

CHAPTER 80  
LOCAL PUBLIC HEALTH SERVICES

[Prior to 8/3/94, "Homemaker-Home Health Aide Services"]  
[Prior to 4/11/07, see also 641—Ch 79]

**641—80.1(135) Purpose.** The purposes of the local public health services state grant is to assist with assuring core public health functions and delivering essential public health services and to increase the capacity of local boards of health to promote healthy people and healthy communities.

**641—80.2(135) Definitions.** For the purposes of these rules, the following definitions apply:

*“Administrative expense”* means the costs incurred which are not identified readily and specifically with a program but which are necessary to the general operations of the authorized agency.

*“Appropriation formula”* means the method used to distribute the allocations of the state grant to each county.

*“Authorized agency”* means a contractor or a private nonprofit or governmental organization delivering all or part of the local public health services funded by the local public health services state grant.

*“Care coordination”* means assessing a consumer’s need for care; developing, implementing and updating the plan of care; assigning a direct care worker to the case; assigning direct care worker duties, including specifying the frequency of task performance and the length and frequency of visits; providing referrals and follow-up; coordinating the case, including coordinating interagency and intra-agency communications; and maintaining records and reports.

*“Community”* means the aggregate of persons with common characteristics such as race, ethnicity, age, or occupation or other similarities such as location.

*“Consumer”* means an individual, family, or community utilizing essential public health services through the local public health services state grant.

*“Contractor”* means the local board of health or the county board of supervisors as agreed upon by the local board of health and the county board of supervisors.

*“Core public health functions”* means the scope of activities which serve as a broad framework for public health agencies. Core public health functions are:

1. Assessment, which means to regularly and systematically collect, assemble, analyze, and make available information on the health of the community, including statistics on health status, community health needs and personal health services and epidemiologic and other studies of health problems.

2. Policy development, which means efforts to serve the public interest in the development of comprehensive public health policies by promoting use of a scientific knowledge base in decision making about public health and by taking the lead in comprehensive public health policy development.

3. Assurance, which means public health efforts to assure constituents that services necessary to achieve agreed-upon goals are provided either by encouraging actions by other entities (private or public sector), by requiring such action through regulation, or by providing services directly.

*“Department”* means the Iowa department of public health.

*“Dependent nursing”* means a function requiring the skills of a licensed registered nurse and the order of a physician according to [655—Chapter 6](#), Iowa Administrative Code.

*“Direct care worker”* means a trained and supervised individual who provides services, care, and emotional support to consumers.

*“Essential public health services”* means activities carried out by the authorized agency fulfilling core public health functions. Essential public health services are:

1. Monitoring health status and understanding health issues facing the community.
2. Protecting people from health problems and health hazards.

3. Giving people information they need to make healthy choices.
4. Engaging the community to identify and solve health problems.
5. Developing public health policies and plans.
6. Enforcing public health laws and regulations.
7. Helping people receive health services.
8. Maintaining a competent public health workforce.
9. Evaluating and improving programs and interventions.
10. Contributing to and applying the evidence base of public health.

“*Evaluation*” means the process to measure the effectiveness of interventions by measuring outcomes against previously established goals and objectives.

“*Health promotion*” means organizational, economic and environmental supports and education to stimulate healthy behaviors in individuals, groups or communities.

“*Income*” means all sources of revenue for the consumer and, if applicable, the consumer’s spouse.

“*Independent nursing*” means a function requiring the skills of a licensed registered nurse according to [655—Chapter 6](#), Iowa Administrative Code.

“*Local board of health*” means a county, city or district board of health as defined in Iowa Code section [137.2](#).

“*Nonprofit*” means an entity meeting the requirements for tax–exempt status under the United States Internal Revenue Code.

“*Nursing process*” means the steps completed by a skilled licensed registered nurse according to [655—Chapter 6](#), Iowa Administrative Code.

“*Outcome*” means an action or event that follows as a result or consequence of the provision of a service or support.

“*Outcome measures*” means the mathematical expression of the effect of an activity, product, or service on consumers and the public health. Outcome measures are used to determine the extent to which the activity, product, or service has impacted its intended audience and to identify progress toward the achievement of a goal.

