10,441	\$6.20	\$6.45	\$6.70
	\$6,093	\$2,875	\$3,875	\$4,375	\$4,874	\$5,573	\$6,272	\$6,971	\$7,670	\$8,369	\$9,068	\$9,767	\$10,466	\$6.20	\$6.45	\$6.70
A A	\$4,999	\$2,899	\$3,899	\$4,399	\$4,898	\$5,597	\$6,296	\$6,995	\$7,694	\$8,393	\$9,092	\$9,791	\$10,490	\$6.45	\$6.70	\$6.95
	\$5,597	\$2,925	\$3,925	\$4,425	\$4,924	\$5,623	\$6,322	\$7,021	\$7,720	\$8,419	\$9,118	\$9,817	\$10,516	\$6.45	\$6.70	\$6.95
	\$5,895	\$2,950	\$3,950	\$4,450	\$4,949	\$5,648	\$6,347	\$7,046	\$7,745	\$8,444	\$9,143	\$9,842	\$10,541	\$6.45	\$6.70	\$6.95
	\$6,193	\$2,975	\$3,975	\$4,475	\$4,974	\$5,673	\$6,372	\$7,071	\$7,770	\$8,469	\$9,168	\$9,867	\$10,566	\$6.45	\$6.70	\$6.95

Level	Monthly Income According to Family Size												Unit Fee Based on Number of Children in Care			
	1	2	3	4	5	6	7	8	9	10	11	12	1 3 +	1	2	3 or more
	<u>8</u>	<u>41</u>	<u>78</u>	<u>17</u>	<u>5</u>	<u>92</u>	<u>31</u>	<u>69</u>	<u>6</u>	<u>5</u>	<u>3</u>	<u>20</u>	<u>5</u>			
	\$												\$			
	<u>2</u>												<u>1</u>			
													<u>0</u>			
													<u>9</u>			
													<u>5</u>			
													<u>9</u>			
													\$			
	<u>4</u>												<u>1</u>			
BB		\$5	\$6	\$7	\$8	\$9	\$9	\$9	\$9	\$9	\$1	\$1	<u>1</u>	\$6.	\$6.	\$7.
		.0	.0	.0	.00	.0	.0	.0	.00	.50	.00	.05	<u>5</u>	70	95	20
		00	00	00	0	00	00	00	0	0	00	00	<u>0</u>			
		0											<u>0</u>			
		0											<u>0</u>			

(2) No change.

ITEM 3. Amend subparagraph **170.4(7)“a”(2)** as follows:

(2) Under age group, “infant and toddler” shall mean age two weeks to ~~two~~ three years; “preschool” shall mean ~~two~~ three years to school age; “school age” shall mean a child in attendance in full-day or half-day classes.



Iowa Department of Human Services  
**Information on Proposed Rules**

Name of Program Specialist Mark Adams	Telephone Number 281-5688	Email Address Madams4@dhs.state.ia.us
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1. Give a brief purpose and summary of the rulemaking:  
Revise 441 IAC 170.2(1) to update the eligibility guidelines for the Child Care Assistance (CCA) Plus program. The 12-month limit on eligibility is being removed and the income guideline is being revised. Definition of “infant/toddler” and “preschool” for the purposes of provider reimbursement are being changed.
2. What is the legal basis for the change? (Cite the authorizing state and federal statutes and federal regulations):  
Iowa Code 234.6
3. Describe who this rulemaking will positively or adversely impact.  
Families who are eligible for the CCA Plus program will no longer be limited to a single 12-month eligibility period. The family will remain eligible for CCA Plus until their income exceeds 225% of the Federal Poverty Level (FPL). Children who are 2 years old will now be considered “infant/toddler” instead of “preschool” under the CCA program.
4. Does this rule contain a waiver provision? If not, why?  
This amendment does not provide a specific waiver authority because families may request a waiver of these provisions in a specified situation under the Department’s general rule on exceptions at 441 – 1.8(17A, 217).
5. What are the likely areas of public comment?  
None expected.
6. Do these rules have an impact on private-sector jobs and employment opportunities in Iowa? (If yes, describe nature of impact, categories and number of jobs affected, state regions affected, costs to employer per employee.)  
No.



