

SFY 2018 DHS Regulatory Plan
as of 8/1/2017

Ref. #	Date Rec'd	DIV	Type Rule	Stat. Rule Auth.	Purpose of these Amendments	Specific Rules Affected	Status	Notice ARC#	Adopt ARC#	Rules Eff. Date	POC
18-025	7/21/2017	ACFS	Reg	234.6	Aligns program and payment changes under the competitive child welfare services procurement for supervised apartment living based on the child welfare crisis intervention, stabilization and reunification service RFP.	152.1, 156.12, 202.9(2), 202.9(3)"a"(4), 202.9(4)	N - Noticed	3260C		1/1/2018	Jim Chesnik
18-024	7/18/2017	IME	EAN	249A.4	Remove the requirement for an annual cost report for privately operated residential care facilities (RCFs) and changes the cost reimbursement methodology to be based on the maximum per diem rate per Chapter 52.1(3).	52.1(3), 54.3	N - Noticed	3259C		10/11/2017	Sally Oudekerk
18-022	6/8/2017	ACFS	Reg	234.6	Implements the new state Family Planning Program in accordance with legislative guidance.	7.2(15), 7.2(16), 7.5(2)"f", 7.5(4)"b", 7.5(11), 7.7(1)"b", 7.8(1)"a", 7.8(2), 441--Chapter 87	N - Noticed	3198C		11/15/2017	Kelly Lindsay
18-023	6/7/2017	ACFS	EAI	234.6	Implements the new Family Planning Program in accordance with legislative guidance.	7.2(15), 7.2(16), 7.5(2)"f", 7.5(4)"b", 7.5(11), 7.7(1)"b", 7.8(1)"a", 7.8(2), 441-- Chapter 87	E - In Effect		3199C	7/1/2017	Kelly Lindsay
18-021	6/7/2017	IME	EAI	249A.4	Implements the cost containment strategy to ensure that total reimbursement for Medicare Part A and Part B crossover claims is limited to the Medicaid reimbursement rate.	79.1(22), 80.2(2)"h"	E - In Effect		3159C	7/1/2017	Anna Ruggle
18-020	6/7/2017	IME	Reg	249A.4	Implements the cost containment strategy to ensure that total reimbursement for Medicare Part A and Part B crossover claims is limited to the Medicaid reimbursement rate.	79.1(22), 80.2(2)"h"	N - Noticed	3163C		10/4/2017	Anna Ruggle

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18-019	6/6/2017	IME	EAI	249A.4	Implements the cost containment strategy to adjust the Iowa Medicaid anesthesia conversion factor to be equal to the calendar year 2017 Medicare anesthesia conversion factor, as adjusted for the state, and converted to a per minute amount. Each January 1, thereafter, the Department shall apply the applicable Medicare anesthesia conversion factor adjusted for the state, and converted to a per-minute amount.	79.1(2), 79.1(7)"d"	E - In Effect		3158C	7/1/2017	Marty Swartz
18-018	6/6/2017	IME	Reg	249A.4	Implements the cost containment strategy to adjust the Iowa Medicaid anesthesia conversion factor to be equal to the calendar year 2017 Medicare anesthesia conversion factor, as adjusted for the state, and converted to a per minute amount. Each January 1, thereafter, the Department shall apply the applicable Medicare anesthesia conversion factor adjusted for the state, and converted to a per-minute amount.	79.1(2), 79.1(7)"d"	N - Noticed	3164C		10/4/2017	Marty Swartz
18-017	6/6/2017	IME	EAI	249A.4	Re-implements the cost containment strategy to adjust Medicaid reimbursement rates for physician services rendered in facility settings (e.g., hospitals), by applying a "site of service" differential to reflect the difference between the cost of physician services when provided in a health facility setting and the cost of physician services when provided in a physician's office.	79.1(7)"b"	E - In Effect		3162C	7/1/2017	Marty Swartz

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18-016	6/6/2017	IME	Reg	249A.4	Re-implements the cost containment strategy to adjust Medicaid reimbursement rates for physician services rendered in facility settings (e.g., hospitals), by applying a "site of service" differential to reflect the difference between the cost of physician services when provided in a health facility setting and the cost of physician services when provided in a physician's office.	79.1(7)"b"	N - Noticed	3165C		10/4/2017	Marty Swartz
18-014	6/6/2017	IME	Reg	249A.4	Implements the cost containment strategy to adjust the inpatient diagnostic related group (DRG) cost outlier threshold formula to be the greater of two times the statewide average DRG payment for that case, or the hospital's individual DRG payment for that case plus \$75,000. The current formula is the greater of two times the statewide average DRG payment for the case, or the hospital's individual DRG payment for the case plus \$16,000.	79.1(5)"f"(3)	N - Noticed	3166C		10/4/2017	Marty Swartz
18-015	6/5/2017	IME	EAI	249A.4	Implements the cost containment strategy to adjust the inpatient diagnostic related group (DRG) cost outlier threshold formula to be the greater of two times the statewide average DRG payment for that case, or the hospital's individual DRG payment for that case plus \$75,000. The current formula is the greater of two times the statewide average DRG payment for the case, or the hospital's individual DRG payment for the case plus \$16,000.	79.1(5)"f"(3)	E - In Effect		3161C	7/1/2017	Marty Swartz