“*Personal health services*” means health services delivered to individuals, including primary care, specialty care, hospital care, emergency care, and rehabilitative care. For the purpose of the local public health services state grant, personal health services include nursing (disease and disability), nursing (health maintenance), home care aide (homemaker), and home care aide (personal care) activities.

“*Population–based services*” means interventions or activities for a community to promote health and to prevent disease, injury, disability, premature death, and exposure to environmental hazards.

“*Poverty*” means the level of adjusted income, factoring in resources and income, which is at or below 75 percent of the current federal poverty guidelines.

“*Preservice education*” means training required prior to assignment.

“*Procedures*” means the steps to be taken to implement a policy.

“*Process*” means a service or support provided by an authorized agency to a consumer that will allow the consumer to achieve an outcome. A process may include a written, formal, and consistent trackable method or an informal method that is not written but is trackable.

“*Program,*” for the purposes of the state grant, means local public health services, local board of health services, public health nursing services, and home care aide services.

“*Protective services*” means interventions or activities for a child or adult to alleviate, protect against, or prevent situations which could lead to abuse or neglect. For the purposes of the local public health services state grant, protective services require an order from the justice system.

“*Quality improvement*” means a process to review, plan and ensure standards of quality for essential public health services, interventions and activities.

“*Resources*” means unrestricted assets owned by a consumer and, if applicable, by the consumer’s spouse. The place of residence and one vehicle are exempt from consideration of resources.

“*Restricted assets*” means assets typically involving a penalty for early withdrawal such as IRA accounts, KEOGH accounts, 401(k) accounts, employee retirement accounts, and other deferred tax protected assets involving a penalty for early withdrawal. Restricted assets shall not be considered as a resource in the determination of a consumer’s financial liability for services.

“*Service management*” means recruiting, employing, providing workforce development to, scheduling, supervising and evaluating direct care workers; ensuring the competency of direct care workers; providing quality assurance for the program; and maintaining community relations.

“*Sliding fee scale*” means a scale of consumer fee responsibility based on an assessment of the consumer’s ability to pay all or a portion of the charge for services.

“*State grant*” means the local public health services state grant, which is the allocation of state funds appropriated annually by the Iowa general assembly for local public health services.

“*Unrestricted assets*” means assets that can be converted to cash for financial support. Unrestricted assets shall be considered in the determination of a consumer’s financial liability for services in the sliding fee calculation.

“*Vulnerable population*” means individuals or groups in the community who are unable to promote and protect their personal and environmental health.

“*Workforce development*” means the provision of training relevant to services or tasks assigned to direct care workers to enhance their knowledge and the delivery of essential public health services.

**641—80.3(135) Local public health services state grant.** The following applies to the state allocation for local public health services, local board of health services, public health nursing services, and home care aide services.

**80.3(1) Priority population.** The state grant serves all populations, with a priority to serve vulnerable populations in Iowa.

**80.3(2) Contractor assurance.** In order to receive funding, the contractor shall provide to the department assurance that authorized agencies meet all applicable federal, state, and local requirements. The contractor may directly provide or subcontract all or part of the delivery of services. The contractor shall assure that each authorized agency complies with Title IV of the Civil Rights Act, the Americans with Disabilities Act of 1990 (ADA), and Section 504 of the 1973 Rehabilitation Act and with affirmative action requirements. In addition, the contractor shall assure that each authorized agency has, at a minimum, the following:

- a. A governing board.
- b. Program policies and procedures, which shall, at a minimum, include:
  - (1) Admission and discharge.
  - (2) A consumer appeals process.
  - (3) Records appropriate to the level of consumer care.
  - (4) A financial assessment.
  - (5) A sliding fee scale.
- c. Personnel policies and procedures, which shall be reviewed and updated annually and communicated to staff. Personnel policies and procedures shall, at a minimum, include:
  - (1) Delegation of authority and responsibility for agency administration.
  - (2) Staff supervision.
  - (3) A staff training program for the identification and reporting of child and dependent adult abuse to the department pursuant to Iowa Code sections [232.69](#) and [235B.3](#).
  - (4) Conditions of employment including recruitment, selection, termination, promotion and compensation.
  - (5) A leave of absence policy.