## Administrative Rule Fiscal Impact Statement

Date: January 15, 2020

**Agency:** Human Services

**IAC citation:** 441 IAC 170

**Agency contact:** Mark Adams

**Summary of the rule:**

Change the eligibility guidelines for the Child Care Assistance Plus program, annual FPL changes to the co-pay chart and change the definition of "infant/toddler" in the payment rate tables to include children up to 3 years old. The CCA Plus changes are the 12-month limit on eligibility is being removed and the income guideline is being revised.

*Fill in this box if the impact meets these criteria:*

- No fiscal impact to the state.
- Fiscal impact of less than \$100,000 annually or \$500,000 over 5 years.
- Fiscal impact cannot be determined.

**Brief explanation:**

[Budget Analysts must complete this section for ALL fiscal impact statements.](#)

*Fill in the form below if the impact does not fit the criteria above:*

- Fiscal impact of \$100,000 annually or \$500,000 over 5 years.

**Assumptions:**

CCA Plus:

The current CCA Plus exit eligibility program is based on income up to 85% of the state median income and is limited to 12 months. The time limit is in conflict with federal regulations. Effective July 1, 2020, the time limit will be eliminated and the income eligibility criteria will be reduced to 225% of the federal poverty level as recommended in the Governor's budget. Caseloads are projected to temporarily decrease slightly in SFY21 as cases transition to the new eligibility criteria. The change in the infant and toddler definition recommended by the Governor is also incorporated into this CCA Plus estimate.

\$354 is the projected average monthly cost per case for CCA Plus for SFY21 based on actuals through December 31, 2019, including the additional cost to CCA Plus due to the infant and toddler definition change.

The monthly average number of children has been estimated as shown in the estimate section below based on the following assumptions.

2020 Budget: The 12-month time limit remains in effect; assumes level caseloads due to the number of children added each month is equal to the number of children going off. The SFY20 budget for CCA Plus is \$6,753,913.

2021 Projections: Transition year - 12-month time limit and eligibility up to 85% of SMI is eliminated and replaced with lower eligibility tier of up to 225% FPL. Assumes 132 children each month will reach the end of the 12-month time limit, replaced with 129 children each month to be paid at the new 2nd tier.

2022 Projections: Assumes 70 more children will be added than the number of children aging out each month.  
 2023 Projections: Assumes 32 more children will be added than the number of children aging out each month.  
 2024 Projections: Assumes 16 more children will be added than the number of children aging out each month.  
 2025 Projections: Assumes 8 more children will be added than the number of children aging out each month.  
 2026 Projections: Assumes 4 more children will be added than the number of children aging out each month.  
 2027 Projections: Assumes caseloads will level off at an average of 2,990 children per month with the number of children aging out each month equal to the number of new children added.

**Changes to the Co-Pay Chart:**

There is no fiscal impact. The annual changes to the federal poverty levels simply allow the co-pay amounts to stay the same when annual cost of living pay raises are received by parents of eligible children.

**Changes to the Infant and Toddler Definition:**

The definition of the infant and toddler group will change to include children up to 3 years old instead of the current 2 years old. The result is that providers will be paid for 2 year old children at the higher infant and toddler rate instead of the preschool rate. This additional income will allow child care providers the means to maintain staffing levels to better care for 2 year old children.

The cost estimates are based on the average of the highest and lowest rate ceilings per unit. The number of children subject to the change for each provider type has been estimated as shown in the cost estimate below. The estimates assume 16 units per pay period and 26 pay periods per year.

***Describe how estimates were derived:***

**CCA Plus:**

The cost calculations below are: the average monthly number of children x the average monthly cost per case x 12 months = annual cost - SFY20 budget = cost increase.

2021 Projections:	1,522 x \$354 x 12 = \$6,465,456 - \$6,753,913 =	(\$288,457)
2022 Projections:	1,918 x \$354 x 12 = \$8,147,664 - \$6,753,913 =	\$1,393,751
2023 Projections:	2,483 x \$354 x 12 = \$10,547,784 - \$6,753,913 =	\$3,793,871
2024 Projections:	2,754 x \$354 x 12 = \$11,698,992 - \$6,753,913 =	\$4,945,079
2025 Projections:	2,896 x \$354 x 12 = \$12,302,208 - \$6,753,913 =	\$5,548,295
2026 Projections:	2,970 x \$354 x 12 = \$12,616,560 - \$6,753,913 =	\$5,862,647
2027 Projections:	2,990 x \$354 x 12 = \$12,701,520 - \$6,753,913 =	\$5,947,607

There will be cost savings in the first year, with costs increasing annually thereafter until the cost is expected to level off at about \$12.7 million in SFY27. These estimates assume the cost per case remains the same as SFY21 and assumes the caseloads in the regular CCA Subsidy program remain the same as the current projections for SFY21.