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18-013	6/1/2017	IME	EAI	249A.4	Implements a cost containment strategy to adjust the reimbursement policy in order to eliminate the primary care physician rate increase.	79.1(7)"c"	E - In Effect		3160C	7/1/2017	Marty Swartz
18-012	6/1/2017	IME	Reg	249A.4	Implements a cost containment strategy to adjust reimbursement policy in order to eliminate primary care physician rate increase.	79.1(7)"c"	N - Noticed	3167C		10/4/2017	Marty Swartz
18-011	5/1/2017	IME	Reg	249A.4	Allows HCBS Waiver members who are inpatient in a hospital or medical institution for 31 to 120 days to resume waiver services upon discharge without having to reapply and going back on the waiver wait list.	83.3(4)"D", 83.8(2)"C", 83.23(4)"C", 83.28(2)"C", 83.43(4)"C", 83.48(2)"C", 83.62(4)"D", 83.83(3)"C", 83.103(3)"C", 83.125(2)"B", 83.128(2)"C"	A - Adopted	3077C	3234C	9/6/2017	LeAnn Moskowitz
18-010	3/29/2017	ACFS	Reg	217.6	These amendments revise outdated terminology and regulations and align with child care regulations and needed revisions for contractor requirements for pre-service training for the Recruitment, Retention, Training and Support contracts effective 7/1/17.	108.4, 112.1, 112.2, 112.3(1)"A", 112.3(4)"A", 112.4, 112.10, 113.2, 113.3(1), 113.3(4), 113.3(5)"A", 113.4(1)"C", 113.5(2), 113.5(3), 113.5(6), 113.5(1)"A", 113.6, 113.7, 113.8, 113.10, 113.11, 113.12(5), 113.12(6), 113.13, 113.14, 113.15, 113.16(2)"D", 113.17(2), 113.18, 114.1, 441-- CHAPTER 116(TITLE), 116.1, 116.2, 117.1(4), 117.7(3), 117.8, 156.8(7), 202.5(3)	A - Adopted	3040C	3185C	9/1/2017	Heather Davidson

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18-009	3/17/2017	FIELD	Reg	234.6	This amendment proposes to allow the Department to implement and utilize the National Electronic Interstate Compact Enterprise (NEICE) system. NEICE is a secure, web-based case management system that enables state-to-state transfer data and documents for a child who needs placement across state lines. The implementation of NEICE would improve the Interstate Compact on the Placement of Children (ICPC) process efficiency and decrease delay in placement approval.	441--142.9(232)	A - Adopted	3020C	3186C	8/15/2017	Tami J. Hoffman
18-008	3/7/2017	ACFS	EAN	249A.4	Decreases the statewide average cost of nursing facility services to a private-pay person. Updates the average charges for nursing facilities, Psychiatric Medical Institutions for Children, and Mental Health Institutions which are used to determine the disposition of the income of a Medical Assistance Income Trust (MAIT)	75.23(3), 75.24(3)"b"(1) & (3)	E - In Effect	3017C	3183C	7/1/2017	Karen Jones
18-007	3/7/2017	ACFS	EAN	249A.4	Updates the maximum Medicaid rate for ICF/IDs which are used to determine the disposition of income of a Medical Assistance Income Trust (MAIT)	75.24(3)"b"	E - In Effect	3016C	3182C	7/1/2017	Karen Jones
18-006	3/7/2017	ACFS	Reg	249A.4	This amendment increases premiums for applicants and recipients under the Medicaid for Employed People with Disabilities (MEPD) program with income over 150% of the federal poverty level (FPL).	75.1(39)"b"(3)	A - Adopted	3001C	3094C	8/1/2017	Kim Grasty

