

IDAHO ADMINISTRATIVE BULLETIN

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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 monthly compilation of all administrative rule-making documents in Idaho. The Bulletin publishes the official rulemaking notices and administrative rule text of state agency rulemakings and other official documents as necessary.

State agencies are required to provide public notice of rulemaking activity and invite public input. The public receives notice of 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 Rulemaking Notice published in the Bulletin. 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 rule-making activities.

CITATION TO THE IDAHO ADMINISTRATIVE BULLETIN

The Bulletin is cited by year and issue number. For example, Bulletin 06-1 refers to the first Bulletin issued in calendar year 2006; Bulletin 07-1 refers to the first Bulletin issued in calendar year 2007. Volume numbers, which proceed from 1 to 12 in a given year, correspond to the months of publication, i.e.; Volume No. 07-1 refers to January 2007; Volume No. 07-2 refers to February 2007; and so forth. Example: The Bulletin published in January of 2007 is cited as Volume 07-1. The December 2006 Bulletin is cited as Volume 06-12.

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 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 only published in the Bulletin and **not** printed in the Administrative Code.*

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

TYPES OF RULEMAKINGS PUBLISHED IN THE ADMINISTRATIVE BULLETIN

The state of Idaho administrative rulemaking process, governed by the Administrative Procedure Act, Title 67, Chapter 52, Idaho Code, comprises five distinct activities: negotiated, proposed, temporary, pending and final rulemaking. Not all rulemakings involve all five. At a minimum, a rulemaking includes proposed, pending and final rulemaking. Many rules are adopted as temporary rules when they meet the required statutory criteria and agencies often engage in negotiated rulemaking at the beginning of the process to facilitate consensus building in controversial or complex rulemakings. In the majority of cases, the process begins with proposed rulemaking and ends with the final rulemaking. The following is a brief explanation of each type of administrative rule.

NEGOTIATED RULEMAKING

Negotiated rulemaking is a process in which all interested parties and the agency seek consensus on the content of a rule. Agencies are encouraged, and in some cases required, to engage in this rulemaking activity whenever it is feasible to do so. Publication of a "Notice of Intent to Promulgate" a rule in the Administrative Bulletin by the agency is optional. This process should result in the formulation of a proposed and/or temporary rule.

PROPOSED RULEMAKING

A proposed rulemaking is an action by an agency wherein 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. This notice must include:

- a) the specific statutory authority (from Idaho Code) 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 as provided in Section 67-5222, Idaho Code; 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. An agency may vacate a proposed rulemaking if it decides not to proceed further with the promulgation process.

TEMPORARY RULEMAKING

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

- a) 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. However, a temporary rule that imposes a fee or charge may be adopted only if the Governor finds that the fee or charge is necessary to avoid an immediate danger which justifies the imposition of the fee or charge.

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

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

An agency may, at any time, rescind a temporary rule that has been adopted and is in effect. If the temporary rule is being replaced by a new temporary rule or if it has been published concurrently with a proposed rule that is being vacated, the agency, in most instances, should rescind the temporary rule.

PENDING RULEMAKING

A pending rule is a rule that has been adopted by an agency under regular rulemaking procedures 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 Rulemaking". This includes:

- a) a statement giving 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;*
- 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 change 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 Rulemaking" is published.

FINAL RULEMAKING

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

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 an agency has violated the legislative intent of the statute under which the rule was made, a concurrent resolution may be adopted to reject the rulemaking or any part thereof. A "Notice of Final Rule" must be published in the Bulletin for any rule that is rejected, amended, or modified by the legislature showing the changes made. A rule reviewed by the legislature and not rejected, amended or modified becomes 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 that 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, Twin Falls, Lewiston and East Bonner County 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 **Idaho Administrative Bulletin** is an official monthly publication of the State of Idaho. Yearly subscriptions or individual copies are available for purchase.*

*The **Idaho Administrative Code**, is an annual compilation or supplemental compilation of all final and enforceable temporary administrative rules and includes a table 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://adm.idaho.gov/adminrules/>*

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 38.05.01.200.02.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.*

*“**38.**” refers to the Idaho Department of Administration*

*“**05.**” refers to Title 05, which is the Department of Administrations’s Division of Purchasing*

*“**01.**” refers to Chapter 01 of Title 05, “Rules of the Division of Purchasing”*

*“**200.**” refers to Major Section 200, “Content of the Invitation to Bid”*

*“**02.**” refers to Subsection 200.02.*

*“**c.**” refers to Subsection 200.02.c.*

*“**ii.**” refers to Subsection 200.02.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 “-”, (38-0501-0701). 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 number:

“DOCKET NO. 38-0501-0701”

“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**).

“0701” denotes the year and sequential order of the docket being published; in this case the numbers refer to the first rule-making action published in **calendar year 2007**. A subsequent rulemaking on this same rule chapter in calendar year 2007 would be designated as “0702”. The docket number in this scenario would be 38-0501-0702.

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 of a rule 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.”

The citation may also include the IDAPA, Title, or Chapter number, 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 rule.

“01” denotes the Chapter number of the rule.

“201” denotes the main Section number of the rule to which the citation refers.

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 CALENDAR YEAR 2007

Vol. No.	Monthly Issue of Bulletin	Closing Date for Agency Filing	Publication Date	21-day Comment Period End Date
07-1	January 2007	*November 15, 2006	January 3, 2007	January 24, 2007
07-2	February 2007	January 5, 2007	February 7, 2007	February 28, 2007
07-3	March 2007	February 2, 2007	March 7, 2007	March 28, 2007
07-4	April 2007	March 2, 2007	April 4, 2007	April 25, 2007
07-5	May 2007	April 6, 2007	May 2, 2007	May 23, 2007
07-6	June 2007	May 4, 2007	June 6, 2007	June 27, 2007
07-7	July 2007	June 1, 2007	July 4, 2007	July 25, 2007
07-8	August 2007	June 29, 2007	August 1, 2007	August 22, 2007
07-9	September 2007	August 3, 2007	September 5, 2007	September 26, 2007
07-10	October 2007	**August 24, 2007	October 3, 2007	October 24, 2007
07-11	November 2007	October 5, 2007	November 7, 2007	November 28, 2007
07-12	December 2007	November 2, 2007	December 5, 2007	December 26, 2006

BULLETIN PUBLICATION SCHEDULE FOR CALENDAR YEAR 2008

Vol. No.	Monthly Issue of Bulletin	Closing Date for Agency Filing	Publication Date	21-day Comment Period End Date
08-1	January 2008	*November 14, 2007	January 2, 2008	January 22, 2008
08-2	February 2008	January 4, 2008	February 6, 2008	February 27, 2008
08-3	March 2008	February 8, 2008	March 5, 2008	March 26, 2008
08-4	April 2008	March 7, 2008	April 2, 2008	April 23, 2008
08-5	May 2008	April 4, 2008	May 7, 2008	May 28, 2008
08-6	June 2008	May 2, 2008	June 4, 2008	June 25, 2008
08-7	July 2008	May 30, 2008	July 2, 2008	July 23, 2008
08-8	August 2008	July 3, 2008	August 6, 2008	August 27, 2008
08-9	September 2008	August 1, 2008	September 3, 2008	September 24, 2008
08-10	October 2008	**August 20, 2008	October 1, 2008	October 22, 2008
08-11	November 2008	October 3, 2008	November 5, 2008	November 26, 2008
08-12	December 2008	October 31, 2008	December 3, 2008	December 24, 2006

****Last day to submit proposed rulemaking before moratorium begins and last day to submit pending rules to be reviewed by the legislature.***

*****Last day to submit proposed rules in order to complete rulemaking for review by legislature.***

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THE OFFICE OF THE GOVERNOR

**EXECUTIVE DEPARTMENT
STATE OF IDAHO
BOISE**

EXECUTIVE ORDER NO. 2007-08

**ESTABLISHING THE IDAHO ALCOHOL AND DRUG-FREE WORKPLACE POLICY
REPEALING AND REPLACING EXECUTIVE ORDER 2006-42**

WHEREAS, the State of Idaho has a vital interest in maintaining a safe, healthy and efficient working environment for its employees, clients and the public; and

WHEREAS, employees impaired by alcohol or other drugs during work hours pose safety and health risks not only to themselves but to others; and

WHEREAS, employees who use illegal drugs, whether on or off duty, are generally less productive, less reliable and prone to greater absenteeism than employees who do not use drugs; and

WHEREAS, the use of illegal drugs by state employees is inconsistent with both law-abiding behavior expected of all citizens, and the special trust placed in such employees as servants of the public; and

WHEREAS, the use of alcohol or drugs by state employees in certain positions of sensitivity poses a special risk to public safety and the effective enforcement of the law; and

WHEREAS, the use of alcohol or drugs becomes a matter of concern to the State of Idaho when it interferes with job performance, conduct, attendance, or safety of state employees; and

WHEREAS, the State of Idaho, as an employer, has a responsibility to taxpayers to ensure that state functions are performed efficiently and without undue risk to the people of the State; and

WHEREAS, the State of Idaho, as an employer, also is concerned with the well-being of its employees and should encourage the identification and rehabilitation of employees with alcohol or drug problems; and

WHEREAS, the position of Office of Drug Policy was established within the Office of the Governor to advise and assist the Governor in coordinating all drug and substance abuse initiatives in the State of Idaho;

NOW, THEREFORE, I, C.L. "BUTCH" OTTER, Governor of the State of Idaho, by virtue of the power and authority vested in me by the Constitution and statutes of the State of Idaho, do hereby order the Idaho Alcohol and Drug-Free Workplace Policy to become effective immediately for all employees of the State of Idaho:

The consumption of alcohol on the job is prohibited. Employees may not work if their performance is impaired by the use of alcohol;

The unlawful manufacturing, distribution, dispensing, possession, or use of a controlled substance is prohibited, and if occurring on State property or during an employee's hours of work, demands immediate corrective action;

- 1. Each State agency shall provide employees with information on Idaho's Alcohol and Drug-Free Workplace Policy, as well as information on the State's Employee Assistance Plan;*
- 2. Violations of the Idaho Alcohol and Drug-Free Workplace Policy will be cause for management/supervisor intervention and may result in referral to treatment, including participation in the Employee Assistance Program. It shall be the policy of the State of Idaho to direct its efforts toward rehabilitation whenever reasonable;*
- 3. Any intervention steps taken upon a violation of the Idaho Alcohol and Drug-Free Workplace Policy must be consistent with all due process requirements and other constitutional rights of state employees;*
- 4. The privacy rights of employees are important. Any intervention steps taken because of a violation of the*

- Idaho Alcohol and Drug-Free Workplace Policy, including a referral for treatment, counseling or rehabilitation programs, shall include procedures to protect the confidentiality of treatment records as well as the employee's identity;*
5. *The director of each agency shall report quarterly, the first of January, April, July, and October, to the Division of Human Resources and Office of Drug Policy any violations of the Idaho Alcohol and Drug-Free Workplace Policy and the corrective actions taken. "Quarterly" means the report shall be filed the first day of January, April, July, and October. The report shall, to the extent practicable, protect the confidentiality of the employee involved, but shall describe the nature of the employee's position;*
 6. *The Division of Human Resources in conjunction with the Office of Drug Policy shall annually compile information regarding violations of this policy and the corrective actions taken, and report this information by June 30 to the Governor. Any information so reported shall be reported in a manner to avoid revealing the identity of the employees involved. The Division of Human Resources and the Office of Drug Policy, when they compile this data, shall do so by type of position so as to determine whether there is an alcohol or drug problem in any "safety-sensitive" positions;*
 7. *Whenever there is an alcohol or drug problem in a "safety-sensitive" position, it is critical that the problem be addressed aggressively. For the purpose of this policy, a "safety-sensitive" position is one in which:*
 - A. *The duties involve a greater-than-normal level of trust for, responsibility for, or impact on the health and safety of the employee or others; and*
 - B. *Errors in judgment, inattentiveness or diminished coordination, dexterity, or composure while performing the duties could result in mistakes that would endanger the health and safety of the employee or others; and*
 - C. *Employees in these positions work with such independence that it cannot be safely assumed that mistakes such as those described in subsection (B) could be prevented by a supervisor or another employee;*
 10. *In the event the Division of Human Resources finds an alcohol or drug problem in any agency or classification, it shall report that to the Governor and the Office of Drug Policy, and the agency, working in conjunction with the Division of Human Resources and the Governor, shall develop a program to respond to the problem. This program may include alcohol or drug testing for employees in safety-sensitive classifications where such a problem has been documented;*
 11. *All state agencies responsible to the Governor are directed, and all other public entities are requested, to assist the Division of Human Resources in discharging its responsibilities under this order;*
 12. *Nothing in this order shall be deemed to abrogate any existing policy or directive relating to alcohol or drug use by state employees or to affect any existing or future state employee disciplinary proceeding; and*

Where federal laws or regulations require the State to implement more stringent regulations than those contained in this policy, those federal regulations and procedures supersede and/or augment this policy.

This Executive Order shall cease to be effective four years after its entry into force.



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 31st Day of August in the year of our Lord two thousand and seven and of the Independence of the United States of America the two hundred thirty-second and of the Statehood of Idaho the one hundred eighteenth.

C.L. "BUTCH" OTTER
GOVERNOR

BEN YSURSA
SECRETARY OF STATE

THE OFFICE OF THE GOVERNOR

**EXECUTIVE DEPARTMENT
STATE OF IDAHO
BOISE**

EXECUTIVE ORDER NO. 2007-09

RELATING TO THE STATE PROCUREMENT PROCESS AND INTERNATIONAL OUTSOURCING

WHEREAS, Idaho State departments and agencies procure millions of dollars worth of goods and services annually, by contract, through public and private vendors; and

WHEREAS, the citizens of Idaho are entitled to know how and where their tax dollars are being spent, including whether their taxes are being spent to utilize workers located in countries outside of the United States; and

WHEREAS, the citizens of Idaho are also entitled to know the economic effect of state contracts performed outside the United States; and

WHEREAS, international outsourcing can potentially decrease revenue and draw jobs away from Idahoans and Americans;

NOW, THEREFORE, I, C.L. "BUTCH" OTTER, Governor of the State of Idaho, by virtue of the power and authority vested in me under the Constitution and laws of Idaho do hereby order:

- 1. The Division of Purchasing in the Department of Administration shall develop policies and procedures to ensure that all vendors seeking to enter into a service contract with the State or a contract to develop, sell or lease software to the State of Idaho disclose:
 - a. The location by country where services under or related to the contract will be performed; and*
 - b. The location by country where any subcontracted services under or related to the contract will be performed.**
- 2. In developing the policies and procedures directed under this Executive Order, the Division of Purchasing must consider the requirements of Idaho's competitive bidding and contracting laws, the best interest of the State of Idaho and its citizens, as well as applicable federal requirements.*
- 3. The Division of Purchasing shall not award a service contract to a vendor that fails to provide the information required above or adhere to policies and procedures established by the Division of Purchasing.*
- 4. The Division of Purchasing shall not award a contract to a vendor who submits a bid or proposal to perform services, or have a subcontractor perform services, at a site outside the United States, or for the development, sale or licensing of software for the State unless one of the following conditions is met:
 - a. The vendor or its subcontractor provides a unique service or software; the particular service or software is deemed mandatory for the purpose of the purchasing agency or department; and no comparable domestically provided service or software can adequately match the unique features of that provided by the vendor or its subcontractor; or*
 - b. The vendor or its subcontractor is a foreign firm hired to market Idaho services or products to a foreign country; or*
 - c. The State, as determined by the Division of Purchasing and the using agency, if applicable, would incur a significant and substantial cost if it failed to use the vendor or subcontractor; or*
 - d. The vendor or its subcontractor maintains a significant business presence in the United States and only performs a de minimus portion of work under the contract outside the United States.**
- 5. If the contractor or subcontractor declares that services or work under the contract will be performed in the*

United States during the term of a contract and then proceeds to shift services or work outside of the United States, the contractor shall be in breach of the contract, unless the Division of Purchasing and the using agency first determine in writing that extraordinary circumstances require the shift or that a failure to shift would result in economic hardship to the State of Idaho.

6. *For the purposes of this Executive Order, and only this Order, the term "State" or "State of Idaho" shall mean all state offices, departments, divisions, bureaus, boards, commissions, excluding the legislative and judicial branches of government and excluding the lieutenant governor, the secretary of state, the state controller, the state treasurer, the attorney general and 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 in Boise on this 31st day of August in the year of our Lord two thousand and seven, and of the Independence of the United States of America the two hundred thirty-second and of the Statehood of Idaho the one hundred eighteenth.

C.L. "BUTCH" OTTER
GOVERNOR

BEN YSURSA
SECRETARY OF STATE

THE OFFICE OF THE GOVERNOR

**EXECUTIVE DEPARTMENT
STATE OF IDAHO
BOISE**

EXECUTIVE ORDER NO. 2007-10

**ESTABLISHING A CAMPAIGN LEADERSHIP TEAM FOR THE IDAHO
STATE EMPLOYEES CHARITABLE GIVING CAMPAIGN
REPEALING AND REPLACING EXECUTIVE ORDER 2004-04**

WHEREAS, Idaho state employees desire help to improve their communities; and

WHEREAS, Idaho state employees have traditionally been very generous in contributing to help those most in need or vulnerable; and

WHEREAS, the State of Idaho has an interest in establishing a single state employee charitable campaign which minimizes workplace distraction and administrative cost to Idaho's taxpayers, as well as ensuring the voluntary nature of employees participation; and

WHEREAS, a workplace charitable giving campaign can build morale by providing an opportunity for Idaho state employees to contribute positively to their communities as state employees; and

WHEREAS, Idaho state employees should have the ability to choose to give to any 501(C)(3) organization;

NOW, THEREFORE, I, C.L. "BUTCH" OTTER, Governor of the State of Idaho, by the authority vested in me under the Constitution and laws of this State do hereby order as follows:

The creation of a Campaign Leadership Team comprised of state employees, appointed by the Governor, which shall include a chair and co-chair, in order to establish policy and govern the Idaho state employee charitable giving campaign.

Each state department head shall appoint a campaign coordinator representing each department in order to provide leadership in planning and completing the Idaho state employee charitable giving campaign for their department.

The Campaign Leadership Team shall annually provide a report of the statewide results to the Governor.

The Executive Order repeals and replaces Executive Order 2004-04.



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Idaho in Boise on this 31st Day of August in the year of our Lord two thousand and seven and of the Independence of the United States of America the two hundred thirty-second and of the Statehood of Idaho the one hundred eighteenth.

**C.L. "BUTCH" OTTER
GOVERNOR**

**BEN YSURSA
SECRETARY OF STATE**

THE OFFICE OF THE GOVERNOR

**EXECUTIVE DEPARTMENT
STATE OF IDAHO
BOISE**

EXECUTIVE ORDER NO. 2007-11

**ESTABLISHING THE OFFICE OF ENERGY RESOURCES
WITHIN THE OFFICE OF THE GOVERNOR**

WHEREAS, energy production, generation, transmission and conservation are vital to Idaho; and

WHEREAS, long-term energy supplies are critical to the well-being and future of Idaho; and

WHEREAS, it is the responsibility of state government to explore energy production and employ measures to reduce wasteful, uneconomical and unnecessary uses of energy, which diminish Idaho's energy resources; and

WHEREAS, the Office of Energy Resources was previously assigned to the Idaho Department of Water Resources under Executive Order 2001-06, which expired;

NOW, THEREFORE, I, C.L. "BUTCH" OTTER, Governor of the State of Idaho, by the authority vested in me by the Constitution and laws of the State of Idaho do hereby order:

- 1. Creation of the "Office of Energy Resources" within the Office of the Governor.*
- 2. The Governor shall appoint an administrator (hereafter "Administrator") to lead the Office of Energy Resources. The Administrator shall serve at the pleasure of the Governor and shall be subject to confirmation by the Idaho Senate. The Administrator shall be the official in Idaho designated to oversee energy planning, policy and coordination, and to fulfill the duties provided in this Executive Order. Employees of the Office of Energy Resources shall be nonclassified for the purposes of Chapter 53, Title 67 of the Idaho Code.*
- 3. That the duties, powers and authorities of the Office of Energy Resources shall include:*
 - a) Advising the Governor, the Legislature and other public officials of the State's energy requirements, supply, transmission, management, conservation and efficiency efforts;*
 - b) Coordinating and cooperating with federal and state agencies, departments and divisions, and local governments on issues concerning the State's energy requirements, supply, transmission, management, conservation and efficiency efforts;*
 - c) Pursuing and accepting federal delegation of responsibility and authority for matters that affect the energy supply, transmission, management, consumption and conservation by the citizens of Idaho other than energy codes and standards for buildings and those matters under the jurisdiction of the Idaho Public Utilities Commission;*
 - d) Preparing and, as necessary, implementing contingency plans for the conservation and allocation of energy supplies not otherwise regulated by the Idaho Public Utilities Commission during periods of shortages and supply interruptions;*
 - e) Provide technical assistance to all state agencies, departments, divisions and local governments for energy conservation projects and renewable energy resource opportunities, and help those entities secure funding where available for energy conservation projects and renewable energy resource opportunities;*
 - f) Assisting local governments, school districts and public institutions by providing technical assistance and funding for programs to improve energy management and reduce energy consumption;*
 - g) Providing public information and data on energy supplies, transmission, delivery, demands, technologies, efficiency measures and conservation;*
 - h) Promoting energy conservation through research, public information, education, training, technical assistance, funding assistance and other activities;*

- i) *Promoting the utilization of renewable energy resources through funding and technical assistance, research and public information;*
 - j) *Assisting in the development of energy-efficient technologies;*
 - k) *Entering into other agreements or contracts and do that which is necessary to carry out the provisions of this Executive Order and in the performance of other duties as may be directed by the Governor.*
4. *The Office of Energy Resources may accept private contributions, state or federal funds, funds from other public agencies or any other source. The moneys shall be expended solely for the purposes provided in this Executive Order and accounted for as provided by law.*
5. *All orders, regulations, contracts and licenses which are in effect at the time this Executive Order is signed shall continue in effect according to their terms until modified or terminated.*
6. *The duties, responsibilities and authority of this Executive Order shall not alter any existing responsibilities, jurisdiction or planning functions of state agencies established by state or federal law; nothing in this Executive Order shall be construed to provide or imply any regulatory authority by the Office of Energy Resources over public utilities that are subject to the jurisdiction of the Idaho Public Utilities Commission.*

This Executive Order shall cease to be effective four years after its entry into force.



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Idaho in Boise on this 4th day of September in the year of our Lord two thousand and seven and of the Independence of the United States of America the two hundred thirty-second and of the Statehood of Idaho the one hundred eighteenth.

C.L. "BUTCH" OTTER
GOVERNOR

BEN YSURSA
SECRETARY OF STATE

IDAPA 02 - DEPARTMENT OF AGRICULTURE

02.02.14 - RULES FOR WEIGHTS AND MEASURES

DOCKET NO. 02-0214-0701

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2008 Idaho State Legislature for final approval. 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 Section 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 Section 67-5224, Idaho Code, notice is hereby given that this agency has adopted a pending rule. The action is authorized pursuant to Section 71-111, 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:

There are no changes in the pending rule. The proposed rule changes are to incorporate by reference the 2007 edition of the National Institute of Standards and Technology Handbook 44, Specifications, Tolerances, and Other Technical Requirements for Weighing and Measuring Devices; incorporate by reference the American Society of Testing and Materials (ASTM) D975-07a, Standard Specification for Diesel Fuel Oils and ASTM D6751-07a, Standard Specification for Biodiesel Fuel (B100) Blend Stock for distillate Fuels; add definitions for Biodiesel and add a new section containing identification and retail labeling requirements for Biodiesel; and to eliminate loaf size restriction for bread to harmonize this rule with Section 71-236, Idaho Code.