- (6) A grievance procedure.
  - (7) Annual employee performance evaluations.
  - (8) A nondiscrimination policy.
  - (9) An employee orientation program.
  - (10) A provision for career or workforce development.
  - (11) Fringe benefits.
  - (12) Employment application forms which comply with civil rights regulations.
  - (13) Current job descriptions which delineate qualifications, responsibilities and essential functions, reflect current responsibilities, and are dated.
  - (14) A current salary schedule.
- d.* Fiscal management, which shall, at a minimum, include:
- (1) An annual budget.
  - (2) Fiscal policies and procedures which follow generally accepted accounting practices.
  - (3) An annual audit which is performed according to usual and customary accounting principles and practices.
- e.* A quality improvement plan. The plan shall address annual evaluation of the authorized agency, public health programs, and professional development and shall include:
- (1) Written goals, objectives, and performance measures that use appropriate data and are analyzed regularly.
  - (2) Strategies to monitor program and service compliance with local, state, and federal requirements.
  - (3) Evidence that programs and services align with community health priorities.
  - (4) Methods for reporting the outcomes of evaluation to stakeholders.
  - (5) Steps to determine the cost-effectiveness of programs and services.

**641—80.4(135) Billing services to the local public health services state grant.** The contractor shall bill public health activities to the state grant based on the identified needs of the community.

**80.4(1) *Planning process.*** Prior to the ensuing fiscal year application process, the contractor shall initiate a community planning process with input from community partners including but not limited to authorized agencies in order to identify the needs of the community.

**80.4(2) *Alternative plan.*** A plan is required for the alternative use of the state grant funds. The plan shall be based on an assessment of the community and shall be submitted by the contractor for approval by the department. The plan shall:

- a.* Assure the department of the delivery of essential public health services that are the primary purpose of these funds.
- b.* Identify essential public health services to be delivered.
- c.* Describe the activity to be delivered.
- d.* Identify target populations to be served.
- e.* Identify outcome measures.

**80.4(3) *Funder of last resort.*** The state grant shall be billed as the last resort.

- a.* The state grant shall be billed the lower of the authorized agency's cost or charges.
- b.* The state grant shall not be billed for services eligible for third-party reimbursement (e.g., Medicare, Medicaid, private insurance, approved Iowa waivers, or other federal or state funds).
- c.* The state grant shall not be billed for the balance between the authorized agency cost or charge, whichever is lower, and the allowed reimbursement from a third-party payer.
- d.* The state grant shall not be billed for fees waived by the authorized agency.

**80.4(4) *Cost analysis.*** The authorized agency shall complete, at a minimum, an annual cost analysis, using a method approved by the department. The authorized agency shall maintain documentation to support the administrative cost allocation.

**80.4(5) *Fees and donations.*** Fees for services and donations shall be used to support local public health services.

a. Fees for services provided shall be based on a financial assessment which determines the consumer's financial responsibility. The financial assessment shall be updated annually by the authorized agency. An authorized agency may consider additional health care-related expenses or resources above \$10,000 when determining the consumer fee according to an agency's policy.

b. Sliding fee scale. The authorized agency shall establish a sliding fee scale that considers resources and income. The sliding fee scale shall be based on the charge for services. The authorized agency shall determine placement on the sliding fee scale before the service begins. The authorized agency shall use payments, based on the sliding fee scale, and donations received from consumers to support essential public health services. The following instructions apply to the use of the sliding fee scale:

(1) A fee shall be charged to consumers who have an income at or above 200 percent of federal poverty guidelines.

(2) No fee shall be charged to consumers who have an income at or below 75 percent of federal poverty guidelines and resources of \$10,000 or less.

(3) A sliding fee or full fee for home care aide (personal care); home care aide (homemaker), home care aide (home helper) and home care aide (chore); nursing (disease and disability); and nursing (health maintenance) shall be established.

(4) No fee shall be charged for protective services or communicable disease follow-up services.

(5) An authorized agency may charge a fee according to the authorized agency's policy for services other than those described in subparagraph (4) if the consumer has an income below 200 percent but above 75 percent of federal poverty guidelines.

**80.4(6) Reallocation.** The department will annually determine the potential for unused funds from contracts. If funds are available, reallocation of the funds shall be at the discretion of the department.