Changes to the Co-Pay Chart:

There is no fiscal impact. The annual changes to the federal poverty levels simply allow the co-pay amounts to stay the same when pay raises are received by parents of eligible children.

Changes to the Infant and Toddler Definition:

The cost calculations below are: the number of children subject to the change x the rate increase x 16 units per pay period x 26 pay periods per year = the annual cost of the change.

Centers	1,780.24 children x \$2.73 x 16 x 26 =	\$2,021,783
A/B Homes	1,017.28 children x \$0.365 x 16 x 26 =	\$154,464
C Homes	127.16 children x \$0.25 x 16 x 26 =	\$13,225
Nonregistered Homes	254.32 children x \$1.00 x 16 x 26 =	\$105,797

Total Annual Cost = \$2,295,269

Total Cost of Changes By State Fiscal Year:

Total Cost of Changes By State Fiscal Year:	Incremental Changes
SFY21: CCA Plus (\$288,457) + \$2,295,269 =	\$2,006,812
SFY22: CCA Plus \$1,393,751 + \$2,295,269 =	\$1,682,208
SFY23: CCA Plus \$3,793,871 + \$2,295,269 =	\$2,400,120
SFY24: CCA Plus \$4,945,079 + \$2,295,269 =	\$1,151,208
SFY25: CCA Plus \$5,548,295 + \$2,295,269 =	\$ 603,216
SFY26: CCA Plus \$5,862,647 + \$2,295,269 =	\$ 314,352
SFY27: CCA Plus \$5,947,607 + \$2,295,269 =	\$ 84,960

**Estimated Impact to the State by Fiscal Year**

	<u>Year 1 (FY 2021)</u>	<u>Year 2 (FY 2022)</u>
<b>Revenue by each source:</b>		
General fund	<u>6,753,913.00</u>	<u>6,753,913.00</u>
Federal funds	<u>                    </u>	<u>                    </u>
Other (specify):	<u>                    </u>	<u>                    </u>
<b>TOTAL REVENUE</b>	<u>6,753,913.00</u>	<u>6,753,913.00</u>
<b>Expenditures:</b>		
General fund	<u>8,760,725.00</u>	<u>10,442,933.00</u>
Federal funds	<u>                    </u>	<u>                    </u>
Other (specify):	<u>                    </u>	<u>                    </u>
<b>TOTAL EXPENDITURES</b>	<u>8,760,725.00</u>	<u>10,442,933.00</u>
<b>NET IMPACT</b>	<u>-2,006,812.00</u>	<u>-3,689,020.00</u>

This rule is required by state law or federal mandate.

*Please identify the state or federal law:*

Identify provided change fiscal persons:

The federal requirements found in the final rule implementing the Child Care and Development Fund Block Grant Act of 2014 and Iowa Code 234.6.

Funding has been provided for the rule change.

*Please identify the amount provided and the funding source:*

The amount of federal CCDF funds to be carried forward at the end of SFY21 and SFY22 is expected to be sufficient to make existing general funds available to fund these changes through SFY23.

Funding has not been provided for the rule.

*Please explain how the agency will pay for the rule change:*

Additional state general funds will need to be requested for SFY24 and annually through SFY27. Any increases in federal CCDF funds received for FFY22 through FFY27 that may occur will reduce the need for additional state general funds in the overall Child Care appropriation.

***Fiscal impact to persons affected by the rule:***

Families with income up to 225% of the federal poverty level (FPL) will continue to be eligible for the CCA Plus program and will no longer be limited to one 12-month eligibility period. They will remain eligible until their income exceeds 225% FPL or the children age out.

Parents that receive annual cost of living wage increases will not be subject to increased co-pays due to the adjusted income levels on the co-pay chart.

Child Care providers will receive a higher reimbursement rate for 2 year old children. This will allow them to maintain staffing levels to better care for 2 year old children.

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

None anticipated.

Agency representative preparing estimate: Kathy Blume

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