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18-005	2/20/2017	ACFS	Reg	237A.12	These amendments require Child Care Centers, Homes and Development Homes to have written emergency plans for response to food or allergic reactions. These amendments also revise administrative rules to include the pre-service/orientation training component of child development. These amendments also clarify the intent of substitute requirements for essential child care training that is also federally mandated. All of the aforementioned amendments are federally mandated as a result of the Child Care and Development Block Grant (CCDBG) reauthorization. Finally these amendments provide technical updates to administrative rules for child care regarding first aid/CPR requirements.	109.7(1)"e"(10), 109.9(2)"g", 109.10(3)"d", 110.9(3)"e", 110.9(4), 110.10(1)"a"(10), 110.10(1)"c"(2), 120.9(2), 120.10(1)"j", 120.10(3)"b", 120.10(5)	A - Adopted	2998C	3095C	8/1/2017	Ryan Page
18-004	2/20/2017	ACFS	Reg	237A.12	Revises administrative rule requirements on reporting serious injuries in child care settings	109.10(10), 110.8(1)"S", 120.8(1)"P"	A - Adopted	2997C	3096C	8/1/2017	Ryan Page
18-003	2/14/2017	ACFS	EAN	234.6	Updates the child care assistance fee chart to be in compliance with federal poverty levels (FPL). Also updates rules regarding job search for new applications to allow three months of job searching instead of one.	170.2(2)"B"(5), 170.2(2)"B"(10),170.3(5)"D", 170.4(2)"A", 170.5(1)"H"	E - In Effect	2973C	3092C	7/1/2017	Mark Adams

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18-002	2/9/2017	DEP DIR	Reg	217.6	Clarifies that appeals related to health care decisions made by a managed care organization must follow a different process than other DHS appeals. Establishes a new appeals process for MCO-related appeals.	7.1, 7.2, 7.5, 7.7(1)"E", 7.7(2)"K", 7.7(5)"E", 7.8(1), 7.8(2), 7.8(3), 7.8(4), 7.8(6), 7.8(9), 7.9, 7.10(1), 7.10(2), 7.10(3), 7.10(4), 7.10(5), 7.10(6), 7.10(7)"C", 7.13(5)"B", 7.13(5)"F", 7.13(6)"C", 7.13(6)"G", 7.16(4), 7.16(9)"A", 7.19, 7.21(1), 7.21(2), 7.21(3), 7.24(1), 7.42(3)	E - In Effect	2972C	3093C	7/12/2017	Denise Dutton
18-001	2/8/2017	MHDS	Reg	225C.6	Add a definition to the Autism Support Program. Adds staff qualification options for crisis service providers.	22.1, 24.23, 24.24	E - In Effect	2971C	3057C	7/1/2017	Theresa Armstrong, Peter Schumacher
		ACFS	Reg	235A	Updates technical language around procurement procedures and assists in maintaining compliance with federal and state laws that require program evaluation.	155.1, 155.2, 155.3, 155.4				1/1/2018	Lisa Bender
		IME	Reg	249A.4	Adds two new provider types for the purpose of member's cost-sharing protections related to Qualified Medicare Beneficiaries (QMB) and Health Insurance Premium Payment (HIP) members.	77.53, 77.54, 78.58, 78.59, 79.1(22)"a", 79.1(29), 76.14(1)"f", 79.14(1)"g", 80.2(2)"a"(10)80.2(2)"l"				1/1/2018	Sara Schneider
		ACFS, IME, M	Reg		Sr. Living revolving program		P - Projected				
		ACFS	Reg		Aligns how the income of a stepparent, who is not in the eligible group, is treated for applicant and participant households		P - Projected			4/1/2017	Shari Seivert
		ACFS	Reg		Update the list of programs reviewed, clarify the requirements for interviews (or not) and update the list of forms we may ask the client to sign to get verification.		P - Projected			11/1/2013	Carol Stratemeyer

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		ACFS	Reg	234.6	Rescinds current Chapter 163 and adopts a new revised chapter	441--Chapter 163	P - Projected				Lisa Bender
		ACFS	Reg	249A.4	Clean-up to Medicaid Chapters 75 and 76 as a result of the Affordable Care Act.		P - Projected			5/1/2017	Shari Seivert
		ACFS	Reg	234.6	Amendments to the probate code regarding Medical Assistance Special Needs Trust.		P - Projected				
		ACFS	Reg		Increases premiums for applicants and recipients under the Medicaid for Employed People with Disabilities (MEPD) program with income of 150% of the federal poverty level.		P - Projected				
		ACFS	Reg		Increases personal needs allowance for two SSA categories: Residential care facility and family life home assistance.		P - Projected			1/1/2017	
		ACFS	Reg		Update chapters as the result of the Affordable Care Act.						
		ACFS	Reg		Aligns how the income of a stepparent, who is not in the eligible group, is treated for applicant and participant households.		P - Projected				
		ACFS	Reg	234.6	Increase the statewide average cost of nursing facility services. Increase rates for PMICs, MHIs, and ICF/IDs.		P - Projected			7/1/2017	
		ACFS	Reg	234.6	Rescind and revise Chapter 106		P - Projected			10/1/2016	
		ACFS	Reg	234.6	Update licensing requirements for juvenile shelter and detention homes.		P - Projected				
		ACFS	Reg	234.6	Update chapters for foster group care		P - Projected				
		ACFS	Reg	237A.5	Update licensing, child development home, and CCA paid child care homes and background checks and mandatory prohibitions related to CCDBG.		P - Projected			9/30/2017	
		ACFS	Reg	225C.6	Change CAH fro DHS to IDPH		P - Projected				

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		MHDS	Reg		Mental health advocates - reports, data collection, juvenile representation, grievance, conflict of interest, workforce coverage, confidentiality, professional and educational requirements, caseload criteria, caseload audits, quality assurance territory assignments.		A - Adopted	2350C	2438C	3/1/2017	Theresa Armstrong
		MHDS	Reg		Standards for defining MHDS regional administrative costs and method for calculating regions administrative load. Must be done after a review of administrative costs and in consultation with LSA.		P - Projected			4/1/2017	Theresa Armstrong
		MHDS	Reg	234.6	Additional core services provided by the regions when public funds are made available. Rules to define these services when funding is available and regions are required to provide: Community-based subacute services, Jail diversion, Crisis intervention training, Civil commitment prescreening, Positive behavior support, Assertive community treatment, and Peer self-help drop-in centers		P - Projected			7/1/2018	Theresa Armstrong
		MHDS	Reg	225C.6	Updates to Division II, Crisis response services, to address qualifications of staff providing crisis response.		P - Projected			1/1/2017	Theresa Armstrong
		MHDS	Reg	225C.6	Updates needed to Division I, services for individuals with disabilities, to update accreditation standards and align service.		P - Projected			3/1/2017	Theresa Armstrong
		IME	Reg	249A.4	Psychologist prescribing - add psychologists to listing of qualified prescribers.		P - Projected			1/1/2017	

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		IME	EAI	249A.4	1% increase to the HCBS Medicaid fee-for-services reimbursement rates. Also requires the managed care rate floors to be updated by 1%.	79.1(2)	P - Projected			9/14/2016	
		IME	Reg	249A.4	Change the reimbursement methodology to use CPI-U in effective July 1, 2016, current rule states CPI-U plus one.	82.5(16)"i"(1)	P - Projected			1/1/2017	
		IME	Reg	249A.4	Change the assessment amounts from either \$5.26 to \$7.13 or \$1.00 to \$1.36.	36.6(2)"a-d"	P - Projected			1/1/2017	
		IME	Reg	249A.4	Update rule to account for supplemental payment effective first quarter following CMS approval of SPA.		P - Projected			1/1/2017	
		IME	Reg	249A.4	For managed care claims, the department shall adjust the payment rate floor for nursing facilities, annually, to maintain a rate floor that is no lower than the Medicaid fee-for-service case-mix adjusted rate calculated in accordance with Chapter 81.		P - Projected			1/1/2017	
		DEP DIR	Reg	234.6	Allows for appeals on the Family Investment Program to be taken verbally. This is the same process currently used for food assistance and Medicaid.		P - Projected				Denise Dutton
		ACFS	Reg	235A14(1)	Child Abuse Prevention Program - procurements		P - Projected				Lisa Bender
		MHDS	Reg	225C.6	Establishes data collection standards for mental health advocates who provide services under Chapter 441--25, Division X. These standards create a consistent reporting framework for these providers.	25.106	P - Projected				Jan Heikes
		ACFS	Reg	234.6	Safe Sleep and requiring items used by manufacturing requirements for all child care program types	441--Chapter 109, 441--Chapter 110, 441--Chapter 120	P - Projected				Ryan Page

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		ACFS	Reg	234.6	Change 441--Chapter 109 for child care definition.	441--Chapter 109	P - Projected				Ryan Page
		ACFS	Reg	237A	Revise 441--Chapter 118 Child Care Quality Rating System	441--Chapter 118	P - Projected				Mykala Robinson
		ACFS	Reg		Updates to 441--Chapter 170 regarding exit eligibility (CCA Plus) maximum monthly gross income levels and clarification of temporary lapse policies to be in compliance with federal CCDBG rules.	441--Chapter 170	P - Projected				Mark Adams
		ACFS	EAI	234.6	Elimination of retroactive eligibility for Medicaid applicants, contingent upon CMS approval	441-- Chapters 74, 75, & 76	P - Projected			10/1/2017	Shari Seivert and Amela Alibasic