The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the September 5, 2007 Idaho Administrative Bulletin, Vol. 07-9, pages 15 through 17.

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year: There is no anticipated fiscal impact.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this pending rule, contact Tom Schafer, Section Manager at 332-8690.

DATED this 28th day of September, 2007.

Brian J. Oakey, Deputy Director
Idaho State Department of Agriculture
2270 Old Penitentiary Road
PO Box 790 Boise, Idaho 83701-0790
Phone 332-8500, Fax 334-4062

DOCKET NO. 02-0214-0701 - ADOPTION OF PENDING RULE

There are no substantive changes from the proposed rule text.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 07-9, September 5, 2007, pages 15 through 17.

This rule has been adopted as a pending rule by the Agency and is now pending review and approval by the 2008 Idaho State Legislature as a final rule.

IDAPA 02 - DEPARTMENT OF AGRICULTURE

02.04.21 - RULES GOVERNING THE IMPORTATION OF ANIMALS

DOCKET NO. 02-0421-0701

NOTICE OF RULEMAKING

ADOPTION OF PENDING RULE AND AMENDMENT TO TEMPORARY RULE

EFFECTIVE DATE: The effective date of the amendment to the temporary rule is September 1, 2007. This pending rule has been adopted by the agency and is now pending review by the 2008 Idaho State Legislature for final approval. 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 Section 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 Section 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 25-207, Idaho Code.

DESCRIPTIVE SUMMARY: The following is a concise explanatory statement of the reasons for adopting the pending rule and amending the temporary 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.

This rule updates the requirements for importation of animals into Idaho, including the Trichomoniasis, Domestic Cervidae, and Rabies sections, and adds sections for the importation of fish.

The Department held a public hearing in Nampa, Idaho, on August 23, 2007, based on public comments and comments submitted by the Division of Animal Industries, this pending rule amends the following Sections: 240.01.b Tuberculosis Test Requirements, 601.03 Testing Requirements, and 670. VHSV Positive Areas.

The text of the pending rule has been amended in accordance with Section 67-5227, Idaho Code. Rather than keep the temporary rule in place while the pending rule awaits legislative approval, the Department of Agriculture amended the temporary rule with the same revisions which have been made to the pending rule. Only the sections that have changes differ from the proposed text are printed in this bulletin.

The original text of the proposed rule was published in the August 1, 2007 Idaho Administrative Bulletin, Vol. 07-8, page(s) 14 through 21.

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year: No fiscal impact.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the pending rule and the amendment to temporary rule, contact John Chatburn, Deputy Administrator at (208) 332-8540.

DATED this 28th day of September, 2007.

Brian J. Oakey
Deputy Director
Idaho State Department of Agriculture
2270 Old Penitentiary Road
P.O. Box 790
Boise, Idaho 83701-0790
(208) 332-8500
Fax (208) 334-4062

DOCKET NO. 02-0421-0701 - ADOPTION OF PENDING RULE
AND AMENDMENT TO TEMPORARY RULE

There are substantive changes from the proposed rule text.

Only those sections that have changed from the original proposed text are printed in this Bulletin following this notice.

The text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 07-8, August 1, 2007, pages 14 through 21.

This rule has been adopted as a pending rule by the Agency and is now pending review and approval by the 2008 Idaho State Legislature as a final rule.

THE FOLLOWING IS THE AMENDED TEXT OF DOCKET NO. 02-0421-0701

Subsection 240.01.b.

240. TUBERCULOSIS TEST REQUIREMENTS.

Cattle and domestic bison may enter the state of Idaho provided:

(5-3-03)

01. Tuberculosis Accredited Free State or Zone. Cattle and bison that originate from a bovine tuberculosis accredited free state or zone, as defined by USDA in Title 9, Part 77, CFR, in which there are no animals or herds infected with or exposed to tuberculosis may be imported upon meeting the following requirements:

(4-11-06)

b. All sexually intact male and female cattle, six (6) months of age and older, of dairy breeds, shall be officially identified and tested negative for tuberculosis, within sixty (60) days prior to entry into the state of Idaho except intact male and female cattle of dairy breeds consigned directly to a feedlot approved for finish feeding of cattle for slaughter only relative to tuberculosis may enter by permit without a tuberculosis test provided the cattle have been individually identified on a certificate of veterinary inspection.

~~(4-11-06)~~(9-1-07)T

Subsection 601.03

601. TESTING REQUIREMENTS.

All cervidae imported into Idaho shall meet the following test requirements, except cervidae that do not originate from a CWD or Tuberculosis endemic area, as determined by the administrator, may be imported directly to an approved slaughter establishment for immediate slaughter without meeting the test requirements.

(9-1-07)T

03. Red Deer Genetic Factor. Elk ~~must be~~ shall have either tested negative for red deer genetic factor by a laboratory approved by the Division of Animal Industries, or shall have been registered with NAEBA or the Canadian Food Inspection Agency.

~~(9-1-07)~~(9-1-07)T

Section 670 (Entire Section)

670. VHSV POSITIVE AREAS.

No fish or viable hatching eggs from any VHSV positive area shall be imported into Idaho unless the shipment has been ~~issued~~ authorized and is accompanied by a permit issued by the director of the Idaho Department of Fish and Game.

~~(9-1-07)~~(9-1-07)T

IDAPA 02 - DEPARTMENT OF AGRICULTURE

02.04.29 - RULES GOVERNING TRICHONOMIASIS

DOCKET NO. 02-0429-0701

NOTICE OF RULEMAKING

ADOPTION OF PENDING RULE AND AMENDMENT TO TEMPORARY RULE

EFFECTIVE DATE: The effective date of the amendment to the temporary rule is September 1, 2007. This pending rule has been adopted by the agency and is now pending review by the 2008 Idaho State Legislature for final approval. 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 Section 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 Section 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 25-207, Idaho Code.

DESCRIPTIVE SUMMARY: The following is a concise explanatory statement of the reasons for adopting the pending rule and amending the temporary 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:

The Trichomoniasis testing season begins on September 1st of each year. This rulemaking updates the Trichomoniasis rule and allows for the use of a paint brand to identify infected bulls rather than a hot iron brand.

The Department held a public hearing in Nampa, Idaho, on August 23, 2007. No public comments were received. In response to comments submitted by the Division of Animal Industries, this pending rule amends the following Sections: 010.18 and 010.19 - Definitions; 310.04 - Infected Bulls and Herds; and 400.05 Rodeo Bulls.

The text of the pending rule has been amended in accordance with Section 67-5227, Idaho Code. Rather than keep the temporary rule in place while the pending rule awaits legislative approval, the Department of Agriculture amended the temporary rule with the same revisions which have been made to the pending rule. Only the sections that have changes differ from the proposed text are printed in this bulletin.

The original text of the proposed rule was published in the August 1, 2007 Idaho Administrative Bulletin, Vol. 07-8, page(s) 22 through 27.

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year: No fiscal impact.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the pending rule and the amendment to temporary rule, contact John Chatburn, Deputy Administrator at (208) 332-8540.

DATED this 28th day of September, 2007.

Brian J. Oakey, Deputy Director
Idaho State Department of Agriculture
2270 Old Penitentiary Road
P.O. Box 790, Boise, Idaho 83701-0790
(208) 332-8500 / Fax (208) 334-4062

**DOCKET NO. 02-0429-0701 - ADOPTION OF PENDING RULE
AND AMENDMENT TO TEMPORARY RULE**

There are substantive changes from the proposed rule text.
Only those sections that have changed from the original proposed text are printed in this Bulletin following this notice.
The text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 07-8, August 1, 2007, pages 22 through 27.
This rule has been adopted as a pending rule by the Agency and is now pending review and approval by the 2008 Idaho State Legislature as a final rule.

THE FOLLOWING IS THE AMENDED TEXT OF DOCKET NO. 02-0429-0701

Subsection 010.18 and 010.19.

~~18. T Brand. A two inch by three inch (2" x 3") single-character T paint brand, applied with orange paint to the left of the tail-head of a bull, signifying that the bull is infected with trichomoniasis. (9-1-07)T~~

182. Trichomoniasis. A venereal disease caused by the organism *Tritrichomonas foetus*. (9-1-07)T

~~19. V Brand. A two by three inch (2" x 3") hot iron, single-character V brand applied to the left of the tail-head of a bull, signifying that the bull is infected with trichomoniasis. (9-1-07)T~~

(BREAK IN CONTINUITY OF SECTIONS)

Subsection 310.04.

310. INFECTED BULLS AND HERDS.

Any bull or cow that is positive to a Trichomoniasis culture test shall be considered infected. A herd in which one (1) or more bulls or cows are found infected with Trichomoniasis shall be considered infected. (3-30-07)

04. Identifying Infected Bulls. All bulls testing positive for trichomoniasis shall, within seven (7) days of diagnosis, be identified with a ~~V-hot iron~~ T brand applied to the left of the tail-head indicating that the bull is positive for trichomoniasis. ~~(9-1-07)T~~(9-1-07)T

(BREAK IN CONTINUITY OF SECTIONS)

Subsection 400.05.

400. RODEO BULLS.

Bulls currently in a rodeo string, bulls purchased under the feedlot exemption at a specifically approved livestock market, bulls purchased by private treaty, and bulls purchased in other states and imported into Idaho for rodeo purposes are exempt from Trichomoniasis testing under the following conditions: (3-30-07)

05. Bulls Purchased. Bulls purchased for addition to the rodeo string shall meet all other health requirements. Purchased bulls shall be immediately identified as specified in Subsection ~~02-04-29-232-03~~ 400.03 of this rule. Official back tag and ear tag numbers on the bull at time of purchase shall be correlated to the permanent identification in the permanent record; and ~~(3-30-07)~~(9-1-07)T

IDAPA 02 - DEPARTMENT OF AGRICULTURE

02.06.01 - RULES GOVERNING THE PURE SEED LAW

DOCKET NO. 02-0601-0701

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This pending rule has been adopted by the agency and is now pending review by the 2008 Idaho State Legislature for final approval. 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 Section 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 Section 67-5224, Idaho Code, notice is hereby given that this agency has adopted a pending rule. The action is authorized pursuant to Section 22-418, 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.:

There are no changes being made to the original proposed rule text. The proposed rule adds a definition for the term "conditioning."

The pending rule is being adopted as proposed. The original text of the proposed rule was published in the August 1, 2007 Idaho Administrative Bulletin, Vol. 07-8, page 28.

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year: There is no anticipated fiscal impact.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this pending rule, contact Rick Killebrew, Section Manager or Choice Rawson, Technical Records Specialist at (208) 332-8620.

DATED this 20th day of September, 2007.

Brian J. Oakey, Deputy Director
Idaho State Department of Agriculture
2270 Old Penitentiary Road
P.O. Box 790
Boise, Idaho 83701
Phone: (208) 332-8503
Fax: (208) 334-2170

DOCKET NO. 02-0601-0701 - ADOPTION OF PENDING RULE

There are no substantive changes from the proposed rule text.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 07-8, August 1, 2007, page 28.

This rule has been adopted as a pending rule by the Agency and is now pending review and approval by the 2008 Idaho State Legislature as a final rule.

IDAPA 02 - IDAHO DEPARTMENT OF AGRICULTURE
02.06.02 - RULES PERTAINING TO THE IDAHO COMMERCIAL FEED LAW
DOCKET NO. 02-0602-0701
NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2008 Idaho State Legislature for final approval. 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 Section 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 Section 67-5224, Idaho Code, notice is hereby given that this agency has adopted a pending rule. The action is authorized pursuant to Section 25-2724, 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:

There are no changes being made to the original proposed rule text. The proposed rule updates the incorporation by reference section to reflect the 2008 edition of the Official Publication of the Association of American Feed Control Officials (AAFCO), published in January or February each year. This is a standard reference manual for feed control officials for the registration of animal feeds.

The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the July 4, 2007 Idaho Administrative Bulletin, Vol. 07-7, pages 36 and 37.

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year: There is no anticipated fiscal impact.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this pending rule, contact Michael E. Cooper, Bureau Chief or Ann Brueck, Program Specialist at (208) 332-8620.

DATED this 20th day of September, 2007.

Brian J. Oakey
Deputy Director
Idaho State Department of Agriculture
2270 Old Penitentiary Road
P.O. Box 790, Boise, Idaho 83701
Phone: (208) 332-8503 / Fax: (208) 334-2170

DOCKET NO. 02-0602-0701 - ADOPTION OF PENDING RULE

There are no substantive changes from the proposed rule text.
The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 07-7, July 4, 2007, pages 36 and 37.
This rule has been adopted as a pending rule by the Agency and is now pending review and approval by the 2008 Idaho State Legislature as a final rule.

IDAPA 02 – DEPARTMENT OF AGRICULTURE
02.06.12 - RULES PERTAINING TO THE IDAHO FERTILIZER LAW
DOCKET NO. 02-0612-0701
NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2008 Idaho State Legislature for final approval. 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 Section 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 Section 67-5224, Idaho Code, notice is hereby given that this agency has adopted a pending rule. The action is authorized pursuant to Section 22-604, 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:

There are no changes being made to the original proposed rule text. The proposed rule makes the rule consistent with the Official Publication of the Association of American Plant Food Control Officials, corrects an incorrect citation and allows the name and address of the manufacturer or guarantor to appear on the fertilizer label.

The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the September 5, 2007 Idaho Administrative Bulletin, Vol. 07-9, pages 39 through 42.

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year: There is no anticipated fiscal impact.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this pending rule, contact Rick Killebrew, Section Manager or Michael E. Cooper, Bureau Chief at (208) 332-8620.

DATED this 27th day of September, 2007.

Brian J. Oakey
Deputy Director
Idaho State Department of Agriculture
2270 Old Penitentiary Road
P.O. Box 790, Boise, Idaho 83701
Phone: (208) 332-8503 / Fax: (208) 334-2170

DOCKET NO. 02-0612-0701 - ADOPTION OF PENDING RULE

There are no substantive changes from the proposed rule text.
The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 07-9, September 5, 2007, pages 39 through 42.
This rule has been adopted as a pending rule by the Agency and is now pending review and approval by the 2008 Idaho State Legislature as a final rule.

IDAPA 02 - DEPARTMENT OF AGRICULTURE

02.06.36 - RULES GOVERNING KARNAL BUNT DISEASE OF WHEAT, RYE, AND TRITICALE

DOCKET NO. 02-0636-0701 (CHAPTER REPEAL)

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2008 Idaho State Legislature for final approval. 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 Section 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 Section 67-5224, Idaho Code, notice is hereby given that this agency has adopted a pending rule. The action is authorized pursuant to Section 22-2006, 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:

There are no changes being made to the original proposed rule text. The rules were adopted prior to the Federal Plant Protection Act of 2000 that grants USDA regulations primacy over state rules or quarantines for a particular pest. Since USDA has regulations governing Karnal Bunt, the Idaho rules are preempted. This rule was repealed in its entirety.

The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the September 5, 2007 Idaho Administrative Bulletin, Vol. 07-9, page 43.

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year: There is no anticipated fiscal impact.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this pending rule, contact Michael E. Cooper, Bureau Chief at (208) 332-8620.

DATED this 27th day of September, 2007.

Brian J. Oakey, Deputy Director
Idaho State Department of Agriculture
2270 Old Penitentiary Road
P.O. Box 790, Boise, Idaho 83701
Phone: (208) 332-8503 / Fax: (208) 334-2170

DOCKET NO. 02-0636-0701 - ADOPTION OF PENDING RULE

IDAPA 02.06.36 is being repealed in its entirety.

There are no substantive changes from the proposed rule text.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, [Volume 07-9, September 5, 2007, page 43.](#)

This rule has been adopted as a pending rule by the Agency and is now pending review and approval by the 2008 Idaho State Legislature as a final rule.

IDAPA 02 - DEPARTMENT OF AGRICULTURE

02.06.39 - RULES GOVERNING MINIMUM STANDARDS FOR PLANTING UNCERTIFIED SEED POTATOES IN IDAHO

DOCKET NO. 02-0639-0701

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2008 Idaho State Legislature for final approval. 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 Section 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 Section 67-5224, Idaho Code, notice is hereby given that this agency has adopted a pending rule. The action is authorized pursuant to Section 22-505, 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:

There are no changes being made to the original proposed rule text. The proposed rule sets forth seed potato record keeping requirements for compliance with the USDA National Seed Potato Harmonization Plan, change the title, and make technical corrections.

The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the September 5, 2007 Idaho Administrative Bulletin, Vol. 07-9, pages 44 and 45.

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year: There is no anticipated fiscal impact.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this pending rule, contact Michael E. Cooper, Bureau Chief or Tom Dayley, Administrator at (208) 332-8620.

DATED this 27th day of September, 2007.

Brian J. Oakey
Deputy Director
Idaho State Department of Agriculture
2270 Old Penitentiary Road
P.O. Box 790, Boise, Idaho 83701
Phone: (208) 332-8503 / Fax: (208) 334-2170

DOCKET NO. 02-0639-0701 - ADOPTION OF PENDING RULE

There are no substantive changes from the proposed rule text.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 07-9, September 5, 2007, page 44 and 45.

This rule has been adopted as a pending rule by the Agency and is now pending review and approval by the 2008 Idaho State Legislature as a final rule.

IDAPA 02 - DEPARTMENT OF AGRICULTURE
02.06.41 - RULES PERTAINING TO THE IDAHO SOIL AND
PLANT AMENDMENT ACT OF 2001

DOCKET NO. 02-0641-0701

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2008 Idaho State Legislature for final approval. 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 Section 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 Section 67-5224, Idaho Code, notice is hereby given that this agency has adopted a pending rule. The action is authorized pursuant to Section 22-2204, 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:

There are no changes being made to the original proposed rule text. The proposed rule updates the incorporation by reference section to reflect the 2008 edition of the Official Publication of the Association of American Plant Food Control Officials (AAPFCO), published in January or February each year and the 14th edition of the Merck Index. These are standard reference manuals for fertilizer control officials for the registration of soil and plant amendments.

The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the July 4, 2007 Idaho Administrative Bulletin, Vol. 07-7, pages 38 and 39.

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year: There is no anticipated fiscal impact.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this pending rule, contact Michael E. Cooper, Bureau Chief or Ann Brueck, Program Specialist at (208) 332-8620.

DATED this 20th day of September, 2007.

Brian J. Oakey, Deputy Director
Idaho State Department of Agriculture
2270 Old Penitentiary Road
P.O. Box 790, Boise, Idaho 83701
Phone: (208) 332-8503 / Fax: (208) 334-2170

DOCKET NO. 02-0641-0701 - ADOPTION OF PENDING RULE

There are no substantive changes from the proposed rule text.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 07-7, July 4, 2007, pages 38 and 39.

This rule has been adopted as a pending rule by the Agency and is now pending review and approval by the 2008 Idaho State Legislature as a final rule.

IDAPA 07 - DIVISION OF BUILDING SAFETY
07.02.06 - RULES CONCERNING UNIFORM PLUMBING CODE
DOCKET NO. 07-0206-0701
NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2008 Idaho State Legislature for final approval. 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 Section 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 Section 67-5224, Idaho Code, notice is hereby given that this agency has adopted a pending rule. The action is authorized pursuant to Section 54-2605, 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:

Text has been added to IDAPA 07.02.06.011.22.c. and the paragraph reads as follows:

Subsection 011.22.c.

c. Sidewall venting must meet the intent of Section 906.2 of the UPC. (____)

The text of the pending rule has been amended in accordance with Section 67-5227, Idaho Code. Only those sections that have changes that differ from the proposed text are printed in this bulletin. The complete text of the proposed rule was published in the August 1, 2007 Idaho Administrative Bulletin, Vol. 07-8, pages 29 through 32.

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year: N/A

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the pending rule, contact Stephen L. Keys, Deputy Administrator - Operations, at (208) 332-8986.

DATED this 5th day of September, 2007.

Stephen L. Keys
Deputy Administrator - Operations
Division of Building Safety
1090 E. Watertower St., Meridian
P. O. Box 83720, Boise, Idaho 83720
(208) 332-8986 phone / (208) 855-2164 fax

DOCKET NO. 07-0206-0701 - ADOPTION OF PENDING RULE

There are substantive changes from the proposed rule text.

Only those sections that have changed from the original proposed text are printed in this Bulletin following this notice.

The text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 07-8, August 1, 2007, pages 29 through 32.

This rule has been adopted as a pending rule by the Agency and is now pending review and approval by the 2008 Idaho State Legislature as a final rule.

IDAPA 11 - IDAHO STATE POLICE

11.07.01 - RULES GOVERNING MOTOR VEHICLES - GENERAL RULES

DOCKET NO.11-0701-0701

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2008 Idaho State Legislature for final approval. 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 Section 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 Section 67-5224, Idaho Code, notice is hereby given that this agency has adopted a pending rule. The action is authorized pursuant to Section(s) 67-2901A and 49-901, 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.

The text of the pending rule has been amended in accordance with Section 67-5227, Idaho Code. Only those sections that have changes that differ from the proposed text are printed in this bulletin. The complete text of the proposed rule was published in the September 5, 2007 Idaho Administrative Bulletin, Vol. 07-9, pages 78 through 82.

Changes between this pending rule and the proposed rule are: the cite to authority in Idaho Code has been corrected; definitions for "motor vehicles" and "highways" have been altered to align with the definitions in Idaho Code; and the "Standards for Idaho School Buses and Operations Manual" is incorporated by reference.

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year: N/A

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this pending rule, contact Lt. Bill Reese, (208) 884-7222.

DATED this 2nd day of October, 2007.

Colonel G. Jerry Russell
Director
Idaho State Police
700 S. Stratford
P. O. Box 700
Meridian, ID 83680-0700
208-884-7000 Fax 208-884-7090

DOCKET NO. 11-0701-0701 - ADOPTION OF PENDING RULE

**There are substantive changes from the proposed rule text.
Only those sections that have changed from the original proposed
text are printed in this Bulletin following this notice.**

The text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 07-9, September 5, 2007, pages 78 through 82.
This rule has been adopted as a pending rule by the Agency and is now pending review and approval by the 2008 Idaho State Legislature as a final rule.

THE FOLLOWING IS THE AMENDED TEXT OF DOCKET NO. 11-0701-0701

Sections 000, 001, and 002 (Entire Sections)

000. LEGAL AUTHORITY (RULE 0).

These rules adopting national safety codes and standards are promulgated pursuant to the authority granted to the Idaho State Police pursuant to Section 67- 2901(4) and 49-901, Idaho Code. (5-3-03)()

001. TITLE AND SCOPE (RULE 1).

01. Title. ~~These rules are cited as~~ The name of this chapter is IDAPA 11.07.01, "Rules Governing Motor Vehicles - General Rules." (5-3-03)()

02. Scope. ~~The rules apply to motor vehicles~~ All owners and operators of motor vehicles that operate on the highways under the jurisdiction of the Idaho State Police are required to comply with these rules to the extent the rules are applicable. (5-3-03)()

002. WRITTEN INTERPRETATIONS (RULE 2).

~~There are no written interpretations of these rules.~~ The Director of the Idaho State Police is authorized to make and give informal interpretations of the terms and definitions found in the Idaho Code, this Department's rules applicable to motor vehicles and other filings relating to motor vehicles maintained by the Department pursuant to law. The Director may be contacted in writing at the Idaho State Police, PO Box 700, Meridian, Idaho 83680-0700, or may be reached by telephone at (208) 884-7200. For future rulemakings written interpretations in the form of explanatory comments accompanying the notice of proposed rulemaking that originally proposed the rules and review of comments submitted in the rulemaking decision adopting these rules are published in the issues of the Idaho Administrative Bulletin proposing or adopting the rules. The Department reserves to itself the authority to issue formal declaratory orders construing these items. (5-3-03)()

(BREAK IN CONTINUITY OF SECTIONS)

Section 006 (Entire Section)

~~0406.~~ **DEFINITIONS (RULE 6).**

01. Department. The "Department," as used herein, means the Idaho State Police. (7-1-93)

02. Director. The "Director," as used herein, means the Director of the Idaho State Police. (7-1-93)

~~03.~~ **Motor Vehicle.** Will be the same as the definition found in Idaho Code 49-123(2)(g). ()

~~04.~~ **Highway.** Will be the same as the definition found in Idaho Code 49-109(h). ()

(BREAK IN CONTINUITY OF SECTIONS)

Section 008 (Entire Section)

008. INCORPORATED BY REFERENCE (RULE 8).

Rules 20, 30, and 40 incorporate by reference various state and national safety codes and federal regulations. Each applicable rule identifies the issuing entity for each code or regulation and indicates where the incorporated materials may be obtained. Incorporated materials are also available for inspection and copying at the Headquarters Office of the Idaho State Police, listed in Rule 004. The following codes and standards are incorporated: ()

01. Society of Automotive Engineers (SAE). The SAE Ground Vehicle Lighting Standards Manual and SAE standards are published by the Society of Automotive Engineers and are available from SAE World Headquarters, 400 Commonwealth Drive, Warrendale, PA 15096-0001 and may be ordered by calling 1-877-606-7323 or on the worldwide web at <http://store.sae.org/>. ()

02. Idaho State Department of Education, Standards for Idaho School Buses and Operations Manual. The Standards for Idaho School Buses and Operations Manual is published by the Idaho Department of Education, 650 West State Street, P.O. Box 83720, Boise, ID 83720-0027 and may be ordered by calling 1-208-332-6800 or downloaded from the worldwide web at <http://www.sde.idaho.gov/Transportation/library.asp>. ()

03. Federal Regulations – 49 C.F.R. Parts 392, 393, and 571. These regulations are found in the Code of Federal Regulations, available from the U.S. Government Printing Office, Superintendent of Documents, Attn: New Orders, PO Box 37954, Pittsburgh, PA 15250-7954. The incorporated parts are also available on the worldwide web at <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html#page1>. ()

(BREAK IN CONTINUITY OF SECTIONS)

Section 030 (Entire Section)

030. IDAHO STATE DEPARTMENT OF EDUCATION, STANDARDS FOR IDAHO SCHOOL BUSES AND OPERATIONS MANUAL (RULE 30).

The Director incorporates by reference the standards found in the November 1, 2006 “Standards for Idaho School Buses and Operations” manual approved by the Idaho State Board of Education. All owners and operators of motor vehicles that operate on the highways under the jurisdiction of the Idaho State Police are required to comply with the applicable standards found in the “Standards for Idaho School Buses and Operations” manual. ()

01. General Rules. Pursuant to Section 49-901(8), Idaho Code, the Director hereby incorporates by reference the standards found in the November 1, 2006 “Standards for Idaho School Buses and Operations” manual approved by the Idaho State Department of Education as if set forth herein in full. ()

02. Lighting Equipment. Pursuant to Section 49-901(2), Idaho Code, the Director hereby incorporates by reference the standards found in the November 1, 2006 “Standards for Idaho School Buses and Operations” manual approved by the Idaho State Department of Education as if set forth herein in full. ()

IDAPA 14 - BOARD OF REGISTRATION OF PROFESSIONAL GEOLOGISTS

14.01.01 - RULES OF PROCEDURE OF THE BOARD OF REGISTRATION OF PROFESSIONAL GEOLOGISTS

DOCKET NO. 14-0101-0701

NOTICE OF RULEMAKING - ADOPTION OF PENDING FEE RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2008 Idaho State Legislature for final approval. Pursuant to Section 67-5224(5)(c), Idaho Code, this pending rule will not become final and effective until it has been approved, amended, or modified by concurrent resolution of the legislature because of the fee being imposed or increased through this rulemaking. 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 Section 67-5224, Idaho Code, notice is hereby given that this agency has adopted a pending rule. The action is authorized pursuant to Section 54-2808, 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:

Text has been changed to IDAPA 14.01.01.005 to update all office information. This change will reflect accurate and updated information to include the address, telephone number, facsimile number, website, and email address.

The text of the pending rule has been amended in accordance with Section 67-5227, Idaho Code. Only those sections that have changes that differ from the proposed text are printed in this bulletin. The original text of the proposed rule was published in the September 5, 2007 Idaho Administrative Bulletin, Vol. 07-9, pages 83 through 94.

FEE SUMMARY: The following is a specific description of the fee or charge imposed or increased. This fee or charge is being imposed pursuant to Title 54, Chapter 28, Idaho Code.

As authorized in Title 54, Chapter 28, Idaho Code, fees are charged in connection with the examination and licensing of professional geologists. A twenty-five (25) dollar fee for processing examinations is being removed from these rules, and the rule changes clarify that application, examination, and reexamination fees are non-refundable.

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year: N/A

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this pending rule, contact Tana Cory, Bureau Chief at (208) 334-3233.

DATED this 23rd day of October, 2007.

Tana Cory, Bureau Chief
Bureau of Occupational Licenses
1109 Main St., Owyhee Plaza, Ste. 220
Boise, Idaho 83702-5642
(208) 334-3233, (208) 334-3945 fax

DOCKET NO. 14-0101-0701 - ADOPTION OF PENDING FEE RULE

There are substantive changes from the proposed rule text.
Only those sections that have changed from the original proposed text are printed in this Bulletin following this notice.
The text of the proposed rule was published in the Idaho Administrative Bulletin, **Volume 07-9, September 5, 2007, pages 83 through 94.**
This rule has been adopted as a pending rule by the Agency and is now pending review and approval by the 2008 Idaho State Legislature as a final rule.

THE FOLLOWING IS THE AMENDED TEXT OF DOCKET NO. 14-0101-0701

Section 005 (Entire Section)

005. OFFICE INFORMATION -- OFFICE HOURS.

The office of the Board is located within the Bureau of Occupational Licenses, Owyhee Plaza, 1109 Main Street, Suite 220, Boise, Idaho 83702-5642. The office is open from 8 a.m. to 5 p.m., except Saturday, Sunday, and legal holidays. The telephone number of the office is (208) 334-3233. The facsimile number of the office is (208) 334-3945. The email address of the Board is geo@ibol.idaho.gov. The website address of the Board is <http://www.ibol.idaho.gov/geo.htm>. ()

IDAPA 14 - BOARD OF REGISTRATION OF PROFESSIONAL GEOLOGISTS

14.01.01 - RULES OF PROCEDURE OF THE BOARD OF REGISTRATION OF PROFESSIONAL GEOLOGISTS

DOCKET NO. 14-0101-0702

NOTICE OF RULEMAKING - ADOPTION OF TEMPORARY RULE

EFFECTIVE DATE: The effective date of the temporary rule is November 1, 2007.

AUTHORITY: In compliance with Sections 67-5226, Idaho Code, notice is hereby given this agency has adopted a temporary rule. The action is authorized pursuant to Section 54-2808, Idaho Code.

DESCRIPTIVE SUMMARY: The following is the required finding and concise statement of its supporting reasons for adopting a temporary rule:

This rule is necessary to provide the current address, telephone and facsimile numbers, and website of the Board.

TEMPORARY RULE JUSTIFICATION: Pursuant to Section(s) 67-5226(1)(a), Idaho Code, the Governor has found that temporary adoption of the rule is appropriate for the following reasons:

This rule change is necessary to protect the public safety by providing a current address and contact information for the Board.

FEE SUMMARY: Pursuant to Section 67-5226(2), the Governor has found that the fee or charge being imposed or increased is justified and necessary to avoid immediate danger and the fee is described herein: N/A

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the temporary rule, contact Tana Cory, Bureau Chief, at (208) 334-3233.

DATED this 25th day of October, 2007.

Tana Cory, Bureau Chief
Bureau of Occupational Licenses
1109 Main St., Owyhee Plaza, Ste. 220
Boise, Idaho 83702-5642
(208) 334-3233 phone / (208) 334-3945 fax

THE FOLLOWING IS THE TEXT OF DOCKET NO. 14-0101-0702

004. --~~009.~~ (RESERVED).

005. OFFICE INFORMATION - OFFICE HOURS.

The office of the Board is located within the Bureau of Occupational Licenses, Owyhee Plaza, 1109 Main Street, Suite 220, Boise, Idaho 83702-5642. The office is open from 8 a.m. to 5 p.m., except Saturday, Sunday, and legal holidays. The telephone number of the office is (208) 334-3233. The facsimile number of the office is (208) 334-3945. The email address of the Board is geo@ibol.idaho.gov. The website address of the Board is <http://www.ibol.idaho.gov/geo.htm>. (11-1-07)T

006. -- 009. (RESERVED).

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.02.02 - RULES OF THE IDAHO EMERGENCY MEDICAL SERVICES (EMS) PHYSICIAN COMMISSION

DOCKET NO. 16-0202-0701

NOTICE OF RULEMAKING

ADOPTION OF PENDING RULE AND AMENDMENT TO TEMPORARY RULE

EFFECTIVE DATE: The effective date of the amendment to the temporary rule is February 1, 2007. This pending rule has been adopted by the agency and is now pending review by the 2008 Idaho State Legislature for final approval. 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 Section 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 Section 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 Sections 56-1013A and 56-1017, Idaho Code, and House Bill 858 (2006).

DESCRIPTIVE SUMMARY: The following is a concise explanatory statement of the reasons for adopting the pending rule and amending the temporary 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:

The amendments to these rules are the result of comments from public hearings, written comments submitted during the comment period, and comments or corrections from the members of the Emergency Medical Services (EMS) Physician Commission. The following are specific changes made to the pending and temporary rules:

1. Section 100 - Deleted a redundant phrase, added a phrase clarifying that the hospital or medical clinic supervising physician may approve additional training of certified EMS personnel, and clarified that certified EMS personnel must not provide "out-of-hospital care" that exceeds the scope of practice established by the Commission.
2. Section 300 - Added further clarification as to how an EMS medical director, hospital supervising physician, or medical clinic supervising physician may credential certified EMS personnel under his supervision with a limited scope of practice.
3. Section 400 - Corrected the citation to IDAPA 22.01.03, "Rules for the Licensure of Physician Assistants," and clarified the reference to advanced directives of patients and physicians with the addition of specific reference to: "Physician Orders for Scope Treatment (POST) or other valid Do Not Resuscitate (DNR) orders."
4. Section 500 - Added clarification that the hospital or medical clinic must maintain a current written description of acts and duties authorized by the hospital supervising physician or medical clinic supervising physician for credentialed EMS personnel and that they must submit the descriptions upon request of the Commission or the EMS Bureau. Also, corrected the citation to IDAPA 22.01.03, "Rules for the Licensure of Physician Assistants," and added the clarification that the Medical Supervision Plan must be submitted, upon request, to the EMS Physician Commission or the EMS Bureau.

The text of the pending rule has been amended in accordance with Section 67-5227, Idaho Code, and is being republished following this notice. Rather than keep the temporary rule in place while the pending rule awaits legislative approval, the EMS Physician Commission amended the temporary rule with the same revisions which have been made to the pending rule. Only the sections that have changes from the proposed text are printed in this bulletin. The original text of the proposed rule was published in the January 3, 2007, Idaho Administrative Bulletin, Vol. 07-1, pages 57 through 68.

FISCAL IMPACT: The following is a specific description, if applicable, of any fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year:

There is no fiscal impact to the state general fund as result of this rulemaking.

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

DATED this 20th day of September, 2007.

Sherri Kovach
Program Supervisor
DHW - Administrative Procedures Section
450 West State Street - 10th Floor
P.O. Box 83720, Boise, Idaho 83720-0036
(208) 334-5564 phone; (208) 334-6558 fax
kovachs@dhw.idaho.gov e-mail

**DOCKET NO. 16-0202-0701 - ADOPTION OF PENDING RULE
AND AMENDMENT TO TEMPORARY RULE**

There are substantive changes from the proposed rule text.

Only those sections that have changed from the original proposed text are printed in this Bulletin following this notice.

The text of the proposed rule was published in the Idaho Administrative Bulletin, [Volume 07-1, January 3, 2007, pages 57 through 68.](#)

This rule has been adopted as a pending rule by the Agency and is now pending review and approval by the 2008 Idaho State Legislature as a final rule.

THE FOLLOWING IS THE AMENDED TEXT OF DOCKET NO. 16-0202-0701

Subsections 100.01.b. Through 100.01.d. and Subsection 100.02.e.

100. GENERAL DUTIES OF EMS PERSONNEL.

01. General Duties. General duties of EMS personnel include the following: (2-1-07)T

~~**b.** Certified EMS personnel must not provide patient care beyond the scope of practice as defined by the Commission.~~ (2-1-07)F

e. Certified EMS personnel must only provide patient care for which they have been trained, based on curricula or specialized training approved according to IDAPA 16.02.03, "Rules Governing Emergency Medical Services;" or additional training approved by the hospital or medical clinic supervising physician. (2-1-07)F(2-1-07)T

dc. Certified EMS personnel must not perform a task or tasks within their scope of practice that have been specifically prohibited by their EMS medical director, hospital supervising physician, or medical clinic supervising physician. (2-1-07)T

ed. Certified EMS personnel that possess a valid credential issued by the EMS medical director, hospital supervising physician, or medical clinic supervising physician are authorized to provide services when representing an Idaho EMS agency, hospital, or medical clinic and under any one (1) of the following conditions: (2-1-07)T

02. Scope of Practice. (2-1-07)T

e. Certified EMS personnel must not provide ~~emergency medical services~~ out-of-hospital patient care that exceeds the scope of practice established by the Commission; ~~(2-1-07)F~~(2-1-07)T

Subsection 300.02.b.

300. EMS MEDICAL DIRECTOR, HOSPITAL SUPERVISING PHYSICIAN, AND MEDICAL CLINIC SUPERVISING PHYSICIAN RESPONSIBILITIES AND AUTHORITY.

02. Approval for EMS Personnel to Function. (2-1-07)T.

b. The EMS medical director, hospital supervising physician, or medical clinic supervising physician may credential certified EMS personnel under his supervision with a limited scope of practice relative to that allowed by the EMS Physician Commission, or with a limited scope of practice corresponding to a lower level of EMS certification. ~~(2-1-07)F~~(2-1-07)T

Subsections 400.04.c. and 400.06.b.xiii.

400. PHYSICIAN SUPERVISION IN THE OUT-OF-HOSPITAL SETTING.

04. Direct Medical Supervision by Physician Assistants and Nurse Practitioners. The EMS medical director can designate Physician Assistants (PA) and Nurse Practitioners for purposes of direct medical supervision of certified EMS personnel under the following conditions: (2-1-07)T

c. The physician supervising the PA, as defined in IDAPA 22.01.~~1403~~, “Rules Relating to Complaint Investigation for the Licensure of Physician Assistants,” authorizes the PA to provide direct (on-line) supervision; and ~~(2-1-07)F~~(2-1-07)T

06. Medical Supervision Plan. The medical supervision of certified EMS personnel must be provided in accordance with a documented medical supervision plan that includes direct, indirect, on-scene, educational, and proficiency standards components. The EMS medical director is responsible for developing, implementing, and overseeing the medical supervision plan that must consist of the following elements: (2-1-07)T

b. Indirect (off-line) supervision that includes all of the following: (2-1-07)T

xiii. Policies and protocols for patient refusal, “treat and release,” ~~advanced directives by patients and physicians~~ Physician Orders for Scope of Treatment (POST) or other valid Do Not Resuscitate (DNR) orders, and

determination of death and other predictable patient non-transport scenarios;

~~(2-1-07)F(2-1-07)T~~

Subsections 500.03, 500.07.b., and 500.09.

500. PHYSICIAN SUPERVISION IN HOSPITALS AND MEDICAL CLINICS.

03. Credentialing of Certified EMS Personnel in a Hospital or Medical Clinic. The hospital or medical clinic must maintain a current written description of acts and duties authorized by the hospital supervising physician or medical clinic supervising physician for credentialed EMS personnel and must submit such the descriptions upon request of the Commission or the EMS Bureau. ~~(2-1-07)F(2-1-07)T~~

07. Direct Medical Supervision by Physician Assistants and Nurse Practitioners. The hospital supervising physician, or medical clinic supervising physician can designate Physician Assistants (PA) and Nurse Practitioners for purposes of direct medical supervision of certified EMS personnel under the following conditions: (2-1-07)T

b. The physician supervising the PA, as defined in IDAPA 22.01.~~1403~~, “Rules Relating to Complaint Investigation for the Licensure of Physician Assistants,” authorizes the PA to provide supervision; and ~~(2-1-07)F(2-1-07)T~~

09. Medical Supervision Plan. The medical supervision of certified EMS personnel must be provided in accordance with a documented medical supervision plan. The hospital supervising physician or medical clinic supervising physician is responsible for developing, implementing, and overseeing the medical supervision plan, and must submit the plan(s) upon request of the Commission or the EMS Bureau. ~~(2-1-07)F(2-1-07)T~~

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.03.01 - ELIGIBILITY FOR HEALTH CARE ASSISTANCE FOR FAMILIES AND CHILDREN

DOCKET NO. 16-0301-0701

NOTICE OF RULEMAKING

ADOPTION OF PENDING RULE AND AMENDMENT TO TEMPORARY RULE

EFFECTIVE DATE: The effective dates of the amendment to the temporary rule is July 1, 2006 and October 1, 2006. This pending rule has been adopted by the agency and is now pending review by the 2008 Idaho State Legislature for final approval. 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 Section 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 Section 67-5224, Idaho Code, notice is hereby given that this agency has adopted a pending rule. The action is authorized pursuant to Sections 56-202, 56-203, 56-209, 56-236, 56-237, 56-238, 56-239, 56-240, 56-242, 56-250, 56-253, 56-255, and 56-257, Idaho Code; Section 1902 of the Social Security Act; and Section 405(c)(1) of the Tax Relief and Health Care Act of 2006 (TRHCA), P.L. 109-432.

DESCRIPTIVE SUMMARY: The following is a concise explanatory statement of the reasons for adopting the pending rule and amending the temporary 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:

The changes to these rules are concerning clarification of the definition for “Newborn Deemed Eligible” and qualifying the circumstances of a mother’s eligibility for Medicaid.

The text of the pending rule has been amended in accordance with Section 67-5227, Idaho Code, and is being republished following this notice. Rather than keep the temporary rule in place while the pending rule awaits legislative approval, the Department amended the temporary rule with the same revisions which have been made to the pending rule. Only the sections that have changes from the proposed text are printed in this bulletin. The complete text of the proposed rule was published in the August 1, 2007, Idaho Administrative Bulletin, Vol. 07-8, pages 94 through 97.

FISCAL IMPACT: The following is a specific description, if applicable, of any fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year:

Based on data from the Eligibility Programs Integrated Computer System (EPICS) and the Division of Medicaid, approximately one hundred and sixty (160) newborn children will be added to Medicaid because of this rule change. The average Medicaid cost for a newborn child for one year is \$5,202. This will result in a yearly increase in Medicaid spending of \$832,320 of which \$250,000 is general fund money.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the pending rule, contact Linda Palmer at (208) 334-5845.

DATED this 20th day of September, 2007.

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DOCKET NO. 16-0301-0701 - ADOPTION OF PENDING RULE
AND AMENDMENT TO TEMPORARY RULE

There are substantive changes from the proposed rule text.

Only those sections that have changed from the original proposed text are printed in this Bulletin following this notice.

The text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 07-8, August 1, 2007, pages 94 through 97.

This rule has been adopted as a pending rule by the Agency and is now pending review and approval by the 2008 Idaho State Legislature as a final rule.

THE FOLLOWING IS THE AMENDED TEXT OF DOCKET NO. 16-0301-0701

Subsection 011.01

011. DEFINITIONS (M THROUGH Z).

For the purposes of these rules the following terms are used as defined below:

(3-30-07)

01. Newborn Deemed Eligible. A child born to a woman who is eligible for and receiving medical assistance on the date of the child's birth. A child so born is eligible for Medicaid for the first year of his life.

~~(7-1-06)F~~(7-1-06)T

Subsection 530.02

530. NEWBORN CHILD DEEMED ELIGIBLE FOR MEDICAID.

A child is deemed eligible for Medicaid for his first year of life if:

(7-1-06)T

02. Mother Is Eligible for Medicaid. The mother is at or below one hundred thirty-three (133%) FPG and is eligible for Medicaid ~~coverage of the delivery.~~ This includes a mother with income at or below one hundred thirty-three (133%) of poverty who qualifies for coverage of only the delivery because of her alien status.

~~(7-1-06)F~~(7-1-06)T

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.03.05 - RULES GOVERNING ELIGIBILITY FOR AID TO THE AGED, BLIND, AND DISABLED (AABD)

DOCKET NO. 16-0305-0702

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2008 Idaho State Legislature for final approval. 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 Section 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 Section 67-5224, Idaho Code, notice is hereby given that this agency has adopted a pending rule. The action is authorized pursuant to Sections 56-202, Idaho Code, and SB1170, 2007 Legislature.

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:

The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the August 1, 2007, Idaho Administrative Bulletin, Vol. 07-8, pages 99 through 101.

FISCAL IMPACT: The following is a specific description, if applicable, of any fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year: N/A

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the pending rule, contact Susie Cummins at (208) 732-1419.

DATED this 28th day of September, 2007.

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DOCKET NO. 16-0305-0702 - ADOPTION OF PENDING RULE

There are no substantive changes from the proposed rule text.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 07-8, August 1, 2007, pages 99 through 101.

This rule has been adopted as a pending rule by the Agency and is now pending review and approval by the 2008 Idaho State Legislature as a final rule.

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.03.09 - MEDICAID BASIC PLAN BENEFITS

DOCKET NO. 16-0309-0701

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2008 Idaho State Legislature for final approval. 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 Section 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 Section 67-5224, Idaho Code, notice is hereby given that this agency has adopted a pending rule. The action is authorized pursuant to Sections 56-202(b), 56-203(g), and 56-257, Idaho Code; also House Bill 663aa (2006).

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:

The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the January 3, 2007, Idaho Administrative Bulletin, Vol. 07-1, pages 149 through 151.

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year:

The implementation of co-payments by participants is cost-neutral to the Medicaid budget:

1. Co-payments are paid by the participant to the provider, not to the Medicaid program; and
2. Co-payments are permissive (i.e., providers may, but are not required, to charge the co-payment) and there is no reduction in provider payment by Medicaid when a participant pays the co-payment.

Future savings may be realized as participants make better choices and reduce inappropriate use of services.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this pending rule, contact Patti Campbell at (208) 287-1158.

DATED this 5th day of September, 2007.

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DOCKET NO. 16-0309-0701 - ADOPTION OF PENDING RULE

There are no substantive changes from the proposed rule text.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 07-1, January 3, 2007, pages 149 through 151.

This rule has been adopted as a pending rule by the Agency and is now pending review and approval by the 2008 Idaho State Legislature as a final rule.

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.03.09 - MEDICAID BASIC PLAN BENEFITS

DOCKET NO. 16-0309-0707

NOTICE OF RULEMAKING - TEMPORARY AND PROPOSED RULE

EFFECTIVE DATE: The effective date of the temporary rule is September 1, 2007.

AUTHORITY: In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted a temporary rule, and proposed rulemaking procedures have been initiated. The action is authorized pursuant to Sections 56-202(b), 56-203(g), 56-203(i), 56-250 through 56-257, Idaho Code; also Title XIX and Title XXI of the Social Security Act, as amended, and the companion federal regulations.

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 Wednesday, November 21, 2007.

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 the required finding and concise statement of its supporting reasons for adopting a temporary rule and a nontechnical explanation of the substance and purpose of the proposed rulemaking:

As part of the Department's Medicaid Modernization project, a selective contract has been awarded to Blue Cross of Idaho to provide dental insurance coverage for Medicaid Basic Plan participants. This means the contractor will be providing the dental insurance program instead of Medicaid covering dental services directly.

Currently, the Basic Plan benefits rules list all the Medicaid-covered dental services, including the procedure codes. This rulemaking removes reference to the Medicaid-covered dental services since the insurance contractor will be providing dental insurance coverage for these services under their contract beginning September 1, 2007. The companion rulemaking for these changes is Docket No. 16-0310-0705.

TEMPORARY RULE JUSTIFICATION: Pursuant to Section(s) 67-5226(1)(c), Idaho Code, the Governor has found that temporary adoption of the rule is appropriate because it confers benefits to Medicaid participants on the Basic Plan.

FEE SUMMARY: Pursuant to Section 67-5226(2), the Governor has found that the fee or charge being imposed or increased is justified and necessary to avoid immediate danger and the fee is described herein: N/A

FISCAL IMPACT: The following is a specific description, if applicable, of any fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year:

There is no anticipated fiscal impact to the state general fund related to this rulemaking.

NEGOTIATED RULEMAKING: Pursuant to IDAPA 04.11.01.811, negotiated rulemaking was not conducted since this rulemaking is being done to implement the selective contract for dental services.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the temporary and proposed rule, contact Arla Farmer at (208) 364-1958.

Anyone may submit written comments regarding the proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before Wednesday, November 28, 2007.

DATED this 13th day of September, 2007.

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THE FOLLOWING IS THE TEXT OF DOCKET NO. 16-0309-0707

004. INCORPORATION BY REFERENCE.

The following are incorporated by reference in this chapter of rules: (3-30-07)

01. 42 CFR Part 447. 42 CFR Part 447, "Payment for Services," revised as of October 1, 2001, is available from CMS, 7500 Security Blvd, Baltimore, M.D., 21244-1850 or on the Code of Federal Regulations internet site at <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>. (3-30-07)

02. American Academy of Pediatrics (AAP) Periodicity Schedule. This document is available on the internet at: <http://aappolicy.aappublications.org/cgi/reprint/pediatrics;105/3/645.pdf>. The schedule is also available at the Division of Medicaid, 3232 Elder Street, Boise, ID 83705. (3-30-07)

03. CDC Child and Teen BMI Calculator. The Centers for Disease Control (CDC) Child and Teen Body Mass Index (BMI) Calculator is available on the internet at: <http://www.cdc.gov/nccdphp/dnpa/bmi/index.htm>. The Calculator is also available through the Division of Medicaid, 3232 Elder Street, Boise, ID 83705. (3-30-07)

~~**04. CDT – 2005. Current Dental Terminology, Fifth Edition.** CDT – 2005. Current Dental Terminology, Fifth Edition, is available from the American Dental Association, 211 East Chicago Ave., Chicago, IL 60611-2678, or may be ordered online at <http://www.ada.org/prof/resources/topics/cdt/manual.asp>. A copy is available for public review at the Division of Medicaid, 3232 Elder Street, Boise, ID 83705. (3-30-07)~~

054. DSM-IV-TR. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) Washington, DC, American Psychiatric Association, 2000. Copies of the manual are available from the American Psychiatric Association, 1400 K Street, N.W., Washington, DC, 20005. A copy of the manual is also available for public review at the Department of Health and Welfare, 450 West State Street, Boise, Idaho, 83702. (3-30-07)

065. Estimated Useful Lives of Depreciable Hospital Assets, 2004 Revised Edition, Guidelines Lives. This document may be obtained from American Hospital Publishing, Inc., 211 East Chicago Avenue, Chicago, IL, 60611. (3-30-07)

076. Idaho Infant Toddler Program Implementation Manual (Revised September 1999). The full text of the "Idaho Infant Toddler Program Implementation Manual," revised September 1999, is available at the Department of Health and Welfare, 450 West State Street, Boise, Idaho, 83702. (3-30-07)

087. Idaho Special Education Manual, September 2001. The full text of the "Idaho Special Education Manual, September 2001" is available on the Internet at <http://www.sde.state.id.us/SpecialEd/manual/sped.asp>. A copy is also available at the Idaho Department of Education, 650 West State Street, P.O. Box 83720, Boise, Idaho 83720-0027. (3-30-07)

098. Medicare Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Jurisdiction D Supplier Manual 2007, As Amended. Since the supplier manual is amended on a quarterly basis by

CMS, the current year's manual is being incorporated by reference, as amended, to allow for the incorporation of the most recent amendments to the manual. The full text of the Medicare. DME MAC Jurisdiction D Supplier Manual is available via the Internet at: www.noridianmedicare.com. (3-30-07)

109. Physician's Current Procedural Terminology (CPT® Manual). This document may be obtained from the American Medical Association, P.O. Box 10950, Chicago, Illinois 60610, or online at: <http://www.ama-assn.org/ama/pub/category/3113.html>. (3-30-07)

140. Provider Reimbursement Manual (PRM). The Provider Reimbursement Manual (PRM), Part I and Part II (CMS Publication 15-1 and 15-2), is available on the CMS internet site at <http://www.cms.hhs.gov/Manuals/PBM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS021929> and <http://www.cms.hhs.gov/Manuals/PBM/itemdetail.asp?filterType=none&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS021935>. (3-30-07)

121. SIB-R Comprehensive Manual. Scales of Independent Behavior - Revised Comprehensive Manual, 1996, Riverside Publishing Co, 425 Spring Lake Drive, Itasca, IL 60143-2079. A copy is available for public review at the Department of Health and Welfare, 450 West State Street, Boise, Idaho 83702. (3-30-07)

132. Travel Policies and Procedures of the Idaho State Board of Examiners. The text of "Idaho State Travel Policies and Procedures of the Idaho State Board of Examiners," Appendices A and B, June 13, 2000, is available at the Office of the State Controller, 700 W. State St., 5th Fl., Box 83720, Boise, Idaho 83720-0011 or on the Internet at <http://www.sco.idaho.gov>. (3-30-07)

(BREAK IN CONTINUITY OF SECTIONS)

399. COVERED SERVICES UNDER BASIC PLAN BENEFITS.

Individuals who are eligible for Medicaid Basic Plan Benefits are eligible for the following benefits described in this chapter of rules. Those individuals eligible for services under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," are also eligible for the services covered under this chapter of rules, unless specifically exempted. (3-30-07)

01. Hospital Services. The range of hospital services covered is described in Sections 400 through 447 of these rules. (3-30-07)

a. Inpatient Hospital Services are described in Sections 400 through 406. (3-30-07)

b. Outpatient Hospital Services are described in Sections 410 through 416. (3-30-07)

c. Reconstructive Surgery services are described in Sections 420 through 426. (3-30-07)

d. Surgical procedures for weight loss are described in Sections 430 through 436. (3-30-07)

e. Investigational procedures or treatments are described in Sections 440 through 446. (3-30-07)

02. Ambulatory Surgical Centers. Ambulatory Surgical Center services are described in Sections 450 through 456 of these rules. (3-30-07)

03. Physician Services and Abortion Procedures. Physician services and abortion procedures are described in Sections 500 through 516 of these rules. (3-30-07)

a. Physician services are described in Sections 500 through 506. (3-30-07)

b. Abortion procedures are described in Sections 510 through 516. (3-30-07)

04. Other Practitioner Services. Other practitioner services are described in Sections 520 through 556

- of these rules. (3-30-07)
- a. Midlevel practitioner services are described in Sections 520 through 526. (3-30-07)
 - b. Chiropractic services are described in Sections 530 through 536. (3-30-07)
 - c. Podiatrist services are described in Sections 540 through 546. (3-30-07)
 - d. Optometrist services are described in Sections 550 through 556. (3-30-07)
- 05. Primary Care Case Management.** Primary Care Case Management services are described in Sections 560 through 566 of these rules. (3-30-07)
- 06. Prevention Services.** The range of prevention services covered is described in Sections 570 through 646 of these rules. (3-30-07)
- a. Health Risk Assessment services are described in Sections 570 through 576. (3-30-07)
 - b. Child wellness services are described in Sections 580 through 586. (3-30-07)
 - c. Adult physical services are described in Sections 590 through 596. (3-30-07)
 - d. Screening mammography services are described in Sections 600 through 606. (3-30-07)
 - e. Diagnostic Screening Clinic services are described in Sections 610 through 616. (3-30-07)
 - f. Personal Health Account services are described in Sections 620 through 626. (3-30-07)
 - g. Nutritional services are described in Sections 630 through 636. (3-30-07)
 - h. Diabetes Education and Training services are described in Sections 640 through 646. (3-30-07)
- 07. Laboratory and Radiology Services.** Laboratory and radiology services are described in Sections 650 through 656 of these rules. (3-30-07)
- 08. Prescription Drugs.** Prescription drug services are described in Sections 660 through 666 of these rules. (3-30-07)
- 09. Family Planning.** Family planning services are described in Sections 680 through 686 of these rules. (3-30-07)
- 10. Mental Health Services.** The range of covered Mental Health services are described in Sections 700 through 716 of these rules. (3-30-07)
- a. Inpatient Psychiatric Hospital services are described in Sections 700 through 706. (3-30-07)
 - b. Mental Health Clinic services are described in Sections 707 through 718. (3-30-07)
- 11. Home Health Services.** Home health services are described in Sections 720 through 726 of these rules. (3-30-07)
- 12. Therapies.** Physical therapy services are described in Sections 730 through 736 of these rules. Speech and Occupational Therapy services are referred to in Section 738 of these rules. (3-30-07)
- 13. Speech Language and Hearing Services.** Audiology services are described in Sections 740 through 746 of these rules. (3-30-07)

- 14. Durable Medical Equipment and Supplies.** The range of covered durable medical equipment and supplies is described in Sections 750 through 776 of these rules. (3-30-07)
- a.** Durable Medical Equipment and supplies are described in Sections 750 through 756. (3-30-07)
- b.** Oxygen and related equipment and supplies are described in Sections 760 through 766. (3-30-07)
- c.** Prosthetic and orthotic services are described in Sections 770 through 776. (3-30-07)
- 15. Vision Services.** Vision services are described in Sections 780 through 786 of these rules. (3-30-07)
- 16. Dental Services.** The ~~range of covered dental and denturist services is covered under the Basic Plan are covered under a selective contract as~~ described in Sections ~~800 through 806~~ of these rules. ~~(3-30-07)~~(9-1-07)T
- 17. Essential Providers.** The range of covered essential services is described in Sections 820 through 856 of these rules. (3-30-07)
- a.** Rural health clinic services are described in Sections 820 through 826. (3-30-07)
- b.** Federally Qualified Health Center services are described in Sections 830 through 836. (3-30-07)
- c.** Indian Health Services Clinic services are described in Sections 840 through 846. (3-30-07)
- d.** School-Based services are described in Sections 850 through 856. (3-30-07)
- 18. Transportation.** The range of covered transportation services is described in Sections 860 through 876 of these rules. (3-30-07)
- a.** Emergency transportation services are described in Sections 860 through 866. (3-30-07)
- b.** Non-emergency transportation services are described in Sections 870 through 876. (3-30-07)
- 19. EPSDT Services.** EPSDT services are described in Sections 880 through 886 of these rules. (3-30-07)
- 20. Specific Pregnancy-Related Services.** Specific pregnancy-related services are described in Sections 890 through 896 of these rules. (3-30-07)

(BREAK IN CONTINUITY OF SECTIONS)

800. ~~DENTAL SERVICES — DEFINITIONS~~ SELECTIVE CONTRACT FOR DENTAL COVERAGE UNDER THE BASIC PLAN.

~~Dental services are provided for the relief of dental pain, prosthetic replacement, and the correcting of handicapping malocclusion and are purchased from a licensed dentist or denturist.~~ (3-30-07)

01. Dental Coverage Under the Selective Contract. Children and adults under the Medicaid Basic Plan are covered under a selective contract with Blue Cross of Idaho for preventative dental visits, treatments, and restorative services. For more details on covered dental services, go to <http://www.bcidaho.com/about-us/idaho-smiles.asp>. (9-1-07)T

02. Limitations on Orthodontics. Orthodontics are limited to participants from birth to twenty-one (21) years of age who meet the eligibility requirements, and the Idaho Medicaid Handicapping Malocclusion Index as

evaluated by the state Medicaid dental consultant. The Malocclusion Index may be found in Appendix A of these rules. (9-1-07)T

801. DENTAL SERVICES – PARTICIPANT ELIGIBILITY.

01. Children's Services. Covered dental services for children (through the month of their twenty first birthday) are covered in Sections 800 through 805 of these rules. (3-30-07)

02. Pregnancy-Related Services. Dental services for women on the Pregnant Women (PW) Program are listed in Subsection 802.14 of these rules. (3-30-07)

03. Adult Coverage. Covered dental services for Medicaid eligible adults (persons who are past the month of their twenty first birthday) who are not eligible under PW or Qualified Medicare Beneficiary (QMB) are listed in Subsection 802.15 of these rules. (3-30-07)

04. Orthodontics. Limited to participants age zero (0) to twenty one (21) years who meet the eligibility requirements, and the Handicapping Malocclusion Index as evaluated by the state Medicaid dental consultant. Participants already in orthodontic treatment who transfer to Idaho Medicaid must have their continuing treatment justified and authorized by the state Medicaid dental consultant. (3-30-07)

05. Participants Eligible for Other Programs. Participants who have only Qualified Medicare Beneficiary (QMB) eligibility are not eligible for dental services. (3-30-07)

802. DENTAL SERVICES – COVERAGE AND LIMITATIONS.

01. Covered Dental Services. Dental services are covered by Medicaid as described in Section 801 of these rules. Idaho uses the procedure codes contained in the Current Dental Terminology (CDT) handbook published by the American Dental Association. (3-30-07)

02. Non-Covered Services. Non-covered services are procedures not recognized by the American Dental Association (ADA) or services not listed in these rules. (3-30-07)

03. Diagnostic Dental Procedures.

TABLE 802.03 – DENTAL DIAGNOSTIC PROCEDURES	
Dental Code	Description
a. General Oral Evaluations. The following evaluations are not allowed in combination of the same day:	
D0120	Periodic oral evaluation. Includes periodontal screening. One (1) periodic examination is allowed every six (6) months.
D0140	Limited oral evaluation. An evaluation or re-evaluation limited to a specific oral health problem. Not to be used when a participant returns on a later date for follow up treatment subsequent to either a comprehensive or periodic exam. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation.
D0150	Comprehensive oral evaluation. One (1) comprehensive examination is allowed every twelve (12) months. Six (6) months must elapse before a periodic exam can be paid.
D0160	Detailed and extensive oral evaluation. A detailed and extensive problem focused evaluation that entails extensive diagnostic and cognitive modalities based on the findings of a comprehensive oral evaluation. One (1) detailed and extensive oral evaluation is allowed every twelve (12) months.
D0170	Re-evaluation, limited, problem focused. Established participant, not post-operative visit.

TABLE 802.03 – DENTAL DIAGNOSTIC PROCEDURES	
Dental Code	Description
b. Radiographs/Diagnostic Images.	
D0210	Intraoral – complete series (including bitewings). Complete series x rays are allowed only once in a three-year period. A complete intraoral series consists of fourteen (14) periapicals and one (1) series of four (4) bitewings.
D0220	Intraoral periapical – first film.
D0230	Intraoral periapical – each additional film.
D0240	Intraoral occlusal film.
D0270	Bitewing – single film. Total of four (4) bitewings allowed every six (6) months.
D0272	Bitewings – two (2) films. Total of four (4) bitewings allowed every six (6) months.
D0274	Bitewings – four (4) films. Total of four (4) bitewings allowed every six (6) months.
D0277	Vertical bitewings. Seven (7) to eight (8) films. Allowed every six (6) months.
D0330	Panoramic film. Panorex, panolipse or orthopantograph are also allowed under this code. Panoramic-type films are allowed once in a thirty-six month period. This time limitation does not apply to preoperative or postoperative surgery cases. Doing both a panoramic film and an intraoral complete series is not allowed. Up to four bitewings or periapicals are allowed in addition to a panoramic film.
D0340	Cephalometric film. Allowed once in a twelve-month period.
c. Test And Laboratory Examination.	
D0460	Pulp vitality tests. Includes multiple teeth and contralateral comparison(s) as indicated. Allowed once per visit per day.
D0470	Diagnostic casts.
d. Diagnostic.	
D0099	Unspecified diagnostic procedure, by report. Narrative required when prior authorizing.

(3-30-07)

04. Dental Preventive Procedures. Medicaid provides no additional allowance for a cavitron or ultrasonic prophylaxis.

TABLE 802.04 – DENTAL PREVENTIVE PROCEDURES	
Dental Code	Description
a. Dental Prophylaxis.	
D1110	Prophylaxis – Adult (twelve (12) years of age and older). A prophylaxis is allowed once every six (6) months. Includes polishing procedures to remove coronal plaque, calculus, and stains.
D1120	Prophylaxis – Children/young adult (under age twelve (12)). A prophylaxis is allowed once every six (6) months.
b. Fluoride Treatments.	

TABLE 802.04 – DENTAL PREVENTIVE PROCEDURES

Dental Code	Description
D1203	Topical application of fluoride – one (1) treatment. Prophylaxis not included. Allowed once every six (6) months for participants under age twenty (21).
D1204	Topical application of fluoride – adult, twenty one (21) years of age and over. Prophylaxis not included. Allowed once every six (6) months.
c. Other Preventive Services:	
D1351	Sealant – per tooth. Mechanically and/or chemically prepared enamel surface. Allowed for participants under twenty one (21) years of age. Limited to once per tooth every three (3) years. Tooth designation required.
d. Space Management Therapy:	
Space maintainers are allowed to hold space for missing teeth for participants under age twenty one (21). No reimbursement is allowed for removing maintainers, unless by dentist other than providing dentist. Vertical space maintainers are not covered.	
D1510	Space maintainer – fixed – unilateral. Limited up to age twenty one (21). Only allowed once per tooth space. Tooth space designation required.
D1515	Space maintainer – fixed – bilateral. Limited up to age twenty one (21). Only allowed once per arch. Arch designation required.
D1520	Space maintainer, removable – unilateral. Allowed once every two (2) years up to twenty one (21) years of age. Arch designation required.
D1525	Space maintainer, removable – bilateral. Allowed once every two (2) years up to twenty one (21) years of age. Arch designation required.
D1550	Re-cementation of space maintainer. Limited up to age twenty one (21). Only allowed once per quadrant or arch. Quadrant or arch designation required.

(3-30-07)

05. Restorations.

(3-30-07)

a. Posterior Restoration.

(3-30-07)

i. A one (1) surface posterior restoration is one in which the restoration involves only one (1) of the five (5) surface classifications: mesial, distal, occlusal, lingual, or facial (including buccal or labial). (3-30-07)

ii. A two (2) surface posterior restoration is one in which the restoration extends to two (2) of the five (5) surface classifications. (3-30-07)

iii. A three (3) surface posterior restoration is one in which the restoration extends to three (3) of the five (5) surface classification surface classifications. (3-30-07)

iv. A four (4) or more surface posterior restoration is one in which the restoration extends to four (4) or more of the five (5) surface classifications. (3-30-07)

b. Anterior Proximal Restoration.

(3-30-07)

i. A one (1) surface anterior proximal restoration is one in which neither the lingual nor facial margin of the restoration extends beyond the line angle. (3-30-07)

- ~~ii. A two (2) surface anterior proximal restoration is one in which either the lingual or facial margin of the restoration extends beyond the line angle. (3-30-07)~~
- ~~iii. A three (3) surface anterior proximal restoration is one in which both the lingual and facial margins of the restorations extend beyond the line angle. (3-30-07)~~
- ~~iv. A four (4) or more surface anterior restoration is one in which both the lingual and facial margins extend beyond the line angle and the incisal angle is involved. (3-30-07)~~
- ~~e. Amalgams and Resin Restoration. (3-30-07)~~
 - ~~i. Reimbursement for pit restoration is allowed as a one (1) surface restoration. (3-30-07)~~
 - ~~ii. Adhesives (bonding agents), bases, and the adjustment and/or polishing of sealant and restorations are included in the allowance for the major restoration. (3-30-07)~~
 - ~~iii. Liners and bases are included as part of the restoration. If pins are used, they should be reported separately. (3-30-07)~~
 - ~~d. Crowns. (3-30-07)~~
 - ~~i. When submitting for prior authorization, either an x ray showing the root canal or an x ray with a justification detailing the reason for the crown is required. (3-30-07)~~
 - ~~ii. Requests for re-doing crowns must be submitted for prior approval and include x ray and justification. (3-30-07)~~

TABLE 802.05 – RESTORATIONS	
Dental Code	Description
e. Amalgam Restorations.	
D2140	Amalgam – one (1) surface, primary or permanent. Tooth designation required.
D2150	Amalgam – two (2) surfaces, primary or permanent. Tooth designation required.
D2160	Amalgam – three (3) surfaces, primary or permanent. Tooth designation required.
D2161	Amalgam – four (4) or more surfaces, primary or permanent. Tooth designation required.
f. Resin Restorations. Resin refers to a broad category of materials including but not limited to composites. May include bonded composite, light-cured composite, etc. Light curing, acid etching, and adhesives (including resin bonding agents) are part of the restoration. Report glass ionomers when used as restorations. If pins are used, report them separately.	
D2330	Resin – one (1) surface, anterior. Tooth designation required.
D2331	Resin – two (2) surfaces, anterior. Tooth designation required.
D2332	Resin – three (3) surfaces, anterior. Tooth designation required.
D2335	Resin – four (4) or more surfaces or involving incisal angle, anterior. Tooth designation required.
D2390	Resin-based composite crown, anterior, primary or permanent. Tooth designation required.
D2391	Resin-based composite – one (1) surface, posterior, primary or permanent.
D2392	Resin-based composite – two (2) surfaces, posterior, primary or permanent.
D2393	Resin-based composite – three (3) surfaces, posterior, primary or permanent

TABLE 802.05 – RESTORATIONS	
Dental Code	Description
D2394	Resin-based composite – four (4) surfaces, posterior, primary or permanent.
g. Crowns.	
D2710	Crown resin indirect. Tooth designation required. Prior authorization required.
D2721	Crown resin with predominantly base metal. Tooth designation required. Prior authorization required.
D2750	Crown, porcelain fused to high noble metal. Tooth designation required. Prior authorization required.
D2751	Crown porcelain fused too predominantly base metal. Tooth designation required. Prior authorization required.
D2752	Crown, porcelain fused to noble metal. Tooth designation required. Prior authorization required.
D2790	Crown, full cast, high noble metal. Tooth designation required. Prior authorization required.
D2791	Crown full cast predominantly base metal. Tooth designation required. Prior authorization required.
D2792	Crown, full cast noble metal. Tooth designation required. Prior authorization required.
h. Other Restorative Services.	
D2920	Re-cement crown. Tooth designation required.
D2930	Prefabricated stainless steel crown – primary tooth. Tooth designation required.
D2931	Prefabricated stainless steel crown – permanent tooth. Tooth designation required.
D2932	Prefabricated resin crown. Tooth designation required.
D2940	Sedative filling. Tooth designation required. Surface is not required.
D2950	Core buildup, including any pins. Tooth designation required. Limited to two (2) pins per tooth.
D2951	Pin retention – per tooth, in addition to restoration. Tooth designation required. Limited to two (2) pins per tooth.
D2954	Prefabricated post and core in addition to crown. Tooth designation required.
D2955	Post removal. Tooth designation required.
D2980	Crown repair. Tooth designation required.
D2999	Unspecified restorative procedure, by report. Narrative and tooth designation required when prior authorizing. Requires prior authorization.