#### **641—80.5(135) Right to appeal.**

##### **80.5(1) Denial, reduction or termination of services.**

a. When an authorized agency denies, reduces or terminates services funded by the state grant against the wishes of a consumer, the authorized agency shall notify the consumer and the contractor of the following:

- (1) The action taken;
- (2) The reason for the action; and
- (3) The consumer's right to appeal.

b. If a consumer files an appeal, the authorized agency shall provide services to the consumer throughout the appeals process, unless the agency receives a waiver from the department pending the outcome of the appeal.

##### **80.5(2) Local appeals process.**

a. All contractors and their authorized agencies shall have a written local procedure to hear appeals. The local procedure shall, at a minimum, include:

- (1) The method of notification of the right to appeal;
- (2) The procedure for conducting the appeal;
- (3) Time limits for each step; and

(4) The method of notification of the outcome of the local appeal and notification of the consumer's right to appeal to the state. Notifications of the outcome of the local appeal shall include the facts used to reach the decision and the conclusions drawn from the facts to support the authorized agency's decision.

b. The written appeals procedure and the record of appeals filed (including the record and disposition of each) shall be available for inspection by authorized representatives of the Iowa department of public health.

##### **80.5(3) Appeal to department.**

*a.* If a consumer is dissatisfied with the decision of the local appeal, the consumer may appeal to the state. The appeal shall be made in writing by certified mail, return receipt requested, to the Division Director, Division of Health Promotion and Chronic Disease Prevention, Iowa Department of Public Health, Lucas State Office Building, Des Moines, Iowa 50319–0075, within 15 days of the receipt of the local contractor’s or authorized agency’s appeal decision.

*b.* Department review. The department shall evaluate the appeal based upon the merits of the local appeal documentation. A department decision affirming, reserving, or modifying the local appeal decision shall be issued within 30 days of the receipt of all local appeal documentation. The department decision shall be in writing and sent by certified mail, return receipt requested, to the consumer and the contractor and the authorized agency.

**80.5(4) Further appeal.** The consumer may appeal the department’s decision by submitting an appeal, within 10 days of the receipt of the department decision, to the Division Director, Division of Health Promotion and Chronic Disease Prevention, Iowa Department of Public Health, Lucas State Office Building, Des Moines, Iowa 50319–0075. Upon receipt of an appeal that meets contested case status, the department shall forward the appeal within 5 working days to the department of inspections and appeals pursuant to the rules adopted by the department of inspections and appeals regarding the transmission of contested cases. The continued process for appeals shall be governed by [641—Chapter 173](#), Iowa Administrative Code.

**641—80.6(135) Case management.** Case management is a process optimizing self–care capabilities of consumers and their families in gaining access to needed medical, social, and other services.

**80.6(1) Case manager qualifications.** Individuals performing case management shall meet one of the following criteria:

- a.* Be a registered nurse licensed to practice in the state of Iowa.
- b.* Possess a bachelor’s degree in family and consumer science, education, social work or other health or human services field.
- c.* Be a licensed practical nurse with a current Iowa license.
- d.* Be a home care aide who has an equivalent of two years’ experience and who is supervised by an individual who meets one of the criteria in paragraphs “*a*” to “*c*.”

**80.6(2) Case management services.** Case management services shall be provided at the direction of the consumer and shall include:

- a.* An initial assessment of the consumer’s needs.
- b.* Development and implementation of a service plan to meet the identified needs.
- c.* A team composed of the consumer and the case manager and other entities, such as providers relevant to the consumer’s service needs or family members, who may be included at the discretion of the consumer.
- d.* Face–to–face meetings with the consumer, which shall be held at least quarterly.
- e.* Coordination and monitoring of delivery of services. Case managers do not provide direct services. Case managers link the consumer to appropriate resources and natural supports.
- e.* Evaluation of outcomes.
- f.* Reassessment and revision of the consumer’s service plan, which shall be completed as needed, but no less than annually.
- g.* Advocacy on behalf of the consumer.
- h.* Communication with the consumer and team members regarding the consumer’s progress toward achieving the goals of the service plan.
- i.* Documentation which supports and demonstrates (1) the consumer’s use of the case management process, (2) contacts with the consumer and with providers the consumer is using for services, and (3) other relevant information related to the coordination and delivery of case management services.
- j.* Monitoring of the consumer’s health, safety and welfare.

k. An assurance that the consumer has a choice of providers.

**80.6(3) Consumer records.** Consumer records for case management, at a minimum, shall include the following:

- a. An initial assessment;
- b. A service plan;
- c. Reassessment;
- d. An emergency plan;
- e. Documentation of the following:
  - (1) Consumer and family contacts;
  - (2) The coordination and monitoring of services;
  - (3) Activities related to delivery of services (i.e., interdisciplinary team meetings);
  - (4) The evaluation of outcomes.

**641—80.7(135) Local board of health services.**

**80.7(1) Program purpose.** The purpose of this program is to increase the organizational capacity of county boards of health to develop conditions for healthy people and healthy communities through public health nursing, home care aide, core public health functions and population-based essential public health services in Iowa.

**80.7(2) Program services.** Local board of health services include public health essential services as defined in rule 641—80.2(135).

**80.7(3) Appropriation to county board of health.** The funding supports the efforts of local boards of health in addressing specific health priorities in each county. The appropriation to each county board of health is determined by the following formula: 30 percent of the total allocation shall be divided so that an equal amount is available for use in each county in the state. The remaining 70 percent shall be allocated to each county according to the county's population based on the department's current published vital statistics.

**641—80.8(135) Local public health services.**

**80.8(1) Program purpose.** The purpose of this program is to increase local public health capacity by implementing core public health functions and essential public health services to address health inequalities. Local public health services address health inequalities by advocating for population-based policies and services to improve the health of the whole population in an equal way.

**80.8(2) Program services.** Local public health services include:

- a. Assisting local boards of health in providing services that address health problem priorities identified in each county's health improvement plan.
- b. Advancing the goals of Healthy Iowans 2010.
- c. Providing financial support for targeted areas of service relating to Iowa's elderly and disabled populations (i.e., home- and community-based services, protective services, nursing (disease and disability), nursing (health maintenance), home care aide (personal care), home care aide (home helper), home care aide (chore) or home care aide (homemaker)).

**80.8(3) Appropriation to county board of health.** The appropriation to each county board of health is determined by the following formula: 40 percent of the total allocation shall be divided so that an equal amount is available for use in each county in the state. The remaining 60 percent shall be allocated to each county according to the county's population based on the department's current published vital statistics.

**641—80.9(135) Public health nursing services.** Public health nursing is a specialized nursing practice that combines the science and art of public health with the science and art of nursing.

**80.9(1) Program purpose.** The purpose of this program is to improve the health of the entire community, prevent illness, enhance the quality of life, and provide leadership to safeguard the

health and wellness of the community. The program implements core public health functions and essential public health services to reduce, prevent or delay inappropriate institutionalization of consumers and to preserve families.

**80.9(2) Scope.** The practice of public health nursing is population-based, with the goals of promoting health and preventing disease and disability for all people through the creation of conditions in which people can be healthy. For the purposes of the state grant, public health nursing services include both personal health services and population-based services.

**80.9(3) Standards of practice of public health nursing are consistent with the nursing process and include:**

*a. Assessment.* The public health nurse assesses the health status of populations using data, community resources identification, input from the population, and professional judgment.

*b. Diagnosis.* The public health nurse analyzes collected assessment data and partners with people to attach meaning to those data and determine opportunities and needs.

*c. Outcome identification.* The public health nurse participates with other community partners to identify expected outcomes in the populations and their health status.

*d. Planning.* The public health nurse promotes and supports the development of programs, policies, and services that provide interventions that improve the health status of populations.

*e. Evaluation.* The public health nurse evaluates the status of the population.

**80.9(4) Public health coordinator/supervisor qualifications.**

*a.* Individuals performing public health coordination/supervision shall meet one of the following criteria:

(1) Possess a bachelor's degree or higher from an accredited college or university in public health, health administration, nursing or other applicable field and a minimum of two years of related experience; or

(2) Be a registered nurse, licensed to practice by the Iowa board of nursing, who has a minimum of two years of related experience and has completed a course approved by the department within six months of employment.

*b.* By January 1, 2008, individuals who hold the position of public health coordinator/supervisor on or before June 30, 2007, shall meet one of the criteria in paragraph "a."

**80.9(5) Appropriation.** The appropriation to each county is determined by the following formula: 25 percent of the total amount to be allocated shall be divided so that an equal amount is available for use in each county in the state. The remaining 75 percent shall be divided so that the share available for use in each county is proportionate to the number of elderly and low-income persons living in the county in relation to the total number of elderly and low-income persons living in the state.

**641—80.10(135) Home care aide services.** Home care aide services are intended to enhance the capacity of consumers to attain or maintain their independence. Trained and supervised direct care workers provide services to consumers who, due to the absence, incapacity or limitations of the usual homemaker, are experiencing stress or crisis.

**80.10(1) Program purpose.** The purpose of this program is to reduce, prevent or delay inappropriate institutionalization of consumers and to preserve families through the provision of supportive services by direct care workers who have completed training and are professionally supervised.

**80.10(2) Scope.** The direct care worker provides services for consumers by following a plan of care identifying assigned tasks. A direct care worker participates in activities to safeguard the health and wellness of the community and to implement core public health functions and essential public health services.

**80.10(3) Authorized agency.**

*a.* The authorized agency shall establish policies for supervision of direct care workers.

b. The authorized agency shall ensure that each direct care worker has completed adequate training and demonstrated competency for each task assigned. The required preservice education for direct care workers is outlined in the following chart:

<b>Level of Direct Care Worker</b>	<b>Direct Care Worker I (equivalent to chore)</b>	<b>Direct Care Worker II (equivalent to home helper)</b>	<b>Direct Care Worker III (equivalent to homemaker)</b>	<b>Direct Care Worker IV (equivalent to personal care)</b>	<b>Direct Care Worker V (equivalent to protective worker)</b>
<b>Scope of Services</b>	Provides services to a consumer necessary to enable the consumer to live independently and that encompass heavier cleaning tasks, including outside maintenance and chores. For chore services, there is no physical contact between the consumer and the direct care worker	Under the supervision of a professional, provides services to protect the environment for a self-directing consumer to preserve a safe and sanitary home	Under the supervision of a professional, provides services primarily in the homes of consumers who, due to the absence, incapacity or limitations of the usual homemaker or caregiver, are experiencing stress or crisis, to promote consumer health and a safe, stable, sanitary home environment	Under the direction of nursing or medical staff, provides health-related services such as observation of self-administration of oral medications; checking the consumer's pulse rate, temperature, and respiration rate; helping with simple prescribed exercises; keeping the consumer's rooms neat; changing nonsterile dressings; providing skin care and back rubs; assisting with braces and artificial limbs; or assisting the consumer in using medical equipment	Provides services intended to stabilize a child's or adult's residential environment and relationships with relatives, caretakers, and other consumers and household members in order to alleviate a situation involving abuse or neglect or to otherwise protect the child or adult from a threat of abuse or neglect; also provides services intended to prevent situations which could lead to abuse or neglect of a child or adult when a

					definite potential for abuse or neglect exists
<b>Services or tasks assigned include, but are not limited to:</b>	Heavy household cleaning, garbage removal, snow shoveling, changing light bulbs, putting screens on windows, covering and uncovering air conditioners, lawn care and mowing	Essential shopping and housekeeping	Money management, household management, consumer education, transportation, meal preparation, family preservation, family management, child care, assistance with personal care, respite, essential shopping, and housekeeping	Personal care and rehabilitative therapies	Family preservation, family management, money management, child care, and transportation
<b>Preservice Education</b>	Direct care worker possesses skills for tasks assigned	4 hours on role of the home care aide; 2 hours on communication; 2 hours on understanding basic human needs; 2 hours on maintaining a healthy environment; 2 hours on infection control in the home; and 1 hour on emergency procedures	60-hour home care aide training: A Model Curriculum and Teaching Guide for the Instruction of the Homemaker-Home Health Aide <b>OR</b> 75-hour certified nurse aide course and Direct Care Worker II preservice education <b>OR</b> Home care aide training and prior approval by the	60-hour home care aide training: A Model Curriculum and Teaching Guide for the Instruction of the Homemaker-Home Health Aide <b>OR</b> 75-hour certified nurse aide course and Direct Care Worker II preservice education <b>OR</b> Home care aide training and prior approval by the	Training in a department-approved curriculum

			department	department	
<b>Workforce Development (per calendar year)</b>	None	3 hours prorated to employment	12 hours prorated to employment	12 hours prorated to employment	12 hours prorated to employment
<b>Competency</b>	Documented skills for assigned tasks	Documented skills for assigned tasks	Documented skills for assigned tasks	Documented skills for assigned tasks	Documented skills for assigned tasks

