



## Administrative Rule Transmittal

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

Are you requesting emergency rule making?     No     Yes

Are there grounds for emergency rule making?     No

Yes, because:

- The period for notice and public comment may be waived because obtaining public comment is:
  - Unnecessary. Reason:
  - Impracticable. Reason:
  - Contrary to the public interest. Reason:
- The implementation period can be waived since:
  - Legislation permits emergency rule making. Citation:
  - The rule confers a benefit on the public or removes a restriction on the public. Reason:
  - The effective date is necessary because of imminent peril to public health, safety, or welfare. Reason:

Are public hearings needed?     No     Yes

Are changes to a data system needed?     No     Yes

Will this affect appeal volume?     No     Yes:     Increase     Decrease

Is training required?     No     Yes, scheduled for:

Are form changes required?     No     Yes, to:

Are manual changes required?     No     Yes, to:

### Division Sign-Off:

Bureau Chief Signature (Process initiation)	Date
Division Administrator Signature (Form Content Approval)	Date
Attorney General Signature (Review)	Date
Fiscal Administrative Rules Coordinator	Date
Deputy Director Signature	Date

Please plan for one week turnaround and final approval before submitting.



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

Name of Program Specialist	Telephone Number	Email Address
----------------------------	------------------	---------------

1. Give a brief purpose and summary of the rulemaking:  
Start typing here.
2. What is the legal basis for the change? (Cite the authorizing state and federal statutes and federal regulations):  
Start typing here.
3. Describe who this rulemaking will positively or adversely impact.  
Start typing here.
4. Does this rule contain a waiver provision? If not, why?  
Start typing here.
5. What are the likely areas of public comment?  
Start typing here.
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.)  
Start typing here.

## Proposed Rule Changes

ITEM 1. Adopt new rule **441—86.10(514D)** as follows:



# Administrative Rule Fiscal Impact Statement

Date:

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

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

	<u>Year 1 (FY     )</u>	<u>Year 2 (FY     )</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:*

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

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

Agency representative preparing estimate:

Telephone number: