

DHS rules in process
as of 7 14 17

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
18-023	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
18-022	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
18-021	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
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

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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
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

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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
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
18-013	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

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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
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

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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 Austism 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