

IDAHO ADMINISTRATIVE BULLETIN

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Volume 99-5

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Preface

The Idaho Administrative Bulletin is published once each month by the Department of Administration, Office of the Administrative Rules Coordinator, pursuant to Section 67-5203, Idaho Code. The Bulletin is a compilation of all administrative rulemaking documents in Idaho. The Bulletin publishes the official text notice and full text of such actions.

State agencies are required to provide public notice of rulemaking activity and invite public input. The public receives notice of a rulemaking activity through the Idaho Administrative Bulletin and the Legal Notice published monthly in local newspapers. The Legal Notice provides reasonable opportunity for public input, either oral or written, which may be presented to the agency within the time and manner specified in the Legal Notice. After the comment period closes, the agency considers fully all information submitted in regard to the rule. Comment periods are not provided in temporary or final rulemaking activities.

CITATION TO THE IDAHO ADMINISTRATIVE BULLETIN

The Bulletin is cited by year and issue number. For example, Bulletin 98-1 refers to the first Bulletin issued in calendar year 1998, Bulletin 99-1 refers to the first Bulletin issued in calendar year 1999, etc. Volume numbers, which proceed from 1 to 12 in a given year, correspond to the months of publication, i.e.; Volume No. 1 refers to January; Volume No. 2 refers to February; and so forth. Example: The Bulletin published in January of 1999 is cited as Volume 99-1. The December 1998 Bulletin is cited as Volume 98-12.

RELATIONSHIP TO THE IDAHO ADMINISTRATIVE CODE

*The Idaho Administrative Code is published once a year and is a compilation or supplemental compilation of all final and enforceable administrative rules in effect in Idaho. In an effort to provide the reader with current, enforceable rules, temporary rules are also published in the Administrative Code. Temporary rules and final rules that have been approved by the legislature during the legislative session, and published in the monthly Idaho Administrative Bulletin, supplement the Administrative Code. Negotiated, proposed, and pending rules are **not** printed in the Administrative Code and are published only in the Bulletin.*

*To determine if a particular rule remains in effect, or to determine if a change has occurred, the reader should refer to the **Cumulative Index of Administrative Rulemaking**, printed in each Bulletin.*

TYPES OF RULES PUBLISHED IN THE ADMINISTRATIVE BULLETIN

The state of Idaho administrative rulemaking process comprises five distinct activities; Proposed, Negotiated, Temporary, Pending, and Final rulemaking. In the majority of cases, the process begins with proposed rulemaking and ends with final rulemaking. The following is a brief explanation of each type of administrative rule.

NEGOTIATED RULE

Negotiated rulemaking is a process in which all interested parties and the agency seek a consensus on the content of the rule. Agencies are encouraged to proceed through this informal rulemaking whenever it is feasible to do so. Publication of the text in the Administrative Bulletin by the agency is optional. This process should lead the rulemaking to the temporary and/or proposed rule stage.

PROPOSED RULE

A proposed rulemaking is an action by an agency in which the agency is proposing to amend or repeal an existing rule or to adopt a new rule. Prior to the adoption, amendment, or repeal of a rule, the agency must publish a notice of proposed rulemaking in the Bulletin. The notice of proposed rulemaking must include:

- a) the specific statutory authority for the rulemaking including a citation to a specific federal statute or regulation if that is the basis of authority or requirement for the rulemaking;*
- b) a statement in nontechnical language of the substance of the proposed rule, including a specific description of any fee or charge imposed or increased;*
- c) the text of the proposed rule prepared in legislative format;*
- d) the location, date, and time of any public hearings the agency intends to hold on the proposed rule;*
- e) the manner in which persons may make written comments on the proposed rule, including the name and address of a person in the agency to whom comments on the proposal may be sent;*
- f) the manner in which persons may request an opportunity for an oral presentation; and*
- g) the deadline for public (written) comments on the proposed rule.*

As stated, the text of the proposed rule must be published in the Bulletin. After meeting the statutory rulemaking criteria for a proposed rule, the agency may proceed to the pending rule stage. A proposed rule does not have an assigned effective date unless published in conjunction with a temporary rule docket. An agency may vacate a proposed rulemaking if it decides not to proceed further with the promulgation process.

TEMPORARY RULE

Temporary rules may be adopted only when the governor finds that it is necessary for:

- a) the protection of the public health, safety, or welfare; or*
- b) compliance with deadlines in amendments to governing law or federal programs; or*
- c) conferring a benefit.*

If a rulemaking meets any one or all of the above requirements, a rule may become effective before it has been submitted to the legislature for review and the agency may proceed and adopt a temporary rule.

A temporary rule expires at the conclusion of the next succeeding regular session of the legislature unless the rule is approved, amended, or modified by concurrent resolution or when the rule has been replaced by a final rule.

In cases where the text of the temporary rule is the same as that of the proposed rule, the rulemaking can be done concurrently as a temporary/proposed rule. State law requires that the text of a proposed or temporary rule be published in the Administrative Bulletin. Combining the rulemaking allows for a single publication of the text.

An agency may rescind a temporary rule that has been adopted and is in effect if the rule is being replaced by a new temporary rule or has been published concurrently with a proposed rulemaking that is being vacated.

PENDING RULE

A pending rule is a rule that has been adopted by an agency under the regular rulemaking process and

remains subject to legislative review before it becomes a final, enforceable rule.

When a pending rule is published in the Bulletin, the agency is required to include certain information in the Notice of Pending Rule. This includes:

- a) the reasons for adopting the rule;
- b) a statement of any change between the text of the proposed rule and the pending rule with an explanation of the reasons for any changes;
- c) the date the pending rule will become final and effective; and
- d) an identification of any portion of the rule imposing or increasing a fee or charge.

Agencies are required to republish the text of the rule when substantive changes have been made to the proposed rule. An agency may adopt a pending rule that varies in content from that which was originally proposed if the subject matter of the rule remains the same, the pending rule is a logical outgrowth of the proposed rule, and the original notice was written so as to assure that members of the public were reasonably notified of the subject. It is not always necessary to republish all the text of the pending rule. With the permission of the Rules Coordinator, only the Section(s) that have changed from the proposed text are republished. If no changes have been made to the previously published text, it is not required to republish the text again and only the Notice of Pending Rule is published.

FINAL RULE

A final rule is a rule that has been adopted by an agency under the regular rulemaking process and is in effect.

No pending rule adopted by an agency will become final and effective until it has been submitted to the legislature for review. Where the legislature finds that the agency has violated the legislative intent of the statute under which the rule was made, a concurrent resolution will be adopted rejecting, amending, or modifying the rule or any part thereof. A Notice of Final Rule must be published in the Idaho Administrative Bulletin for any rule that is rejected, amended, or modified by the legislature showing the changes made. A rule that has been reviewed by the legislature and has not been rejected, amended, or modified will become final with no further legislative action. No rule shall become final and effective before the conclusion of the regular or special legislative session at which the rule was submitted for review. However, a rule which is final and effective may be applied retroactively, as provided in the rule.

AVAILABILITY OF THE ADMINISTRATIVE CODE AND BULLETIN

The Idaho Administrative Code and all monthly Bulletins are available for viewing and use by the public in all 44 county law libraries, state university and college and community college libraries, the state law library, the state library, the Public Libraries in Boise, Pocatello, Idaho Falls and Twin Falls, the Lewiston City Library, East Bonner County Library, Eastern Idaho Technical College Library, Ricks College Library, and Northwest Nazarene College Library.

SUBSCRIPTIONS AND DISTRIBUTION

For subscription information and costs of publications, please contact the Department of Administration, Office of the Administrative Rules Coordinator, 650 W. State Street, Room 100, Boise, Idaho 83720-0306, telephone

(208) 332-1820.

The Administrative Bulletin is an official monthly publication of the State of Idaho. Yearly subscriptions or individual copies are available for purchase.

The Administrative Code, is an annual compilation or supplemental compilation of all final and enforceable temporary administrative rules and includes tables of contents, reference guides, and a subject index.

Individual Rule Chapters and Individual Rulemaking Dockets, are specific portions of the Bulletin and Administrative Code produced on demand.

Internet Access - The Administrative Code and Administrative Bulletin are available on the Internet at the following address:

<http://www.state.id.us/> - from Idaho Home Page select the Administrative Rules link.

EDITOR'S NOTE: All rules are subject to frequent change. Users should reference all current issues of the Administrative Bulletin for negotiated, temporary, proposed, pending, and final changes to all rules, or call the Office of the Administrative Rules at (208) 332-1820.

HOW TO USE THE IDAHO ADMINISTRATIVE BULLETIN

Rulemaking documents produced by state agencies and published in the *Idaho Administrative Bulletin* are organized by a numbering system. Each state agency has a two-digit identification code number known as the "IDAPA" number. (The "IDAPA" Codes are listed in the alphabetical/numerical index at the end of this Preface.) Within each agency there are divisions or departments to which a two-digit "TITLE" number is assigned. There are "CHAPTER" numbers assigned within the Title and the rule text is divided among major sections with a number of subsections. An example IDAPA number is as follows:

IDAPA 38.05.01.060.02.c.ii.

"IDAPA" refers to Administrative Rules in general that are subject to the Administrative Procedures Act and are required by this act to be published in the Idaho Administrative Code and the Idaho Administrative Bulletin.

"IDAPA 38." refers to the Idaho Department of Administration.

"05." refers to Title 05 which is the Department of Administration's Division of Purchasing.

"01." refers to Chapter 01 of Title 05, "Rules of the Division of Purchasing".

"060." refers to Major Section 060, "Content of the Invitation to Bid".

"02." refers to Subsection 060.02.

"c." refers to Subsection 060.02.c.

"ii." refers to Subsection 060.02.c.ii.

DOCKET NUMBERING SYSTEM

Internally, the Bulletin is organized sequentially using a rule docketing system. All rulemaking actions (documents) are assigned a "DOCKET NUMBER". The "Docket Number" is a series of numbers separated by a hyphen "-", (38-0501-9901). The docket numbers are published sequentially by IDAPA designation (e.g. the two-digit agency code). The following example is a breakdown of a typical rule docket:

"DOCKET NO. 38-0501-9901"

"38-" denotes the agency's IDAPA number; in this case the Department of Administration.

"0501-" refers to the TITLE AND CHAPTER numbers of the agency rule being promulgated; in this case the Division of Purchasing (TITLE 05), "Rules of the Division of Purchasing" (Chapter 01).

"9901" denotes the year and sequential order of the docket submitted and published during the year; in this case the first rulemaking action of the chapter published in calendar year 1999.

Within each Docket, only the affected sections of chapters are printed. (See **Sections Affected Index** in each Bulletin for a listing of these.) The individual sections affected are printed in the Bulletin sequentially (e.g. Section "200" appears before Section "345" and so on). Whenever the sequence of the numbering is broken the following statement will appear:

"(BREAK IN CONTINUITY OF SECTIONS)"

INTERNAL AND EXTERNAL CITATIONS TO ADMINISTRATIVE RULES IN THE CODE AND BULLETIN

When making a citation to another Section or Subsection that is part of the same rule, a typical internal citation may appear as follows:

"...as found in Section 201 of this rule." OR "...in accordance with Subsection 201.06.c. of this rule."

It may also be cited to include the IDAPA, Title, and Chapter number also, as follows:

"...in accordance with IDAPA 38.05.01.201."

"38" denotes the IDAPA number of the agency.

"05" denotes the TITLE number of the agency rule.

"01" denotes the Chapter number of the agency rule.

"201" references the main Section number of the rule that is being cited.

Citations made within a rule to a different rule chapter (external citation) should also include the name of the Department and the name of the rule chapter being referenced, as well as the IDAPA, Title, and Chapter numbers. The following is a typical example of an external citation to another rule chapter:

"...as outlined in the Rules of the Department of Administration, IDAPA 38.04.04, 'Rules Governing Capitol Mall Parking.'"

BULLETIN PUBLICATION SCHEDULE FOR 1999

Volume No.	Monthly Issue of Bulletin	Closing Date for Agency Filing	Publication Date
99-1	January, 1999	November 18, 1998	January 6, 1999
99-2	February, 1999	December 23, 1998	February 3, 1999
99-3	March, 1999	January 20, 1999	March 3, 1999
99-4	April, 1999	February 24, 1999	April 7, 1999
99-5	May, 1999	March 24, 1999	May 5, 1999
99-6	June, 1999	April 21, 1999	June 2, 1999
99-7	July, 1999	May 26, 1999	July 7, 1999
99-8	August, 1999	June 23, 1999	August 4, 1999
99-9	September, 1999	July 21, 1999	September 1, 1999
99-10	October, 1999	August 25, 1999	October 6, 1999
99-11	November, 1999	September 22, 1999	November 3, 1999
99-12	December, 1999	October 20, 1999	December 1, 1999

BULLETIN PUBLICATION SCHEDULE FOR 2000

Volume No.	Monthly Issue of Bulletin	Closing Date for Agency Filing	Publication Date
00-1	January, 2000	November 17, 1999	January 5, 2000
00-2	February, 2000	December 22, 1999	February 2, 2000
00-3	March, 2000	January 19, 2000	March 1, 2000
00-4	April, 2000	February 23, 2000	April 5, 2000
00-5	May, 2000	March 22, 2000	May 3, 2000
00-6	June, 2000	April 19, 2000	June 7, 2000
00-7	July, 2000	May 24, 2000	July 5, 2000
00-8	August, 2000	June 21, 2000	August 2, 2000
00-9	September, 2000	July 19, 2000	September 6, 2000
00-10	October, 2000	August 22, 2000	October 4, 2000
00-11	November, 2000	September 20, 2000	November 1, 2000
00-12	December, 2000	October 25, 2000	December 6, 2000

ALPHABETICAL INDEX OF AGENCY IDAPA AND ADMINISTRATIVE CODE VOLUME NUMBERS

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01	Accountancy, Board of - Administrative Code Volume 1
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**OFFICE OF THE ADMINISTRATIVE RULES COORDINATOR
IDAHO DEPARTMENT OF ADMINISTRATION**

**FINAL RULES ADOPTED AND TEMPORARY EXTENDED BY THE FIFTY-FIFTH
LEGISLATURE FIRST REGULAR SESSION - 1999**

**NOTICE OF LEGISLATIVE ADOPTION OF FINAL RULES
AND EXTENSION OF TEMPORARY RULES**

OMNIBUS RULEMAKING NOTICE

AUTHORITY: In compliance with Sections 67-5224(7) and 67-5226(3), Idaho Code, notice is hereby given by the Office of the Administrative Rules Coordinator that the Fifty-fifth Legislature in the First Regular Session - 1999, has adopted final rules and extended temporary rules. The Docket numbers of the effected rulemakings and their effective dates are listed below.

DESCRIPTIVE SUMMARY: The following is a statement in nontechnical language of the substance of the notice:

The following list of final and temporary rules includes those rules which were reviewed during the 1999 first regular session of the fifty-fifth legislature of the state of Idaho. The final rules were approved by the legislature and the temporary rules were extended by Senate Concurrent Resolution 136. Pending fee rules were adopted by Senate Concurrent Resolution 135. The lists include the docket number of the rulemaking, the volume of the Idaho Administrative Bulletin in which the text was published, and the effective date of the rule.

FINAL RULES				
DOCKET NUMBER	PENDING RULE BULLETIN PUBLICATION	PROPOSED RULE BULLETIN PUBLICATION	EFFECTIVE DATE	ACTION TAKEN BY CONCURRENT RESOLUTION
01-0101-9801	99-1	98-10	7-1-99	
02-0104-9801	98-10	98-7	3-19-99	
02-0214-9801	99-1	98-10	3-19-99	
02-0303-9801	98-10	98-7	3-19-99	
02-0303-9802	99-1	98-10	3-15-99 & 3-19-99	Partially Rejected by SCR 115
02-0403-9801	98-10	98-6	3-19-99	
02-0414-9701	98-7	97-10	3-19-99	
02-0601-9801	99-1	98-8	3-18-99	Adoped by SCR 135
02-0605-9801	98-10	98-6	3-19-99	
02-0629-9801	98-10	98-6	3-19-99	
02-0801-9801	98-10	98-1	3-19-99	
02-0801-9802	98-10	98-1	3-18-99	Adopted by SCR 135
07-0102-9801	98-11	98-9	3-18-99	Adopted by SCR 135
07-0104-9801	99-1	98-10	7-1-99	
07-0205-9801	99-1	98-10	7-1-99	

FINAL RULES				
DOCKET NUMBER	PENDING RULE BULLETIN PUBLICATION	PROPOSED RULE BULLETIN PUBLICATION	EFFECTIVE DATE	ACTION TAKEN BY CONCURRENT RESOLUTION
07-0313-9802	99-1	98-10	7-1-99	
07-0313-9803	99-1	98-10	3-18-99	Rejected by SCR 135
08-0111-9801	98-12	98-8	3-18-99	Adopted by SCR 135
08-0201-9801	98-12	98-8	7-1-99	
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FINAL RULES				
DOCKET NUMBER	PENDING RULE BULLETIN PUBLICATION	PROPOSED RULE BULLETIN PUBLICATION	EFFECTIVE DATE	ACTION TAKEN BY CONCURRENT RESOLUTION
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13-0104-9804	99-1	98-6	7-1-99	
13-0108-9801	99-1	98-1	7-1-99	
13-0108-9802	99-1	98-5	3-18-99 & 7-1-99	Partially Rejected by HCR 018
13-0109-9801	99-1	98-1	7-1-99	
13-0109-9803	99-1	98-7	7-1-99	
13-0110-9801	99-1	98-6	7-1-99	
13-0110-9802	99-1	98-10	7-1-99	
13-0111-9801	99-1	98-1	7-1-99	
13-0111-9802	99-1	98-7	7-1-99	
13-0114-9801	99-1	98-7	7-1-99	
13-0115-9801	99-1	98-5	3-18-99	Rejected by HCR 018
13-0116-9801	99-1	98-7	7-1-99	
13-0120-9801	99-1	98-10	7-1-99	
15-0101-9801	98-10	98-7	3-19-99	
15-0102-9801	98-10	98-7	3-19-99	
15-0103-9801	98-12	98-7	7-1-99	
15-0120-9801	98-12	98-7	7-1-99	
15-0120-9802	98-12	98-7	7-1-99	
15-0121-9801	98-12	98-7	7-1-99	
16-0101-9702	99-1	98-5	3-19-99	
16-0101-9703	98-8	98-1	3-19-99	
16-0101-9704	98-4	97-11	3-19-99	
16-0101-9801	99-1	98-8	3-19-99	

FINAL RULES				
DOCKET NUMBER	PENDING RULE BULLETIN PUBLICATION	PROPOSED RULE BULLETIN PUBLICATION	EFFECTIVE DATE	ACTION TAKEN BY CONCURRENT RESOLUTION
16-0101-9803	99-1	98-9	3-19-99	
16-0102-9801	98-11	98-1	3-19-99	
16-0105-9801	99-1	98-9	3-19-99	
16-0106-9801	98-8	98-2	3-18-99	Adopted by SCR 135
16-0110-9801	98-11	98-5	7-1-99	
16-0228-9801	99-1	98-10	7-1-99	
16-0301-9704	98-2	97-11	7-1-99	
16-0301-9801	98-8	98-5	7-1-99	
16-0301-9802	99-1	98-10	7-1-99	
16-0303-9801	99-1	98-10	7-1-99	
16-0304-9705	98-2	97-11	7-1-99	
16-0304-9706	98-3	97-12	7-1-99	
16-0304-9801	98-8	98-5	7-1-99	
16-0305-9801	99-1	98-10	7-1-99	
16-0305-9802	99-1	98-10	7-1-99	
16-0306-9801	99-1	98-10	7-1-99	
16-0308-9702	98-2	97-11	7-1-99	
16-0308-9801	98-10	98-7	7-1-99	
16-0308-9802	99-1	98-10	7-1-99	
16-0308-9803	99-1	98-10	7-1-99	
16-0309-9709	98-3	97-12	7-1-99	
16-0309-9712	98-2	97-11	7-1-99	
16-0309-9713	98-2	97-11	7-1-99	
16-0309-9714	98-2	97-11	7-1-99	
16-0309-9715	98-2	97-11	7-1-99	
16-0309-9716	98-2	97-11	7-1-99	
16-0309-9801	99-1	98-10	7-1-99	
16-0309-9803	98-9	98-5	7-1-99	
16-0309-9804	98-9	98-5	7-1-99	
16-0309-9807	99-1	98-10	7-1-99	
16-0309-9808	99-1	98-10	7-1-99	

FINAL RULES				
DOCKET NUMBER	PENDING RULE BULLETIN PUBLICATION	PROPOSED RULE BULLETIN PUBLICATION	EFFECTIVE DATE	ACTION TAKEN BY CONCURRENT RESOLUTION
16-0309-9809	99-1	98-8	7-1-99	
16-0309-9810	99-1	98-10	7-1-99	
16-0310-9801	98-9	98-5	7-1-99	
16-0320-9801	99-1	98-10	7-1-99	
16-0402-9801	98-10	98-7	7-1-99	
16-0412-9701	98-3	97-12	7-1-99	
16-0412-9702	98-3	97-12	7-1-99	
16-0414-9702	98-2	97-11	7-1-99	
16-0414-9703	98-2	97-11	7-1-99	
16-0501-9801	98-9	98-6	7-1-99	
16-0501-9802	98-10	98-7	3-19-99	
16-0601-9601	99-1	98-8	7-1-99	
16-0601-9802	99-1	98-8	3-18-99	Adopted by SCR 135
16-0612-9801	99-1	98-10	7-1-99	
16-0612-9802	99-1	98-10	7-1-99	
17-0602-9801	98-12	98-9	7-1-99	
17-0702-9801	98-12	98-9	7-1-99	
17-0801-9801	98-12	98-9	3-8-99	Rejected by SCR 124
17-0802-9801	98-12	98-9	3-8-99	Rejected by SCR 124
17-0803-9801	98-12	98-9	3-8-99	Rejected by SCR 124
17-0804-9801	98-12	98-9	3-8-99	Rejected by SCR 124
17-0805-9801	98-12	98-9	3-8-99	Rejected by SCR 124
17-0806-9801	98-12	98-9	3-8-99	Rejected by SCR 124
17-0807-9801	98-12	98-9	3-8-99	Rejected by SCR 124
17-0808-9801	98-12	98-9	3-8-99	Rejected by SCR 124

FINAL RULES				
DOCKET NUMBER	PENDING RULE BULLETIN PUBLICATION	PROPOSED RULE BULLETIN PUBLICATION	EFFECTIVE DATE	ACTION TAKEN BY CONCURRENT RESOLUTION
17-0809-9801	98-12	98-9	3-8-99	Rejected by SCR 124
17-0810-9801	98-12	98-9	3-8-99	Rejected by SCR 124
17-0811-9801	98-12	98-9	3-8-99	Rejected by SCR 124
17-0812-9801	98-12	98-9	3-8-99	Rejected by SCR 124
17-0813-9801	98-12	98-9	3-8-99	Rejected by SCR 124
17-0814-9801	98-12	98-9	3-8-99	Rejected by SCR 124
17-0815-9801	98-12	98-9	3-8-99	Rejected by SCR 124
17-0816-9801	98-12	98-9	3-8-99	Rejected by SCR 124
18-0116-9801	99-1	98-10	7-1-99	
18-0123-9801	99-1	98-10	7-1-99	
18-0144-9801	99-1	98-10	7-1-99	
18-0150-9801	99-1	98-8	7-1-99	
18-0150-9802	99-1	98-8	7-1-99	
18-0162-9801	99-1	98-10	7-1-99	
18-0175-9801	99-1	98-10	7-1-99	
18-0178-9801	99-1	98-10	7-1-99	
19-0101-9801	99-1	98-10	3-18-99	Adopted by SCR 135
20-0304-9801	98-11	98-7	3-19-99	
22-0101-9801	98-12	98-8	3-18-99 & 3-19-99	Partially Rejected by SCR 135
22-0103-9801	98-12	98-8	3-19-99	
22-0103-9802	99-1	98-10	3-18-99	Adopted by SCR 135
22-0104-9801	98-12	98-8	3-19-99	
22-0105-9801	98-12	98-8	3-18-99	Adopted by SCR 135

FINAL RULES				
DOCKET NUMBER	PENDING RULE BULLETIN PUBLICATION	PROPOSED RULE BULLETIN PUBLICATION	EFFECTIVE DATE	ACTION TAKEN BY CONCURRENT RESOLUTION
22-0109-9801	99-1	98-10	7-1-99	
23-0101-9801	98-9	98-7	7-1-99	
24-0101-9801	99-1	98-10	3-18-99	Adopted by SCR 135
24-0201-9801	98-9	98-7	3-18-99	Adopted by SCR 135
24-0201-9802	99-1	98-10	3-18-99	Adopted by SCR 135
24-0301-9801	99-1	98-10	7-1-99	
24-0401-9801	99-1	98-10	7-1-99	
24-0401-9802	99-1	98-10	3-18-99	Adopted by SCR 135
24-0501-9801	99-1	98-10	3-18-99	Adopted by SCR 135
24-0601-9801	99-1	98-10	3-18-99	Adopted by SCR 135
24-0701-9801	99-1	98-10	3-18-99	Adopted by SCR 135
24-0801-9801	99-1	98-10	3-18-99	Adopted by SCR 135
24-1001-9801	98-9	98-7	7-1-99	
24-1101-9801	99-1	98-10	3-18-99	Adopted by SCR 135
24-1201-9801	99-1	98-10	3-18-99	Adopted by SCR 135
24-1401-9801	99-1	98-10	3-18-99	Adopted by SCR 135
24-1501-9801	99-1	98-10	3-18-99	Adopted by SCR 135
24-1601-9801	99-1	98-10	3-18-99	Adopted by SCR 135
24-1801-9801	99-1	98-8	7-1-99	
24-1801-9802	99-1	98-10	3-18-99	Adopted by SCR 135
24-1901-9801	99-1	98-10	3-18-99	Adopted by SCR 135

FINAL RULES				
DOCKET NUMBER	PENDING RULE BULLETIN PUBLICATION	PROPOSED RULE BULLETIN PUBLICATION	EFFECTIVE DATE	ACTION TAKEN BY CONCURRENT RESOLUTION
25-0101-9801	98-12	98-7	3-19-99	
26-0120-9801	98-9	98-7	7-1-99	
26-0121-9801	98-9	98-7	7-1-99	
26-0121-9802	98-9	98-7	7-1-99	
26-0130-9801	99-1	98-10	7-1-99	
26-0131-9801	99-1	98-10	7-1-99	
26-0131-9802	99-1	98-10	7-1-99	
26-0132-9801	99-1	98-10	7-1-99	
26-0134-9801	99-1	98-10	7-1-99	
26-0135-9801	99-1	98-10	7-1-99	
26-0136-9801	98-9	97-7	7-1-99	
26-0138-9801	99-1	98-10	7-1-99	
27-0101-9801	98-8	98-5	7-1-99	
27-0101-9802	99-1	98-10	7-1-99	
31-4101-9801	98-12	98-8	7-1-99	
31-4201-9801	99-1	98-10	7-1-99	
32-0101-9801	98-11	98-8	3-19-99	
32-0102-9801	98-11	98-8	3-19-99	
35-0101-9801	98-11	98-9	7-1-99	
35-0102-9802	98-11	98-8	7-1-99	
35-0103-9801	98-10	98-7	1-1-98	
35-0103-9802	98-12	98-9	1-1-99	
35-0103-9803	98-11	98-9	7-1-99	
35-0103-9804	98-11	98-9	7-1-99	
35-0103-9805	99-1	98-10	1-1-98	
35-0105-9801	98-11	98-9	7-1-99	
35-0105-9802	98-11	98-9	7-1-99	
35-0106-9801	98-11	98-8	7-1-99	
35-0201-9702	98-2	97-12	3-19-99	
35-0201-9801	98-11	98-9	7-1-99	
35-0201-9802	99-1	98-10	7-1-99	

FINAL RULES				
DOCKET NUMBER	PENDING RULE BULLETIN PUBLICATION	PROPOSED RULE BULLETIN PUBLICATION	EFFECTIVE DATE	ACTION TAKEN BY CONCURRENT RESOLUTION
37-0102-9801	99-1	98-7	3-19-99	
38-0404-9801	98-12	98-8	7-1-99	
39-0270-9701	98-12	97-11	3-19-99	
39-0272-9701	98-12	97-11	3-19-99	
39-0301-9801	98-12	98-9	2-25-99	Rejected by SCR 112
39-0301-9802	98-12	98-9	2-25-99	Rejected by SCR 112
39-0305-9801	98-12	98-9	2-25-99	Rejected by SCR 112
39-0306-9801	98-12	98-9	2-25-99	Rejected by SCR 112
39-0307-9801	98-12	98-9	2-25-99	Rejected by SCR 112
39-0308-9801	98-12	98-9	2-25-99	Rejected by SCR 112
39-0309-9801	98-12	98-9	2-25-99	Rejected by SCR 112
39-0310-9801	98-12	98-9	2-25-99	Rejected by SCR 112
39-0311-9801	98-12	98-9	2-25-99	Rejected by SCR 112
39-0312-9801	98-12	98-9	2-25-99	Rejected by SCR 112
39-0313-9801	98-12	98-9	2-25-99	Rejected by SCR 112
39-0314-9801	98-12	98-9	2-25-99	Rejected by SCR 112
39-0315-9801	98-12	98-9	2-25-99	Rejected by SCR 112
39-0316-9801	98-12	98-9	2-25-99	Rejected by SCR 112
39-0317-9801	98-12	98-9	2-25-99	Rejected by SCR 112
39-0318-9801	98-12	98-9	2-25-99	Rejected by SCR 112

FINAL RULES				
DOCKET NUMBER	PENDING RULE BULLETIN PUBLICATION	PROPOSED RULE BULLETIN PUBLICATION	EFFECTIVE DATE	ACTION TAKEN BY CONCURRENT RESOLUTION
39-0319-9801	98-12	98-9	2-25-99	Rejected by SCR 112
39-0320-9801	98-12	98-9	2-25-99	Rejected by SCR 112
39-0321-9801	98-12	98-9	2-25-99	Rejected by SCR 112
39-0322-9801	98-12	98-9	2-25-99	Rejected by SCR 112
39-0323-9801	98-12	98-9	2-25-99	Rejected by SCR 112
39-0324-9801	98-12	98-9	2-25-99	Rejected by SCR 112
39-0325-9801	98-12	98-9	2-25-99	Rejected by SCR 112
39-0343-9801	98-12	98-9	3-19-99	
39-0364-9801	99-1	98-10	3-17-99	Adopted by HCR 013
44-0101-9801	98-12	98-5	7-1-99	
45-0101-9801	98-12	98-9	7-1-99	
46-0101-9801	99-1	98-10	3-18-99	Adopted by SCR 135
48-0101-9801	99-1	98-10	3-19-99	
48-0103-9801	98-9	98-5	3-19-99	

TEMPORARY RULES THAT WERE EXTENDED BY SENATE CONCURRENT RESOLUTION 136			
DOCKET NUMBER	TEMPORARY RULE PUBLISHED	TEMPORARY EFFECTIVE DATE	ACTION TAKEN BY CONCURRENT RESOLUTION
02-0104-9801	98-7	5-20-98	
02-0106-9801	98-8	7-1-98	
02-0214-9801	98-10	9-1-98	
02-0303-9801	98-7	5-1-98	
02-0403-9801	98-3	1-12-98	
02-0414-9701	98-7	7-1-98	

TEMPORARY RULES THAT WERE EXTENDED BY SENATE CONCURRENT RESOLUTION 136			
DOCKET NUMBER	TEMPORARY RULE PUBLISHED	TEMPORARY EFFECTIVE DATE	ACTION TAKEN BY CONCURRENT RESOLUTION
02-0605-9801	98-6	4-7-98	
02-0629-9801	98-6	4-7-98	
05-0101-9801	98-11	10-1-98	
05-0101-9802	98-11	10-1-98	
07-0313-9802	98-10	9-1-98	
08-0111-9801	98-8	7-1-98	
08-0201-9801	98-8	7-1-98	
08-0204-9801	98-8 & 98-12	7-1-98	
09-0104-9801	98-7	7-1-98	
09-0104-9802	98-7	7-1-98	
09-0106-9801	98-7	7-1-98	
09-0130-9801	98-7	7-1-98	
09-0130-9802	98-7	7-1-98	
09-0135-9801	98-7	7-1-98	
09-0135-9802	98-7	7-1-98	
09-0501-9801	98-7	7-1-98	
09-0502-9801	98-7	7-1-98	
11-0201-9801	98-3	1-1-98	
11-0301-9802	98-8	8-1-98	
11-0401-9804	98-7	1-27-98	
11-0704-9801	98-7	1-1-98	
11-1003-9801	98-9	7-1-98	
11-1101-9801	98-5	10-21-97	
12-0108-9801	98-10	11-1-98	
12-0110-9801	98-10 & 99-1	3-18-99	Rejected by SCR 136
13-0103-9801	98-7	5-25-98	
13-0104-9802	98-4	10-20-97	
13-0104-9803	98-5	3-30-98	
13-0104-9804	98-6	4-25-98	
13-0108-9802	98-5	3-30-98 & 3-18-99	Partially Rejected by SCR 136

TEMPORARY RULES THAT WERE EXTENDED BY SENATE CONCURRENT RESOLUTION 136			
DOCKET NUMBER	TEMPORARY RULE PUBLISHED	TEMPORARY EFFECTIVE DATE	ACTION TAKEN BY CONCURRENT RESOLUTION
13-0109-9802	98-2	12-15-97	
13-0109-9803	98-7	5-25-98	
13-0110-9801	98-6	4-25-98	
13-0111-9802	98-7	5-25-98	
13-0115-9801	98-5	3-18-98	Rejected by SCR 136
13-0116-9801	98-7	5-25-98	
13-0120-9801	98-10	8-31-98	
15-0101-9801	98-2 & 98-10	7-1-98	
15-0102-9801	98-2 & 98-7 & 98-10	7-1-98	
15-0103-9801	98-2	7-1-98	
15-0120-9801	98-2	7-1-98	
15-0120-9802	98-7	7-1-98	
15-0121-9801	98-2	7-1-98	
16-0101-9702	98-4 & 99-1	4-15-98 & 12-1-98	
16-0101-9704	98-4	4-15-98	
16-0101-9801	98-8	6-15-98	
16-0101-9802	99-1	11-13-98	
16-0121-9801	99-1	12-1-98	
16-0228-9801	98-10	10-7-98	
16-0301-9704	98-2	10-1-97	
16-0301-9801	98-5 & 98-8	7-1-97, 10-1-97, 11-19-97, 7-1-98	
16-0301-9802	98-10 & 99-1	10-1-98, 1-1-99	
16-0303-9801	98-10 & 99-1	10-1-98	
16-0304-9705	98-2	9-22-96, 7-1-97, & 10-1-97	
16-0304-9706	98-3	1-1-98	
16-0304-9801	98-5	4-1-98	
16-0304-9802	98-11	10-1-98 & 11-1-98	
16-0305-9801	98-10	10-1-98	
16-0305-9802	98-10 & 99-1	10-1-98 & 1-1-99	

TEMPORARY RULES THAT WERE EXTENDED BY SENATE CONCURRENT RESOLUTION 136			
DOCKET NUMBER	TEMPORARY RULE PUBLISHED	TEMPORARY EFFECTIVE DATE	ACTION TAKEN BY CONCURRENT RESOLUTION
16-0305-9901	99-1	1-1-99	
16-0306-9801	98-10 & 99-1	10-1-98	
16-0308-9702	98-2	7-1-97	
16-0308-9801	98-7	7-1-97 & 7-1-98	
16-0308-9802	98-10 & 99-1	10-1-98	
16-0309-9712	98-2	1-1-98	
16-0309-9716	98-2	1-1-98	
16-0309-9801	98-2	1-1-98	
16-0309-9802	98-10	10-1-98	
16-0309-9803	98-5	4-1-98	
16-0309-9804	98-5 & 98-9	1-1-97, 4-1-98, 1-1-98, 5-1-98	
16-0309-9805	98-12	1-1-99	
16-0307-9801	98-10	10-1-98	
16-0309-9806	98-11	11-1-98	
16-0309-9808	98-10 & 99-1	11-1-98	
16-0309-9809	98-8 & 99-1	8-5-98 & 9-1-98 & 3-18-99	Partially Rejected by SCR 136
16-0309-9810	98-10	10-1-98	
16-0309-9901	99-1	1-1-99	
16-0310-9801	98-2	2-4-98	
16-0320-9801	98-10	10-1-98	
16-0402-9801	98-7 & 98-10	7-1-98	
16-0411-9801	98-4	3-1-98	
16-0413-9801	98-12	11-1-98	
16-0501-9801	98-6	7-1-98	
16-0501-9802	98-7	7-1-98	
16-0601-9802	98-8 & 99-1	7-1-98	
16-0603-9801	98-11	10-1-98	
16-0612-9801	98-10	10-1-98	
16-0612-9802	98-10 & 99-1	10-1-98	

TEMPORARY RULES THAT WERE EXTENDED BY SENATE CONCURRENT RESOLUTION 136			
DOCKET NUMBER	TEMPORARY RULE PUBLISHED	TEMPORARY EFFECTIVE DATE	ACTION TAKEN BY CONCURRENT RESOLUTION
16-0614-9801	98-12	1-1-99	
18-0149-9901	99-1	8-1-98	
18-0150-9801	98-8	7-1-98	
18-0150-9802	98-8	7-1-98	
18-0170-9801	98-11	7-1-98	
20-0304-9801	98-7	7-1-98	
22-0103-9801	98-8	8-5-98	
22-0104-9801	98-8	8-5-98	
23-0101-9801	98-7	7-1-98	
24-0201-9801	98-7	3-9-98	
24-0401-9802	98-10	10-1-98	
24-1001-9801	98-7	4-24-98	
24-1801-9801	98-8	5-21-98	
25-0101-9801	98-7	3-17-97	
26-0136-9801	98-7	8-1-98	
27-0101-9801	98-5	5-6-98	
27-0101-9802	98-10	7-1-98	
31-4201-9801	98-10	8-10-98 & 3-18-99	Partially Rejected by SCR 136
35-0103-9801	98-7	1-1-98	
37-0102-9801	98-7	5-20-98	
38-0404-9801	98-8	7-1-98	
39-0277-9801	98-11	9-4-98	
39-0301-9801	98-9	3-18-99	Rejected by SCR 136
39-0301-9802	98-9	3-18-99	Rejected by SCR 136
39-0305-9801	98-9	3-18-99	Rejected by SCR 136
39-0306-9801	98-9	3-18-99	Rejected by SCR 136
39-0307-9801	98-9	3-18-99	Rejected by SCR 136
39-0308-9801	98-9	3-18-99	Rejected by SCR 136
39-0309-9801	98-9	3-18-99	Rejected by SCR 136
39-0310-9801	98-9	3-18-99	Rejected by SCR 136

TEMPORARY RULES THAT WERE EXTENDED BY SENATE CONCURRENT RESOLUTION 136			
DOCKET NUMBER	TEMPORARY RULE PUBLISHED	TEMPORARY EFFECTIVE DATE	ACTION TAKEN BY CONCURRENT RESOLUTION
39-0311-9801	98-9	3-18-99	Rejected by SCR 136
39-0312-9801	98-9	3-18-99	Rejected by SCR 136
39-0313-9801	98-9	3-18-99	Rejected by SCR 136
39-0314-9801	98-9	3-18-99	Rejected by SCR 136
39-0315-9801	98-9	3-18-99	Rejected by SCR 136
39-0316-9801	98-9	3-18-99	Rejected by SCR 136
39-0317-9801	98-9	3-18-99	Rejected by SCR 136
39-0318-9801	98-9	3-18-99	Rejected by SCR 136
39-0319-9801	98-9	3-18-99	Rejected by SCR 136
39-0320-9801	98-9	3-18-99	Rejected by SCR 136
39-0321-9801	98-9	3-18-99	Rejected by SCR 136
39-0322-9801	98-9	3-18-99	Rejected by SCR 136
39-0323-9801	98-9	3-18-99	Rejected by SCR 136
39-0324-9801	98-9	3-18-99	Rejected by SCR 136
39-0325-9801	98-9	3-18-99	Rejected by SCR 136
39-0362-9801	98-11	9-17-98	
44-0101-9801	98-5	5-1-98	
45-0101-9801	98-8	7-1-98	
48-0101-9801	99-1	11-2-98	
48-0103-9801	98-5	7-1-98	
50-0101-9901	99-1	1-1-99	
50-0101-9902	99-1	1-1-99	
59-0103-9901	99-1	7-1-97 & 10-1-98	

TEMPORARY RULES THAT WERE REVIEWED BY PREVIOUS LEGISLATIVE SESSIONS AND EXTENDED AGAIN BY SCR 136			
DOCKET NUMBER	TEMPORARY RULE PUBLISHED	TEMPORARY EFFECTIVE DATE	ACTION TAKEN BY CONCURRENT RESOLUTION
02-0414-9701	97-10	9-1-97	
02-0801-9801	98-1	1-1-98	

TEMPORARY RULES THAT WERE REVIEWED BY PREVIOUS LEGISLATIVE SESSIONS AND EXTENDED AGAIN BY SCR 136			
DOCKET NUMBER	TEMPORARY RULE PUBLISHED	TEMPORARY EFFECTIVE DATE	ACTION TAKEN BY CONCURRENT RESOLUTION
02-0801-9802	98-1	1-1-98	
11-0401-9801	98-1	1-1-98	
11-0401-9802	98-1	11-1-97	
11-0401-9803	98-1	11-1-97	
11-1101-9701	97-12	10-21-97	
11-1101-9702	97-12	10-21-97	
11-1101-9703	97-12	10-21-97	
13-0104-9801	98-1	10-20-97	
13-0108-9801	98-1	10-20-97	
13-0109-9801	98-1	10-20-97	
13-0111-9801	98-1	10-20-97	
13-0114-9801	98-1	10-20-97	
16-0101-9703	98-1	12-1-97	
16-0102-9801	98-1	12-1-97	
16-0304-9706	97-12	1-1-98	
16-0308-9702	97-11	7-1-97 & 10-1-97	
16-0309-9709	97-12	10-1-96 & 7-1-97 & 1-1-98	
16-0309-9712	97-11	1-1-98	
16-0309-9713	97-11	7-1-97	
16-0309-9714	97-11	5-1-97	
16-0309-9715	97-11	7-1-97	
16-0309-9716	97-11	1-1-98	
16-0319-9601	96-8	7-1-96	
16-0321-9601	96-8	7-1-96	
16-0322-9602	96-8	7-1-96	
16-0322-9603	96-8	7-1-96	
16-0412-9701	97-12	1-1-98	
16-0412-9702	97-12	1-1-98	
16-0414-9702	97-11	11-1-97	
16-0414-9703	97-11	11-1-97	

TEMPORARY RULES THAT WERE REVIEWED BY PREVIOUS LEGISLATIVE SESSIONS AND EXTENDED AGAIN BY SCR 136			
DOCKET NUMBER	TEMPORARY RULE PUBLISHED	TEMPORARY EFFECTIVE DATE	ACTION TAKEN BY CONCURRENT RESOLUTION
16-0601-9601	96-1	11-16-95	
35-0201-9702	97-12	1-1-98	
39-0270-9701	97-11	1-1-98	
39-0272-9701	97-11	1-1-98	

ASSISTANCE ON QUESTIONS: For assistance on questions concerning this notice, contact Karen L. Gustafson at (208) 332-1821 or Dennis R. Stevenson at (208) 332-1822.

DATED this 8th day of April

Rick Thompson
Administrative Rules Coordinator
P.O. Box 83720
Boise, ID 83720-0306
PHONE: (208) 332-1820
FAX: (208) 334-2395

THE OFFICE OF THE GOVERNOR

EXECUTIVE DEPARTMENT
STATE OF IDAHO
BOISE

EXECUTIVE ORDER NO. 99-03

**CONTINUATION OF THE IDAHO LEWIS AND CLARK TRAIL COMMITTEE
REPEALING AND REPLACING EXECUTIVE ORDER NO. 99-02**

WHEREAS, the Lewis and Clark Trail has great historical significance to the State of Idaho; and

WHEREAS, it is important that Idaho have an official organization to coordinate activities relating to the Lewis and Clark Trail with entities and individuals in Idaho and with other Lewis and Clark Trail states and organizations;

NOW, THEREFORE, I, DIRK KEMPTHORNE, Governor of the State of Idaho, do hereby continue the Idaho Lewis and Clark Trail Committee as an advisory body to state, local and federal governments on development and management of the Lewis and Clark Trail and commemoration activities relating to the Lewis and Clark Expedition...

The Committee shall:

1. Act as the coordinating organization in planning activities to foster state recognition of the historic significance of the Lewis and Clark Expedition;
2. Promote public awareness of the historic significance of the Lewis and Clark Expedition and encourage the development and protection of historical sites and outdoor recreation resources along the Lewis and Clark Trail;
3. Act in an advisory capacity to other Idaho commissions, bureaus, agencies and committees by making recommendations regarding their activities and policies that relate to the history and trail of the Lewis and Clark Expedition; and
4. Serve as the official liaison with other Lewis and Clark Trail states, the national Lewis and Clark Trail Heritage Foundation, Inc., and federal departments, bureaus, and committees concerned with the Lewis and Clark Trail, including promotion of the aims and recommendations of the federal Lewis and Clark Trail Commission, which existed from 1964-1969.

The Committee shall consist of no more than 15 persons who are appointed by the Governor and serve at his pleasure. The membership of the committee shall include the President of the Idaho chapter of the Lewis and Clark Trail Heritage Foundation, Inc., and the Governor or his designee.

The Committee shall have regular meetings as determined by the majority of the Committee and shall meet on special occasions upon the call of the Chairperson.

This Executive Order repeals and replaces Executive Order No. 99-02.



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Idaho at the Capitol in Boise on this sixteenth day of February in the year of our Lord nineteen hundred ninety-nine and of the Independence of the United States of America the two hundred twenty-third and of the Statehood of Idaho the one hundred ninth.

DIRK KEMPTHORNE
GOVERNOR

PETE T. CENARRUSA
SECRETARY OF STATE

THE OFFICE OF THE GOVERNOR
EXECUTIVE DEPARTMENT
STATE OF IDAHO
BOISE

EXECUTIVE ORDER NO. 99-04

**AUTHORIZING THE ESTABLISHMENT OF AN IDAHO 2002 COMMITTEE
REPEALING AND REPLACING EXECUTIVE ORDER NO. 99-01**

WHEREAS, the Winter Olympic Games to be held in Salt Lake City, Utah in the year 2002 presents an opportunity to be a good neighbor to the host state, while strengthening the economic vitality of Idaho through increased development activity and visitations to the state; and

WHEREAS, it is important to enhance the quality of life of all Idahoans by promoting increased economic opportunity consistent with Idaho's heritage and values; and

WHEREAS, Idaho could gain world recognition and prestige by attracting favorable attention, leading to increased interest in and visitations to the state; and

WHEREAS, it is important for the citizens of Idaho to continue to develop social and cultural values with others; and

WHEREAS, the Idaho 2002 Strategy, a plan to accomplish the foregoing has been developed; and

WHEREAS, it is important that Idaho have an official committee to coordinate activities relating to the 2002 Winter Olympic Games in Salt Lake City with entities and individuals both inside and outside Idaho;

NOW, THEREFORE, I, DIRK KEMPTHORNE, Governor of the State of Idaho, by the authority vested in me by law, do hereby establish the Idaho 2002 Committee. The Committee shall:

- 1. Oversee Idaho's implementation of the Idaho 2002 Strategy.*
- 2. Serve as the official liaison for the State of Idaho with the International Olympic Committee, the Salt Lake City Olympic Organizing Committee, United States Olympic Committee, and other national Olympic committees and sport federations.*
- 3. Interact with federal agencies according to the implementation of the Idaho 2002 Strategy.*
- 4. Determine and develop economic, social, and cultural positive consequences.*
- 5. Serve as the official liaison for the State of Idaho for the encouragement of private businesses, state agencies, tribes, and committees that wish to be involved with Idaho's strategy for the 2002 Winter Games.*
- 6. Provide a work plan and budget to include possible revenue sources for implementation of the Idaho 2002 Strategy.*
- 7. Amend, modify or alter Idaho's 2002 Strategy, as necessary to meet changing circumstances, challenges and opportunities.*

The Committee shall have regular meetings as determined by the majority of the Committee and shall meet on special occasions upon the call of the chairpersons. Members of the Committee shall serve without compensation, but may be reimbursed for actual travel expenses not to exceed state guidelines.



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Idaho at the Capitol in Boise on this eleventh day of March in the year of our Lord nineteen hundred ninety-nine and of the Independence of the United States of America the two hundred twenty-third and of the Statehood of Idaho the one hundred ninth.

DIRK KEMPTHORNE
GOVERNOR

PETE T. CENARRUSA
SECRETARY OF STATE

THE OFFICE OF THE GOVERNOR
EXECUTIVE DEPARTMENT
STATE OF IDAHO
BOISE

EXECUTIVE ORDER NO. 99-05

**CONTINUATION OF THE IDAHO COMMITTEE ON INDIAN EDUCATION
REPEALING AND REPLACING EXECUTIVE ORDER 97-13**

ESTABLISHING THE IDAHO COMMITTEE ON INDIAN EDUCATION

WHEREAS, it is important to recognize and affirm the sovereignty of each of the Indian tribes in Idaho; and

WHEREAS, a positive working relationship between the tribal and state governments to improve the educational success of Idaho Indians benefits the tribes and the entire state of Idaho; and

WHEREAS, representatives of the Nez Perce Tribe, the Coeur d'Alene Tribe, the Kootenai Tribe, the Shoshone-Bannock Tribes, the Shoshone-Paiute Tribes, and the Northwestern Band of the Shoshoni Nation, have worked jointly with the state through the Idaho Committee on Indian Education to set goals and make recommendations for improving the quality of Indian education in Idaho; and

WHEREAS, the goal of the Idaho Committee on Indian Education is to help ensure that all Indian students in Idaho achieve academic success in schools; and

WHEREAS, the committee has recognized the following seven common goals:

- 1. To help prepare Indian children for future educational experiences by providing early childhood education programs that are culturally, linguistically, and developmentally appropriate;*
- 2. To establish a primary and secondary school environment that respects, maintains and promotes American Indian values, languages, and traditions;*
- 3. To increase recruitment, retention and graduation rates of Indian students in Idaho's colleges and universities and to increase the number of Indian faculty and professional staff at Idaho schools;*
- 4. To encourage Indian parents and tribal leaders to participate in the education of Indian students;*
- 5. To assist in raising the self-esteem and cultural pride of Indian students;*
- 6. To develop comprehensive guidance and counseling programs in Idaho schools that meet the career, education/training, personal and social needs of Indian students and their families; and*
- 7. To expand Adult Basic Education programs to benefit Indians.*

NOW THEREFORE, I, DIRK KEMPTHORNE, Governor of the state of Idaho, do hereby, by virtue of the authority vested in me by law, order the following:

- 1. At the request of the Superintendent of Public Instruction, that the Idaho Committee on Indian Education be established to assist the Idaho State Department of Education in educational issues that affect Idaho Indians.*
- 2. That the committee undertake any studies or evaluations as requested by the Superintendent of Public Instruction.*



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Idaho at Boise, the Capitol, the 11th day of March in the year of our Lord nineteen hundred ninety-nine, and of the Independence of the United States of America the two hundred twenty-third, and of the Statehood of Idaho the one hundred and ninth.

DIRK KEMPTHORNE
GOVERNOR

PETE T. CENARRUSA
SECRETARY OF STATE

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE
16.01.01 - RULES FOR THE CONTROL OF AIR POLLUTION IN IDAHO
DOCKET NO. 16-0101-9902

NOTICE OF NEGOTIATED RULEMAKING

AUTHORITY: In compliance with Section 67-5220, Idaho Code, and IDAPA 04.11.01, "Idaho Rules of Administrative Procedure of the Attorney General," Sections, 810 through 815, notice is hereby given that this agency intends to promulgate a rule and desires public participation in an informal, negotiated rulemaking process prior to the initiation of formal rulemaking procedures by the agency. The negotiated rulemaking action is authorized by Section 39-105, Idaho Code. The formal rulemaking action is authorized by Sections 39-105 and 39-107, Idaho Code. In addition, this rulemaking is required under 40 CFR 51.390(a).

MEETING SCHEDULE: Persons interested in participating in the negotiated rulemaking process are encouraged to attend the following meetings:

June 2, 1999, 10 a.m.
Division of Environmental Quality, Conference Room
224 S. Arthur, Pocatello, Idaho

June 15, 1999, 10 a.m.
Division of Environmental Quality, Conference Room A
1410 N. Hilton, Boise, Idaho

June 23, 1999, 10 a.m.
Division of Environmental Quality, Conference Room
2110 Ironwood Parkway, Coeur d'Alene, Idaho

The meeting site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the meeting. For arrangements, contact the undersigned at (208) 373-0418.

A preliminary draft of the rule may be obtained by contacting Krishna Viswanathan at (208) 373-0502 or kviswana@deq.state.id.us.

DESCRIPTIVE SUMMARY: This rulemaking has been undertaken to draft a transportation conformity rule. The rule would require that transportation activities conform to state air quality implementation plans and establish criteria and procedures for determining whether or not they do. Conformity to an air quality implementation plan means that transportation activities will not produce new air quality standards violations, worsen existing violations, or delay timely attainment of national ambient air quality standards. The rule will incorporate by reference transportation conformity requirements of 40 CFR Part 51 Section 390, except for the section pertaining to interagency consultation. The consultation requirements will be developed through the negotiated rulemaking process. Although the federal regulations are already in effect, state adoption of these regulations allows for more effective implementation at the local level.

The principle issue involved will be the analysis of transportation impacts on air quality. This rule will emphasize coordination between agencies involved with transportation and air quality planning. The interests likely to be significantly affected are Metropolitan Planning Organizations (MPOs), county governments, highway districts, city governments, Idaho Transportation Department (ITD), U.S. Environmental Protection Agency (EPA), Federal Highway Administration (FHWA), Federal Transit Administration (FTA), Federal Aviation Administration (FAA), any agency involved in state and local air quality/transportation planning, and public interest/environmental groups.

The text of the interagency consultation portion of the transportation conformity rule will be developed through the negotiated rulemaking process. If a consensus is reached, a draft of the rule, incorporating the consensus and any other appropriate information, recommendations, or materials, will be transmitted to the Department of Health and Welfare, Division of Environmental Quality (DEQ) for consideration and use in the formal rulemaking process. If a consensus is unable to be achieved on particular issues, the negotiated rulemaking process may result in a report specifying those areas on which consensus was and was not reached, together with arguments for and against positions advocated by various participants. At the conclusion of the negotiated rulemaking process, DEQ intends to commence formal rulemaking with the publication of a proposed rule in December 1999, using and taking into

consideration the results of the negotiated rulemaking process.

GENERAL INFORMATION: For more information about DEQ's programs and activities, visit DEQ's website at www.state.id.us/deq.

ASSISTANCE ON TECHNICAL QUESTIONS AND SUBMISSION OF WRITTEN COMMENTS: For assistance on questions concerning the negotiated rulemaking, contact Krishna Viswanathan at (208)373-0502 or kviswana@deq.state.id.us.

Anyone may submit written comments regarding this proposal to initiate negotiated rulemaking. All written comments must be received by the undersigned on or before May 26, 1999.

Dated this 8th day of April, 1999.

Paula Junae Saul
Environmental Quality Section
Attorney General's Office
1410 N. Hilton
Boise, Idaho 83706-1255
Fax No. (208)373-0481
psaul@deq.state.id.us

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE
16.01.09 - RULES REGULATING LARGE SWINE AND POULTRY FEEDING OPERATIONS
DOCKET NO. 16-0109-9901
NOTICE OF NEGOTIATED RULEMAKING

AUTHORITY: In compliance with Section 67-5220, Idaho Code, and IDAPA 04.11.01, "Idaho Rules of Administrative Procedure of the Attorney General," Sections 810 through 815, notice is hereby given that this agency intends to promulgate a rule and desires public participation in an informal, negotiated rulemaking process prior to the initiation of formal rulemaking procedures by the agency. This action is authorized by Chapter 1, Title 39, Idaho Code. Section 39-104A, Idaho Code, contains explicit authorization for regulating large swine and poultry feeding operations.

MEETING SCHEDULE: Persons interested in participating in the negotiated rulemaking process are encouraged to attend the following meeting:

May 10, 1999, 9 a.m. to 5 p.m.
Division of Environmental Quality, Conference Room C
1410 N. Hilton, Boise, Idaho

The meeting site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the meeting. For arrangements, contact the undersigned at (208) 373-0418.

DESCRIPTIVE SUMMARY: The purpose of this rulemaking is to adopt a new rule chapter entitled "Rules Regulating Large Swine and Poultry Feeding Operations." The rules will be developed by Idaho Department of Health and Welfare, Division of Environmental Quality (DEQ) in conjunction with an advisory committee made up of persons having interests in large swine and poultry feeding operations.

The goal of the negotiated rulemaking process will be to develop by consensus the text of a recommended rule. If a consensus is reached, a draft of the rule, incorporating the consensus and any other appropriate information, recommendations, or materials, will be transmitted to DEQ for consideration and use in the formal rulemaking process. If a consensus is unable to be achieved on particular issues, the negotiated rulemaking process may result in a report specifying those areas on which consensus was and was not reached, together with arguments for and against positions advocated by various participants. At the conclusion of the negotiated rulemaking process, DEQ intends to commence formal rulemaking with the publication of a proposed rule fall of 1999, using and taking into consideration the results of the negotiated rulemaking process. The final rule is expected to be in place and effective upon the conclusion of the 2000 session of the Idaho Legislature.

GENERAL INFORMATION: For more information about DEQ's programs and activities, visit DEQ's web site at www.state.id.us/deq.

ASSISTANCE ON TECHNICAL QUESTIONS AND SUBMISSION OF WRITTEN COMMENTS: For assistance on questions concerning the negotiated rulemaking, contact Susan Burke at (208) 373-0502 or sburke@deq.state.id.us.

Anyone may submit written comments by mail, fax or e-mail at the address below regarding this proposal to initiate negotiated rulemaking. All written comments must be received by the undersigned on or before May 26, 1999.

DATED this 16th day of April, 1999.

Paula Junae Saul
Environmental Quality Section
Attorney General's Office
1410 N. Hilton
Boise, Idaho 83706-1255
Fax No. (208)373-0481
psaul@deq.state.id.us

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE
16.02.03 - RULES GOVERNING EMERGENCY MEDICAL SERVICES

DOCKET NO. 16-0203-9801

NOTICE OF PENDING RULE

EFFECTIVE DATE: These rules have been adopted by the agency and are now pending review by the 2000 Idaho State Legislature for final adoption. The pending rule becomes final and effective immediately upon the adjournment, sine die, of the First Regular Session of the Fifty-sixth Idaho Legislature unless prior to that date the rule is approved, rejected, amended or modified by concurrent resolution in the accordance with Sections 67-5224 and 67-5291, Idaho Code. If the pending rule is approved, amended or modified by concurrent resolution, the rule becomes final and effective upon adoption of the concurrent resolution or upon the date specified in the concurrent resolution.

AUTHORITY: In compliance with Sections 67-5224 and 67-5226, Idaho Code, notice is hereby given that this agency has adopted a pending rule. The action is authorized pursuant to Section(s) 39-145(2), Idaho Code.

DESCRIPTIVE SUMMARY: The following is a concise explanatory statement of the reasons for adopting the pending rule and a statement of any change between the text of the proposed rule and the text of the pending rule with an explanation of the reasons for the change.

Section 004 was refined in response to the Idaho Hospital Association concerns; the definition of "Occasional" was deleted due to the deletion of related text in the subsequent sections. The need for a pediatric representative was brought to the attention of the EMS Bureau after the public comment period and was added in Section 100 of the rules. The existence of levels of licensure other than ALS and Critical Care was not delineated in the original version of these rules or the existing Rules Governing EMS. It was noted that the proposed rule could be construed to mean that all services statewide must obtain licensure at the ALS level. Therefore, the "BLS" and "ILS" levels and the minimum personnel certification associated with each are described in Section 320 of the rule. In Section 325 two word substitutions were made: "employ" was replaced with "use" to avoid the interpretation that volunteers would be in violation of the rule; and to limit the scope of training required to pre-hospital (versus out-of-hospital) in response to the Idaho Hospital Association's concerns. Section 330 deleted the requirement to obtain an ALS transfer license by any ambulance service which had a local hospital sending its personnel and equipment more than 12 times a year. Changes in Section 335 were similar to the changes made in Section 330 of this rule. The proposed rules have been amended in response to public comment and to make typographical, transcriptional, and clerical corrections to the rules, and are being amended pursuant to Section 67-5227, Idaho Code.

Only the sections that have changes are printed in this bulletin. The original text of the proposed rules was published in the Idaho Administrative Bulletin, in the October 7, 1998 Administrative Bulletin, Volume 98-10, pages 78 through 86.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the pending rule, contact Dia Gainor, Bureau Chief, at (208) 334-4000.

DATED this 24th day of March, 1999.

Sherri Kovach
Administrative Procedures Coordinator
DHW - Legal Services Division
450 West State Street - 10th Floor
P.O. Box 83720
Boise, Idaho 83720-0036
(208) 334-5564 phone; (208) 334-5548 fax

THE FOLLOWING IS TEXT OF DOCKET NO. 16-0203-9801

004. DEFINITIONS AND ABBREVIATIONS.

For the purposes of these rules, the following terms and abbreviations will be used, as defined below: (7-1-80)

01. Advanced Emergency Medical Technician-Ambulance (AEMT-A). An individual certified by the EMS Bureau of the Idaho Department of Health and Welfare on the basis of successful completion of an intermediate training program, examination, subsequent required continuing training, and recertification. (7-1-97)

02. Advanced Life Support (ALS). The provision of medical care, medication administration and treatment with medical devices which correspond to the knowledge and skill objectives in the EMT-Paramedic curriculum currently approved by the State Health Officer in accordance with Subsection 201.04 of these rules and within the scope of practice defined in IDAPA 22.01.06, "Rules for EMS Personnel," Subsection 011.05, by persons certified as EMT-Paramedics in accordance with these rules. ()

03. Advertise. Communication of information to the public, institutions, or to any person concerned, by any oral, written, or graphic means including handbills, newspapers, television, radio, telephone directories and billboards. ()

04. Agency. An applicant for designation or a licensed EMS service seeking designation. ()

025. Ambulance. Any privately or publicly owned ground vehicle, nautical vessel, fixed wing aircraft or rotary wing aircraft used for, or intended to be used for, the transportation of sick or injured persons who may need medical attention during transport. (7-1-97)

06. Ambulance-Based Clinicians. Licensed Professional Nurses, Advanced Practice Professional Nurses, and Physician Assistants with current licenses from the Board of Nursing or the Board of Medicine, who are personnel provided by licensed EMS services. ()

037. Board. The Idaho State Board of Health and Welfare. (12-31-91)

048. Certification. A credential issued to an individual by the EMS Bureau for a specified period of time indicating that minimum standards corresponding to one (1) or several levels of EMS proficiency have been met. (7-1-97)

052. Certified Personnel. Individuals who have completed training and successfully passed examinations for training and skills proficiency in one (1) or several levels of emergency medical services. (7-1-97)

10. Critical Care Transfer (CCT). The transportation of a patient with continuous care, monitoring, medication or procedures requiring knowledge or skills not contained within the EMT-Paramedic curriculum approved by the State Health Officer. Interventions provided by EMT-Paramedics are governed by the scope of practice defined in IDAPA 22.01.06, "Rules for EMS Personnel," Subsection 011.05. ()

0611. Director. The Director of the Department of Health and Welfare or designated individual. (12-31-91)

0712. Division. The Idaho Division of Health, Department of Health and Welfare. (11-19-76)

13. Emergency. A medical condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the person's health in serious jeopardy, or in causing serious impairments of bodily function or serious dysfunction of any bodily organ or part. ()

0814. Emergency Medical Services (EMS). The services utilized in responding to a perceived individual need for immediate care in order to prevent loss of life or aggravation of physiological or psychological illness or injury. (11-19-76)

0915. EMS Bureau. The Emergency Medical Services (EMS) Bureau of the Idaho Department of Health and Welfare. (11-19-76)

106. EMS Standards Manual. A manual published by the EMS Bureau detailing policy information including EMS education, training, certification, licensure, and data collection. (7-1-97)

147. Emergency Medical Technician-Ambulance (EMT-A). A designation issued to an EMT-B by the EMS Bureau of the Idaho Department of Health and Welfare on the basis of successful completion of supervised in-field experience. (7-1-97)

128. Emergency Medical Technician-Basic (EMT-B). An individual certified by the EMS Bureau of the Idaho Department of Health and Welfare on the basis of successful completion of a basic EMT training program, examination, subsequent required continuing training, and recertification. (7-1-97)

139. Emergency Medical Technician-Paramedic (EMT-P). An individual certified by the EMS Bureau of the Idaho Department of Health and Welfare on the basis of successful completion of a paramedic training program, examination, subsequent required continuing training, and recertification. (7-1-97)

1420. First Responder. An individual certified by the EMS Bureau of the Idaho Department of Health and Welfare on the basis of successful completion of a first responder training program, examination, subsequent required continuing training, and recertification. (7-1-97)

1521. Licensed EMS Services. Ambulance services and non-transport services licensed by the EMS Bureau to function in Idaho. (7-1-97)

1622. National Registry of Emergency Medical Technicians (NREMT). An independent, non-governmental, not for profit organization which prepares validated examinations for the state's use in evaluating candidates for certification. (7-1-97)

1723. Non-Transport. A vehicle design or organizational configuration which brings EMS personnel or equipment to a location, but does not move any sick or injured person from that location. (7-1-97)

24. Out-Of-Hospital. Any setting outside of a hospital, including inter-facility transfers, in which the provision of EMS may take place. ()

1825. Physician. A person licensed by the State Board of Medicine to practice medicine or surgery or osteopathic medicine or surgery in Idaho. (11-17-96)

26. Pre-Hospital. Any setting (including standbys) outside of a hospital, with the exception of the inter-facility transfer, in which the provision of EMS may take place. ()

1927. State Health Officer. The Administrator of the Division of Health. (11-19-76)

28. Transfer. The transportation of a patient from one (1) medical care facility to another by ambulance. ()

(BREAK IN CONTINUITY OF SECTIONS)

100. STATEWIDE EMS ADVISORY COMMITTEE.

The Director will appoint a Statewide EMS Advisory Committee to provide counsel to the Department in

administering the EMS Act. The Committee members will have a normal tenure of three (3) years after which time they may be excused or reappointed. However, in order to afford continuity, initial appointments will be made to one-third (1/3) of the membership for two (2) years, one-third (1/3) for three (3) years, and one-third (1/3) of the membership for four (4) years. The Committee chairman will be selected by the State Health Officer. (7-1-97)

- 01. Membership.** The Statewide EMS Advisory Committee will be constituted as follows: (7-1-80)
- a. One (1) representative recommended by the State Board of Medicine; and (4-8-94)
 - b. One (1) representative recommended by the Idaho Chapter of ACEP; and (4-8-94)
 - c. One (1) representative recommended by the Committee on Trauma of the Idaho Chapter of the American College of Surgeons; and (4-8-94)
 - d. One (1) representative recommended by the State Board of Nursing; and (4-8-94)
 - e. One (1) representative recommended by the Idaho Medical Association; and (4-8-94)
 - f. One (1) representative recommended by the Idaho Hospital Association; and (4-8-94)
 - and g. One (1) representative of local government recommended by the Idaho Association of Counties; (4-8-94)
 - h. One (1) representative of a career third service EMS/Ambulance organization; and (4-8-94)
 - i. One (1) representative of a volunteer third service EMS/Ambulance organization; and (4-8-94)
 - j. One (1) representative of a third service non-transport EMS organization; and (4-8-94)
 - k. One (1) representative of a fire department based EMS/Ambulance recommended by the Idaho Fire Chiefs Association; and (4-8-94)
 - l. One (1) representative of a fire department based non-transport EMS organization; and (4-8-94)
 - m. One (1) representative of an air medical EMS organization; and (7-1-97)
 - n. One (1) Emergency Medical Technician-Basic who represents the interests of Idaho providers certified at that level; and (4-8-94)
 - o. One (1) Advanced Emergency Medical Technician Ambulance who represents the interests of Idaho providers certified at that level; and (7-1-97)
 - p. One (1) Emergency Medical Technician-Paramedic who represents the interests of Idaho providers certified at that level; and (4-8-94)
 - q. One (1) representative who is an administrative county EMS director; and (4-8-94)
 - r. One (1) EMS instructor who represents the interests of Idaho EMS educators and evaluators; and (4-8-94)
 - s. One (1) consumer; and (4-8-94)()
 - t. One (1) representative of a private EMS transport organization; and ()
 - u. One (1) pediatrician who represents the interests of children in the EMS system recommended by the Idaho Chapter of the American Academy of Pediatrics. ()

02. Responsibilities. The EMS Advisory Committee will meet at least annually or as needed for the purposes of: (7-1-80)

a. Reviewing policies and procedures for provision of emergency medical services and recommending same to the Division; (11-19-76)

b. Reviewing EMS training curricula, training standards, and examination processes and recommending same to the Division; (4-8-94)

c. Reviewing EMS candidate selection policy and candidate performance requirements and recommending to the Division certification of standards for EMS personnel; (7-1-97)

d. Reviewing and making recommendations for disciplinary action regarding EMS personnel who have not complied with EMS policies; (11-19-76)

e. Reviewing and making recommendations on the licensing of ambulance services in Idaho. (11-19-76)

f. Reviewing and making recommendations on the licensing of non-transport services in Idaho. (7-1-97)

(BREAK IN CONTINUITY OF SECTIONS)

320. DESIGNATION OF CLINICAL CAPABILITY.

All ambulance and non-transport licenses issued by the EMS Bureau shall indicate the clinical level of service which can be provided by the ambulance or non-transport service after verification of compliance with Section 300 or Section 301 of these rules. Agencies which provide certified personnel at the First Responder, EMT-B, or EMT-A level shall be designated as a Basic Life Support service. Agencies which provide certified personnel at the AEMT-A level shall be designated as an Intermediate Life Support service. Designation of services which function at or above the ALS level shall be issued in accordance with Section 340 of these rules. Licensed EMS Services may function at one (1) or more ALS levels corresponding to the designation issued by the EMS Bureau as a result of the application and inspection process required in Sections 300 and 301 of these rules. ()

(BREAK IN CONTINUITY OF SECTIONS)

325. PRE-HOSPITAL ADVANCED LIFE SUPPORT STANDARDS.

Pre-hospital ALS designation of an agency by the EMS Bureau is required for any agency which will advertise or supply clinical personnel and equipment capabilities which are within the scope of practice established under IDAPA 22.01.06, "Rules for EMS Personnel," Subsection 011.05, for the purposes of responding to emergencies in any 911 service area, standby, or other area on an emergency basis. Designation shall be for the same duration as the license issued to the EMS agency. An agency which has demonstrated compliance with Section 300 or Section 301 of these rules may qualify for Pre-hospital ALS designation if the following criteria are met: ()

01. Personnel. The agency must have a sufficient number of EMT-Paramedics to assure availability of such personnel corresponding to the anticipated call volume of the agency. The agency is specifically prohibited from utilizing other licensed health care providers for pre-hospital and emergency responses to requests for EMS unless they are accompanied by or cross-trained and certified as an EMT-Paramedic. ()

a. EMT-Paramedic personnel must hold current certification issued by the EMS Bureau in accordance with Sections 501 and 510 of these rules. ()

b. An agency may use Ambulance-Based Clinicians who function with an EMT-P or are cross-trained

and certified as an EMT-P. The agency shall verify that all Ambulance-Based Clinicians have successfully completed a formal training program of pre-hospital medical care which meets or exceeds the objectives of the curriculum approved by the State Health Officer. The agency shall assure that any Ambulance-Based Clinicians meet additional requirements of the corresponding licensing board. ()

c. Personnel shall initiate advanced life support as authorized by the physician designated as the Medical Director of the agency, and other physicians providing on-line medical direction as specified in IDAPA 22.01.06, "Rules for EMS Personnel," Subsection 011.05. ()

02. Required Documentation. The employment status and ongoing proficiency maintenance of the certified personnel and Ambulance-Based Clinicians associated with the agency must be documented on a periodic basis to the EMS Bureau. ()

a. The agency must submit a roster of all certified personnel and Ambulance-Based Clinicians with the application for licensure. Any change in the roster due to attrition or hiring must be documented to the EMS Bureau in writing within sixty (60) calendar days of the change. ()

b. The agency must maintain documentation of continuing education, refresher courses, and proficiency assurance of all certified personnel and Ambulance-Based Clinicians in accordance with the EMS Standards Manual in effect at the time of designation and any EMS Standards Manual which takes effect during the designation period. ()

03. Required Equipment. The agency vehicle(s) must be equipped with the Minimum Required Equipment listed in the Paramedic Ambulance section of the Minimum Equipment Standards incorporated in these rules. The agency must disclose all additional medical equipment routinely carried on the agency vehicle(s) not included in the Minimum Equipment Standards in the application provided by the EMS Bureau. ()

04. Administrative License Action. A pre-hospital ALS designation may be suspended or revoked in accordance with Section 515 of these rules. The agency is specifically prohibited from advertising as or responding to requests for critical care transfer service unless the agency also holds critical care transfer service designation in accordance with Section 335 of these rules. ()

(BREAK IN CONTINUITY OF SECTIONS)

330. ADVANCED LIFE SUPPORT TRANSFER STANDARDS.

ALS Transfer designation of an agency by the EMS Bureau is required for any agency which will advertise or supply clinical personnel and equipment capabilities which are within the scope of practice established under IDAPA 22.01.06, "Rules for EMS Personnel," Subsection 011.05, for the purposes of providing medical care and transportation between medical care facilities. Designation shall be for the same duration as the license issued to the EMS agency. An agency which has demonstrated compliance with Section 300 or Section 301 of these rules may qualify for ALS Transfer designation if the following criteria are met: ()

01. Personnel. The agency must have a sufficient number of personnel to assure availability corresponding to the anticipated call volume of the agency. ()

a. EMT-Paramedic personnel must hold current certification issued by the EMS Bureau in accordance with Sections 501 and 510 of these rules. ()

b. An agency which will advertise or provide ALS transfer of patients may use Ambulance-Based Clinicians as the medical care provider for those patients. The agency shall verify that all Ambulance-Based Clinicians have successfully completed a formal training program of out-of-hospital medical care which meets or exceeds the objectives of the curriculum approved by the State Health Officer. The agency shall assure that any Ambulance-Based Clinicians meet additional requirements of the corresponding licensing board. ()

c. Personnel shall initiate advanced life support as authorized by the physician designated as the Medical Director of the agency, and other physicians providing on-line medical direction as specified in IDAPA 22.01.06, "Rules for EMS Personnel," Subsection 011.05. ()

02. Required Documentation. The employment status and ongoing proficiency maintenance of the certified personnel and Ambulance-Based Clinicians associated with the agency must be documented on a periodic basis to the EMS Bureau. ()

a. The agency must submit a roster of all certified personnel and Ambulance-Based Clinicians with the application for licensure. Any change in the roster due to attrition or hiring must be documented to the EMS Bureau in writing within sixty (60) calendar days of the change. ()

b. The agency must maintain documentation of continuing education, refresher courses, and proficiency assurance of all certified personnel and Ambulance-Based Clinicians in accordance with the EMS Standards Manual in effect at the time of designation and any EMS Standards Manual which takes effect during the designation period. ()

03. Required Equipment. The agency vehicle(s) must be equipped with the Minimum Required Equipment listed in the Paramedic Ambulance section of the Minimum Equipment Standards incorporated in these rules. The agency must disclose all additional medical equipment routinely carried on the agency vehicle(s) not included in the Minimum Equipment Standards in the application provided by the EMS Bureau. ()

04. Administrative License Action. An ALS Transfer designation may be suspended or revoked in accordance with Section 515 of these rules. The agency is specifically prohibited from advertising or responding to pre-hospital and emergency requests for ALS unless the agency also holds pre-hospital ALS designation in accordance with Section 325 of these rules. The agency is specifically prohibited from advertising as or responding to requests for critical care transfer service unless the agency also holds critical care transfer service designation in accordance with Section 335 of these rules. ()

(BREAK IN CONTINUITY OF SECTIONS)

335. CRITICAL CARE TRANSFER SERVICE STANDARDS.

Critical Care Transfer Service designation of an agency by the EMS Bureau is required for any agency which will advertise or supply clinical personnel and equipment capabilities requiring knowledge or skills not contained within the EMT-Paramedic curriculum approved by the State Health Officer. Designation shall be for the same duration as the license issued to the EMS agency. An agency which has demonstrated compliance with Section 300 of these rules may qualify for Critical Care Transfer Service designation if the following criteria are met: ()

01. Personnel. The agency must have a sufficient number of personnel to assure availability corresponding to the anticipated call volume of the agency. ()

a. EMT-Paramedic personnel must hold current certification issued by the EMS Bureau in accordance with Sections 501 and 510 of these rules. All EMT-Paramedics who will be the primary or the only care provider during critical care transfers must have successfully completed a formal training program in critical care transport which meets or exceeds the objectives of the curriculum approved by the State Health Officer. ()

b. An agency which will advertise or provide ALS transfer of patients may use Ambulance-Based Clinicians as the medical care provider for those patients. The agency shall verify that all Ambulance-Based Clinicians have successfully completed a formal training program of out-of-hospital medical care which meets or exceeds the objectives of the curriculum approved by the State Health Officer. The agency shall assure that any Ambulance-Based Clinicians meet additional requirements of the corresponding licensing board. ()

c. Personnel shall initiate critical care as authorized by the physician designated as the Medical Director of the agency, and other physicians providing on-line medical direction as specified in IDAPA 22.01.06,

"Rules for EMS Personnel," Subsection 011.05. ()

02. Required Documentation. The employment status and ongoing proficiency maintenance of the certified personnel and Ambulance-Based Clinicians associated with the agency must be documented on a periodic basis to the EMS Bureau. ()

a. The agency must submit a roster of all certified personnel and Ambulance-Based Clinicians with the application for licensure. Any change in the roster due to attrition or hiring must be documented to the EMS Bureau in writing within sixty (60) calendar days of the change. ()

b. The agency must maintain documentation of continuing education, refresher courses, and proficiency assurance of all certified personnel and Ambulance-Based Clinicians in accordance with the EMS Standards Manual in effect at the time of designation and any EMS Standards Manual which takes effect during the designation period. ()

03. Required Equipment. The agency vehicle(s) must be equipped with the Minimum Required Equipment listed in the Paramedic Ambulance section of the Minimum Equipment Standards incorporated in these rules. The agency must disclose all additional medical equipment routinely carried on the agency vehicle(s) not included in the Minimum Equipment Standards in the application provided by the EMS Bureau. ()

04. Administrative License Action. A Critical Care Transfer Service designation may be suspended or revoked in accordance with Section 515 of these rules. The agency is specifically prohibited from advertising or responding to pre-hospital and emergency requests for ALS unless the agency also holds pre-hospital ALS designation in accordance with Section 325 of these rules. ()

**IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE
16.03.09 - RULES GOVERNING MEDICAL ASSISTANCE**

DOCKET NO. 16-0309-9902

NOTICE OF PROPOSED RULE

AUTHORITY: In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has proposed rulemaking. The action is authorized pursuant to Section(s) 56-202(f), Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than May 19, 1999.

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is a statement in nontechnical language of the substance of the proposed rules:

Rule Sections 664 through 704 are added to implement an expansion of the Department's Home and Community-Based Services Waiver for the Aged and Disabled. Fifteen additional services are added, provider qualifications are specified, responsibilities of the Regional Medicaid Units are identified, and other necessary program activities are indicated.

In addition, Sections 146, and 148 for the current Personal Care Services program are modified as necessary to accommodate the expanded waiver program.

In March 1999, the Board of Health and Welfare adopted this rule as a temporary rule with an effective date of March 1, 1999. The temporary rule was published in the Idaho Administrative Bulletin, Volume 99-4, April 7, 1999, pages 19 and 40. With this publication the Department is initiating proposed rulemaking.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning these proposed rules, contact Lloyd Forbes at (208) 364-1831.

Anyone can submit written comments regarding these rules. All written comments and data concerning the rule must be directed to the undersigned and delivered on or before May 26, 1999.

DATED this 5th day of May, 1999.

Sherri Kovach
Administrative Procedures Coordinator
DHW - Legal Services Division
450 West State Street - 10th Floor
P.O. Box 83720
Boise, Idaho 83720-0036
(208) 334-5564 phone; (208) 334-5548 fax

**This docket has previously been adopted and published as a Temporary Rule.
Pursuant to Section 67-5221(1), this docket is being published as a Proposed Rule.**

**The text of the temporary rule was published in the Idaho Administrative
Bulletin, Volume 99-4, April 7, 1999, pages 19 through 40.
The temporary effective date is March 1, 1999.**

THE FOLLOWING IS TEXT OF DOCKET NO. 16-0309-9902

146. PERSONAL CARE SERVICES.

Pursuant to Sections 39-5601 through 39-5607, Idaho Code, it is the intention of the Department to provide personal care services to eligible recipients in their personal residence in order to prevent unnecessary institutional placement, to provide for the greatest degree of independence possible, to enhance the quality of life, to encourage individual choice, and to maintain community integration. For a recipient to be eligible for personal care services, the Department must find that the recipient requires personal care services due to a medical condition which impairs their physical or mental function or independence and must find the recipient capable of being maintained safely and effectively in their own home or residence with personal care services. (1-1-91)

01. Care And Services Provided. (1-1-91)

a. Medically oriented tasks having to do with a patient's physical or functional requirements, as opposed to housekeeping or skilled nursing care, provided in the patient's home. Such services may include, but are not limited to: (1-1-91)

i. Basic personal care and grooming to include bathing, care of the hair, assistance with clothing, and basic skin care, but excluding the irrigation or suctioning of any body cavities which require sterile procedures and the application of dressings, involving prescription, medication, and aseptic techniques; and (1-1-91)

ii. Assistance with bladder or bowel requirements which may include helping the patient to and from the bathroom or assisting the patient with bedpan routines, but excluding insertion or sterile irrigation of catheters; and (5-1-87)

iii. Assisting the patient with medications which are ordinarily self-administered, when ordered by a physician, but excluding the giving of injections or fluids into the veins, muscles, or skin, or administering of medicine; and (7-15-83)

iv. Assistance with food, nutrition, and diet activities to include the preparation of meals if incidental to medical need, as determined by a physician; and (7-15-83)

v. The continuation of active treatment training programs in the home setting to increase or maintain client independence for the developmentally disabled client. (5-1-87)

vi. Non-nasogastric gastrostomy tube feedings may be performed if authorized prior to implementation by the Department's Regional Medicaid Unit and if the following requirements are met: (2-19-92)

(1) The task is non-complex and can be safely performed in the given patient care situation; and (2-19-92)

(2) A registered nurse has assessed the patient's nursing care needs and has developed a written standardized procedure for gastrostomy tube feedings, which is individualized for the patient's characteristics and needs; and (2-19-92)

(3) Persons to whom the procedure can be delegated are identified by name. The registered nurse must provide proper instruction in the performance of the procedure, supervise a return demonstration of safe performance of the procedure, state in writing strengths and weaknesses of the person performing the procedure, and evaluate the performance of the procedure at least monthly; and (2-19-92)

(4) Any change in the patient's status or problem relative to the procedure must be reported immediately to the registered nurse; and (2-19-92)

(5) The individualized procedure, the supervised performance of the procedure, and follow-up

evaluation of the performance of the procedure must be documented in writing by the supervising RN, and must be readily available for review, preferably with the patient's record. (2-19-92)

(6) Medication previously received could be given by the personal care provider through the non-nasogastric tube unless contraindicated. (2-19-92)

vii. In addition to performing at least one (1) of the services listed in Subsections 146.01.a.i. through 146.01.a.vi., the provider may also perform the following services: (2-19-92)

(1) Such incidental housekeeping services essential to a patient's comfort and health, to include the changing of bed linens, rearranging furniture to enable the patient to move about more easily, laundry and room cleaning when incidental to the patient's treatment. Excluded are cleaning and laundry for any other occupant of the patient's residence; and (2-19-92)

(2) Accompanying the patient to clinics, physician office visits, or other trips which are reasonable for the purpose of obtaining medical diagnosis or treatment; and (7-15-83)

(3) Shopping for groceries or other household items required specifically for the health and maintenance of the patient. (2-19-92)

b. Service Limitations. The maximum amount of personal care services available to an eligible recipient is dependent on whether services are obtained under the Home and Community-based Services waiver (HCBS waiver) or under the State Medicaid Plan Service option. (1-1-91)

i. For adults receiving services under the State Medicaid Plan option, service delivery is limited to a maximum of sixteen (16) hours per week per recipient. (10-1-94)

ii. For individuals under the age of twenty-one (21) who meet medical necessity criteria under EPSDT, the eligible recipient may receive up to twenty-four (24) hours per day of service delivery under the State Plan option. (10-1-94)

iii. For individuals receiving services under the HCBS waiver, the eligible recipient may receive up to twenty-four (24) hours per day of service delivery, based on the medical need for such service as documented in the plan of care and the cost effectiveness criteria under the waiver program. (1-30-94)

02. Place Of Service Delivery. Personal Care Services (PCS) may be provided only in a recipient's personal residence. The following living situations are specifically excluded as a personal residence for the purpose of these rules: (1-1-91)

a. Certified nursing facilities (NF) or hospitals; and (1-1-91)

b. Licensed Intermediate Care Facility for the Mentally Retarded; and (7-15-83)

c. ~~Licensed Residential Care Intensive Treatment Facility For Children as described in IDAPA 16.06.01, "Rules Governing Family and Children's Services," Section 620.~~ (1-1-91)()

d. ~~Licensed child foster care Level III professional child's foster homes and adult foster homes. A home receiving payment for specialized foster care, professional foster care, or group foster care.~~ (1-1-91)()

03. Services Delivered Following A Written Plan. (7-15-83)

a. All PCS are provided based on a written plan of care which is the responsibility of the supervisory nurse to prepare and is based on: (7-15-83)

i. The physician's information including the physician's orders; and (7-15-83)

ii. The nurse's assessment and observations of the patient; and (7-15-83)

- iii. Information elicited from the recipient. (7-15-83)
- b. The plan of care must include all aspects of personal care necessary to be performed by the PCS provider, including the amount, type, and frequency of such services. (7-15-83)
- c. The plan of care will be signed and approved by the physician prior to the initiation of the services by the PCS provider. (7-15-83)
- d. The plan must be revised and updated based upon treatment results or a patient's changing profile of needs as necessary, but at least annually. (7-15-83)

04. Physician Supervision Of The Service. All Personal Care Services are provided under the order of a licensed physician. The physician must: (1-1-91)

- a. Provide such medical information to the Department's Regional Medicaid Unit (RMU) as is necessary to establish that the recipient is medically eligible for NF ~~or ICF/MR~~ placement for those recipients receiving PCS under the Department's Home and Community Based Services waivers. For recipients eligible for PCS under the Idaho State Plan, the physician will certify, in writing, that the services are medically necessary. (~~7-1-94~~)()
- b. Order all services delivered by the PCS provider. Such orders are signed and dated by the physician and include, at a minimum, his signature and date of approval on the recipient's plan of care. (7-15-83)
- c. Update the plan of care, including his signature and date of approval, as necessary, but at least annually. (1-1-91)
- d. Recommend institutional placement of the recipient if he identifies that PCS, in combination with other community resources, are no longer sufficient to ensure the health or safety of the recipient. (1-1-91)

05. Service Supervision. (1-1-91)

- a. A registered nurse who is not functioning as the personal care provider will oversee the delivery of PCS. Such oversight will include: (1-1-91)
 - i. In conjunction with the attending physician the development of a plan of care for the recipient; and (1-1-91)
 - ii. Review of the treatment given by the personal care provider through a review of the recipient's PCS record as maintained by the provider and on-site interviews with the patient at least every ninety (90) days; and (1-1-91)
 - iii. Reevaluate the plan of care as necessary and obtaining physician approval on all changes. The entire plan is reviewed at least annually; and (1-1-91)
 - iv. Immediately notifies the physician of any significant changes in the recipient's physical condition or response to the service delivery; and (1-1-91)
 - v. Provides an on-site visit to the recipient to evaluate changes of condition when requested by the PCS provider, QMRP supervisor, provider agency, case manager, or recipient. (1-1-91)
- b. In addition to the supervisory visit by the registered nurse, all clients who are developmentally disabled, other than those with only a physical disability, as determined by the Regional Medicaid Unit will receive oversight of service delivery by a Qualified Mental Retardation Professional (QMRP) as defined in 42 CFR 483.430. Such oversight will include: (8-5-91)
 - i. In conjunction with the attending physician and supervisory RN, the QMRP will assist in the

development of the plan of care for the recipient for those aspects of active treatment which are provided in the home by the PCS attendant. (1-1-91)

ii. Review of the care and/or training given by the personal care provider through a review of the recipient's PCS record as maintained by the provider, and on-site interviews with the client at least every ninety (90) days. (1-1-91)

iii. Reevaluation of the plan of care as necessary, but at least annually. (1-1-91)

iv. An on-site visit to the recipient to evaluate any change of condition when requested by the PCS provider, provider agency, nurse supervisor, case manager, or recipient. (1-1-91)

06. PCS Provider Qualifications. (1-1-91)

a. Persons providing PCS: Individuals may provide PCS either as PCS agency employees, employees of record of a fiscal intermediary (FI), or as independent providers if they have at least one (1) of the following qualifications: (~~1-1-91~~)(____)

i. Registered Nurse, RN: A person currently licensed by the Idaho State Board of Nursing as a registered nurse; or (7-15-83)

ii. Licensed Practical Nurse, L.P.N.: A person currently licensed by the Idaho State Board of Nursing as a licensed practical nurse; or (7-15-83)

iii. Nursing Assistant: All nursing assistants who provide PCS to eligible individuals must appear on the Idaho State Board of Nursing's registry of certificated nurse aides (CNA). An individual who has completed a certified nurse aide training program may be granted provisional provider status for up to ninety (90) days by the Department to allow for the completion of competency testing and registry. (1-30-94)

b. All persons who care for developmentally disabled clients other than those with only physical disabilities as identified by the Department's RMU will, in addition to the completion of the requirements of Subsection 146.06.a.iii., have completed one (1) of the Department approved developmental disabilities training courses. Providers who are qualified as QMRPs will be exempted from the Department approved developmental disabilities training course. Each region may grant temporary approval to an individual who meets all qualifications except for the required developmental disabilities training course to become a PCS provider to a developmentally disabled recipient if all of the following conditions are met: (7-1-94)

i. The RMU has verified that there are no qualified providers reasonably available to provide services to client requesting services; and (7-1-94)

ii. The provider must be enrolled in the next available training course with a graduation date no later than six (6) months from the date of the request for temporary status; and (7-1-94)

iii. The supervising QMRP makes monthly visits until the provider graduates from the training program. (7-1-94)

c. Agency providers must submit to the Department documentation of their worker's compensation and professional liability insurance coverage. In the case of worker's compensation, agencies will direct their sureties to provide a certificate of insurance to the Department. Independent providers must submit to the Department documentation of their professional liability insurance coverage. Termination of either type of insurance by the provider will be cause for termination of PCS Provider status by the Department. Agency providers and FIs will keep copies of employee health screens in their files for review by the Department as necessary. Independent providers will submit the completed health screen to the Department. Agency and independent providers will complete a criminal history check conducted by the Department. If no criminal history is indicated on the Self-Declaration form, individuals may be authorized by the Region to provide services on a provisional basis while awaiting the results of the fingerprinting process. Such authorization may be provided after the client's safety is assured by the responsible Region. (~~1-30-94~~)(____)

- d. Individuals providing supervision to PCS attendants. (1-1-91)
- i. RN supervisors will have a current Idaho professional nursing license (RN). (1-1-91)
- ii. Qualified Mental Retardation Professional (QMRP) supervisors will be qualified by education and training as required in 42 CFR 483.430. (1-1-91)
- iii. Supervising RNs and QMRPs who are independent providers will be independent contractors and obtain any desired benefits such as life, disability and/or unemployment insurance that he may desire, maintain professional liability insurance, and report all income to the appropriate authorities, pay social security and all other state and federal taxes. (1-1-91)
- e. Provider agency. An entity which has a signed provider agreement with the Department and is capable of and responsible for all of the following: (1-1-91)
 - i. Recruitment, hiring, firing, training, supervision, scheduling and payroll for personal care attendants and the assurance of quality service provided by the personal care attendants; and (1-1-91)
 - ii. Participation in the provision of worker's compensation, unemployment compensation and all other state and federal tax withholdings; and (8-5-91)
 - iii. Maintenance of liability insurance coverage; and (1-1-91)
 - iv. Provision of a licensed professional nurse (RN) and, where applicable, a QMRP supervisor to develop and complete plans of care and provide ongoing supervision of a recipient's care; and (1-1-91)
 - v. Assignment of a qualified personal care attendant(s) to eligible recipients after consultation with and approval of such recipients; and (1-1-91)
 - vi. Assure that all PCS attendants meet the qualifications in Subsection 146.06.a.; and (12-31-91)
 - vii. Billing Medicaid for services approved and authorized by the RMU; and (1-1-91)
 - viii. Make referrals for PCS eligible recipients for case management services when a need for such services is identified; and (1-1-91)
 - ix. Conduct such criminal background checks and health screens on new and existing employees as required in Subsection 146.10 and 146.11. (12-31-91)
- f. Independent providers. Persons who meet the training requirements in Subsection 146.06.a. and will: (12-31-91)
 - i. Obtain the required training, certifications, agreements, knowledge and information needed to function as an independent provider; and (1-1-91)
 - ii. Obtain any desired benefits such as life, disability and/or unemployment insurance that he may desire; and (1-1-91)
 - iii. Maintain professional liability insurance effective April 15, 1991, for certified nurse's aides, and upon completion of the certified nurse's aide course for all other providers; and (7-1-94)
 - iv. Report all income to the appropriate authorities, pay social security and all other state and federal taxes as an independent contractor; and (1-1-91)
 - v. Submit claims to the Medicaid Program for approved services; and (1-1-91)

- vi. Provide for care by a fully trained and qualified replacement when unable to provide service; and (1-1-91)
- vii. Provide unanticipated services that are not part of the plan of care in emergency situations; and (1-1-91)
- viii. Participate in the background check and obtain the health screen required in Subsections 146.10 and 146.11; and (12-31-91)

g. Fiscal intermediaries. An entity which has a signed provider agreement with the Department and meets the requirements of Subsection 669.03. ()

~~ix.~~ When care is provided in the provider's home, acquire the appropriate level of child foster care licensure or certification. The provider must be licensed ~~as a Level I or Level II children's foster home~~ as defined in Section 39-120913, Idaho Code, for care of individuals under eighteen (18) years of age. ~~For care of individuals eighteen (18) years of age or older, the provider must meet the environmental sanitation standards, fire and life safety standards, and building, construction and physical home standards for certification as an Adult Foster Home.~~ Noncompliance with the above standards will be cause for termination of the provider's provider agreement. (10-1-94)()

gi. Utilization of independent providers. Independent providers will be utilized in the following circumstances: (8-5-91)

- i. When a provider agency is unavailable; or (8-5-91)
- ii. When, based on an assessment involving the recipient, the recipient's family and the Department's regional Medicaid staff, it is determined that an independent provider will best meet the needs of the recipient. The assessment shall include consideration of the recipient's and/or family member's ability to select a provider and manage and evaluate the care he receives. (8-5-91)

iii. Recipients receiving PCS from an independent provider should be evaluated for the need for targeted case management from a provider agency or administrative case management from the Department. (1-1-91)

iv. The independent provider will not be considered an employee of the state, recipient, or RN supervisor, but will be considered an independent contractor. (1-1-91)

~~hj.~~ A PCS provider cannot be a relative of any recipient to whom the provider is supplying services. (5-1-87)

- i. For the purposes of this subsection, a relative is defined as a spouse or a parent of a minor child. (1-1-91)
- ii. Nothing in this subsection shall be construed to prohibit a relative from providing PCS where Medicaid is not the payment source for such services. (1-1-91)

07. Recipient Eligibility Determination. An eligible recipient may qualify for PCS coverage either under the Idaho State Medicaid Plan or the Department's Home and Community Based Services waiver. For both programs, the recipient must be financially eligible for MA as described in Idaho Department of Health and Welfare Rules, IDAPA 16.03.05, "Eligibility for the Aged, Blind and Disabled (AABD)". The cited chapter implements and is in accordance with the Financial Eligibility Section of the Idaho State Plan. In addition, waiver recipients must meet the following requirements: (12-31-91)

- a. The Department's Regional Medicaid Unit must determine that: (1-1-91)
 - i. The recipient would qualify for nursing facility level of care as set forth in Subsections 180.03 and 180.08 if PCS were not made available; and (7-1-95)

ii. In the assessment of the RMU the patient could be maintained in their own home or residence and receive safe and effective services through the Personal Care Service Program; and (1-1-91)

iii. In the assessment of the RMU, the average monthly Medicaid cost of providing Personal Care Services and other community services to the patient would not exceed the average Medicaid cost of nursing facility care as described below: (7-1-94)

(1) The average monthly Medicaid cost of personal care and other medical services paid by Medicaid will be calculated utilizing the number of visits or hours or days of PCS and medical services prescribed by the attending physician for the patient. (1-1-91)

(2) The average monthly Medicaid patient cost of nursing facility care will be calculated by the Bureau of Medicaid Policy and Reimbursement utilizing projected Medicaid Program expenditures for institutional care, based on the average interim rate for that type of care. (7-1-95)

(3) If the amount identified in Subsection 146.07.a.iii.(1) is less than the amount identified in Subsection 146.07.a.iii.(2) then the individual is eligible for PCS. (1-30-94)

(4) If the amount identified in Subsection 146.07.a.iii.(1) is greater than or equal to the amount identified in Subsection 146.07.a.iii.(2) then the individual is not eligible for PCS. (12-31-91)

(5) Eligible recipients receiving PCS under the Idaho State Plan must have medical justification, physician's orders, and plan of care for such services. All services will be authorized by the RMU prior to payment for the amount and duration of services. (1-1-91)

iv. Following the approval by the RMU for services under the waiver, the recipient must receive and continue to receive a waiver service. For the purposes of these rules, a waiver service is defined as personal care services in excess of sixteen (16) hours per week. A recipient who does not use a waiver service for thirty (30) consecutive days will be terminated from the waiver program. (1-1-91)

b. A recipient who is determined by the Department to be eligible for the Personal Care Services Program under the Home and Community Based Services waiver may elect not to utilize PCS, but may choose admission to a nursing facility. (7-1-94)

c. The recipient's eligibility examiner will process the application in accordance with Idaho Department of Health and Welfare Rules, IDAPA 16.03.05, "Rules Governing Eligibility for the Aged, Blind and Disabled (AABD)," as if the application was for admission to a nursing facility, except that the eligibility examiner will forward potentially eligible applications immediately to the RMU for review together with the physician's prescription for Personal Care Services. The Medicaid application process cited above conforms to all statutory and regulatory requirements relating to the Medicaid application process. (12-31-91)

d. The decisions of the RMU regarding the acceptance of the recipients into the PCS program will be transmitted to the eligibility examiner. The eligibility examiner will notify the applicant of the Department's determination in accordance with Idaho Department of Health and Welfare Rules, IDAPA 16.03.05, "Rules Governing Eligibility for the Aged, Blind and Disabled (AABD)," except: (10-1-94)

i. The referring physician will be notified, in addition to the applicant, of the determination; and (7-15-83)

ii. If the application is approved, the RMU will provide a list of personal care providers to the client, or their representatives, to select the provider of their choice. (1-30-94)

08. Case Redetermination. (12-31-91)

a. Financial redetermination will be conducted pursuant to Idaho Department of Health and Welfare Rules, IDAPA 16.03.01, "Rules Governing Medicaid for Families and Children," and IDAPA 16.03.05, "Rules Governing Eligibility for the Aged, Blind and Disabled (AABD)". Medical redetermination will be made at least

annually by the RMU, or sooner at the request of the patient, the eligibility examiner, PCS provider agency, independent personal care provider, the supervising registered nurse, or the physician. The sections cited implement and are in accordance with Idaho's approved state plan with the exception of deeming of income provisions.

(1-30-94)

- b. The redetermination process will assess the following factors: (7-15-83)
 - i. The recipient's continued need for the Personal Care Services Program; and (7-15-83)
 - ii. Discharge from the Personal Care Services Program; and (7-15-83)
 - iii. Referral of the patient from the Personal Care Services Program to a nursing facility or licensed residential care facility. (7-1-94)

09. Criminal History Check. All personal care providers (case managers, RN supervisors, QMRP supervisors and personal care attendants) shall participate in a criminal history check as required by Section 39-5604, Idaho Code. The criminal history check will be conducted in accordance with IDAPA 16, Title 05, Chapter 06, "Rules Governing Mandatory Criminal History Checks". (10-1-94)

10. Health Screen. The Department will require that a health questionnaire be completed by each independent provider and provider agency employee who serves as a personal care attendant. Provider agencies and fiscal intermediaries will retain this in their personnel file. Independent providers will complete the questionnaires as part of the application. If the applicant indicates on the questionnaire that he has a medical problem, the individual will be required to submit a statement from a physician that his medical condition would not prevent him from performing all the duties required of a personal care provider. Misrepresentation of information submitted on the health screen is cause for termination of provider status for independent PCS providers or termination of employment for agency employees. (~~1-1-91~~)()

11. PCS Record. Three (3) types of record information will be maintained on all recipients receiving PCS and are considered to be the PCS record. (1-1-91)

- a. Personal Care Provider Information. Each provider will maintain a written documentation of each visit made to a patient, and will record at a minimum the following information: (1-1-91)
 - i. Date and time of visit; and (1-1-91)
 - ii. Services provided during the visit; and (1-1-91)
 - iii. A statement of the recipient's response to the service, including any changes noted in the recipient's condition; and (1-1-91)
 - iv. Length of visit and unless it is determined by the RMU that the recipient is unable to do so, the record of service delivery should be verified by the recipient as evidenced by their signature on the service record; and (1-1-91)
 - v. Any changes in the treatment plan authorized by the referring physician or supervising registered nurse as the result of changes in the recipient's condition. (1-1-91)
 - vi. A copy of the information contained in Subsections 146.13.a.i. through 146.13.a.v., will be maintained in the recipient's home unless authorized to be kept elsewhere by the RMU. Failure to maintain such documentation may result in the recoupment of funds paid for undocumented services. (1-1-91)

b. Plan of Care. The plan of care which is initiated by the attending physician, developed by the supervising RN and, when appropriate, QMRP must specify diagnosis, general treatment and the Personal Care Services which are required by the recipient. The plan will contain all elements required by Subsection 146.03 and a copy of the most current plan of care will be maintained in the recipient's home and will be available to the PCS Attendant, Supervising RN, QMRP and, if applicable, the case manager. (12-31-91)

c. Oversight Information. In addition to the plan of care, at least every ninety (90) days the Supervising RN and, where required, the QMRP will verify, in writing, that the services provided were consistent with the treatment plan. Any changes in the treatment plan will be documented and include the signature of the Supervising RN or QMRP. (10-1-94)

12. Provider Responsibility For Notification. It is the responsibility of the PCS provider to notify either the supervising RN or physician when any significant changes in the recipient's condition are noted during service delivery. Such notification will be documented in the PCS record. (7-15-83)

13. Records Maintenance. In order to provide continuity of services, when a patient is transferred among independent providers, or when the independent provider changes Supervising RNs, all of the foregoing patient's records will be delivered to and held by the field office of the Department until a replacement provider or Supervising RN assumes the case. When a patient utilizing independent PCS providers leaves the Personal Care Services Program, the records will be retained by the Department as part of the patient's closed case record. Provider agencies will be responsible to retain their clients' records for three (3) years following the date of service. (10-1-94)

14. Provider Coverage Limitations. ~~Each individual person who is an independent PCS provider may not receive compensation from Medicaid funds for service to more than three (3) PCS recipients on any given day except:~~ (1-1-91)(____)

a. ~~Where three (3) or more recipients live within the same building, in which case the maximum number of recipients for which a PCS provider may be compensated shall be five (5); or In congregate living situations, payment is limited to one (1) claim per provider act. In no case may more time be billed than was actually spent by the provider in service delivery.~~ (7-15-83)(____)

b. ~~If the recipient's residence is the home of the PCS provider, nNo provider may serve more than two (2) ICF/MR level clients who are authorized for eight (8) or more hours of care per day. No provider may be served more than one (1) NF level client authorized for more than eight (8) hours of care per day, unless approved by the Department under Section 39-1301(a), Idaho Code.~~ (1-1-91)(____)

e. As approved by the Director or his designee. (7-15-83)

15. Home and Community-Based Waiver Recipient Limitations. ~~The number of unduplicated count Medicaid recipients to receive personal care services under the home and community-based waiver will be limited to the projected number of users contained in the Department's approved waiver. Individuals who apply for personal care services after the waiver maximum has been reached will be placed on a waiting list and will have their applications processed after September 30 of each new waiver year. The earliest effective date of personal care services service delivery for these clients will be October 1 of each new waiver year.~~ (10-1-94)

165. Community Awareness Program. The Department will establish a community awareness program that will educate Idaho citizens regarding the purpose and function of all long-term care alternatives including, but not limited to, personal care services and individual recipient rights. This program will be developed in cooperation with other state agencies including, but not limited to, the Office On Aging and the Division of Vocational Rehabilitation. (1-1-91)

(BREAK IN CONTINUITY OF SECTIONS)

148. PROVIDER REIMBURSEMENT FOR PERSONAL CARE SERVICES.

01. Reimbursement Rate. Personal care providers will be paid a uniform reimbursement rate for service as established by the Department pursuant to Section 39-5606, Idaho Code, on an annual basis. Provider claims for payment will be submitted on claim forms provided or approved by the Department. Billing instructions will be provided by the Department. (1-1-91)

02. Calculated Fee. The fee calculated for personal care provider reimbursement includes a basic rate for services and mileage. No separate charges for mileage will be paid by the Department for nonmedical client transportation or provider transportation to and from the recipient's home. Fees will be calculated as follows:(1-1-91)

a. Annually ~~the Bureau of Medicaid Policy and Reimbursement~~ will conduct a poll of all Idaho nursing facilities and establish the weighted average hourly rates (WAHR) for nursing facility industry employees in comparable positions (i.e. RN, QMRP, and Nurse's aide) in Idaho to be used for the reimbursement rate to be effective on July 1 of that year. ~~(1-30-94)()~~

b. ~~The Bureau of Medicaid Policy and Reimbursement~~ will then establish three (3) payment levels for both provider agencies and independent providers for PCS attendant services as follows: ~~(1-30-94)()~~

i. Weekly service needs of zero to sixteen (0-16) hours or waiver recipients zero to eight (0-8) hours/day:

Provider Agencies	WAHR x 1.55	=	\$ amount/hour
Independent Providers	WAHR x 1.22 (which is a supplemental component to cover training, social security and liability insurance)	=	\$ amount/hour

(1-30-94)

ii. Extended visit, one (1) recipient (eight and one-quarter hour (8.25) up to twenty-four (24) hours):

Provider Agencies and Fiscal Intermediary	(WAHR x actual hours of care up to 5 hours x 1.55) plus (\$.65 x 1.55 hours on site on-call)	=	\$ amount (Maximum \$539,335 1)
Independent Providers	(WAHR x actual hours of care up to 5 hours x 1.22) plus (\$.65 x 1.22 x actual hours on site on-call)	=	\$ amount (Maximum \$506,574 3)

~~(7-1-97)()~~

iii. Extended visit, two (2) recipients (~~six~~ eight and one-quarter (~~6~~ 8.25) up to twenty-four (24) hours):

Provider Agencies and Fiscal Intermediary	(WAHR x actual hours of care up to 4 hours) x (1.55 plus \$.65 x 1.55 x hours on site on-call)	=	\$ amount (Maximum \$450,467 3)
Independent Providers	(WAHR x hours actual care up to 4 hours x 1.22) plus (\$.65 x 1.22 x hours on site on-call)	=	\$ amount (Maximum \$374,144 4)

~~(7-1-97)()~~

c. The attending physician will be reimbursed for services provided using current payment levels and methodologies for other physician services provided to eligible recipients. (1-1-91)

d. The supervisory RN and QMRP will be reimbursed at a per visit amount established by the Department for supervisory visits. Client evaluations and Care Plan Development will be reimbursed at a rate established by the Department, following authorization by the RMU. (1-1-91)

i. The number of supervisory visits by the RN and QMRP to be conducted per calendar quarter will be approved as part of the PCS care plan by the RMU. (1-1-91)

ii. Additional evaluations or emergency visits in excess of those contained in the approved care plan will be authorized when needed by the RMU. (1-1-91)

(BREAK IN CONTINUITY OF SECTIONS)

664. --764. (RESERVED) WAIVER SERVICES FOR AGED OR DISABLED ADULTS.

The Department provides waiver services to eligible participants: to prevent unnecessary institutional placement; to provide for the greatest degree of independence possible; to enhance the quality of life; to encourage individual choice; and to achieve and maintain community integration. For a participant to be eligible, the Department must find that the participant: ()

01. Has A Disabling Condition. Requires services due to a disabling condition which impairs their mental or physical function or independence; and ()

02. Safe In A Non-Institutional Setting. Be capable of being maintained safely and effectively in a non-institutional setting; and ()

03. Requires Such Services. Would, in the absence of such services, require the level of care provided in a Nursing Facility (NF) as set forth in Subsection 180.03. ()

665. PURPOSE.

Idaho's elderly and physically disabled citizens should be able to maintain self-sufficiency, individuality, independence, dignity, choice, and privacy in a cost-effective home-like setting. When possible, services should be available in the consumer's own home and/or community regardless of their age, income, or ability and should encourage the involvement of natural supports, such as family, friends, neighbors, volunteers, church, and others. ()

666. (RESERVED).

667. WAIVER PHASE IN.

The HCBS Waiver services will be provided statewide upon full implementation. New services will be phased in by geographic regions, beginning with Region VI beginning in March, 1999, followed by Regions V and VII in October, 1999, then Regions I and II in December, 1999, and Regions III and IV in February, 2000. ()

668. TARGET GROUP.

Persons who would be medicaid eligible if residing in a NF, require the level of care provided in a NF, are over the age of eighteen (18), demonstrate significant disability on the Uniform Assessment Instrument (UAI), and have deficits which affect their ability to function independently. ()

669. DEFINITIONS.

The following definitions apply to Sections 664 through 704 of the rules: ()

01. Plan For Services (PFS). A written plan, initially developed by the RMU or its contractor for services provided under the Home and Community-Based Services Waiver. This plan must be approved by the RMU and Medicaid reimbursable services must be contained in the plan. ()

02. Uniform Assessment Instrument (UAI). A set of standardized criteria adopted by the Department to assess functional and cognitive abilities. ()

03. Fiscal Intermediary (FI). An entity that acts as an intermediary between the Medicaid program and eligible waiver participants for the purposes of assisting consumers in performing tasks associated with the employment of waiver service providers. The core tasks of the FI are to: ()

a. To directly assure compliance with legal requirements related to employment of waiver providers;
and ()

b. To offer supportive services to enable consumers to perform the required employer tasks themselves. ()

04. Provider Agency Or Agency. An entity that recruits, hires, fires, trains, supervises, schedules, oversees quality of work, takes responsibility for the care given, and provides payroll and benefits for care providers working for them. ()

05. Employer Of Record. An entity which bills for services, withholds required taxes, and conducts other administrative activities for a waiver program participant. Such an entity is also called a fiscal intermediary. ()

06. Employer Of Fact. A participant or representative of a participant who hires, fires, and directs the services delivered by a waiver program provider. This individual may be a family member. ()

07. Participant. An aged or disabled individual who requires and receives services under the Home and Community-based Waiver program ()

670. SERVICES PROVIDED.

01. Services Provided Under Waiver. Services that may be provided under the waiver are: ()

a. Adult day health; ()

b. Assistive technology; ()

c. Assisted transportation; ()

d. Attendant care; ()

e. Chore services; ()

f. Adult companion; ()

g. Adult residential care; ()

h. Consultation; ()

i. Home delivered meals; ()

j. Homemaker; ()

k. Home modifications; ()

l. Personal care services in excess of the State Medicaid Plan; ()

m. Personal emergency response system; ()

n. Psychiatric consultation; ()

o. Respite care; and ()

p. Skilled nursing. ()

02. Administrative Case Management. The Department will also provide administrative case management. ()

671. PRE-AUTHORIZATION REQUIREMENTS.

01. Pre-Authorization Requirements. All waiver services must be preauthorized by the Regional Medicaid Unit (RMU). Authorization will be based on the information from: ()

- a. The UAI; ()
- b. The plan for service developed by the RMU or its contractor; and ()
- c. Any other medical information which verifies the need for NF services in the absence of the waiver services. ()

02. UAI Administration. The UAI will be administered, and the initial plan for service developed, by the RMU or its contractor. ()

672. PROVIDER QUALIFICATIONS.

Each provider must have a signed provider agreement with the Department for each of the services it provides. ()

01. Employment Status. Unless otherwise specified by the Department, each individual service provider must be an employee of an agency, or an employee of record for a FI. The Department may enter into provider agreements with individuals in situations where no agency exists, or no FI is willing to provide services. Such agreements will be reviewed annually to verify whether coverage by an agency or FI is still not available. ()

02. Provider Qualifications. All providers of homemaker, respite care, adult day health, transportation, chore companion, attendant adult residential care, home delivered meals, and behavior consultants must meet, either by formal training or demonstrated competency, the training requirements contained in the provider training matrix and the standards for direct care staff and allowable tasks/activities in the Department's approved waiver request. ()

03. Personal Care Providers Qualifications. Personal Care Providers must meet the requirements of Section 146 of these rules. ()

04. Specialized Medical Equipment Provider Qualifications. Providers of specialized medical equipment and supplies must be enrolled in the Medicaid program as participating medical vendor providers. ()

05. Nursing Service Provider Qualifications. Nursing Service Providers must be licensed as an R.N. or L.P.N. in Idaho or be practicing on a federal reservation and be licensed in another state. ()

06. Psychiatric Consultation Provider Qualifications. Psychiatric Consultation Providers must have: ()

- a. A master's degree in a behavioral science; ()
- b. Be licensed in accordance with state law and regulations; or ()
- c. Have a bachelor's degree and work for an agency with direct supervision from a licensed or Ph.D. psychologist and have one (1) year's experience in treating severe behavior problems. ()

07. Consultation Services. Services must be provided through an agency or FI by a person who has demonstrated skills in training participants/family members in hiring, firing, training, and supervising their own care providers. ()

08. Adult Residential Care Providers. The facility will meet all applicable state laws and regulations. In addition, the provider must ensure that adequate staff are provided to meet the needs of the participants accepted

for admission. ()

09. Home Delivered Meals. Providers must be a public agency or private business and must be capable of: ()

a. Supervising the direct service; ()

b. Providing assurance that each meal meets one-third (1/3) of the recommended daily allowance, as defined by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences; ()

c. Delivering the meals in accordance with the plan for care, in a sanitary manner and at the correct temperature for the specific type of food; ()

d. Maintaining documentation that the meals served are made from the highest USDA grade for each specific food served; and ()

e. Being inspected and licensed as a food establishment by the district health department. ()

673. ADULT DAY CARE.

Adult Day Care is a supervised, structured day program, outside the home of the participant, that may offer one (1) or more of a variety of social, recreational, health activities, supervision for safety, and assistance with activities of daily living. ()

01. Facilities. Facilities which provide adult day care must be maintained in safe and sanitary manner. Facilities will provide the necessary space and staff to meet the needs of the participants accepted by the provider. Supervision must be provided by the facility as necessary, to assure the safety and comfort of participants served. ()

02. Providers' Homes. Providers accepting participants into their homes for services must maintain the homes in a safe and sanitary manner. Supervision must be provided by the provider as necessary to assure the safety and comfort of participants served. ()

674. -- 675. (RESERVED).

676. ASSISTIVE TECHNOLOGY.

Assistive technology is any item, piece of equipment, or product system beyond the scope of the Medicaid state plan, whether acquired off the shelf or customized, that is used to increase, maintain, or improve the functional capability of the participant. Assistive technology also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment. All items shall meet applicable standards of manufacture, design and installation. The equipment must be the most cost effective to meet the participant's need. ()

677. ASSISTED TRANSPORTATION SERVICES.

Individual assistance with non-medical transportation services, including escort to a person who has difficulties (physical or cognitive) using regular vehicular transportation. Such services are specified in the plan for services in order to enable waiver participants to gain access to waiver and other community services and resources. ()

01. Assisted Transportation Service. Assisted transportation service is offered in addition to medical transportation required in Section 150, and shall not replace it. ()

02. Service Without Charge. Whenever possible, family, neighbors, friends, or community agencies who can provide this service without charge or public transit providers will be utilized. ()

678. -- 679. (RESERVED).

680. ATTENDANT CARE.

Services that involve personal and medically oriented tasks dealing with the functional needs of the participant. These services may include, but are not limited to personal care and medical tasks that can be done by unlicensed persons, or delegated to an unlicensed person by a licensed health care professional. Additionally, it may include administration of medications, ventilator care, and tube feeding. Services may occur in the participant's home, community, work, school or recreational settings. ()

01. Responsibility For Care. The participant or family must be able and willing to assume responsibility for the direction of the participant's care and for personnel activities such as provider selection and supervision. ()

02. Supervision. The Department may require supervision by a health care professional if the required care is so complex that such supervision is necessary for health and safety. ()

681. PSYCHIATRIC CONSULTATION.

Direct consultation and clinical evaluation of participants, who are currently experiencing or may be expected to experience a psychological, behavioral, or emotional crisis. This service may provide training to the direct service provider or participant's family related to the needs of a participant. These services also provide emergency intervention involving the direct support of the participant in crisis. ()

682. CHORE SERVICES.

01. Intermittent Assistance. Intermittent assistance including, but not limited to: ()

- a. Yard maintenance; ()
- b. Minor home repair; ()
- c. Heavy housework; ()
- d. Sidewalk maintenance; and ()
- e. Trash removal to assist the participant to remain in their home. ()

02. Chore Activities. Chore activities include: ()

- a. Washing windows; ()
- b. Moving heavy furniture; ()
- c. Shoveling snow to provide safe access inside and outside the home; ()
- d. Chopping wood when wood is the participant's primary source of heat; and ()
- e. Tacking down loose rugs and flooring. ()

03. Availability Of Services. These services are only available when neither the participant, nor anyone else in the household is capable of performing or financially providing for them, and where no other relative, caretaker, landlord, community volunteer, agency, or third party payor is willing to or is responsible for their provision. ()

04. Rental Property. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to any authorization of service. Chore services are limited to the services provided in a home rented or owned by the participant. ()

683. ADULT COMPANION SERVICES.

01. Services. In-home services to insure the safety and well-being of a person who cannot be left alone

because of frail health, a tendency to wander, inability to respond to emergency situations, or other conditions that would require a person on-site. ()

02. Service Activities. The service provider may provide voice cuing and occasional assistance with toileting, personal hygiene, dressing, and other activities of daily living. However, the major responsibility is to provide companionship and be there in case they are needed. ()

684. CONSULTATION.

01. Services To Participant Or Family Member. Services provided by an agency or through an FI to a participant or family member to increase their skills as an employer or manager of their own care. Such services are directed at achieving the highest level of independence and self reliance possible for the participant/family. ()

02. Services To The Provider. Services to the provider are for the purpose of understanding the special needs of the participant and the role of the care giver. ()

685. HOMEMAKER SERVICES.

01. Homemaker Services. Assistance to the participant with light housekeeping, laundry, assistance with essential errands, meal preparation, and other light housekeeping duties if there is no one else in the household capable of performing these tasks. ()

02. Homemaker. The homemaker must be an employee of an agency or an employee of record of a fiscal intermediary. ()

686. -- 688. (RESERVED).

689. HOME DELIVERED MEALS.

01. Home Delivered Meals. Meals which are designed to promote adequate participant nutrition through the provision and home delivery of one (1) to two (2) meals per day. ()

02. Meals Delivered. Home delivered meals are limited to participants who: ()

a. Rent or own their own home; ()

b. Are alone for significant parts of the day; ()

c. Have no regular caretaker for extended periods of time; and ()

d. Are unable to prepare a balanced meal. ()

690. HOME MODIFICATIONS.

01. Minor Housing Adapations. Minor housing adaptations that are necessary to enable the participant to function with greater independence in the home, or without which, the participant would require institutionalization. Such adaptations may include: ()

a. The installation of ramps and lifts, widening of doorways, modification of bathroom facilities, or installation of electric and plumbing systems which are necessary to accommodate the medical equipment and supplies necessary for the welfare of the waiver participant, but shall exclude those adaptations or improvements to the home which are not of direct medical or remedial benefit to the participant, such as carpeting, roof repair, or central air conditioning. ()

b. All services shall be provided in accordance with applicable state or local building codes. ()

02. Permanent Environmental Modifications. Permanent environmental modifications are limited to modifications to a home owned by the participant or the participant's family and the home is the participant's principal residence. ()

03. Portable Or Non-Stationary Modifications. Portable or non-stationary modifications may be made when such modifications can follow the participant to his next place of residence or be returned to the Department. ()

04. Services Meet All Applicable Codes. All services must meet applicable state and/or local building, plumbing, electrical and/or requirements for certification. ()

691. NURSING SERVICES.

01. Services. Intermittent or continuous oversight, training, or skilled care which is within the scope of the Nurse Practice Act and as such care must be provided by a licensed registered nurse, or licensed practical nurse under the supervision of a registered nurse, licensed to practice in Idaho. These services are not appropriate if they are less cost effective than a Home Health visit. ()

02. Nursing Services. Nursing services may include but are not limited to: ()

a. The insertion and maintenance of nasogastric tubes and the monitoring or installation of feeding material; ()

b. The maintenance of volume ventilators including associated tracheotomy care, tracheotomy, and oral pharyngeal suctioning. ()

c. Maintenance and monitoring of IV fluids and/or nutritional supplements which are to be administered on a continuous or daily basis; ()

d. Injections; ()

e. Blood glucose monitoring; and ()

f. Blood pressure monitoring. ()

692. PERSONAL CARE SERVICES UNDER THE WAIVER. Services which are described in Section 146 of these rules and are provided in excess of state plan limitations and the restrictions contained in Subsection 146.01.b.i. of these rules. ()

01. Hourly Services. Personal care services under the waiver include limited hourly services in the home of the client only. For services in the home of the provider, see Section 694, Adult Residential Care. ()

02. Requirements For An FI. Consumers of PCS will have one (1) year from the date which services begin in their geographic region, as described in Section 667 of these rules, to obtain the services of an FI and become an employee of fact or to use the services of an agency unless the provisions of Subsection 670.01 are met. ()

693. PERSONAL EMERGENCY RESPONSE SYSTEMS (PERS).

01. Personal Emergency Response System. A system which may be provided to monitor waiver participant safety or provide access to emergency crisis intervention for emotional, medical, or environmental emergencies through the provision of communication connection systems. ()

02. Limitations. PERS are limited to participants who: ()

a. Rent or own their home; ()

b. Are alone for significant parts of the day; ()

- c. Have no regular caretaker for extended periods of time; and ()
- d. Would otherwise require extensive routine supervision. ()

694. ADULT RESIDENTIAL CARE.

01. Adult Residential Care Services. Services are those that consist of a range of services provided in a congregate setting licensed in accordance with IDAPA 16.03.22, "Rules for Residential Care Facilities in Idaho," that may include: ()

- a. Medication management; ()
- b. Assistance with activities of daily living; ()
- c. Meals, including special diets; ()
- d. Housekeeping; ()
- e. Laundry; ()
- f. Transportation; ()
- g. Opportunities for socialization; ()
- h. Recreation; and ()
- i. Assistance with personal finances ()

02. Administration Oversight. Administrative oversight must be provided for all services provided or available in this setting.

03. Written Plan. A written plan for services will be negotiated between the participant or legal representative, and a facility representative. ()

695. RESPITE CARE SERVICES.

01. Respite Care Services. Occasional breaks from care giving responsibilities to non-paid care givers. The care giver or participant is responsible for selecting, training, and directing the provider. ()

02. Limitations. While receiving respite care services, the waiver participant cannot receive other waiver services which are duplicative in nature. Respite care services provided under this waiver will not include room and board payments. ()

696. PLACE OF SERVICE DELIVERY.

- 01. Place Of Service Delivery.** Waiver services may be provided in the participant's: ()
- a. Personal residence; ()
 - b. Employment program; or ()
 - c. Community. ()

02. Excluded Living Situations. Living situations specifically excluded as a personal residence are: ()

- a. Skilled, or Intermediate Care Facilities: ()
- b. Nursing Facility (NF): ()
- c. Licensed Intermediate Care Facility for the Mentally Retarded (ICF/MR); and ()
- d. Hospitals. ()

697. ROLE OF THE REGIONAL MEDICAID UNIT.

The RMU will provide for the administration of the UAI, and the development of the initial PFS. This will be done either by RMU staff or a contractor. The RMU will review and approve all PFSs, and the will authorize Medicaid payment by type, scope, and amount. ()

01. Services Not In PFS. Services which are not in the PFS approved by the RMU are not eligible for Medicaid payment. ()

02. Excess Services. Services in excess of those in the approved PFS are not eligible for Medicaid payment. ()

03. Early Approval Date. The earliest date that services may be approved by the RMU for Medicaid payment is the date that the participant's PFS is signed by the RMU or its contractor and signed by the participant or his designee. ()

698. SERVICE DELIVERED FOLLOWING A WRITTEN PLAN FOR SERVICES.

All waiver services must be authorized by the RMU in the Region where the participant will be residing and provided based on a written PFS. ()

01. Development Of The PFS. The initial PFS is developed by the RMU or its contractor, based on the UAI, in conjunction with: ()

- a. The waiver participant (efforts must be made to maximize the participant's involvement in the planning process by providing him with information and education regarding his rights); and ()
- b. The guardian, when appropriate; and ()
- c. The supervising nurse or case manager, when appropriate; and ()
- d. Others identified by the waiver participant. ()

02. Contents Of The PFS. The PFS must include the following: ()

- a. The specific type, amount, frequency, and duration of Medicaid reimbursed waiver services to be provided; and ()
- b. Supports and service needs that are to be met by the participant's family, friends, neighbors, volunteers, church, and other community services; and ()
- c. The providers of waiver services when known; and ()
- d. Documentation that the participant has been given a choice between waiver services and institutional placement; and ()
- e. The signature of the participant or his legal representative and the RMU or its contractor, agreeing to the plan. ()

03. PFS Revision. The plan must be revised and updated at least annually, based upon treatment results or a change in the participant's needs. ()

04. Authorization Of Services. All services reimbursed under the Home and Community Based Waiver must be authorized by the RMU prior to the payment of services. ()

05. Service Supervision. The Plan for Service, which includes all waiver services, is monitored by the participant, family, the RMU or its contractor. ()

699. PARTICIPANT ELIGIBILITY DETERMINATION.

Waiver eligibility will be determined by the RMU. The participant must be eligible for Medicaid as described in IDAPA 16.03.05, "Rules Governing Eligibility for the Aged, Blind, and Disabled (AABD)". In addition, waiver participants must meet the following requirements. ()

01. Requirements For Determining Participant Eligibility. The RMU must determine that: ()

a. The participant would qualify for NF level of care as set forth in Section 180 of these rules, if the waiver services listed in Section 664 of these rules were not made available; and ()

b. The participant could be safely and effectively maintained in the requested/chosen community residence with appropriate waiver services. This determination must be made by the RMU. Prior to any denial of services on this basis, the case manager must verify that services to correct the concerns of the team are not available. ()

c. The average daily cost of waiver services and other medical services to the participant would not exceed the average daily cost to Medicaid of NF care. ()

d. Following the approval by the RMU for services under the waiver, the participant must receive and continue to receive a waiver service as described in these rules. A participant who does not use a waiver service for thirty (30) consecutive days will be terminated from the waiver program. ()

02. Admission To A Nursing Facility. A participant who is determined by the RMU to be eligible for services under the waiver may elect to not utilize waiver services and may choose admission to an NF. ()

03. Redetermination Process. Case Redetermination will be conducted by the RMU or its contractor. The redetermination process will verify that the participant continues to meet NF level of care and the participant's continued need for waiver services. ()

700. PROVIDER REIMBURSEMENT.

The criteria used in reimbursing providers for waiver services are: ()

01. Fee For Services. Waiver service providers will be paid on a fee for service basis as established by the Department depending on the type of service provided. Adult residential care will be paid on a per diem basis, based on the number of hours of service required by the participant. ()

02. Provider Claims. Provider claims for payment will be submitted on claim forms provided or approved by the Department. Billing instructions will be provided by the Department's payment system contractor. ()

03. Calculation Of Fees. The fees calculated for waiver services include both services and mileage. No separate charges for mileage will be paid by the Department for provider transportation to and from the participant's home or other service delivery location when the participant is not being provided waiver or state plan transportation. ()

701. PROVIDER RECORDS.

Records will be maintained on each waiver participant. ()

01. Service Provider Information. Each service provider shall document each visit made or service provided to the participant, and will record at a minimum the following information: ()

- a. Date and time of visit; and ()
- b. Services provided during the visit; and ()
- c. Provider observation of the participant's response to the service, if appropriate to the service provided, including any changes in the participant's condition; and ()
- d. Length of visit, including time in and time out, if appropriate to the service provided. Unless the RMU or its contractor determines that the participant is unable to do so, the service delivery will be verified by the participant as evidenced by their signature on the service record. ()

02. Original Record. The provider is required to keep the original service delivery record. A copy of the service delivery record will be maintained in the participant's living arrangement unless authorized to be kept elsewhere by the RMU. Failure to maintain documentation according to these rules shall result in the recoupment of funds paid for undocumented services. ()

03. Plan For Service. The PFS initiated by the RMU or its contractor must specify which waiver services are required by the participant. The plan will contain all elements required by Subsection 698.02 and a copy of the most current PFS will be maintained in the participant's home and will be available to all service providers and the Department. A copy of the current PFS and UAI will be available from the RMU to each individual service provider with a release of information signed by the participant or legal representative. ()

702. PROVIDER RESPONSIBILITY FOR NOTIFICATION.
The service provider is responsible to notify the physician, supervising RN, or case manager, and family if applicable, when any significant changes in the participant's condition are noted during service delivery. Such notification will be documented in the service record. ()

703. RECORDS RETENTION.
Provider agencies, FIs, and other providers are responsible to retain their records for five (5) years following the date of service. ()

704. HOME AND COMMUNITY BASED SERVICES WAIVER PARTICIPANT LIMITATIONS.
The number of Medicaid participants to receive waiver services under the home and community based services waiver for the aged and disabled will be limited to the projected number of users identified in the Department's approved waiver. If necessary, participants who apply for waiver services after the waiver maximum has been reached will be placed on a waiting list and will have their applications processed after September 30 of each new waiver year. The earliest effective date of waiver service delivery for these participants will be October 1 of each new waiver year. ()

705. -- 764. (RESERVED).

**IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE
16.03.09 - RULES GOVERNING MEDICAL ASSISTANCE**

DOCKET NO. 16-0309-9903

NOTICE OF PROPOSED RULE

AUTHORITY: In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has proposed rulemaking. The action is authorized pursuant to Section(s) 56-202(f), Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than May 19, 1999.

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is a statement in nontechnical language of the substance of the proposed rules:

Expands and clarifies specific criteria to be utilized to determine if an individual with mental retardation (or a related condition) meets ICF/MR level of care.

In March 1999, the Board of Health and Welfare adopted this rule as a temporary rule with an effective date of March 1, 1999. The temporary rule was published in the Idaho Administrative Bulletin, Volume 99-4, April 7, 1999, pages 41 and 43. With this publication the Department is initiating proposed rulemaking.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning these proposed rules, contact Jean Christensen at (208) 364-1828.

Anyone can submit written comments regarding these rules. All written comments and data concerning the rule must be directed to the undersigned and delivered on or before May 26, 1999.

DATED this 5th day of May, 1999.

Sherri Kovach
Administrative Procedures Coordinator
DHW - Legal Services Division
450 West State Street - 10th Floor
P.O. Box 83720
Boise, Idaho 83720-0036
(208) 334-5564 phone; (208) 334-5548 fax

Docket No. 16-0309-9903 has previously been adopted and published as a Temporary Rule.

Pursuant to Section 67-5221(1), Idaho Code, this docket is being published as a Proposed Rule.

The text of the temporary rule was published in the Idaho Administrative Bulletin, Volume 99-4, April 7, 1999, pages 41 through 43.

The temporary effective date is March 1, 1999.

THE FOLLOWING IS TEXT OF DOCKET NO. 16-0309-9903

611. INDIVIDUALS WITH MENTAL RETARDATION OR RELATED CONDITIONS.

Individuals who have ~~mental retardation or a related condition as defined in Section 66-402, Idaho Code, must be determined by an interdisciplinary team to need the consistent, intense, frequent services including active treatment provided in an ICF/MR as indicated in Sections 612 through 615.~~ (11-1-98)T(____)

612. CRITERION 1 - FUNCTIONAL LIMITATIONS.

01. Persons Sixteen Years Of Age Or Older. Persons (sixteen (16) years of age or older) may qualify based on their functional skills. Persons with an age equivalency composite score of ~~seven eight (78) years and zero (0) months or less on a full scale functional assessment (Woodcock Johnson Scales of Independent Behavior, or SIB-R, or subsequent revisions) would qualify; or~~ (11-1-98)T(____)

02. Persons Under Sixteen Years Of Age. Persons (under sixteen (16) years of age) qualify if their composite full scale functional age equivalency is less than ~~forty-four~~ fifty percent (~~44~~50%) of their chronological age; or (11-1-98)T(____)

613. CRITERION 2 - MALADAPTIVE BEHAVIOR.

01. A Minus Twenty-Two (-22) Or Below Score. Individuals may qualify for ICF/MR level of care based on maladaptive behavior. Persons will be eligible if their General Maladaptive Index on the Woodcock Johnson Scales of Independent Behavior or SIB-R or subsequent revision is minus twenty-two (-22) or less; or (11-1-98)T

02. Above A Minus Twenty-Two (-22) Score. Individuals who score above minus twenty-two (-22) may qualify for ICF/MR level of care if they endanger themselves by engaging in self-abusive behaviors that are life threatening or that lead to permanent disfigurement, or endanger others by engaging in aggressive acts that qualify as a felony if they have the capacity to stand trial aggressive or self injurious behaviors of such intensity that the behavior seriously endangers the safety of the individual or others, the behavior is directly related to developmental disability, and the person requires active treatment to control or decrease the behavior; or (11-1-98)T(____)

614. CRITERION 3 - COMBINATION FUNCTIONAL/MALADAPTIVE BEHAVIORS.

Persons may qualify for ICF/MR level of care if they display a combination of Criterion 1 and 2 at a level that is significant and it can be determined they are in need of the level of services provided in an ICF/MR, including active treatment services. Significance would be defined as: (11-1-98)T

01. Persons Sixteen Years Of Age Or Older. For persons sixteen (16) years of age or older, an overall age equivalency up to ~~seven eight~~ and one-half (~~78~~ 1/2) years is significant in the area of functionality when combined with a General Maladaptive Index on the Woodcock Johnson SIB up to minus seventeen (-17), minus twenty-two (-22) inclusive; or (11-1-98)T(____)

02. Persons Under Sixteen Years Of Age. For persons under sixteen (16) years of age, an overall age equivalency ~~between up to forty-four percent (44%) and forty-seven~~ fifty-three percent (~~47~~53%) of their chronological age is considered significant when combined with a General Maladaptive Index on the Woodcock Johnson SIB between minus seventeen (-17), and minus twenty-two (-22) inclusive; or (11-1-98)T(____)

(BREAK IN CONTINUITY OF SECTIONS)

630. CHANGE IN ELIGIBILITY - ICF/MR.

Annual and subsequent redeterminations. Persons not meeting ICF/MR level of care after redetermination Individuals who were redetermined ineligible between November 1, 1998 and March 1, 1999 will be eligible to continue services

until March 1, 2001. Individuals redetermined after March 1, 1999 will be eligible to continue services until March 1, 2001. Individuals who do not meet ICF/MR level of care after March 1, 2001, will lose Medicaid payment for services on the date specified by the RMU or Access unit. All new applicants after March 1, 1999 must meet this criteria to be eligible. (11-1-98)T()

01. Transitioning To A Less Restrictive Environment. Persons living in an ICF/MR shall be transitioned to a less restrictive environment as soon as possible after the determination that the recipient does not meet ICF/MR level of care. (11-1-98)T

02. Home Care For Certain Disabled Children (HCDC). Persons receiving HCDC Medicaid services through ICF/MR eligibility, will receive services until the end of the month in which the redetermination was made. These individuals must receive ten (10) days notification of termination of services. If the redetermination is made less than ten (10) days from the end of the month, payment continues until the end of the following month. (11-1-98)T

03. Developmentally Disabled Waiver. Individuals receiving Developmentally Disabled waiver services will have thirty (30) days from the time of the determination to transition to other community supports. (11-1-98)T

(BREAK IN CONTINUITY OF SECTIONS)

654. ~~RECERTIFICATION ANNUAL REDETERMINATION FOR ICF/MR LEVEL OF CARE.~~
~~A physician or physician's assistant or nurse practitioner The RMU or Access Unit staff must recertify redetermine the resident participant's continuing need for ICF/MR placement by written, signed, and dated documentation in the resident's medical record level of care. Documentation will consist of the completion of a recertification redetermination statement on the "Recertification Level of Care" form HW020983 and/or the entry of all required information on the physician's order sheet. Such documentation shall be accomplished no later than every three hundred sixty-five (365) days from the most recent such certification determination.~~ (11-1-98)T()

(BREAK IN CONTINUITY OF SECTIONS)

656. ~~659. (RESERVED) REQUEST FOR RECONSIDERATION OF ICF/MR LEVEL OF CARE.~~
Applicants who have been found to not be eligible for ICF/MR level of care may request a reconsideration by a team which includes administrative staff from the Division of Family and Community Services, the Division of Medicaid and Interdisciplinary Professionals who were not involved in the original eligibility decision. This action does not replace the participant's right to a fair hearing. If a person requests a reconsideration, they will have thirty (30) days from the decision of the Review Team to file for a fair hearing. ()

657. -- 659. (RESERVED).

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE
16.04.12 - RULES GOVERNING THE INDIVIDUAL AND FAMILY GRANT PROGRAM
DOCKET NO. 16-0412-9901
NOTICE OF TEMPORARY AND PROPOSED RULE

EFFECTIVE DATE: These temporary rules are effective April 1, 1999.

AUTHORITY: In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted temporary rules, and proposed regular rulemaking procedures have been initiated. The action is authorized pursuant to Section(s) 56-202b and 39-106(l), Idaho Code.

PUBLIC HEARING SCHEDULE: Pursuant to Section 67-5222(2), Idaho Code, public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than May 19, 1999.

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking:

Adds a requirement that an alien must be lawfully present in the United States to qualify for Individual and Family Grant Program benefits.

TEMPORARY RULE JUSTIFICATION: Temporary rules have been adopted in accordance with Section 67-5226, Idaho Code and are necessary in order to comply with deadlines in amendments to governing law or federal programs.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the temporary or proposed rule, contact Patti Campbell at (208) 334-5815.

Anyone can submit written comments regarding this rule. All written comments and data concerning the rule must be directed to the undersigned and must be postmarked on or before May 26, 1999.

DATED this 24th day of March, 1999.

Sherri Kovach
Administrative Procedures Coordinator
DHW - Division of Legal Services
450 West State Street, 10th Floor
P.O. Box 83720
Boise, Idaho 83720-0036
(208) 334-5564 phone, (208) 334-5548 fax

THE FOLLOWING IS TEXT OF DOCKET NO. 16-0412-9901

200. APPLICATIONS.

FEMA will take applications and provide the Department with the application information and documentation electronically. (1-1-98)T

01. Alienage and Residency. An alien must be lawfully present in the United States. Eligibility is determined without regard to ~~alienage or~~ residence in the major disaster area or in the state in which the major disaster is declared. ~~(1-1-98)T~~(4-1-99)T

02. Flood Insurance. Flood insurance must meet the requirements of 44 CFR Section 206.131. Individuals and families will be enrolled in the National Flood Insurance Program's Group Flood Insurance Policy (GFIP) if they live in a special flood hazard area and their IFG grant covers structure or contents. The cost of the flood insurance premium will be deducted from the grant. The individual or family must maintain flood insurance coverage at the maximum grant amount after the GFIP expires to be eligible for future IFG assistance. (1-1-98)T

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE
16.06.03 - RULES GOVERNING ALCOHOL/DRUG ABUSE PREVENTION
AND TREATMENT PROGRAMS

DOCKET NO. 16-0603-9801

NOTICE OF PENDING RULE AND AMENDMENT TO TEMPORARY RULE

EFFECTIVE DATE: The amendments to the temporary rule are effective October 1, 1998. These rules have been adopted by the agency and are now pending review by the 2000 Idaho State Legislature for final adoption. The pending rule becomes final and effective at the conclusion of the legislative session, unless the rule is approved, rejected, amended or modified by concurrent resolution in accordance with Sections 67-5224 and 67-5291, Idaho Code. If the pending rule is approved, amended or modified by concurrent resolution, the rule becomes final and effective upon adoption of the concurrent resolution or upon the date specified in the concurrent resolution.

AUTHORITY: In compliance with Sections 67-5224 and 67-5226, Idaho Code, notice is hereby given that this agency has adopted a pending rule and amended a temporary rule. The action is authorized pursuant to Section(s) 39-303 through 39-306 and 39-309, Idaho Code.

DESCRIPTIVE SUMMARY: Subsection 021.05 in this chapter of rules have been removed. The proposed rules have been amended in response to public comment and to make typographical, transcriptional, and clerical corrections to the rules, and are being amended pursuant to Section 67-5227, Idaho Code.

Only the sections that have changes are printed in this bulletin. The original text of the proposed rules was published in the November 4, 1998, Idaho Administrative Bulletin, Volume 98-11, pages 110 through 127.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the pending rule, contact Roseanne Hardin at (208) 334-0641.

DATED this 24th day of March, 1999.

Sherri Kovach
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(208) 334-5564 phone; (208) 334-5548 fax

THE FOLLOWING IS TEXT OF DOCKET NO. 16-0603-9801

021. APPLICATION AND RENEWAL.

01. Application For Approval. Application for approval of an alcohol/drug program shall be made to the State Alcohol/Drug Authority at least ninety (90) days prior to the planned opening date and shall include the following: (4-26-95)

a. Completed application form as required by the Department. Only one (1) application is required when an applicant is applying for approval of a program with multiple facilities, Subsection 020.03 of these rules, at multiple sites, Subsection 020.04 of these rules, as long as all facilities are located within the same Department region. (4-26-95)

- b. Disclosure of ownership as required in Subsection 030.01 of these rules. (4-26-95)
- c. A copy of the most recent annual report. (4-26-95)
- d. Copies of current, valid certificates, permits, or licenses as appropriate which may include:
 - i. Certificate of occupancy from the local building authority utilizing the latest edition of the Uniform Building Code according to Section 39-4109, Idaho Code, with a determination of either a Group R-1, Congregate Residence of more than ten (10) persons or a Group R-3, Congregate Residence of ten (10) persons or less for each facility site. (4-26-95)
 - ii. Certificate of fire inspection in accordance with the Uniform Fire Code as adopted by the state fire marshal, with authority delegated to the local fire chief. If an inspection cannot be provided by the local fire department, it is the responsibility of the program to arrange for and, if necessary, to pay for the inspection. (4-26-95)
 - iii. Food service permit from the district health department, if food is prepared and served at the facility. (4-26-95)
 - iv. Child care facility license, if required by Subsection 020.05 of these rules. (4-26-95)
 - v. JCAHO certificate, if accredited. (4-26-95)
 - vi. CARF certificate, if accredited. (4-26-95)
- e. Documentation that the menus have been reviewed and approved by a registered dietician within the preceding twelve (12) months. (4-26-95)
- f. The written plan for an inventory of treatments as described in Section 040 of these rules. (4-26-95)
- g. If the real property in which the program is located is leased, a copy of the lease. (4-26-95)
- h. Proof of insurance. Required insurance as specified by the Office of Insurance Management - Risk Management shall be in force and documented. The minimum insurance required for all programs is professional liability, commercial general liability, and comprehensive liability for all program vehicles. (10-1-98)T

02. Expiration. Approval of an alcohol/drug treatment program will, unless earlier suspended or revoked, expire on the date designated on the certificate of approval. (4-26-95)

03. Renewal. Application for renewal of approval of an alcohol/drug treatment program shall be made to the State Alcohol/Drug Authority at least ninety (90) days prior to the expiration date on the current certificate of approval and shall include the following: (4-26-95)

- a. Completed application and report forms as required by the Department. Only one (1) application and report form are required when an applicant is applying for approval of a program with multiple facilities, Subsection 020.03 of these rules, or sites as long as the facilities are located within the same Department region. (4-26-95)
- b. Disclosure of any changes in ownership, governing body or administration not previously made known to the Department as required in Section 030 of these rules. (4-26-95)
- c. A copy of the most recent annual report. (4-26-95)
- d. Copies of current, valid certificates, permits, licenses or documentation, as listed in Subsection 021.01.d. of these rules. (4-26-95)

e. The written plan for an inventory of treatments and annual review as described in Section 040 of these rules. (4-26-95)

f. If the real property in which the program is located is leased, a copy of the lease. (4-26-95)

g. Completed report form as required by the Department. (4-26-95)

h. Proof of insurance. Required insurance as specified by the Office of Insurance Management - Risk Management must be in force and documented. The minimum insurance required for all programs is professional liability, commercial general liability, and comprehensive liability for all program vehicles. (10-1-98)T

04. Acceptance Of JCAHO Accreditation. The Department may accept JCAHO accreditation as satisfaction of approval requirements. (10-1-98)T

~~**05. Fee.** A fee of one hundred dollars (\$100) shall be submitted with each application for approval or renewal. (4-26-95)~~

IDAPA 17 - INDUSTRIAL COMMISSION
17.08.01 - MINIMUM SAFETY STANDARDS AND PRACTICES FOR LOGGING -
GENERAL PROVISIONS

DOCKET NO. 17-0801-9801

NOTICE OF FINAL RULE

EFFECTIVE DATE: Proposed rulemaking under this docket was rejected by Senate Concurrent Resolution No. 124 effective March 8, 1999.

AUTHORITY: In compliance with Section 67-5291, Idaho Code, notice is hereby given that the legislature has rejected proposed rulemaking under the above docket. IDAPA 17.08.01 remains in full force and effect as it is published and now appears in the Idaho Administrative Code.

DESCRIPTIVE SUMMARY: The following is a concise explanatory statement of the reasons for adopting the final rule and a statement of any change between the text of the proposed rule and text of the final rule with an explanation for any changes.

Pursuant to Senate Concurrent Resolution No. 124 the proposed repeal of IDAPA 17.08.01, Minimum Safety Standards and Practices for Logging - General Provisions, is not consistent with legislative intent. IDAPA 17.08.01 is in full force and effect as it is published and as it now appears in the Idaho Administrative Code.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this final rule, contact Gary W. Stivers, Executive Director, at (208) 334-6000.

DATED this 17th day of March 1999.

Patricia S. Ramey
Commission Secretary
Industrial Commission
P. O. Box 83720
Boise, Idaho 83720-0041

IDAPA 17 - INDUSTRIAL COMMISSION
17.08.02 - MINIMUM SAFETY STANDARDS AND PRACTICES FOR LOGGING -
HEALTH, SAFETY, AND SANITATION

DOCKET NO. 17-0802-9801

NOTICE OF FINAL RULE

EFFECTIVE DATE: Proposed rulemaking under this docket was rejected by Senate Concurrent Resolution No. 124 effective March 8, 1999.

AUTHORITY: In compliance with Section 67-5291, Idaho Code, notice is hereby given that the legislature has rejected proposed rulemaking under the above docket. IDAPA 17.08.02 remains in full force and effect as it is published and now appears in the Idaho Administrative Code.

DESCRIPTIVE SUMMARY: The following is a concise explanatory statement of the reasons for adopting the final rule and a statement of any change between the text of the proposed rule and text of the final rule with an explanation for any changes.

Pursuant to Senate Concurrent Resolution No. 124 the proposed repeal of IDAPA 17.08.02, Minimum Safety Standards and Practices for Logging - Health, Safety, and Sanitation, is not consistent with legislative intent. IDAPA 17.08.02 is in full force and effect as it is published and as it now appears in the Idaho Administrative Code.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this final rule, contact Gary W. Stivers, Executive Director, at (208) 334-6000.

DATED this 17th day of March 1999.

Patricia S. Ramey
Commission Secretary
Industrial Commission
P. O. Box 83720
Boise, Idaho 83720-0041

IDAPA 17 - INDUSTRIAL COMMISSION
17.08.03 - MINIMUM SAFETY STANDARDS AND PRACTICES FOR LOGGING -
EXPLOSIVES AND BLASTING

DOCKET NO. 17-0803-9801

NOTICE OF FINAL RULE

EFFECTIVE DATE: Proposed rulemaking under this docket was rejected by Senate Concurrent Resolution No. 124 effective March 8, 1999.

AUTHORITY: In compliance with Section 67-5291, Idaho Code, notice is hereby given that the legislature has rejected proposed rulemaking under the above docket. IDAPA 17.08.03 remains in full force and effect as it is published and now appears in the Idaho Administrative Code.

DESCRIPTIVE SUMMARY: The following is a concise explanatory statement of the reasons for adopting the final rule and a statement of any change between the text of the proposed rule and text of the final rule with an explanation for any changes.

Pursuant to Senate Concurrent Resolution No. 124 the proposed repeal of IDAPA 17.08.03, Minimum Safety Standards and Practices for Logging - Explosives and Blasting, is not consistent with legislative intent. IDAPA 17.08.03 is in full force and effect as it is published and as it now appears in the Idaho Administrative Code.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this final rule, contact Gary W. Stivers, Executive Director, at (208) 334-6000.

DATED this 17th day of March 1999.

Patricia S. Ramey
Commission Secretary
Industrial Commission
P. O. Box 83720
Boise, Idaho 83720-0041

IDAPA 17 - INDUSTRIAL COMMISSION

**17.08.04 - MINIMUM SAFETY STANDARDS AND PRACTICES FOR LOGGING -
GARAGES, MACHINE SHOPS, AND RELATED WORK AREAS**

DOCKET NO. 17-0804-9801

NOTICE OF FINAL RULE

EFFECTIVE DATE: Proposed rulemaking under this docket was rejected by Senate Concurrent Resolution No. 124 effective March 8, 1999.

AUTHORITY: In compliance with Section 67-5291, Idaho Code, notice is hereby given that the legislature has rejected proposed rulemaking under the above docket. IDAPA 17.08.04 remains in full force and effect as it is published and now appears in the Idaho Administrative Code.

DESCRIPTIVE SUMMARY: The following is a concise explanatory statement of the reasons for adopting the final rule and a statement of any change between the text of the proposed rule and text of the final rule with an explanation for any changes.

Pursuant to Senate Concurrent Resolution No. 124 the proposed repeal of IDAPA 17.08.04, Minimum Safety Standards and Practices for Logging - Garages, Machine Shops, and Related Work Areas, is not consistent with legislative intent. IDAPA 17.08.04 is in full force and effect as it is published and as it now appears in the Idaho Administrative Code.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this final rule, contact Gary W. Stivers, Executive Director, at (208) 334-6000.

DATED this 17th day of March 1999.

Patricia S. Ramey
Commission Secretary
Industrial Commission
P. O. Box 83720
Boise, Idaho 83720-0041

IDAPA 17 - INDUSTRIAL COMMISSION
17.08.05 - MINIMUM SAFETY STANDARDS AND PRACTICES FOR LOGGING -
SIGNALS AND SIGNAL SYSTEMS

DOCKET NO. 17-0805-9801

NOTICE OF FINAL RULE

EFFECTIVE DATE: Proposed rulemaking under this docket was rejected by Senate Concurrent Resolution No. 124 effective March 8, 1999.

AUTHORITY: In compliance with Section 67-5291, Idaho Code, notice is hereby given that the legislature has rejected proposed rulemaking under the above docket. IDAPA 17.08.05 remains in full force and effect as it is published and now appears in the Idaho Administrative Code.

DESCRIPTIVE SUMMARY: The following is a concise explanatory statement of the reasons for adopting the final rule and a statement of any change between the text of the proposed rule and text of the final rule with an explanation for any changes.

Pursuant to Senate Concurrent Resolution No. 124 the proposed repeal of IDAPA 17.08.05, Minimum Safety Standards and Practices for Logging - Signals and Signal Systems, is not consistent with legislative intent. IDAPA 17.08.05 is in full force and effect as it is published and as it now appears in the Idaho Administrative Code.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this final rule, contact Gary W. Stivers, Executive Director, at (208) 334-6000.

DATED this 17th day of March 1999.

Patricia S. Ramey
Commission Secretary
Industrial Commission
P. O. Box 83720
Boise, Idaho 83720-0041

IDAPA 17 - INDUSTRIAL COMMISSION
17.08.06 - MINIMUM SAFETY STANDARDS AND PRACTICES FOR LOGGING -
TRUCK ROAD STANDARDS

DOCKET NO. 17-0806-9801

NOTICE OF FINAL RULE

EFFECTIVE DATE: Proposed rulemaking under this docket was rejected by Senate Concurrent Resolution No. 124 effective March 8, 1999.

AUTHORITY: In compliance with Section 67-5291, Idaho Code, notice is hereby given that the legislature has rejected proposed rulemaking under the above docket. IDAPA 17.08.06 remains in full force and effect as it is published and now appears in the Idaho Administrative Code.

DESCRIPTIVE SUMMARY: The following is a concise explanatory statement of the reasons for adopting the final rule and a statement of any change between the text of the proposed rule and text of the final rule with an explanation for any changes.

Pursuant to Senate Concurrent Resolution No. 124 the proposed repeal of IDAPA 17.08.06, Minimum Safety Standards and Practices for Logging - Truck Road Standards, is not consistent with legislative intent. IDAPA 17.08.06 is in full force and effect as it is published and as it now appears in the Idaho Administrative Code.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this final rule, contact Gary W. Stivers, Executive Director, at (208) 334-6000.

DATED this 17th day of March 1999.

Patricia S. Ramey
Commission Secretary
Industrial Commission
P. O. Box 83720
Boise, Idaho 83720-0041

IDAPA 17 - INDUSTRIAL COMMISSION
17.08.07 - MINIMUM SAFETY STANDARDS AND PRACTICES FOR LOGGING -
TRANSPORTATION OF EMPLOYEES

DOCKET NO. 17-0807-9801

NOTICE OF FINAL RULE

EFFECTIVE DATE: Proposed rulemaking under this docket was rejected by Senate Concurrent Resolution No. 124 effective March 8, 1999.

AUTHORITY: In compliance with Section 67-5291, Idaho Code, notice is hereby given that the legislature has rejected proposed rulemaking under the above docket. IDAPA 17.08.07 remains in full force and effect as it is published and now appears in the Idaho Administrative Code.

DESCRIPTIVE SUMMARY: The following is a concise explanatory statement of the reasons for adopting the final rule and a statement of any change between the text of the proposed rule and text of the final rule with an explanation for any changes.

Pursuant to Senate Concurrent Resolution No. 124 the proposed repeal of IDAPA 17.08.07, Minimum Safety Standards and Practices for Logging - Transportation of Employees, is not consistent with legislative intent. IDAPA 17.08.07 is in full force and effect as it is published and as it now appears in the Idaho Administrative Code.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this final rule, contact Gary W. Stivers, Executive Director, at (208) 334-6000.

DATED this 17th day of March 1999.

Patricia S. Ramey
Commission Secretary
Industrial Commission
P. O. Box 83720
Boise, Idaho 83720-0041

IDAPA 17 - INDUSTRIAL COMMISSION
17.08.08 - MINIMUM SAFETY STANDARDS AND PRACTICES FOR LOGGING -
FALLING AND BUCKING

DOCKET NO. 17-0808-9801

NOTICE OF FINAL RULE

EFFECTIVE DATE: Proposed rulemaking under this docket was rejected by Senate Concurrent Resolution No. 124 effective March 8, 1999.

AUTHORITY: In compliance with Section 67-5291, Idaho Code, notice is hereby given that the legislature has rejected proposed rulemaking under the above docket. IDAPA 17.08.08 remains in full force and effect as it is published and now appears in the Idaho Administrative Code.

DESCRIPTIVE SUMMARY: The following is a concise explanatory statement of the reasons for adopting the final rule and a statement of any change between the text of the proposed rule and text of the final rule with an explanation for any changes.

Pursuant to Senate Concurrent Resolution No. 124 the proposed repeal of IDAPA 17.08.08, Minimum Safety Standards and Practices for Logging - Falling and Bucking, is not consistent with legislative intent. IDAPA 17.08.08 is in full force and effect as it is published and as it now appears in the Idaho Administrative Code.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this final rule, contact Gary W. Stivers, Executive Director, at (208) 334-6000.

DATED this 17th day of March 1999.

Patricia S. Ramey
Commission Secretary
Industrial Commission
P. O. Box 83720
Boise, Idaho 83720-0041

IDAPA 17 - INDUSTRIAL COMMISSION
17.08.09 - MINIMUM SAFETY STANDARDS AND PRACTICES FOR LOGGING -
RIGGING, LINES, BLOCKS, AND SHACKLES

DOCKET NO. 17-0809-9801

NOTICE OF FINAL RULE

EFFECTIVE DATE: Proposed rulemaking under this docket was rejected by Senate Concurrent Resolution No. 124 effective March 8, 1999.

AUTHORITY: In compliance with Section 67-5291, Idaho Code, notice is hereby given that the legislature has rejected proposed rulemaking under the above docket. IDAPA 17.08.09 remains in full force and effect as it is published and now appears in the Idaho Administrative Code.

DESCRIPTIVE SUMMARY: The following is a concise explanatory statement of the reasons for adopting the final rule and a statement of any change between the text of the proposed rule and text of the final rule with an explanation for any changes.

Pursuant to Senate Concurrent Resolution No. 124 the proposed repeal of IDAPA 17.08.09, Minimum Safety Standards and Practices for Logging - Rigging, Lines, Blocks, and Shackles, is not consistent with legislative intent. IDAPA 17.08.09 is in full force and effect as it is published and as it now appears in the Idaho Administrative Code.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this final rule, contact Gary W. Stivers, Executive Director, at (208) 334-6000.

DATED this 17th day of March 1999.

Patricia S. Ramey
Commission Secretary
Industrial Commission
P. O. Box 83720
Boise, Idaho 83720-0041

IDAPA 17 - INDUSTRIAL COMMISSION

**17.08.10 - MINIMUM SAFETY STANDARDS AND PRACTICES FOR LOGGING -
CANOPY AND CANOPY CONSTRUCTION FOR LOGGING EQUIPMENT**

DOCKET NO. 17-0810-9801

NOTICE OF FINAL RULE

EFFECTIVE DATE: Proposed rulemaking under this docket was rejected by Senate Concurrent Resolution No. 124 effective March 8, 1999.

AUTHORITY: In compliance with Section 67-5291, Idaho Code, notice is hereby given that the legislature has rejected proposed rulemaking under the above docket. IDAPA 17.08.10 remains in full force and effect as it is published and now appears in the Idaho Administrative Code.

DESCRIPTIVE SUMMARY: The following is a concise explanatory statement of the reasons for adopting the final rule and a statement of any change between the text of the proposed rule and text of the final rule with an explanation for any changes.

Pursuant to Senate Concurrent Resolution No. 124 the proposed repeal of IDAPA 17.08.10, Minimum Safety Standards and Practices for Logging - Canopy and Canopy Construction for Logging Equipment, is not consistent with legislative intent. IDAPA 17.08.10 is in full force and effect as it is published and as it now appears in the Idaho Administrative Code.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this final rule, contact Gary W. Stivers, Executive Director, at (208) 334-6000.

DATED this 17th day of March 1999.

Patricia S. Ramey
Commission Secretary
Industrial Commission
P. O. Box 83720
Boise, Idaho 83720-0041

IDAPA 17 - INDUSTRIAL COMMISSION
17.08.11 - MINIMUM SAFETY STANDARDS AND PRACTICES FOR LOGGING -
SKIDDING AND YARDING

DOCKET NO. 17-0811-9801

NOTICE OF FINAL RULE

EFFECTIVE DATE: Proposed rulemaking under this docket was rejected by Senate Concurrent Resolution No. 124 effective March 8, 1999.

AUTHORITY: In compliance with Section 67-5291, Idaho Code, notice is hereby given that the legislature has rejected proposed rulemaking under the above docket. IDAPA 17.08.11 remains in full force and effect as it is published and now appears in the Idaho Administrative Code.

DESCRIPTIVE SUMMARY: The following is a concise explanatory statement of the reasons for adopting the final rule and a statement of any change between the text of the proposed rule and text of the final rule with an explanation for any changes.

Pursuant to Senate Concurrent Resolution No. 124 the proposed repeal of IDAPA 17.08.11, Minimum Safety Standards and Practices for Logging - Skidding and Yarding, is not consistent with legislative intent. IDAPA 17.08.11 is in full force and effect as it is published and as it now appears in the Idaho Administrative Code.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this final rule, contact Gary W. Stivers, Executive Director, at (208) 334-6000.

DATED this 17th day of March 1999.

Patricia S. Ramey
Commission Secretary
Industrial Commission
P. O. Box 83720
Boise, Idaho 83720-0041

IDAPA 17 - INDUSTRIAL COMMISSION
17.08.12 - MINIMUM SAFETY STANDARDS AND PRACTICES FOR LOGGING -
ROAD TRANSPORTATION

DOCKET NO. 17-0812-9801

NOTICE OF FINAL RULE

EFFECTIVE DATE: Proposed rulemaking under this docket was rejected by Senate Concurrent Resolution No. 124 effective March 8, 1999.

AUTHORITY: In compliance with Section 67-5291, Idaho Code, notice is hereby given that the legislature has rejected proposed rulemaking under the above docket. IDAPA 17.08.12 remains in full force and effect as it is published and now appears in the Idaho Administrative Code.

DESCRIPTIVE SUMMARY: The following is a concise explanatory statement of the reasons for adopting the final rule and a statement of any change between the text of the proposed rule and text of the final rule with an explanation for any changes.

Pursuant to Senate Concurrent Resolution No. 124 the proposed repeal of IDAPA 17.08.12, Minimum Safety Standards and Practices for Logging - Road Transportation, is not consistent with legislative intent. IDAPA 17.08.12 is in full force and effect as it is published and as it now appears in the Idaho Administrative Code.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this final rule, contact Gary W. Stivers, Executive Director, at (208) 334-6000.

DATED this 17th day of March 1999.

Patricia S. Ramey
Commission Secretary
Industrial Commission
P. O. Box 83720
Boise, Idaho 83720-0041

IDAPA 17 - INDUSTRIAL COMMISSION

**17.08.13 - MINIMUM SAFETY STANDARDS AND PRACTICES FOR LOGGING -
LOG DUMPS, LANDING, LOG HANDLING EQUIPMENT, LOADING AND UNLOADING BOOMS,
LOG PONDS, RAFTING, TOWING, STIFF BOOMS, BOOM STICKS AND FOOTLOGS,
POND BOATS AND TOW BOATS AND TRAILER LOADING HOISTS**

DOCKET NO. 17-0813-9801

NOTICE OF FINAL RULE

EFFECTIVE DATE: Proposed rulemaking under this docket was rejected by Senate Concurrent Resolution No. 124 effective March 8, 1999.

AUTHORITY: In compliance with Section 67-5291, Idaho Code, notice is hereby given that the legislature has rejected proposed rulemaking under the above docket. IDAPA 17.08.13 remains in full force and effect as it is published and now appears in the Idaho Administrative Code.

DESCRIPTIVE SUMMARY: The following is a concise explanatory statement of the reasons for adopting the final rule and a statement of any change between the text of the proposed rule and text of the final rule with an explanation for any changes.

Pursuant to Senate Concurrent Resolution No. 124 the proposed repeal of IDAPA 17.08.13, Minimum Safety Standards and Practices for Logging - Log Dumps, Landing, Log Handling Equipment, Loading and Unloading Booms, Log Ponds, Rafting, Towing, Stiff Booms, Boom Sticks and Footlogs, Pond Boats and Tow Boats and Trailer Loading Hoists, is not consistent with legislative intent. IDAPA 17.08.13 is in full force and effect as it is published and as it now appears in the Idaho Administrative Code.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this final rule, contact Gary W. Stivers, Executive Director, at (208) 334-6000.

DATED this 17th day of March 1999.

Patricia S. Ramey
Commission Secretary
Industrial Commission
P. O. Box 83720
Boise, Idaho 83720-0041

IDAPA 17 - INDUSTRIAL COMMISSION
17.08.14 - MINIMUM SAFETY STANDARDS AND PRACTICES FOR LOGGING -
HELICOPTER LOGGING

DOCKET NO. 17-0814-9801

NOTICE OF FINAL RULE

EFFECTIVE DATE: Proposed rulemaking under this docket was rejected by Senate Concurrent Resolution No. 124 effective March 8, 1999.

AUTHORITY: In compliance with Section 67-5291, Idaho Code, notice is hereby given that the legislature has rejected proposed rulemaking under the above docket. IDAPA 17.08.14 remains in full force and effect as it is published and now appears in the Idaho Administrative Code.

DESCRIPTIVE SUMMARY: The following is a concise explanatory statement of the reasons for adopting the final rule and a statement of any change between the text of the proposed rule and text of the final rule with an explanation for any changes.

Pursuant to Senate Concurrent Resolution No. 124 the proposed repeal of IDAPA 17.08.14, Minimum Safety Standards and Practices for Logging - Helicopter Logging, is not consistent with legislative intent. IDAPA 17.08.14 is in full force and effect as it is published and as it now appears in the Idaho Administrative Code.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this final rule, contact Gary W. Stivers, Executive Director, at (208) 334-6000.

DATED this 17th day of March 1999.

Patricia S. Ramey
Commission Secretary
Industrial Commission
P. O. Box 83720
Boise, Idaho 83720-0041

IDAPA 17 - INDUSTRIAL COMMISSION
17.08.15 - MINIMUM SAFETY STANDARDS AND PRACTICES FOR LOGGING -
COMMONLY USED LOGGING TERMS

DOCKET NO. 17-0815-9801

NOTICE OF FINAL RULE

EFFECTIVE DATE: Proposed rulemaking under this docket was rejected by Senate Concurrent Resolution No. 124 effective March 8, 1999.

AUTHORITY: In compliance with Section 67-5291, Idaho Code, notice is hereby given that the legislature has rejected proposed rulemaking under the above docket. IDAPA 17.08.15 remains in full force and effect as it is published and now appears in the Idaho Administrative Code.

DESCRIPTIVE SUMMARY: The following is a concise explanatory statement of the reasons for adopting the final rule and a statement of any change between the text of the proposed rule and text of the final rule with an explanation for any changes.

Pursuant to Senate Concurrent Resolution No. 124 the proposed repeal of IDAPA 17.08.15, Minimum Safety Standards and Practices for Logging - Commonly Used Logging Terms, is not consistent with legislative intent. IDAPA 17.08.15 is in full force and effect as it is published and as it now appears in the Idaho Administrative Code.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this final rule, contact Gary W. Stivers, Executive Director, at (208) 334-6000.

DATED this 17th day of March 1999.

Patricia S. Ramey
Commission Secretary
Industrial Commission
P. O. Box 83720
Boise, Idaho 83720-0041

IDAPA 17 - INDUSTRIAL COMMISSION
17.08.16 - MINIMUM SAFETY STANDARDS AND PRACTICES FOR LOGGING -
RECOMMENDED SAFETY PROGRAM

DOCKET NO. 17-0816-9801

NOTICE OF FINAL RULE

EFFECTIVE DATE: Proposed rulemaking under this docket was rejected by Senate Concurrent Resolution No. 124 effective March 8, 1999.

AUTHORITY: In compliance with Section 67-5291, Idaho Code, notice is hereby given that the legislature has rejected proposed rulemaking under the above docket. IDAPA 17.08.16 remains in full force and effect as it is published and now appears in the Idaho Administrative Code.

DESCRIPTIVE SUMMARY: The following is a concise explanatory statement of the reasons for adopting the final rule and a statement of any change between the text of the proposed rule and text of the final rule with an explanation for any changes.

Pursuant to Senate Concurrent Resolution No. 124 the proposed repeal of IDAPA 17.08.16, Minimum Safety Standards and Practices for Logging - Recommended Safety Program, is not consistent with legislative intent. IDAPA 17.08.16 is in full force and effect as it is published and as it now appears in the Idaho Administrative Code.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this final rule, contact Gary W. Stivers, Executive Director, at (208) 334-6000.

DATED this 17th day of March 1999.

Patricia S. Ramey
Commission Secretary
Industrial Commission
P. O. Box 83720
Boise, Idaho 83720-0041

IDAPA 22 - BOARD OF MEDICINE

**22.01.01 - RULES OF THE BOARD OF MEDICINE FOR LICENSURE TO PRACTICE MEDICINE
AND SURGERY AND OSTEOPATHIC MEDICINE AND SURGERY**

DOCKET NO. 22-0101-9801

NOTICE OF FINAL RULE

AUTHORITY: In compliance with Section 67-5291, Idaho Code, notice is hereby given that the legislature has rejected a portion of Docket No. 22-0101-9801. This agency action is authorized pursuant to Section 54-1806 (2)(11) and Section 54-1806A, Idaho Code.

DESCRIPTIVE SUMMARY: The following is a concise explanatory statement of the reasons for adopting the final rule and a statement of any change between the text of the proposed rule and text of the final rule with an explanation for any changes.

At the request of the agency, IDAPA 22.01.01, Subsection 010.07 of the proposed and pending rule was rejected in its entirety by Senate Concurrent Resolution 135. The effective date of this action is March 18, 1999. Subsection 010.07.a. through 010.07.e. defined "consultation" as related to Section 54-1804(1)(b), Idaho Code, that provides exemption for medical licensure in Idaho and as related to the practice of medicine via telemedicine. The Board of Medicine will initiate negotiated rulemaking with all interested parties prior to any future notice of proposed rulemaking in regards to telemedicine. The remaining text of Docket No. 22-0101-9801 of the pending rule was approved by the legislature and is effective March 19, 1999.

The original text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 98-8, August 5, 1998, pages 145 through 152. The pending rule was published in the Idaho Administrative Bulletin, Volume 98-12, December 2, 1998, pages 93 and 94.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this final rule, contact Darleene Thorsted at 334-2822.

DATED this 30th day of March, 1999.

Darleene Thorsted
Executive Director
Idaho State Board of Medicine
280 North 8th St. Suite 202
PO Box 83720
Boise, ID 83720-0058
phone 334-2822; fax 334-2801

IDAPA 27 - BOARD OF PHARMACY
27.01.01 - RULES OF THE IDAHO BOARD OF PHARMACY
DOCKET NO. 27-0101-9901
NOTICE OF PROPOSED RULE

AUTHORITY: In compliance with Section 67-5220(1), Idaho Code, notice is hereby given that this agency has proposed rulemaking. The action is authorized pursuant to Section 54-1717, Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than May 19, 1999.

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking:

This rule of procedure lists the agency's mailing and street addresses, telephone number, facsimile number, office hours for filing documents, and the officer or officers with whom all documents in rulemakings or contested cases must be filed.

In March 1999, the Idaho Board of Pharmacy adopted this rule as a temporary rule with an effective date of March 3, 1999. The temporary rule was published in the Idaho Administrative Bulletin, Volume 99-4, April 7, 1999, pages 44 and 45. With this publication the Board is initiating proposed rulemaking.

FEE SUMMARY: the following is a specific description of the fee or charge imposed or increased:

This rule does not propose or increase a fee or charge.

NEGOTIATED RULEMAKING: Pursuant to IDAPA 04.11.01.811, negotiated rulemaking was not conducted because this proposed rule is a technical correction necessary to be in compliance with the requirements of IDAPA 04.11.01, "Idaho Rules of Administrative Procedure of the Attorney General".

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rule, contact Richard Markuson at (208) 334-2356.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before May 26, 1999.

DATED this 24th day of March, 1999.

Richard K. Markuson, Director
Idaho Board of Pharmacy
280 N. 8th St., Ste. 204
Boise, ID 83702
Phone: (208) 334-2356

Docket No. 27-0101-9901 has previously been adopted
and published as a Temporary Rule.

Pursuant to Section 67-5221(1), Idaho Code,
this docket is being published as a Proposed Rule.

The text of the temporary rule was published in the Idaho Administrative
Bulletin, Volume 99-4, April 7, 1999, pages 44 through 45.

The temporary effective date is March 3, 1999.

THE FOLLOWING IS TEXT OF DOCKET NO. 27-0101-9901

011. --099. (RESERVED) FILING OF DOCUMENTS.

01. Place And Time For Filing. All documents in rulemakings or contested cases shall be filed with the executive director of the Board of Pharmacy at the office of the Board of Pharmacy in Boise, Idaho, between the hours of 8 a.m. and 5 p.m. each day except Saturdays, Sundays and holidays. For purposes of such filing, the mailing and street addresses, telephone number, and facsimile number of the Board are as follows:

Idaho State Board of Pharmacy
280 N. 8th Street, Suite 204
P.O. Box 83720
Boise, Idaho 83720-0067
Telephone:(208) 334-2356
Facsimile: (208) 334-3536

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02. Manner Of Filing. One (1) original of each document is sufficient for filing, provided, however, the person or officer presiding over a particular rulemaking or contested case proceeding may issue orders requiring the filing of additional copies for use in such proceeding. Any pleading or document, not over ten (10) pages in length, and not requiring a filing fee, may be transmitted to the Board for filing by a facsimile machine process (FAX), provided such FAX transmission must be received legibly, and in its entirety, during the office hours set forth in Subsection 011.01. It shall be the responsibility of the filing party to verify with Board staff that a FAX transmission was successfully, and legibly, completed in its entirety.

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012. -- 099. (RESERVED).

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Bulletin Summary of Proposed Rulemaking

PUBLIC NOTICE OF INTENT TO PROPOSE OR PROMULGATE NEW OR CHANGED AGENCY RULES

The following agencies of the state of Idaho have published the complete text and all related, pertinent information concerning their intent to change or make the following rules in the new issue of the state Administrative Bulletin.

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE P. O. Box 83720, Boise, ID 83720-0036

Docket No. **16-0309-9902**, Rules Governing Medical Assistance. Changes implement an expansion of the Home and Community-Based Services Waiver for the Aged and Disabled; adds fifteen additional services; specifies provider qualifications; identifies responsibilities of the Regional Medicaid Units; and current Personal Care Services program is modified to accommodate expanded waiver program. Comment By: 5/26/99.

Docket No. **16-0309-9903**, Rules Governing Medical Assistance. Expands and clarifies specific criteria to be utilized to determine if an individual with mental retardation (or a related condition) meets ICF/MR level of care. Comment By: 5/26/99.

Docket No. **16-0412-9901**, Rules Governing Individual and Family Grant Program. Adds a requirement that an alien must be lawfully present in the U.S. to qualify for benefits. Comment By: 5/26/99.

IDAPA 27 - STATE BOARD OF PHARMACY 280 N. 8th St., Ste. 204, Boise, ID 83702

Docket No. **27-0101-9901**, Rules of the Board of Pharmacy. Lists the agency's mailing and street addresses, telephone number, facsimile number, office hours for filing documents, and the officer or officers with whom all documents in rulemakings or contested cases must be filed. Comment By: 5/26/99.

Please refer to the Idaho Administrative Bulletin, **May 5, 1999, Volume 99-5** for notices and text of all rulemakings, public hearing schedules, governor's executives orders, and agency contact names.

Citizens of your county can view all issues of the Idaho Administrative Bulletin at the county law libraries.

Copies of the Administrative Bulletin and other rules publications are available for purchase. For subscription information and ordering call (208) 332-1820 or write the Office of the Administrative Rules Coordinator, Department of Administration, 650 W. State St., Room 100, Boise, Idaho 83720. Visa and Mastercard accepted.

The Idaho Administrative Bulletin and Administrative Code are available on the Internet at the following address: <http://www.state.id.us/> - from the State of Idaho Home Page select Administration Rules.

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