**80.10(4)** Professional staff as providers of home care aide services. An individual who is in the process of receiving or who has completed the training required for LPN or RN licensure or who possesses an associate's degree or higher in social work, sociology, home economics or other health or human services field may be assigned to provide home care aide services if the following conditions are met:

- a. Services or tasks assigned are appropriate to the individual's prior training.
- b. Orientation to home care is conducted. Orientation includes adaptation of the individual's knowledge and skills from prior education to the home setting and to the role of the home care aide.

**80.10(5)** Care coordinator and service manager qualifications.

a. An individual performing care coordination or service management shall meet one of the following criteria:

- (1) Be a registered nurse licensed to practice in the state of Iowa.
- (2) Possess a bachelor's degree in family and consumer science, education, social work or other health or human services field.
- (3) Be a licensed practical nurse with a current Iowa license.

b. A home care aide with an equivalent of two years' experience may be delegated care coordination/service management duties as long as a qualified individual who meets one of the criteria in paragraph "a" retains responsibility and provides supervision and evidence of supervision.

c. An individual who has provided home care aide care coordination and service management prior to June 30, 2007, shall be considered qualified to continue in the position.

**80.10(6)** A qualified care coordinator or service manager may provide direct care services as appropriate to the individual's level of education and competency for the assignment.

**80.10(7)** The service manager's scheduling duty may be delegated to an individual not possessing one of the qualifications in paragraph 80.10(5)"a" provided that a qualified individual who meets one of the qualifications in 80.10(5)"a" retains responsibility and provides supervision and evidence of supervision.

**80.10(8)** Consumer records. The authorized agency shall maintain records for each consumer. The records shall include:

- a. An initial assessment.
- b. A plan of care.
- c. Assignment of direct care worker.
- d. Assignment of tasks.
- e. Reassessment.
- f. Update of plan of care.
- g. Direct care worker narrative notes.
- h. Documented supervision.

**80.10(9)** Appropriation. The appropriation to each county is determined by the following formula: 15 percent of the total allocation shall be divided so that an equal amount is available for use in each county in the state. The following percentages of the remaining 85 percent shall be allocated to each county according to that county's proportion of state residents with the following demographic characteristics:

- a.* Sixty percent according to the number of elderly persons living in the county.
- b.* Twenty percent according to the number of persons below the federal poverty guidelines living in the county.
- c.* Twenty percent according to the number of substantiated cases of child abuse in the county during the three most recent years for which data is available.

These rules are intended to implement Iowa Code chapter [135](#).

[Filed emergency 7/1/82—published 7/21/82, effective 7/1/82]  
[Filed 1/14/83, Notice 12/8/82—published 2/2/83, effective 3/10/83]  
[Filed emergency 3/7/83—published 3/30/83, effective 3/10/83]  
[Filed emergency 9/11/85—published 10/9/85, effective 9/11/85]  
[Filed 11/27/85, Notice 8/14/85—published 12/18/85, effective 1/22/86]  
[Filed emergency 7/1/86—published 7/16/86, effective 7/1/86]  
[Filed emergency 9/19/86—published 10/8/86, effective 9/19/86]  
[Filed emergency 7/10/87—published 7/29/87, effective 7/10/87]  
[Filed emergency 6/25/91—published 7/10/91, effective 7/1/91]  
[Filed 7/14/94, Notice 4/27/94—published 8/3/94, effective 9/7/94]  
[Filed 9/18/98, Notice 7/15/98—published 10/7/98, effective 11/11/98]  
[Filed 3/16/07, Notice 1/31/07—published 4/11/07, effective 7/1/07]