(3-30-07)

06. Endodontics. Pulpotomies and root canal procedures cannot be paid with the same date of service for the same tooth.

TABLE 802.06 – ENDODONTICS	
Dental Code	Description
a. Pulp Capping.	
D3110	Pulp cap – direct (excluding final restoration). Tooth designation required.
b. Pulpotomy.	

TABLE 802.06 – ENDODONTICS	
Dental Code	Description
D3220	<i>Therapeutic pulpotomy (excluding final restoration). Once per tooth. Tooth designation required. Not to be construed as the first stage of root canal therapy.</i>
D3224	<i>Pulpal debridement, primary & permanent teeth. For relief of acute pain not to be construed as the first stage of root canal therapy. Not allowed same day as endodontic therapy. Tooth designation required.</i>
e. Root Canal Therapy.	
<i>Pulpectomy is part of root canal therapy. Includes all appointments necessary to complete treatment; also includes intra-operative radiographs. Does not include diagnostic evaluation and necessary radiographs/diagnostic images. Root canal therapy (includes treatment plan, x-rays, clinical procedures and follow-up care) is for permanent teeth only. Separate charges are allowable for open and drain if the procedure is done on different days.</i>	
D3310	<i>Anterior (excluding final restoration). Tooth designation required.</i>
D3320	<i>Bicuspid (excluding final restoration). Tooth designation required.</i>
D3330	<i>Molar (excluding final restoration). Tooth designation required.</i>
D3346	<i>Retreatment of previous root canal therapy, anterior. Tooth designation required.</i>
D3347	<i>Retreatment of previous root canal therapy, bicuspid. Tooth designation required.</i>
D3348	<i>Retreatment of previous root canal therapy, molar. Tooth designation required.</i>
d. Apicoectomy/Periradicular Services.	
D3410	<i>Apicoectomy/Periradicular surgery anterior surgery or root of anterior tooth. Does not include placement of retrograde filling material. Tooth designation required.</i>
D3421	<i>Apicoectomy/Periradicular surgery bicuspid (first root). Surgery on one root of a bicuspid does not include placement of retrograde filling material. Tooth designation required.</i>
D3425	<i>Apicoectomy/Periradicular surgery Molar (first root). Does not include placement of retrograde filling material. Tooth designation required.</i>
D3426	<i>Apicoectomy/Periradicular surgery (each additional root). For molar surgeries when more than one root is being treated during the same procedure. Does not include retrograde filling material placement. Tooth designation required.</i>
D3430	<i>Retrograde filling – per root. For placement of retrograde filling material during Periradicular surgery procedures. Tooth designation required.</i>
D3999	<i>Unspecified restorative procedure, by report. Narrative and tooth designation required. Requires prior authorization.</i>

(3-30-07)

07. Periodontics.

TABLE 802.07 – PERIODONTICS	
Dental Code	Description
a. Surgical Services.	

TABLE 802.07 – PERIODONTICS	
Dental Code	Description
D4210	Gingivectomy or gingivoplasty – four (4) or more contiguous teeth in quadrant. Quadrant designation required.
D4211	Gingivectomy or gingivoplasty – one (1) to three (3) teeth in quadrant. Quadrant designation required.
b. Non-Surgical Periodontal Services:	
D4320	Provisional splinting – intracoronal.
D4321	Provisional splinting – extracoronal.
D4341	Periodontal sealing and root planing four (4) or more contiguous teeth per quadrant. Allowed once in a twelve (12) month period. This procedure is indicated for participants with periodontal disease and is therapeutic, not prophylactic, in nature. Quadrant designation required.
D4342	Periodontal sealing and root planing one (1) to three (3) teeth per quadrant. Allowed once in a twelve (12) month period. This procedure is indicated for participants with periodontal disease and is therapeutic, not prophylactic, in nature. Quadrant designation required.
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis. Allowed once in a twelve (12) month period. The removal of subgingival and/or supragingival plaque and calculus. This is a preliminary procedure and does not preclude the need for other procedures.
e. Other Periodontal Services:	
D4910	Periodontal maintenance procedures. Allowed once in a three (3) month period. This procedure is for participants who have completed periodontal treatment (surgical and/or non-surgical periodontal therapies exclusive of D4355) and includes removal of the bacterial flora from crevicular and pocket areas, scaling and polishing of the teeth, periodontal evaluation, and a review of the participant's plaque control efficiency.
D4999	Unspecified periodontal procedure. Narrative required when prior authorizing. Requires prior authorization.

(3-30-07)

08. Prosthodontics.

(3-30-07)

a. Removable Prosthodontics:

(3-30-07)

i. The Medicaid dental program covers only one (1) set of full dentures in a five (5) year period. Full dentures placed immediately must be of structure and quality to be considered the final set. Transitional or interim treatment dentures are not covered. No additional reimbursements are allowed for denture insertions. (3-30-07)

ii. If full dentures are inserted during a month when the participant is not eligible, but other work, including laboratory work, is completed during an eligible period, the claim for the dentures is allowed. (3-30-07)

iii. Medicaid pays for partial dentures once every five (5) years. Partial dentures are limited to participants age twelve (12) and older. One (1) partial per arch is covered. When a partial is inserted during a month when the participant is not eligible but all other work, including laboratory work, is completed during an eligible period, the claim for the partial is allowed. (3-30-07)

b. Removable Prosthodontics by Codes:

TABLE 802.08.b.— PROSTHODONTICS	
Dental Code	Description
i. Complete Dentures. This includes six (6) months of adjustments following placement.	
D5110	Complete denture—maxillary.
D5120	Complete denture—mandibular.
D5130	Immediate denture—maxillary.
D5140	Immediate denture—mandibular.
ii. Partial Dentures. This includes six (6) months of care following placement. Limited to twelve (12) years and older.	
D5211	Maxillary partial denture—resin base. Includes any conventional clasps, rests, and teeth.
D5212	Mandibular partial denture—resin base. Includes any conventional clasps, rests, and teeth.
D5213	Maxillary partial denture—cast metal framework with resin denture bases. Includes any conventional clasps, rests, and teeth.
D5214	Mandibular partial denture—cast metal framework with resin denture bases. Includes any conventional clasps, rests, and teeth.
iii. Adjustments To Complete And Partial Dentures. No allowance for adjustments for six (6) months following placement. Adjustments done during this period are included in complete/partial allowance.	
D5410	Adjust complete denture—maxillary.
D5411	Adjust complete denture—mandibular.
D5421	Adjust partial denture—maxillary.
D5422	Adjust partial denture—mandibular.
iv. Repairs To Complete Dentures.	
D5510	Repair broken complete denture base. Arch designation required.
D5520	Replace missing or broken teeth—complete denture (each tooth)—six (6) tooth maximum. Tooth designation required.
v. Repairs To Partial Dentures.	
D5610	Repair resin denture base. Arch designation required.
D5620	Repair cast framework. Arch designation required.
D5630	Repair or replace broken clasp. Arch designation required.
D5640	Replace broken teeth, per tooth. Tooth designation required.
D5650	Add tooth to existing partial denture. Does not involve clasp or abutment tooth. Tooth designation required.
D5660	Add clasp to existing partial denture. Involves clasp or abutment tooth.
D5670	Replace all teeth and acrylic on cast metal framework (maxillary).
D5671	Replace all teeth and acrylic on cast metal framework (mandibular).
vi. Denture Relining. Relines will not be allowed for six (6) months following placement of denture and then only once every two (2) years.	

TABLE 802.08.b. -- PROSTHODONTICS	
Dental Code	Description
D5730	<i>Reline complete maxillary denture (chairside).</i>
D5731	<i>Reline complete mandibular denture (chairside).</i>
D5740	<i>Reline maxillary partial denture (chairside).</i>
D5741	<i>Reline mandibular partial denture (chairside).</i>
D5750	<i>Reline complete maxillary denture (laboratory).</i>
D5751	<i>Reline complete mandibular denture (laboratory).</i>
D5760	<i>Reline maxillary partial denture (laboratory).</i>
D5761	<i>Reline mandibular partial denture (laboratory).</i>
vii. Other Removable Prosthetic Services:	
D5850	<i>Tissue conditioning, maxillary per denture unit.</i>
D5851	<i>Tissue conditioning, mandibular per denture unit.</i>
D5899	<i>Unspecified removable prosthetic procedure, by report. Narrative required when prior authorizing. Requires prior authorization.</i>
D5899	<i>Unable to deliver full or partial denture. Prior authorization required. If the participant does not complete the process for the denture; leaves the state; cannot be located; or dies; the laboratory and professional fees may be billed to Medicaid with an invoice listing lab fees and arch designation.</i>

(3-30-07)

09. Maxillo-Facial Prosthetics.

TABLE 802.09 -- MAXILLO-FACIAL PROSTHETICS	
Dental Code	Description
D5931	<i>Obturator prosthesis, surgical. Narrative required when prior authorizing. Requires prior authorization.</i>
D5932	<i>Obturator prosthesis, definitive. Narrative required when prior authorizing. Requires prior authorization.</i>
D5933	<i>Obturator prosthesis, modification. Narrative required when prior authorizing. Requires prior authorization.</i>
D5934	<i>Mandibular resection prosthesis with guide flange. Narrative required when prior authorizing. Requires prior authorization.</i>
D5935	<i>Mandibular resection prosthesis without guide flange. Narrative required when prior authorizing. Requires prior authorization.</i>
D5936	<i>Obturator prosthesis, interim. Narrative required when prior authorizing. Requires prior authorization.</i>
D5951	<i>Feeding aid. Narrative required when prior authorizing. Requires prior authorization.</i>
D5952	<i>Speech aid prosthesis, pediatric. Narrative required when prior authorizing. Requires prior authorization.</i>

TABLE 802.09 – MAXILLO-FACIAL PROSTHETICS	
D5953	<i>Speech aid prosthesis, adult. Narrative required when prior authorizing. Requires prior authorization.</i>
D5954	<i>Palatal augmentation prosthesis. Narrative required when prior authorizing. Requires prior authorization.</i>
D5955	<i>Palatal lift prosthesis, definitive. Narrative required when prior authorizing. Requires prior authorization.</i>
D5958	<i>Palatal lift prosthesis, interim. Narrative required when prior authorizing. Requires prior authorization.</i>
D5959	<i>Palatal life prosthesis, modification. Narrative required when prior authorizing. Requires prior authorization.</i>
D5960	<i>Speech aid prosthesis, modification. Narrative required when prior authorizing. Requires prior authorization.</i>
D5982	<i>Surgical stent. Narrative required when prior authorizing. Requires prior authorization.</i>
D5988	<i>Surgical splint. Narrative required when prior authorizing. Requires prior authorization.</i>
D5999	<i>Unspecified maxillofacial prosthesis. Narrative required when prior authorizing. Requires prior authorization.</i>

(3-30-07)

10. Fixed Prosthodontics.

TABLE 802.10 – FIXED PROSTHODONTICS	
Dental Code	Description
Other Fixed Prosthetic Services.	
D6930	<i>Re-cement fixed partial denture.</i>
D6980	<i>Fixed partial denture repair.</i>
D6999	<i>Unspecified fixed prosthodontic procedure, by report. Narrative required when prior authorizing. Requires prior authorization.</i>

(3-30-07)

11. Oral Surgery.

TABLE 802.11 – ORAL SURGERY	
Dental Code	Description
a. Simple Extraction.	
D7111	<i>Extraction, coronal remnants—deciduous tooth. Including soft tissue retained coronal remnants.</i>
D7140	<i>Extraction, erupted tooth or exposed root, routine removal.</i>
b. Surgical Extractions.	

TABLE 802.11 – ORAL SURGERY	
Dental Code	Description
D7210	<i>Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth. Includes cutting of gingiva and bone, removal of tooth structure, and closure. Tooth designation required.</i>
D7220	<i>Removal of impacted tooth – soft tissue. Occlusal surface of tooth covered by soft tissue; requires mucoperiosteal flap elevation. Tooth designation required.</i>
D7230	<i>Removal of impacted tooth – partially bony. Part of crown covered by bone; requires mucoperiosteal flap elevation, bone removal, and may require segmentalization of tooth. Tooth designation required.</i>
D7240	<i>Removal of impacted tooth – completely bony. Most or all of crown covered by bone; requires mucoperiosteal flap elevation, bone removal, and may require segmentalization of tooth. Tooth designation required.</i>
D7241	<i>Removal of impacted tooth – completely bony, with unusual surgical complications. Most or all of crown covered by bone; usually difficult or complicated due to factors such as nerve dissection required, separate closure of maxillary sinus required or aberrant tooth position. Allowed only when pathology is present. Tooth designation required.</i>
D7250	<i>Surgical removal of residual tooth roots (cutting procedure). Includes cutting of gingiva and bone, removal of tooth structure, and closure. Can be completed for the same tooth number as previously extracted without prior approval. Tooth designation required.</i>
e. Other Surgical Procedures:	
D7270	<i>Tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth and/or alveolus. Tooth designation required. Includes splinting and/or stabilization.</i>
D7280	<i>Surgical exposure of impacted or unerupted tooth for orthodontic reasons. Includes orthodontic attachments. Tooth designation required. Limited to participants under twenty-one (21) years of age.</i>
D7281	<i>Surgical exposure of impacted or unerupted tooth to aid eruption. Tooth designation required. Limited to participants under twenty-one (21) years of age.</i>
D7286	<i>Biopsy of oral tissue – soft. For surgical removal of specimen only.</i>
D7287	<i>Cytology sample collection via mild scraping of oral mucosa.</i>
d. Alveoloplasty:	
D7320	<i>Alveoloplasty not in conjunction with extractions – per quadrant. Quadrant designation is required.</i>
e. Excision of Bone Tissue:	
D7471	<i>Removal of lateral exostosis. Maxilla or mandible. Arch designation required.</i>
f. Surgical Incision:	
D7510	<i>Incision and drainage of abscess – intraoral soft tissue, including periodontal origins.</i>
g. Repair of Traumatic Wounds:	
D7910	<i>Suture of recent small wounds up to five (5) cm.</i>
h. Other Repair Procedures:	

TABLE 802.11 – ORAL SURGERY	
Dental Code	Description
D7960	<i>Frenulectomy (frenectomy or frenotomy) – separate procedure. The frenum may be excised when the tongue has limited mobility; for large diastema between teeth; or when the frenum interferes with a prosthetic appliance; or when it is the etiology of periodontal tissue disease.</i>
D7970	<i>Excision of hyperplastic tissue – per arch. Arch designation required.</i>
D7971	<i>Excision of pericoronal gingiva. Arch designation required.</i>
D7999	<i>Unspecified oral surgery, by report. Narrative required when prior authorizing. Requires prior authorization.</i>

(3-30-07)

12. Orthodontics.

TABLE 802.12 – ORTHODONTICS	
Dental Code	Description
a. Limited Orthodontics.	
<i>Orthodontic treatment with a limited objective, not involving the entire dentition may be directed at the only existing problem, or one aspect of a larger problem in which a decision is made to defer or forgo more comprehensive therapy.</i>	
D8010	<i>Limited orthodontic treatment of primary dentition. Justification and treatment plan required when prior authorizing. Requires prior authorization.</i>
D8020	<i>Limited orthodontic treatment of transitional dentition. Justification and treatment plan required when prior authorizing. Requires prior authorization.</i>
D8030	<i>Limited orthodontic treatment of adolescent dentition. Justification and treatment plan required when prior authorizing. Requires prior authorization.</i>
D8040	<i>Limited orthodontic treatment of adult dentition. Justification and treatment plan required when prior authorizing. Requires prior authorization.</i>
b. Comprehensive Orthodontic Treatment.	
<i>The coordinated diagnosis and treatment leading to the improvement of a participant's craniofacial dysfunction and/or dentofacial deformity including anatomical, functional, and aesthetic relationships. Treatment usually, but not necessarily, utilizes fixed orthodontic appliances, and can also include removable appliances, headgear, and maxillary expansion procedures. Must score at least eight (8) points on the State's Handicapping Malocclusion Index.</i>	
D8070	<i>Comprehensive orthodontic treatment of transition dentition. Models, panorex, and treatment plan are required when prior authorizing. Requires prior authorization.</i>
D8080	<i>Comprehensive orthodontic treatment of adolescent dentition, up to sixteen (16) years of age. Models, panorex, and treatment plan are required when prior authorizing. Requires prior authorization.</i>
D8090	<i>Comprehensive orthodontic treatment of adult dentition. Justification required. Models, panoramic film, and treatment plan are required when prior authorizing. Requires prior authorization.</i>
c. Minor Treatment to Control Harmful Habits.	

TABLE 802.12 – ORTHODONTICS	
Dental Code	Description
D8210	Removable appliance therapy. Removable indicates participant can remove; includes appliances for thumb sucking and tongue thrusting. Justification required when prior authorizing. Will be allowed up to two (2) adjustments when prior authorizing. Replacement appliances are not covered. Requires prior authorization.
D8220	Fixed appliance therapy. Fixed indicates participant cannot remove appliance; includes appliances for thumb sucking and tongue thrusting. Justification required when prior authorizing. Will be allowed up to two (2) adjustments when prior authorizing. Replacement appliances are not covered. Requires prior authorization.
d. Other Services:	
D8670	Adjustments monthly. When utilizing treatment codes D8050, D8060, D8070, D8080 or D8090 a maximum of twenty-four (24) adjustments over two (2) years will be allowed (twelve (12) per year) when prior authorizing. When utilizing treatment codes D8210 or D8220, two (2) adjustments will be allowed per treatment when prior authorizing. Requires prior authorization.
D8680	Orthodontic retention, removal of appliances, construction and placement of retainer(s). Replacement appliances are not covered. Includes both upper and lower retainer if applicable.
D8694	Repair of orthodontic appliance. Limited to one (1) occurrence.
D8999	Unspecified orthodontics. Narrative required when prior authorizing. No payment for lost or destroyed appliances. Requires prior authorization.

(3-30-07)

13. Adjunctive General Services:

TABLE 802.13 – ADJUNCTIVE GENERAL SERVICES	
Dental Code	Description
a. Unclassified Treatment:	
D0110	Palliative (emergency) treatment of dental pain minor procedure (open and drain abscess, etc.). Open and drain is included in the fee for root canal when performed during the same sitting. Tooth or quadrant designation required.
b. Anesthesia:	
D9220	Deep sedation/general anesthesia first thirty (30) minutes. Not included as general anesthesia are tranquilization; nitrous oxide; or enteral or parenteral administration of analgesic, sedative, tranquilizing, or dissociative agents.
D9224	Deep sedation/general anesthesia each additional fifteen (15) minutes.
D9230	Analgesia – includes nitrous oxide.
D9244	Intravenous conscious sedation/analgesia first thirty (30) minutes. Provider certification required.
D9242	Intravenous conscious sedation/analgesia each additional fifteen (15) minutes. Provider certification required.
c. Professional Consultation:	

TABLE 802.13 – ADJUNCTIVE GENERAL SERVICES

Dental Code	Description
D9310	<i>Consultation. Provided by dentist or physician whose opinion or advice regarding the evaluation, management and/or treatment of a specific problem or condition is requested by another dentist or physician. The written or verbal request for a consult must be documented in the participant's medical record. The consultant's opinion and any services that were ordered or performed must also be documented in the participant's medical record and communicated to the requesting dentist or physician. A dental consultant may initiate diagnostic and/or therapeutic services at the same or subsequent visit.</i>
d. Professional Visits.	
D9410	<i>House/Extended Care Facility Calls. Includes visits to nursing homes, long-term care facilities, hospice sites, institutions, etc. Report in addition to reporting appropriate code numbers for actual services performed. Limited to once per day per participant. To be used when participant's health restrictions require treatment at the house/extended care facility. If procedures are done in the hospital, use procedure code D9420.</i>
D9420	<i>Hospital Calls. May be reported when providing treatment in hospital or ambulatory surgical center, in addition to reporting appropriate code numbers for actual services performed. Limited once per day per participant. Not covered for routine preoperative and postoperative. If procedures are done in other than hospital or surgery center use procedure code D9410 found in this table.</i>
D9430	<i>Office visit for observation (during regularly scheduled hours). No other services performed.</i>
D9440	<i>Office visit after regularly scheduled hours.</i>
e. Miscellaneous Service.	
D9920	<i>Behavior Management. May be reported in addition to treatment provided when the participant is developmentally disabled, mentally ill, or is especially uncooperative and difficult to manage, resulting in the dental staff providing additional time, skill and/or assistance to render treatment. Notation and justification must be written in the participant's record identifying the specific behavior problem and the technique used to manage it. Allowed once per participant per day.</i>
D9930	<i>Treatment of complication (post-surgical) – unusual circumstances.</i>
D9940	<i>Occlusal guards – removable dental appliances which are designed to minimize the effects of bruxism (tooth grinding) and other occlusal factors. No payment for replacement of lost or destroyed appliances.</i>
D9951	<i>Occlusal adjustment, limited. May also be known as equilibration; reshaping the occlusal surfaces of teeth to create harmonious contact relationships between the maxillary and mandibular teeth. Presently includes discing/odontoplasty/enamoplasty. Typically reported on a per-visit basis. Allowed once every twelve (12) months.</i>
D9952	<i>Occlusal adjustment, complete. Occlusal adjustment may require several appointments of varying length and sedation may be necessary to attain adequate relaxation of the musculature. Study casts mounted on an articulating instrument may be used for analysis of occlusal disharmony. It is designed to achieve functional relationships and masticatory efficiency in conjunction with restorative treatment, orthodontics, orthognathic surgery, or jaw trauma, when indicated. Occlusal adjustment enhances the healing potential of tissues affected by the lesions of occlusal trauma. Justification required when prior authorizing. Requires prior authorization.</i>
D9999	<i>Unspecified adjunctive procedure, by report. Narrative required when prior authorizing. Requires prior authorization.</i>

(3-30-07)

14. Pregnant Women (PW) Codes. *The following are the only codes covered for women on the Pregnant Women program.*

TABLE 802.14 – PREGNANT WOMEN CODES	
Dental Code	Description
a. Clinical Oral Examinations.	
D0140	Limited oral evaluation. An evaluation or re-evaluation limited to a specific oral health problem.
b. Radiographs.	
D0220	<i>Intraoral – periapical – first film.</i>
D0230	<i>Intraoral – periapical – each additional film.</i>
D0330	<i>Panoramic film.</i>
c. Restorative Services.	
D2940	<i>Sedative filling. Tooth designation required.</i>
d. Pulp Capping.	
D3220	<i>Therapeutic pulpotomy (excluding final restoration). Once per tooth. Tooth designation required.</i>
e. Adjunctive Periodontal Services.	
D4341	<i>Periodontal scaling, root planning, four (4) or more contiguous teeth per quadrant. Allowed once in a twelve-month period. This procedure is indicated for participants with periodontal disease and is therapeutic, not prophylactic, in nature. Quadrant designation required.</i>
D4342	<i>Periodontal scaling and root planing one (1) to three (3) teeth per quadrant. Allowed once in a twelve-month period. This procedure is indicated for participants with periodontal disease and is therapeutic, not prophylactic, in nature. Quadrant designation required.</i>
D4355	<i>Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis.</i>
f. Oral Surgery. <i>Extractions – includes local anesthesia and routine postoperative care.</i>	
D7111	<i>Extraction, coronal remnants – deciduous tooth. Including soft tissue retained coronal remnants.</i>
D7140	<i>Extraction, erupted tooth or exposed root, routine removal.</i>
g. Surgical. <i>Extractions – includes local anesthesia and routine postoperative care.</i>	
D7210	<i>Surgical removal of an erupted tooth requiring elevation of the mucoperiosteal flap and removal of tooth structure, and closure. Tooth designation required.</i>
D7220	<i>Removal of impacted tooth – soft tissue. Tooth designation required.</i>
D7230	<i>Removal of impacted tooth – partially bony. Tooth designation required.</i>
D7250	<i>Surgical removal of residual tooth roots (cutting procedure). Tooth designation required.</i>
h. Surgical Incision.	
D7510	<i>Incision and drainage of abscess – intraoral soft tissue, including periodontal origins.</i>
i. Unclassified Treatment.	

TABLE 802.14 – PREGNANT WOMEN CODES	
Dental Code	Description
D9110	<i>Palliative (emergency) treatment of dental pain – minor procedures.</i>
j. Professional Consultation.	
D9310	<i>Consultation. Provided by dentist or physician whose opinion or advice regarding the evaluation, management and/or treatment of a specific problem or condition is requested by another dentist or physician. The written or verbal request for a consult must be documented in the participant's medical record. The consultant's opinion and any services that were ordered or performed must also be documented in the participant's medical record and communicated to the requesting dentist or physician. A dental consultant may initiate diagnostic and/or therapeutic services at the same or subsequent visit.</i>
k. Professional Visits.	
D9420	<i>Hospital Call. May be reported when providing treatment in hospital or ambulatory surgical center, in addition to reporting appropriate code numbers for actual services performed. Limited to once per day per participant.</i>
D9440	<i>Office visit – after regularly scheduled hours.</i>
D9930	<i>Treatment of complication (post-surgical) – unusual circumstances.</i>

(3-30-07)

15. Dental Codes For Adult Services. *The following dental codes are covered for adults after the month of their twenty-first birthday.*

TABLE 802.15 – DENTAL CODES FOR ADULTS	
Dental Code	Description
a. Dental Diagnostic Procedures. <i>The definitions for these codes are in Subsection 802.03 of these rules.</i>	
i. General Oral Evaluations.	
D0120	<i>Periodic oral evaluation.</i>
D0140	<i>Limited oral evaluation.</i>
D0150	<i>Comprehensive oral evaluation.</i>
ii. Radiographs/Diagnostic Images.	
D0210	<i>Intraoral – complete series.</i>
D0220	<i>Intraoral periapical – first film.</i>
D0230	<i>Intraoral periapical – each additional film.</i>
D0270	<i>Bitewing – single film.</i>
D0272	<i>Bitewings – two (2) films.</i>
D0274	<i>Bitewings – four (4) films.</i>
D0277	<i>Vertical bitewings – seven (7) to eight (8) films.</i>
D0330	<i>Panoramic film.</i>

TABLE 802.15 – DENTAL CODES FOR ADULTS

Dental Code	Description
b. Dental Preventive Procedures. <i>The definitions for these codes are in Subsection 802.04 of these rules.</i>	
i. Dental Prophylaxis.	
D1110	Prophylaxis – adult.
ii. Fluoride Treatments.	
D1204	Topical application of fluoride – prophylaxis not included – adult.
c. Dental Restorative Procedures. <i>The definitions for these codes are in Subsection 802.05 of these rules.</i>	
i. Amalgam Restorations.	
D2140	Amalgam – one (1) surface, primary or permanent.
D2150	Amalgam – two (2) surfaces, primary or permanent.
D2160	Amalgam – three (3) surfaces, primary or permanent.
D2161	Amalgam – four (4) or more surfaces, primary or permanent.
ii. Resin Restorations.	
D2330	Resin – one (1) surface, anterior.
D2331	Resin – two (2) surfaces, anterior.
D2332	Resin – three (3) surfaces, anterior.
D2335	Resin – four (4) or more surfaces or involving incisal angle, anterior.
D2390	Resin-based composite crown, anterior, primary or permanent.
D2391	Resin-based composite – one (1) surface, posterior, primary or permanent.
D2392	Resin-based composite – two (2) surfaces, posterior, primary or permanent.
D2393	Resin-based composite – three (3) surfaces, posterior, primary or permanent.
D2394	Resin-based composite – four (4) surfaces, posterior, primary or permanent.
iii. Other Restorative Services.	
D2920	Re-cement crown. Tooth designation required.
D2931	Prefabricated stainless steel crown – permanent tooth.
D2940	Sedative filling.
d. Endodontics. <i>The definitions for these codes are in Subsection 802.06 of these rules.</i>	
D3220	Therapeutic pulpotomy.
D3221	Pulpal debridement, permanent teeth.
e. Periodontics. <i>The definitions for these codes are in Subsection 802.07 of these rules.</i>	
i. Non-Surgical Periodontal Service.	

TABLE 802.15 – DENTAL CODES FOR ADULTS	
Dental Code	Description
D4341	Periodontal scaling and root planing – four (4) or more contiguous teeth (per quadrant).
D4342	Periodontal scaling and root planing one (1) to three (3) teeth per quadrant.
D4355	Full mouth debridement.
ii. Other Periodontal Services.	
D4910	Periodontal maintenance procedures.
f. Prosthodontics. The definitions for these codes are in Subsection 802.08.b. of these rules.	
i. Complete Dentures.	
D5110	Complete denture – maxillary.
D5120	Complete denture – mandibular.
D5130	Immediate denture – maxillary.
D5140	Immediate denture – mandibular.
ii. Partial Dentures.	
D5211	Maxillary partial denture – resin base.
D5212	Mandibular partial denture – resin base.
iii. Adjustments to Dentures.	
D5410	Adjust complete denture – maxillary.
D5411	Adjust complete denture – mandibular.
D5421	Adjust partial denture – maxillary.
D5422	Adjust partial denture – mandibular.
iv. Repairs to Complete Dentures.	
D5510	Repair broken complete denture base.
D5520	Replace missing or broken teeth – complete denture, each tooth.
v. Repairs to Partial Dentures.	
D5610	Repair resin denture base.
D5620	Repair cast framework.
D5630	Repair or replace broken clasp.
D5640	Replace broken teeth, per tooth.
D5650	Add tooth to existing partial denture.
D5660	Add clasp to existing partial denture.
D5670	Replace all teeth and acrylic on cast metal framework (maxillary).
D5671	Replace all teeth and acrylic on cast metal framework (mandibular).
vi. Denture Relining.	

TABLE 802.15 – DENTAL CODES FOR ADULTS	
Dental Code	Description
D5730	Reline complete maxillary denture (chairside).
D5731	Reline complete mandibular denture (chairside).
D5740	Reline maxillary partial denture (chairside).
D5741	Reline mandibular partial denture (chairside).
D5750	Reline complete maxillary denture (laboratory).
D5751	Reline complete mandibular denture (laboratory).
D5760	Reline maxillary partial denture (laboratory).
D5761	Reline mandibular partial denture (laboratory).
g. Oral Surgery. The definitions for these codes are in Subsection 802.11 of these rules.	
i. Extractions.	
D7111	Extraction, coronal remnants—deciduous tooth.
D7140	Extraction, erupted tooth or exposed root, routine removal.
ii. Surgical Extractions	
D7210	Surgical removal of erupted tooth.
D7220	Removal of impacted tooth—soft tissue.
D7230	Removal of impacted tooth—partially bony.
D7240	Removal of impacted tooth—completely bony.
D7241	Removal of impacted tooth—completely bony, with unusual surgical complications.
D7250	Surgical removal of residual tooth roots.
iii. Other Surgical Procedures.	
D7286	Biopsy of oral tissue—soft. For surgical removal of specimen only.
iv. Surgical Incision.	
D7510	Incision and drainage of abscess—including periodontal origins.
v. Repair of Traumatic Wounds.	
D7910	Suture of recent small wounds up to five (5) cm.
vi. Other Repair Procedures.	
D7970	Excision of hyperplastic tissue.
D7971	Excision of pericoronary gingiva.
h. Adjunctive General Services. The definitions for these codes are in Subsection 802.13 of these rules.	
i. Unclassified Treatment.	
D9110	Palliative (emergency) treatment of dental pain.
ii. Anesthesia.	

TABLE 802.15 – DENTAL CODES FOR ADULTS	
Dental Code	Description
D9220	Deep sedation/general anesthesia – first thirty (30) minutes.
D9224	Deep sedation/general anesthesia – each additional fifteen (15) minutes.
D9230	Analgesia – includes nitrous oxide.
D9241	Intravenous conscious sedation/analgesia – first thirty (30) minutes.
D9242	Intravenous conscious sedation/analgesia – each additional fifteen (15) minutes.
iii. Professional Consultation.	
D9310	Consultation requested by other dentist or physician.
iv. Professional Visits.	
D9410	House, institutional, or extended care facility calls.house/extended care facility.
D9420	Hospital calls.
D9440	Office visit after regularly scheduled hours.
D9930	Treatment of complication (post-surgical) – unusual circumstances.

(3-30-07)

16. Denturist Procedure Codes.

a. The following codes are valid denturist procedure codes:

TABLE 802.16.a. – DENTURIST PROCEDURE CODES	
Dental Code	Description
D5110	Complete denture, upper
D5120	Complete denture, lower
D5130	Immediate denture, upper
D5140	Immediate denture, lower
D5410	Adjust complete denture, upper
D5411	Adjust complete denture, lower
D5421	Adjust partial denture, upper
D5422	Adjust partial denture, lower
D5510	Repair broken complete denture base; arch designation required.
D5520	Replace missing or broken teeth, complete denture (each tooth); six (6) teeth maximum. Tooth designation required.
D5610	Repair resin saddle or base; arch designation required.
D5620	Repair cast framework; arch designation required.
D5630	Repair or replace broken clasp; arch designation required.
D5640	Replace broken teeth per tooth; tooth designation required.

TABLE 802.16.a. -- DENTURIST PROCEDURE CODES	
Dental Code	Description
D5650	Add tooth to existing partial denture; tooth designation required.
D5660	Add clasp to existing partial denture; not requiring the altering of oral tissue or natural teeth. Tooth designation required.
D5730	Reline complete upper denture (chairside)
D5731	Reline complete lower denture (chairside)
D5740	Reline upper partial denture (chairside)
D5741	Reline lower partial denture (chairside)
D5750	Reline complete upper denture (laboratory)
D5751	Reline complete lower denture (laboratory)
D5760	Reline upper partial denture (laboratory)
D5761	Reline lower partial denture (laboratory)
D5899	Unable to deliver full denture. Prior authorization required. If the participant does not complete the process for the denture, leaves the state, cannot be located or dies, laboratory and professional fees may be billed to Medicaid with an invoice listing lab fees and arch designation.

(3-30-07)

~~**b.** Medicaid allows complete and immediate denture construction once every five (5) years. Denture relines is allowed once every two (2) years. Complete and partial denture adjustment is considered part of the initial denture construction service for the first six (6) months.~~ (3-30-07)

803. DENTAL SERVICES -- PROCEDURAL REQUIREMENTS:

~~**01. Dental Prior Authorization.** All procedures that require prior authorization must be approved by the Medicaid dental consultant prior to the service being rendered. Prior authorization requires written submission including diagnostics. Verbal authorizations will not be given. Retroactive authorization will be given only in an emergency situation or as the result of retroactive eligibility. Prior authorization of Medicaid dental procedures does not guarantee payment.~~ (3-30-07)

~~**02. Denturist Prior Authorization.** Prior authorization is not required for the dentist procedures except for dental code D5899 found in Subsection 802.16 of these rules.~~ (3-30-07)

~~**03. Crowns.**~~ (3-30-07)

~~**a.** When submitting for prior authorization, either an x-ray showing the root canal or an x-ray with a justification detailing the reason for the crown is required.~~ (3-30-07)

~~**b.** Requests for re-doing crowns must be submitted for prior approval and include x-ray and justification.~~ (3-30-07)

804. DENTAL SERVICES -- PROVIDER QUALIFICATIONS AND DUTIES:

All dental services must be documented in the participant's record to include: procedure, surface, and tooth number (if applicable). This record must be maintained for a period of six (6) years. (3-30-07)

805. DENTAL SERVICES -- PROVIDER REIMBURSEMENT:

Medicaid reimburses dentists and denturists for procedures on a fee for service basis. Usual and customary charges are paid up to the Medicaid maximum allowance. Dentists may make arrangements for private payment with families

for services not covered by Medicaid. If the provider accepts any Medicaid payment for a covered service, the Medicaid payment must be accepted as payment in full for the service, and the participant cannot be billed for the difference between the billed amount and the Medicaid allowed amount. (3-30-07)

8061. -- 819. (RESERVED).

APPENDIX A

IDAHO MEDICAID HANDICAPPING MALOCCLUSION INDEX

<u>OVERBITE:</u>	<u>MEASUREMENT/POINTS:</u>	<u>SCORE:</u>
Lower incisors: striking lingual of uppers at incisal	<u>1/3 = 0</u>	
Striking lingual of uppers at middle	<u>1/3 = 1</u>	
Striking lingual of uppers at gingival	<u>1/3 = 2</u>	
<u>OPENBITE:</u> (millimeters) *a,b		
Less than.....	<u>2 mm = 0</u>	
	<u>2-4 mm = 1</u>	
	<u>4+ mm = 2</u>	
<u>OVERJET:</u> (millimeters) *a		
Upper.....	<u>2-4 mm = 0</u>	
Measure horizontally parallel to occlusal plane.	<u>5-9 mm = 1</u>	
	<u>9+ mm = 2</u>	
Lower.....	<u>0-1 mm = 0</u>	
	<u>2 mm = 1</u>	
	<u>3+ mm = 2</u>	
<u>POSTERIOR X-BITE:</u> (teeth) *b		
Number of teeth in x-bite:	<u>0-2 = 0</u>	
	<u>3 = 1</u>	
	<u>4 = 2</u>	
<u>TOOTH DISPLACEMENT:</u> (teeth) *c, d, e		
Number of teeth rotated 45 degrees or displaced 2mm from normal position in arch.	<u>0-2 = 0</u> <u>3-6 = 1</u> <u>7+ = 2</u>	
<u>BUCCAL SEGMENT RELATIONSHIP:</u>		
One side distal or mesial 1/2 cusp	<u>= 0</u>	

<u>OVERBITE:</u>	<u>MEASUREMENT/POINTS:</u>	<u>SCORE:</u>
<u>Both sides distal or mesial or one side full cusp</u>	<u>= 1</u>	
<u>Both sides full cusp distal or mesial</u>	<u>= 2</u>	
		TOTAL SCORE: _____
<u>Scoring Definitions:</u>		
<p>a) <u>Impacted or blocked cuspids are scored 1 open bite and 1 over jet for two teeth. Score 2 for open bite and 2 for over jet for 4 blocked cuspids.</u></p> <p>b) <u>Cross bites are scored for the teeth in cross bite. not the teeth in the opposing arch.</u></p> <p>c) <u>Missing teeth count as 1, if the space is still present.</u></p> <p>d) <u>Do not score teeth that are not fully erupted.</u></p> <p>e) <u>Displaced teeth are based on where they are in their respective arch line. not their relationship with the opposing arch.</u></p>		

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.03.10 - MEDICAID ENHANCED PLAN BENEFITS

DOCKET NO. 16-0310-0701

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2008 Idaho State Legislature for final approval. 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 Section 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 Section 67-5224, Idaho Code, notice is hereby given that this agency has adopted a pending rule. The action is authorized pursuant to Sections 56-202(b), 56-203(g), 56-203(i), 56-250 through 56-257, Idaho Code and Title XIX and Title XXI of the Social Security Act, as amended, and the companion federal regulations; Senate Bill No. 1339 (2006); and State Plan Amendment 06-005.

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:

The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the July 4, 2007, Idaho Administrative Bulletin, Vol. 07-7, pages 47 through 61.

FISCAL IMPACT: The following is a specific description, if applicable, of any fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year: N/A

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the pending rule, contact Jeanne Siroky at (208) 364-1897.

DATED this 23rd day of August, 2007.

Sherri Kovach
Program Supervisor
DHW - Administrative Procedures Section
450 West State Street - 10th Floor
P.O. Box 83720
Boise, Idaho 83720-0036
(208) 334-5564 phone; (208) 334-6558 fax
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DOCKET NO. 16-0310-0701 - ADOPTION OF PENDING RULE

There are no substantive changes from the proposed rule text.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 07-7, July 4, 2007, pages 47 through 61.

This rule has been adopted as a pending rule by the Agency and is now pending review and approval by the 2008 Idaho State Legislature as a final rule.

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.03.10 - MEDICAID ENHANCED PLAN BENEFITS

DOCKET NO. 16-0310-0703

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2008 Idaho State Legislature for final approval. 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 Section 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 Section 67-5224, Idaho Code, notice is hereby given that this agency has adopted a pending rule. The action is authorized pursuant to Sections 56-202(b), 56-203(g), 56-203(i), and 56-250 through 56-257, 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:

The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the Wednesday, August 1, 2007, Idaho Administrative Bulletin, Vol. 07-8, pages 102 through 110. The companion rule for this docket published simultaneously under Docket No. 16-0323-0701.

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year: There is no anticipated fiscal impact.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this pending rule, contact Susan Scheuerer at (208) 287-1156.

DATED this 20th day of September, 2007.

Sherri Kovach
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DOCKET NO. 16-0310-0703 - ADOPTION OF PENDING RULE

There are no substantive changes from the proposed rule text.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 07-8, August 1, 2007, pages 102 through 110.

This rule has been adopted as a pending rule by the Agency and is now pending review and approval by the 2008 Idaho State Legislature as a final rule.

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.03.10 - MEDICAID ENHANCED PLAN BENEFITS

DOCKET NO. 16-0310-0705

NOTICE OF RULEMAKING - TEMPORARY AND PROPOSED RULE

EFFECTIVE DATE: The effective date of the temporary rule is September 1, 2007.

AUTHORITY: In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted a temporary rule, and proposed rulemaking procedures have been initiated. The action is authorized pursuant to Sections 56-202(b), 56-203(g), 56-203(i), 56-250 through 56-257, Idaho Code; also Title XIX and Title XXI of the Social Security Act, as amended, and the companion federal regulations.

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 Wednesday, November 21, 2007.

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 the required finding and concise statement of its supporting reasons for adopting a temporary rule and a nontechnical explanation of the substance and purpose of the proposed rulemaking:

As of September 1, 2007, the coverage for Medicaid's Basic Plan dental services will be provided by Blue Cross of Idaho under a selective contract. As a result, the rules for dental services covered under the Basic Plan are being deleted under companion Docket No. 16-0309-0707.

For those on the Enhanced Plan, dental services will continue to be covered by Medicaid as they are currently. To assure continuity of dental service coverage for those on the Enhanced Plan, the rules for Medicaid-covered dental services are being added to this chapter, including all the covered dental procedure codes.

TEMPORARY RULE JUSTIFICATION: Pursuant to Section 67-5226(1)(a) and (c), Idaho Code, the Governor has found that temporary adoption of the rule is appropriate because it protects the health of and confers benefits to Medicaid participants on the Enhanced Plan.

FEE SUMMARY: Pursuant to Section 67-5226(2), the Governor has found that the fee or charge being imposed or increased is justified and necessary to avoid immediate danger and the fee is described herein: N/A

FISCAL IMPACT: The following is a specific description, if applicable, of any fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year.

There is no anticipated fiscal impact to the state general fund related to this rulemaking.

NEGOTIATED RULEMAKING: Pursuant to IDAPA 04.11.01.811, negotiated rulemaking was not conducted since this rulemaking is being done to simply to assure the continuity of dental service coverage for those on the Enhanced Plan.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the temporary and proposed rule, contact Arla Farmer at (208) 364-1958.

Anyone may submit written comments regarding the proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before Wednesday, November 28, 2007.

DATED this 23rd day of August, 2007.

Sherri Kovach
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THE FOLLOWING IS THE TEXT OF DOCKET NO. 16-0310-0705

001. TITLE AND SCOPE.

01. Title. The title of these rules is IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits." (3-19-07)

02. Scope. These rules establish the Medicaid Enhanced Plan Benefits covered under Title XIX and Title XXI. Participants who are eligible for Enhanced Plan Benefits are also eligible for benefits under IDAPA 16.03.09 "Medicaid Basic Plan Benefits;" with the exception of coverage for dental services. Dental services for the Medicaid Enhanced Plan are covered under Sections 080 through 085 of these rules. ~~(3-19-07)~~(9-1-07)T

03. Scope of Reimbursement System Audits. These rules also provide for the audit of providers' claimed costs against these rules and Medicare standards. The Department reserves the right to audit financial and other records of the provider, and, when warranted, the records of entities related to the provider. Audits consist of the following types of records: (3-19-07)

- a.** Cost verification of actual costs for providing goods and services; (3-19-07)
- b.** Evaluation of provider's compliance with the provider agreement, reporting form instructions, and any applicable law, rule, or regulation; (3-19-07)
- c.** Effectiveness of the service to achieve desired results or benefits; and (3-19-07)
- d.** Reimbursement rates or settlement calculated under this chapter. (3-19-07)

04. Exception to Scope for Audits and Investigations. Audits as described in these rules do not apply to the audit processes used in conducting investigations of fraud and abuse under IDAPA 16.05.07, "Investigation and Enforcement of Fraud, Abuse, and Misconduct." (3-19-07)

(BREAK IN CONTINUITY OF SECTIONS)

004. INCORPORATION BY REFERENCE.

The Department has incorporated by reference the following document: (3-19-07)

01. 42 CFR Part 447. 42 CFR Part 447, "Payment for Services," revised as of October 1, 2001, is available from CMS, 7500 Security Blvd, Baltimore, M.D., 21244-1850 or on the Code of Federal Regulations internet site at <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>. (3-19-07)

02. CDT - 2007/2008 (Current Dental Terminology, Sixth Edition). Current Dental Terminology.

Sixth Edition, is available from the American Dental Association, 211 East Chicago Ave., Chicago, IL 60601-9985, or may be ordered online at <http://www.adacatalog.org>. A copy is available for public review at the Division of Medicaid, 3232 Elder Street, Boise, ID 83705. (9-1-07)T

023. DSM-IV-TR. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) Washington, DC, American Psychiatric Association, 2000. Copies of the manual are available from the American Psychiatric Association, 1400 K Street, N.W., Washington, DC, 20005. A copy of the manual is also available for public review at the Department of Health and Welfare, 450 West State Street, Boise, Idaho, 83702. (3-19-07)

034. Estimated Useful Lives of Depreciable Hospital Assets, 2004 Revised Edition, Guidelines Lives. This document may be obtained from American Hospital Publishing, Inc., 211 E. Chicago Ave., Chicago, IL 60611. (3-19-07)

045. Medicare Region D Durable Medical Equipment Regional Carrier (DMERC) Supplier Manual or Its Successor. The full text of the Medicare Region D DMERC Supplier Manual Chapters IX and X, date April 2001, is available via the Internet at www.cignamedicare.com. A copy is also available at the Idaho State Supreme Court Law Library. (3-19-07)

056. Provider Reimbursement Manual (PRM). The Provider Reimbursement Manual (PRM), Part I and Part II CMS Publication 15-1 and 15-2), is available on the CMS internet site at http://cms.hhs.gov/manuals/pub151/PUB_15_1.asp and http://cms.hhs.gov/manuals/pub152/PUB_15_2.asp. (3-19-07)

067. Resource Utilization Groups (RUG) Grouper. The RUG III, version 5.12, 34 Grouper, nursing weights only, with index maximization. The RUG Grouper is available from CMS, 7500 Security Blvd., Baltimore, MD, 21244-1850. (3-19-07)

078. SIB-R Comprehensive Manual. Scales of Independent Behavior - Revised Comprehensive Manual, 1996, Riverside Publishing Co, 425 Spring Lake Drive, Itasca, IL 60143-2079. (3-19-07)

089. Travel Policies and Procedures of the Idaho State Board of Examiners. The text of "Idaho State Travel Policies and Procedures of the Idaho State Board of Examiners," Appendices A and B, June 13, 2000, is available at the Office of the State Controller, 700 W. State St., 5th Fl., Box 83720, Boise, Idaho 83720-0011 or on the Internet at <http://www.sco.state.id.us>. (3-19-07)

(BREAK IN CONTINUITY OF SECTIONS)

075. ENHANCED PLAN BENEFITS - COVERED SERVICES.

Individuals who are eligible for the Medicaid Enhanced Plan Benefits are eligible for all benefits covered under IDAPA 16.03.09, "Medicaid Basic Plan Benefits," with the exception of coverage for dental services. In addition to those benefits, individuals in the enhanced plan are eligible for the following enhanced benefits as provided for in this chapter of rules. (~~3-19-07~~)(9-1-07)T

01. Dental Services. Dental Services are provided as described under Sections 080 through 085 of these rules. (9-1-07)T

042. Enhanced Hospital Benefits. Organ transplants are provided under the Enhanced Hospital services as described in Sections 090 through 099 of these rules. (3-19-07)

023. Enhanced Mental Health Benefits. Enhanced Mental Health services are provided under Sections 100 through 147 of these rules. (3-19-07)

034. Enhanced Home Health Benefits. Private Duty Nursing services are provided under the Enhanced Home Health as described in Sections 200-219 of these rules. (3-19-07)

- 045.** **Therapies.** Physical, Speech, and Occupational Therapy Providers as described in Section 215 of these rules. (3-19-07)
- 056.** **Long Term Care Services.** The following services are provided under the Long Term Care Services. (3-30-07)
- a.** Nursing Facility Services as described in Sections 220 through 299 of these rules. (3-19-07)
 - b.** Personal Care Services as described in Sections 300 through 308 of these rules. (3-30-07)
 - c.** A & D Waiver Services as described in Sections 320 through 330 of these rules. (3-30-07)
- 067.** **Hospice.** Hospice services as described in Sections 450 through 459 of these rules. (3-19-07)
- 078.** **Developmental Disabilities Services.** (3-19-07)
- a.** Developmental Disability Standards as described in Sections 500 through 506 of these rules. (3-19-07)
 - b.** Behavioral Health Prior Authorization as described in Sections 507 through 520 of these rules. (3-19-07)
 - c.** ICF/MR as described in Sections 580 through 649 of these rules. (3-19-07)
 - d.** Developmental Disabilities Agencies as described in Sections 700 through 719 of these rules. (3-19-07)
- 089.** **Service Coordination Services.** Service coordination as described in 720 through 779 of these rules. (3-19-07)
- 0910.** **Breast and Cervical Cancer Program.** Breast and Cervical Cancer Program is described in Sections 780 through 800 of these rules. (3-19-07)

(BREAK IN CONTINUITY OF SECTIONS)

076. - 0879. (RESERVED).

080. DENTAL SERVICES - DEFINITIONS.

Dental services are provided for the relief of dental pain, prosthetic replacement, and the correcting of handicapping malocclusion. These services must be purchased from a licensed dentist or dentist. (9-1-07)T

081. DENTAL SERVICES - PARTICIPANT ELIGIBILITY.

01. Children's Coverage. Dental services for children, covered through the month of their twenty-first birthday, are listed in Sections 080 through 085 of these rules. (9-1-07)T

02. Adult Coverage. Covered dental services for Medicaid-eligible persons who are past the month of their twenty-first birthday who are not eligible under IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Pregnant Women (PW), Qualified Medicare Beneficiary (QMB), or under IDAPA 16.03.17, "Medicare/Medicaid Coordinated Plan Benefits," are listed in Subsections 082.14 and 082.15 of these rules. (9-1-07)T

03. Limitations on Orthodontics. Orthodontics are limited to participants from birth to twenty-one (21) years of age who meet the eligibility requirements, and the Idaho Medicaid Handicapping Malocclusion Index as

evaluated by the state Medicaid dental consultant. The Malocclusion Index may be found in Appendix A of these rules. Participants already in orthodontic treatment who transfer to Idaho Medicaid must have their continuing treatment justified and authorized by the state Medicaid dental consultant. (9-1-07)T

04. Participants Eligible for Other Programs. Participants who have only Qualified Medicare Beneficiary (QMB) eligibility are not eligible for dental services. (9-1-07)T

082. DENTAL SERVICES - COVERAGE AND LIMITATIONS.

01. Covered Dental Services. Dental services are covered by Medicaid as described in Section 081 of these rules. Idaho uses the procedure codes contained in the Current Dental Terminology (CDT) handbook published by the American Dental Association. (9-1-07)T

02. Non-Covered Services. Non-covered services are procedures not recognized by the American Dental Association (ADA) or services not listed in these rules. (9-1-07)T

03. Diagnostic Dental Procedures.

TABLE 082.03 - DENTAL DIAGNOSTIC PROCEDURES	
Dental Code	Description
a. General Oral Evaluations.	
The following evaluations are not allowed in combination of the same day:	
D0120	Periodic oral evaluation. Includes periodontal screening. One (1) periodic examination is allowed every six (6) months.
D0140	Limited oral evaluation. An evaluation or re-evaluation limited to a specific oral health problem. Not to be used when a participant returns on a later date for follow-up treatment subsequent to either a comprehensive or periodic exam. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation.
D0150	Comprehensive oral evaluation. One (1) comprehensive examination is allowed every twelve (12) months. Six (6) months must elapse before a periodic exam can be paid.
D0160	Detailed and extensive oral evaluation. A detailed and extensive problem focused evaluation that entails extensive diagnostic and cognitive modalities based on the findings of a comprehensive oral evaluation. One (1) detailed and extensive oral evaluation is allowed every twelve (12) months.
D0170	Re-evaluation, limited, problem focused. Established participant, not post-operative visit.
b. Radiographs/Diagnostic Images.	
D0210	Intraoral - complete series (including bitewings). Complete series x-rays are allowed only once in a three (3) year period. A complete intraoral series consists of fourteen (14) periapicals and one (1) series of four (4) bitewings.
D0220	Intraoral periapical - first film.
D0230	Intraoral periapical - each additional film.
D0240	Intraoral occlusal film.
D0270	Bitewing - single film. Total of four (4) bitewings allowed every six (6) months.
D0272	Bitewings - two (2) films. Total of four (4) bitewings allowed every six (6) months.
D0274	Bitewings - four (4) films. Total of four (4) bitewings allowed every six (6) months.

TABLE 082.03 - DENTAL DIAGNOSTIC PROCEDURES	
Dental Code	Description
D0277	Vertical bitewings. Seven (7) to eight (8) films. Allowed every six (6) months.
D0330	Panoramic film. Panorex, panelipse or orthopantograph are also allowed under this code. Panoramic-type films are allowed once in a thirty-six (36) month period. This time limitation does not apply to preoperative or postoperative surgery cases. Doing both a panoramic film and an intraoral complete series is not allowed. Up to four (4) bitewings or periapicals are allowed in addition to a panoramic film.
D0340	Cephalometric film. Allowed once in a twelve (12) month period.
c. Test And Laboratory Examination.	
D0460	Pulp vitality tests. Includes multiple teeth and contralateral comparison(s) as indicated. Allowed once per visit per day.
D0470	Diagnostic casts.
d. Diagnostic.	
D0999	Unspecified diagnostic procedure, by report. Narrative required when prior authorizing.

(9-1-07)T

04. Dental Preventive Procedures. Medicaid provides no additional allowance for a cavitron or ultrasonic prophylaxis.

TABLE 082.04 - DENTAL PREVENTIVE PROCEDURES	
Dental Code	Description
a. Dental Prophylaxis.	
D1110	Prophylaxis - Adult (twelve (12) years of age and older). A prophylaxis is allowed once every six (6) months. Includes polishing procedures to remove coronal plaque, calculus, and stains.
D1120	Prophylaxis - Children/young adult (under age twelve (12)). A prophylaxis is allowed once every six (6) months.
b. Fluoride Treatments.	
D1203	Topical application of fluoride - one (1) treatment. Prophylaxis not included. Allowed once every six (6) months for participants under age twenty (21).
D1204	Topical application of fluoride - adult, twenty-one (21) years of age and over. Prophylaxis not included. Allowed once every six (6) months.
c. Other Preventive Services.	
D1351	Sealant - per tooth. Mechanically and/or chemically prepared enamel surface. Allowed for participants under twenty-one (21) years of age. Limited to once per tooth every three (3) years. Tooth designation required.
d. Space Management Therapy. Space maintainers are allowed to hold space for missing teeth for participants under age twenty-one (21). No reimbursement is allowed for removing maintainers, unless by dentist other than providing dentist. Vertical space maintainers are not covered.	

TABLE 082.04 - DENTAL PREVENTIVE PROCEDURES	
Dental Code	Description
<u>D1510</u>	<u>Space maintainer - fixed - unilateral. Limited up to age twenty-one (21). Only allowed once per tooth space. Tooth space designation required.</u>
<u>D1515</u>	<u>Space maintainer - fixed - bilateral. Limited up to age twenty-one (21). Only allowed once per arch. Arch designation required.</u>
<u>D1520</u>	<u>Space maintainer, removable - unilateral. Allowed once every two (2) years up to twenty-one (21) years of age. Arch designation required.</u>
<u>D1525</u>	<u>Space maintainer, removable - bilateral. Allowed once every two (2) years up to twenty-one (21) years of age. Arch designation required.</u>
<u>D1550</u>	<u>Re-cementation of space maintainer. Limited up to age twenty-one (21). Only allowed once per quadrant or arch. Quadrant or arch designation required.</u>

(9-1-07)T

05. Restorations.

(9-1-07)T

a. Posterior Restoration.

(9-1-07)T

i. A one (1) surface posterior restoration is one in which the restoration involves only one (1) of the five (5) surface classifications: mesial, distal, occlusal, lingual, or facial (including buccal or labial).

(9-1-07)T

ii. A two (2) surface posterior restoration is one in which the restoration extends to two (2) of the five (5) surface classifications.

(9-1-07)T

iii. A three (3) surface posterior restoration is one in which the restoration extends to three (3) of the five (5) surface classification surface classifications.

(9-1-07)T

iv. A four (4) or more surface posterior restoration is one in which the restoration extends to four (4) or more of the five (5) surface classifications.

(9-1-07)T

b. Anterior Proximal Restoration.

(9-1-07)T

i. A one (1) surface anterior proximal restoration is one in which neither the lingual nor facial margin of the restoration extends beyond the line angle.

(9-1-07)T

ii. A two (2) surface anterior proximal restoration is one in which either the lingual or facial margin of the restoration extends beyond the line angle.

(9-1-07)T

iii. A three (3) surface anterior proximal restoration is one in which both the lingual and facial margins of the restorations extend beyond the line angle.

(9-1-07)T

iv. A four (4) or more surface anterior restoration is one in which both the lingual and facial margins extend beyond the line angle and the incisal angle is involved.

(9-1-07)T

c. Amalgams and Resin Restoration.

(9-1-07)T

i. Reimbursement for pit restoration is allowed as a one (1) surface restoration.

(9-1-07)T

ii. Adhesives (bonding agents), bases, and the adjustment and/or polishing of sealant and restorations are included in the allowance for the major restoration.

(9-1-07)T

- iii. Liners and bases are included as part of the restoration. If pins are used, they should be reported separately. (9-1-07)T
- d. Crowns. (9-1-07)T
- i. When submitting for prior authorization, either an x-ray showing the root canal or an x-ray with a justification detailing the reason for the crown is required. (9-1-07)T
- ii. Requests for re-doing crowns must be submitted for prior approval and include x-ray and justification. (9-1-07)T

TABLE 082.05 - RESTORATIONS	
Dental Code	Description
e. Amalgam Restorations.	
D2140	Amalgam - one (1) surface, primary or permanent. Tooth designation required.
D2150	Amalgam - two (2) surfaces, primary or permanent. Tooth designation required.
D2160	Amalgam - three (3) surfaces, primary or permanent. Tooth designation required.
D2161	Amalgam - four (4) or more surfaces, primary or permanent. Tooth designation required.
f. Resin Restorations. Resin refers to a broad category of materials including but not limited to composites. May include bonded composite, light-cured composite, etc. Light-curing, acid-etching, and adhesives (including resin bonding agents) are part of the restoration. Report glass ionomers when used as restorations. If pins are used, report them separately.	
D2330	Resin - one (1) surface, anterior. Tooth designation required.
D2331	Resin - two (2) surfaces, anterior. Tooth designation required.
D2332	Resin - three (3) surfaces, anterior. Tooth designation required.
D2335	Resin - four (4) or more surfaces or involving incisal angle, anterior. Tooth designation required.
D2390	Resin based composite crown, anterior, primary or permanent. Tooth designation required.
D2391	Resin based composite - one (1) surface, posterior, primary or permanent.
D2392	Resin based composite - two (2) surfaces, posterior, primary or permanent.
D2393	Resin based composite - three (3) surfaces, posterior, primary or permanent.
D2394	Resin based composite - four (4) surfaces, posterior, primary or permanent.
g. Crowns.	
D2710	Crown resin indirect. Tooth designation required. Prior authorization required.
D2721	Crown resin with predominantly base metal. Tooth designation required. Prior authorization required.
D2750	Crown, porcelain fused to high noble metal. Tooth designation required. Prior authorization required.
D2751	Crown porcelain fused too predominantly base metal. Tooth designation required. Prior authorization required.
D2752	Crown, porcelain fused to noble metal. Tooth designation required. Prior authorization required.
D2790	Crown, full cast, high noble metal. Tooth designation required. Prior authorization required.
D2791	Crown full cast predominantly base metal. Tooth designation required. Prior authorization required.

TABLE 082.05 - RESTORATIONS	
Dental Code	Description
D2792	Crown, full cast noble metal. Tooth designation required. Prior authorization required.
h. Other Restorative Services.	
D2920	Re-cement crown. Tooth designation required.
D2930	Prefabricated stainless steel crown - primary tooth. Tooth designation required.
D2931	Prefabricated stainless steel crown - permanent tooth. Tooth designation required.
D2932	Prefabricated resin crown. Tooth designation required.
D2940	Sedative filling. Tooth designation required. Surface is not required.
D2950	Core buildup, including any pins. Tooth designation required. Limited to two (2) pins per tooth.
D2951	Pin retention - per tooth, in addition to restoration. Tooth designation required. Limited to two (2) pins per tooth.
D2954	Prefabricated post and core in addition to crown. Tooth designation required.
D2955	Post removal. Tooth designation required.
D2980	Crown repair. Tooth designation required.
D2999	Unspecified restorative procedure, by report. Narrative and tooth designation required when prior authorizing. Requires prior authorization.

(9-1-07)T

06. Endodontics. Pulpotomies and root canal procedures cannot be paid with the same date of service for the same tooth.

TABLE 082.06 - ENDODONTICS	
Dental Code	Description
a. Pulp Capping.	
D3110	Pulp cap - direct (excluding final restoration). Tooth designation required.
b. Pulpotomy.	
D3220	Therapeutic pulpotomy (excluding final restoration). Once per tooth. Tooth designation required. Not to be construed as the first stage of root canal therapy.
D3221	Pulpal debridement, primary & permanent teeth. For relief of acute pain not to be construed as the first stage of root canal therapy. Not allowed same day as endodontic therapy. Tooth designation required.
c. Root Canal Therapy.	
Pulpectomy is part of root canal therapy. Includes all appointments necessary to complete treatment; also includes intra-operative radiographs. Does not include diagnostic evaluation and necessary radiographs/diagnostic images. Root canal therapy (includes treatment plan, x-rays, clinical procedures and follow-up care) is for permanent teeth only. Separate charges are allowable for open and drain if the procedure is done on different days.	
D3310	Anterior (excluding final restoration). Tooth designation required.
D3320	Bicuspid (excluding final restoration). Tooth designation required.

TABLE 082.06 - ENDODONTICS	
Dental Code	Description
D3330	Molar (excluding final restoration). Tooth designation required.
D3346	Retreatment of previous root canal therapy, anterior. Tooth designation required.
D3347	Retreatment of previous root canal therapy, bicuspid. Tooth designation required.
D3348	Retreatment of previous root canal therapy, molar. Tooth designation required.
d. Apicoectomy/Periradicular Services.	
D3410	Apicoectomy/Periradicular surgery-anterior surgery or root of anterior tooth. Does not include placement of retrograde filling material. Tooth designation required.
D3421	Apicoectomy/Periradicular surgery-bicuspid (first root). Surgery on one root of a bicuspid does not include placement of retrograde filling material. Tooth designation required.
D3425	Apicoectomy/Periradicular surgery-Molar (first root). Does not include placement of retrograde filling material. Tooth designation required.
D3426	Apicoectomy/Periradicular surgery (each additional root). For molar surgeries when more than one root is being treated during the same procedure. Does not include retrograde filling material placement. Tooth designation required.
D3430	Retrograde filling - per root. For placement of retrograde filling material during Periradicular surgery procedures. Tooth designation required.
D3999	Unspecified restorative procedure, by report. Narrative and tooth designation required. Requires prior authorization.

(9-1-07)T

07. Periodontics.

TABLE 082.07 - PERIODONTICS	
Dental Code	Description
a. Surgical Services.	
D4210	Gingivectomy or gingivoplasty - four (4) or more contiguous teeth in quadrant. Quadrant designation required.
D4211	Gingivectomy or gingivoplasty - one (1) to three (3) teeth in quadrant. Quadrant designation required.
b. Non-Surgical Periodontal Services.	
D4320	Provisional splinting - intracoronal.
D4321	Provisional splinting - extracoronal.
D4341	Periodontal scaling and root planing four (4) or more contiguous teeth per quadrant. Allowed once in a twelve (12) month period. This procedure is indicated for participants with periodontal disease and is therapeutic, not prophylactic, in nature. Quadrant designation required.
D4342	Periodontal scaling and root planing one (1) to three (3) teeth per quadrant. Allowed once in a twelve (12) month period. This procedure is indicated for participants with periodontal disease and is therapeutic, not prophylactic, in nature. Quadrant designation required.

TABLE 082.07 - PERIODONTICS	
Dental Code	Description
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis. Allowed once in a twelve (12) month period. The removal of subgingival and/or supragingival plaque and calculus. This is a preliminary procedure and does not preclude the need for other procedures.
c. Other Periodontal Services.	
D4910	Periodontal maintenance procedures. Allowed once in a three (3) month period. This procedure is for participants who have completed periodontal treatment (surgical and/or non-surgical periodontal therapies exclusive of D4355) and includes removal of the bacterial flora from crevicular and pocket areas, scaling and polishing of the teeth, periodontal evaluation, and a review of the participant's plaque control efficiency.
D4999	Unspecified periodontal procedure. Narrative required when prior authorizing. Requires prior authorization.

(9-1-07)T

08. Prosthodontics.

(9-1-07)T

a. Removable Prosthodontics.

(9-1-07)T

i. The Medicaid dental program covers only one (1) set of full dentures in a five (5) year period. Full dentures placed immediately must be of structure and quality to be considered the final set. Transitional or interim treatment dentures are not covered. No additional reimbursements are allowed for denture insertions. (9-1-07)T

ii. If full dentures are inserted during a month when the participant is not eligible, but other work, including laboratory work, is completed during an eligible period, the claim for the dentures is allowed. (9-1-07)T

iii. Medicaid pays for partial dentures once every five (5) years. Partial dentures are limited to participants age twelve (12) and older. One (1) partial per arch is covered. When a partial is inserted during a month when the participant is not eligible but other work, including laboratory work, is completed during an eligible period, the claim for the partial is allowed. (9-1-07)T

b. Removable Prosthodontics by Codes.

TABLE 082.08.b. - PROSTHODONTICS	
Dental Code	Description
i. Complete Dentures. This includes six (6) months of adjustments following placement.	
D5110	Complete denture - maxillary.
D5120	Complete denture - mandibular.
D5130	Immediate denture - maxillary.
D5140	Immediate denture - mandibular.
ii. Partial Dentures. This includes six (6) months of care following placement. Limited to twelve (12) years and older.	
D5211	Maxillary partial denture - resin base. Includes any conventional clasps, rests, and teeth.
D5212	Mandibular partial denture - resin base. Includes any conventional clasps, rests, and teeth.

TABLE 082.08.b. - PROSTHODONTICS	
Dental Code	Description
<u>D5213</u>	<u>Maxillary partial denture - cast metal framework with resin denture bases. Includes any conventional clasps, rests, and teeth.</u>
<u>D5214</u>	<u>Mandibular partial denture - cast metal framework with resin denture bases. Includes any conventional clasps, rests, and teeth.</u>
<u>iii. Adjustments To Complete And Partial Dentures. No allowance for adjustments for six (6) months following placement. Adjustments done during this period are included in complete/partial allowance.</u>	
<u>D5410</u>	<u>Adjust complete denture - maxillary.</u>
<u>D5411</u>	<u>Adjust complete denture - mandibular.</u>
<u>D5421</u>	<u>Adjust partial denture - maxillary.</u>
<u>D5422</u>	<u>Adjust partial denture - mandibular.</u>
<u>iv. Repairs To Complete Dentures.</u>	
<u>D5510</u>	<u>Repair broken complete denture base. Arch designation required.</u>
<u>D5520</u>	<u>Replace missing or broken teeth - complete denture (each tooth) - six (6) tooth maximum. Tooth designation required.</u>
<u>v. Repairs To Partial Dentures.</u>	
<u>D5610</u>	<u>Repair resin denture base. Arch designation required.</u>
<u>D5620</u>	<u>Repair cast framework. Arch designation required.</u>
<u>D5630</u>	<u>Repair or replace broken clasp. Arch designation required.</u>
<u>D5640</u>	<u>Replace broken teeth, per tooth. Tooth designation required.</u>
<u>D5650</u>	<u>Add tooth to existing partial denture. Does not involve clasp or abutment tooth. Tooth designation required.</u>
<u>D5660</u>	<u>Add clasp to existing partial denture. Involves clasp or abutment tooth.</u>
<u>D5670</u>	<u>Replace all teeth and acrylic on cast metal framework (maxillary).</u>
<u>D5671</u>	<u>Replace all teeth and acrylic on cast metal framework (mandibular).</u>
<u>vi. Denture Relining. Relines will not be allowed for six (6) months following placement of denture and then only once every two (2) years.</u>	
<u>D5730</u>	<u>Reline complete maxillary denture (chairside).</u>
<u>D5731</u>	<u>Reline complete mandibular denture (chairside).</u>
<u>D5740</u>	<u>Reline maxillary partial denture (chairside).</u>
<u>D5741</u>	<u>Reline mandibular partial denture (chairside).</u>
<u>D5750</u>	<u>Reline complete maxillary denture (laboratory).</u>
<u>D5751</u>	<u>Reline complete mandibular denture (laboratory).</u>
<u>D5760</u>	<u>Reline maxillary partial denture (laboratory).</u>
<u>D5761</u>	<u>Reline mandibular partial denture (laboratory).</u>
<u>vii. Other Removable Prosthetic Services.</u>	

TABLE 082.08.b. - PROSTHODONTICS	
Dental Code	Description
D5850	Tissue conditioning, maxillary - per denture unit.
D5851	Tissue conditioning, mandibular per denture unit.
D5899	Unspecified removable prosthetic procedure, by report. Narrative required when prior authorizing. Requires prior authorization.
D5899	Unable to deliver full or partial denture. Prior authorization required. If the participant does not complete the process for the denture; leaves the state; cannot be located; or dies; the laboratory and professional fees may be billed to Medicaid with an invoice listing lab fees and arch designation.

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09. Maxillo-Facial Prosthetics.

TABLE 082.09 - MAXILLO-FACIAL PROSTHETICS	
Dental Code	Description
D5931	Obturator prosthesis, surgical. Narrative required when prior authorizing. Requires prior authorization.
D5932	Obturator prosthesis, definitive. Narrative required when prior authorizing. Requires prior authorization.
D5933	Obturator prosthesis, modification. Narrative required when prior authorizing. Requires prior authorization.
D5934	Mandibular resection prosthesis with guide flange. Narrative required when prior authorizing. Requires prior authorization.
D5935	Mandibular resection prosthesis without guide flange. Narrative required when prior authorizing. Requires prior authorization.
D5936	Obturator prosthesis, interim. Narrative required when prior authorizing. Requires prior authorization.
D5951	Feeding aid. Narrative required when prior authorizing. Requires prior authorization.
D5952	Speech aid prosthesis, pediatric. Narrative required when prior authorizing. Requires prior authorization.
D5953	Speech aid prosthesis, adult. Narrative required when prior authorizing. Requires prior authorization.
D5954	Palatal augmentation prosthesis. Narrative required when prior authorizing. Requires prior authorization.
D5955	Palatal lift prosthesis, definitive. Narrative required when prior authorizing. Requires prior authorization.
D5958	Palatal lift prosthesis, interim. Narrative required when prior authorizing. Requires prior authorization.
D5959	Palatal life prosthesis, modification. Narrative required when prior authorizing. Requires prior authorization.
D5960	Speech aid prosthesis, modification. Narrative required when prior authorizing. Requires prior authorization.

TABLE 082.09 - MAXILLO-FACIAL PROSTHETICS	
D5982	Surgical stent. Narrative required when prior authorizing. Requires prior authorization.
D5988	Surgical splint. Narrative required when prior authorizing. Requires prior authorization.
D5999	Unspecified maxillofacial prosthesis. Narrative required when prior authorizing. Requires prior authorization.

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10. Fixed Prosthodontics.

TABLE 082.10 - FIXED PROSTHODONTICS	
Dental Code	Description
<u>Other Fixed Prosthetic Services.</u>	
D6930	Re-cement fixed partial denture.
D6980	Fixed partial denture repair.
D6999	Unspecified fixed prosthodontic procedure, by report. Narrative required when prior authorizing. Requires prior authorization.

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11. Oral Surgery.

TABLE 082.11 - ORAL SURGERY	
Dental Code	Description
a. Simple Extraction.	
D7111	Extraction, coronal remnants - deciduous tooth. Including soft-tissue retained coronal remnants.
D7140	Extraction, erupted tooth or exposed root, routine removal.
b. Surgical Extractions.	
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth. Includes cutting of gingiva and bone, removal of tooth structure, and closure. Tooth designation required.
D7220	Removal of impacted tooth - soft tissue. Occlusal surface of tooth covered by soft tissue; requires mucoperiosteal flap elevation. Tooth designation required.
D7230	Removal of impacted tooth -- partially bony. Part of crown covered by bone; requires mucoperiosteal flap elevation, bone removal, and may require segmentalization of tooth. Tooth designation required.
D7240	Removal of impacted tooth - completely bony. Most or all of crown covered by bone; requires mucoperiosteal flap elevation, bone removal, and may require segmentalization of tooth. Tooth designation required.

TABLE 082.11 - ORAL SURGERY	
Dental Code	Description
<u>D7241</u>	Removal of impacted tooth - completely bony, with unusual surgical complications. Most or all of crown covered by bone; usually difficult or complicated due to factors such as nerve dissection required, separate closure of maxillary sinus required or aberrant tooth position. Allowed only when pathology is present. Tooth designation required.
<u>D7250</u>	Surgical removal of residual tooth roots (cutting procedure). Includes cutting of gingiva and bone, removal of tooth structure, and closure. Can be completed for the same tooth number as previously extracted without prior approval. Tooth designation required.
c. <u>Other Surgical Procedures.</u>	
<u>D7270</u>	Tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth and/or alveolus. Tooth designation required. Includes splinting and/or stabilization.
<u>D7280</u>	Surgical exposure of impacted or unerupted tooth for orthodontic reasons. Includes orthodontic attachments. Tooth designation required. Limited to participants under twenty-one (21) years of age.
<u>D7281</u>	Surgical exposure of impacted or unerupted tooth to aid eruption. Tooth designation required. Limited to participants under twenty-one (21) years of age.
<u>D7286</u>	Biopsy of oral tissue - soft. For surgical removal of specimen only.
<u>D7287</u>	Cytology sample collection via mild scraping of oral mucosa.
d. <u>Alveoloplasty.</u>	
<u>D7320</u>	Alveoloplasty not in conjunction with extractions - per quadrant. Quadrant designation is required.
e. <u>Excision of Bone Tissue.</u>	
<u>D7471</u>	Removal of lateral exostosis. Maxilla or mandible. Arch designation required.
f. <u>Surgical Incision.</u>	
<u>D7510</u>	Incision and drainage of abscess - intraoral soft tissue, including periodontal origins.
g. <u>Repair of Traumatic Wounds.</u>	
<u>D7910</u>	Suture of recent small wounds up to five (5) cm.
h. <u>Other Repair Procedures.</u>	
<u>D7960</u>	Frenulectomy (frenectomy or frenotomy) - separate procedure. The frenum may be excised when the tongue has limited mobility; for large diastema between teeth; or when the frenum interferes with a prosthetic appliance; or when it is the etiology of periodontal tissue disease.
<u>D7970</u>	Excision of hyperplastic tissue - per arch. Arch designation required.
<u>D7971</u>	Excision of pericoronal gingiva. Arch designation required.
<u>D7999</u>	Unspecified oral surgery, by report. Narrative required when prior authorizing. Requires prior authorization.

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12. Orthodontics.

TABLE 082.12 - ORTHODONTICS	
Dental Code	Description
a. Limited Orthodontics.	
Orthodontic treatment with a limited objective, not involving the entire dentition may be directed at the only existing problem, or one aspect of a larger problem in which a decision is made to defer or forgo more comprehensive therapy.	
<u>D8010</u>	Limited orthodontic treatment of primary dentition. Justification and treatment plan required when prior authorizing. Requires prior authorization.
<u>D8020</u>	Limited orthodontic treatment of transitional dentition. Justification and treatment plan required when prior authorizing. Requires prior authorization.
<u>D8030</u>	Limited orthodontic treatment of adolescent dentition. Justification and treatment plan required when prior authorizing. Requires prior authorization.
<u>D8040</u>	Limited orthodontic treatment of adult dentition. Justification and treatment plan required when prior authorizing. Requires prior authorization.
b. Comprehensive Orthodontic Treatment.	
The coordinated diagnosis and treatment leading to the improvement of a participant's craniofacial dysfunction and/or dentofacial deformity including anatomical, functional, and aesthetic relationships. Treatment usually, but not necessarily, utilizes fixed orthodontic appliances, and can also include removable appliances, headgear, and maxillary expansion procedures. Must score at least eight (8) points on the State's Handicapping Malocclusion Index.	
<u>D8070</u>	Comprehensive orthodontic treatment of transition dentition. Models, panorex, and treatment plan are required when prior authorizing. Requires prior authorization.
<u>D8080</u>	Comprehensive orthodontic treatment of adolescent dentition, up to sixteen (16) years of age. Models, panorex, and treatment plan are required when prior authorizing. Requires prior authorization.
<u>D8090</u>	Comprehensive orthodontic treatment of adult dentition. Justification required. Models, panoramic film, and treatment plan are required when prior authorizing. Requires prior authorization.
c. Minor Treatment to Control Harmful Habits.	
<u>D8210</u>	Removable appliance therapy. Removable indicates participant can remove; includes appliances for thumb sucking and tongue thrusting. Justification required when prior authorizing. Will be allowed up to two (2) adjustments when prior authorizing. Replacement appliances are not covered. Requires prior authorization.
<u>D8220</u>	Fixed appliance therapy. Fixed indicates participant cannot remove appliance; includes appliances for thumb sucking and tongue thrusting. Justification required when prior authorizing. Will be allowed up to two (2) adjustments when prior authorizing. Replacement appliances are not covered. Requires prior authorization.
d. Other Services.	
<u>D8670</u>	Adjustments monthly. When utilizing treatment codes D8070, D8080 or D8090 a maximum of twenty-four (24) adjustments over two (2) years will be allowed (twelve (12) per year) when prior authorizing. When utilizing treatment codes D8210 or D8220, two (2) adjustments will be allowed per treatment when prior authorizing. Requires prior authorization.

TABLE 082.12 - ORTHODONTICS	
Dental Code	Description
D8680	Orthodontic retention, removal of appliances, construction and placement of retainer(s). Replacement appliances are not covered. Includes both upper and lower retainer if applicable.
D8691	Repair of orthodontic appliance. Limited to one (1) occurrence.
D8999	Unspecified orthodontics. Narrative required when prior authorizing. No payment for lost or destroyed appliances. Requires prior authorization.

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13. Adjunctive General Services.

TABLE 082.13 - ADJUNCTIVE GENERAL SERVICES	
Dental Code	Description
a. <u>Unclassified Treatment.</u>	
D9110	Palliative (emergency) treatment of dental pain - minor procedure (open and drain abscess, etc.). Open and drain is included in the fee for root canal when performed during the same sitting. Tooth or quadrant designation required.
b. <u>Anesthesia.</u>	
D9220	Deep sedation/general anesthesia - first thirty (30) minutes. Not included as general anesthesia are tranquilization; nitrous oxide; or enteral or parenteral administration of analgesic, sedative, tranquilizing, or dissociative agents.
D9221	Deep sedation/general anesthesia - each additional fifteen (15) minutes.
D9230	Analgesia - includes nitrous oxide.
D9241	Intravenous conscious sedation/analgesia - first thirty (30) minutes. Provider certification required.
D9242	Intravenous conscious sedation/analgesia - each additional fifteen (15) minutes. Provider certification required.
c. <u>Professional Consultation.</u>	
D9310	Consultation. Provided by dentist or physician whose opinion or advice regarding the evaluation, management and/or treatment of a specific problem or condition is requested by another dentist or physician. The written or verbal request for a consult must be documented in the participant's medical record. The consultant's opinion and any services that were ordered or performed must also be documented in the participant's medical record and communicated to the requesting dentist or physician. A dental consultant may initiate diagnostic and/or therapeutic services at the same or subsequent visit.
d. <u>Professional Visits.</u>	
D9410	House/Extended Care Facility Calls. Includes visits to nursing homes, long-term care facilities, hospice sites, institutions, etc. Report in addition to reporting appropriate code numbers for actual services performed. Limited to once per day per participant. To be used when participant's health restrictions require treatment at the house/extended care facility. If procedures are done in the hospital, use procedure code D9420.

TABLE 082.13 - ADJUNCTIVE GENERAL SERVICES	
Dental Code	Description
D9420	Hospital Calls. May be reported when providing treatment in hospital or ambulatory surgical center, in addition to reporting appropriate code numbers for actual services performed. Limited once per day per participant. Not covered for routine preoperative and postoperative. If procedures are done in other than hospital or surgery center use procedure code D9410 found in this table.
D9430	Office visit for observation (during regularly scheduled hours). No other services performed.
D9440	Office visit after regularly scheduled hours.
e. Miscellaneous Service.	
D9920	Behavior Management. May be reported in addition to treatment provided when the participant is developmentally disabled, mentally ill, or is especially uncooperative and difficult to manage, resulting in the dental staff providing additional time, skill and/or assistance to render treatment. Notation and justification must be written in the participant's record identifying the specific behavior problem and the technique used to manage it. Allowed once per participant per day.
D9930	Treatment of complication (post-surgical) - unusual circumstances.
D9940	Occlusal guards - removable dental appliances which are designed to minimize the effects of bruxism (tooth grinding) and other occlusal factors. No payment for replacement of lost or destroyed appliances.
D9951	Occlusal adjustment, limited. May also be known as equilibration; reshaping the occlusal surfaces of teeth to create harmonious contact relationships between the maxillary and mandibular teeth. Presently includes discing/odontoplasty/enamoplasty. Typically reported on a per-visit basis. Allowed once every twelve (12) months.
D9952	Occlusal adjustment, complete. Occlusal adjustment may require several appointments of varying length and sedation may be necessary to attain adequate relaxation of the musculature. Study casts mounted on an articulating instrument may be used for analysis of occlusal disharmony. It is designed to achieve functional relationships and masticatory efficiency in conjunction with restorative treatment, orthodontics, orthognathic surgery, or jaw trauma, when indicated. Occlusal adjustment enhances the healing potential of tissues affected by the lesions of occlusal trauma. Justification required when prior authorizing. Requires prior authorization.
D9999	Unspecified adjunctive procedure, by report. Narrative required when prior authorizing. Requires prior authorization.

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14. Dental Codes For Adult Services. The following dental codes are covered for adults after the month of their twenty-first birthday.

TABLE 082.14 - DENTAL CODES FOR ADULTS	
Dental Code	Description
a. Dental Diagnostic Procedures. The definitions for these codes are in Subsection 082.03 of these rules.	
i. General Oral Evaluations.	
D0120	Periodic oral evaluation.

TABLE 082.14 - DENTAL CODES FOR ADULTS	
Dental Code	Description
D0140	Limited oral evaluation.
D0150	Comprehensive oral evaluation.
ii. Radiographs/Diagnostic Images.	
D0210	Intraoral - complete series.
D0220	Intraoral periapical - first film.
D0230	Intraoral periapical - each additional film.
D0270	Bitewing - single film.
D0272	Bitewings - two (2) films.
D0274	Bitewings - four (4) films.
D0277	Vertical bitewings - seven (7) to eight (8) films.
D0330	Panoramic film.
b. Dental Preventive Procedures. The definitions for these codes are in Subsection 082.04 of these rules.	
i. Dental Prophylaxis.	
D1110	Prophylaxis - adult.
ii. Fluoride Treatments.	
D1204	Topical application of fluoride - prophylaxis not included - adult.
c. Dental Restorative Procedures. The definitions for these codes are in Subsection 082.05 of these rules.	
i. Amalgam Restorations.	
D2140	Amalgam - one (1) surface, primary or permanent.
D2150	Amalgam - two (2) surfaces, primary or permanent.
D2160	Amalgam - three (3) surfaces, primary or permanent.
D2161	Amalgam - four (4) or more surfaces, primary or permanent.
ii. Resin Restorations.	
D2330	Resin - one (1) surface, anterior.
D2331	Resin - two (2) surfaces, anterior.
D2332	Resin - three (3) surfaces, anterior.
D2335	Resin - four (4) or more surfaces or involving incisal angle, anterior.
D2390	Resin based composite crown, anterior, primary or permanent.
D2391	Resin based composite - one (1) surface, posterior, primary or permanent.
D2392	Resin based composite - two (2) surfaces, posterior, primary or permanent.
D2393	Resin based composite - three (3) surfaces, posterior, primary or permanent.
D2394	Resin based composite - four (4) surfaces, posterior, primary or permanent.

TABLE 082.14 - DENTAL CODES FOR ADULTS	
Dental Code	Description
iii. Other Restorative Services.	
D2920	Re-cement crown. Tooth designation required.
D2931	Prefabricated stainless steel crown - permanent tooth.
D2940	Sedative filling.
d. Endodontics. The definitions for these codes are in Subsection 082.06 of these rules.	
D3220	Therapeutic pulpotomy.
D3221	Pulpal debridement, permanent teeth.
e. Periodontics. The definitions for these codes are in Subsection 082.07 of these rules.	
i. Non-Surgical Periodontal Service.	
D4341	Periodontal scaling and root planing - four (4) or more contiguous teeth (per quadrant).
D4342	Periodontal scaling and root planing one (1) to three (3) teeth per quadrant.
D4355	Full mouth debridement.
ii. Other Periodontal Services.	
D4910	Periodontal maintenance procedures.
f. Prosthodontics. The definitions for these codes are in Subsection 082.08.b. of these rules.	
i. Complete Dentures.	
D5110	Complete denture - maxillary.
D5120	Complete denture - mandibular.
D5130	Immediate denture - maxillary.
D5140	Immediate denture - mandibular.
ii. Partial Dentures.	
D5211	Maxillary partial denture - resin base.
D5212	Mandibular partial denture - resin base.
iii. Adjustments to Dentures.	
D5410	Adjust complete denture - maxillary.
D5411	Adjust complete denture - mandibular.
D5421	Adjust partial denture - maxillary.
D5422	Adjust partial denture - mandibular.
iv. Repairs to Complete Dentures.	
D5510	Repair broken complete denture base.
D5520	Replace missing or broken teeth - complete denture, each tooth.

TABLE 082.14 - DENTAL CODES FOR ADULTS	
Dental Code	Description
v. Repairs to Partial Dentures.	
D5610	Repair resin denture base.
D5620	Repair cast framework.
D5630	Repair or replace broken clasp.
D5640	Replace broken teeth, per tooth.
D5650	Add tooth to existing partial denture.
D5660	Add clasp to existing partial denture.
D5670	Replace all teeth and acrylic on cast metal framework (maxillary).
D5671	Replace all teeth and acrylic on cast metal framework (mandibular).
vi. Denture Relining.	
D5730	Reline complete maxillary denture (chairside).
D5731	Reline complete mandibular denture (chairside).
D5740	Reline maxillary partial denture (chairside).
D5741	Reline mandibular partial denture (chairside).
D5750	Reline complete maxillary denture (laboratory).
D5751	Reline complete mandibular denture (laboratory).
D5760	Reline maxillary partial denture (laboratory).
D5761	Reline mandibular partial denture (laboratory).
g. Oral Surgery. The definitions for these codes are in Subsection 082.11 of these rules.	
i. Extractions.	
D7111	Extraction, coronal remnants - deciduous tooth.
D7140	Extraction, erupted tooth or exposed root, routine removal.
ii. Surgical Extractions	
D7210	Surgical removal of erupted tooth.
D7220	Removal of impacted tooth - soft tissue.
D7230	Removal of impacted tooth -- partially bony.
D7240	Removal of impacted tooth - completely bony.
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications.
D7250	Surgical removal of residual tooth roots.
iii. Other Surgical Procedures.	
D7286	Biopsy of oral tissue - soft. For surgical removal of specimen only.
iv. Surgical Incision.	

TABLE 082.14 - DENTAL CODES FOR ADULTS	
Dental Code	Description
D7510	Incision and drainage of abscess - including periodontal origins.
v. Repair of Traumatic Wounds.	
D7910	Suture of recent small wounds up to five (5) cm.
vi. Other Repair Procedures.	
D7970	Excision of hyperplastic tissue.
D7971	Excision of pericoronal gingiva.
h. Adjunctive General Services. The definitions for these codes are in Subsection 082.13 of these rules.	
i. Unclassified Treatment.	
D9110	Palliative (emergency) treatment of dental pain.
ii. Anesthesia.	
D9220	Deep sedation/general anesthesia - first thirty (30) minutes.
D9221	Deep sedation/general anesthesia - each additional fifteen (15) minutes.
D9230	Analgesia - includes nitrous oxide.
D9241	Intravenous conscious sedation/analgesia - first thirty (30) minutes.
D9242	Intravenous conscious sedation/analgesia - each additional fifteen (15) minutes.
iii. Professional Consultation.	
D9310	Consultation requested by other dentist or physician.
iv. Professional Visits.	
D9410	House, institutional, or extended care facility calls.house/extended care facility.
D9420	Hospital calls.
D9440	Office visit after regularly scheduled hours.
D9930	Treatment of complication (post-surgical) - unusual circumstances.

(9-1-07)T

15. Denturist Procedure Codes.

(9-1-07)T

a. The following codes are valid denturist procedure codes:

TABLE 082.15.a. - DENTURIST PROCEDURE CODES	
Dental Code	Description
D5110	Complete denture, upper
D5120	Complete denture, lower
D5130	Immediate denture, upper
D5140	Immediate denture, lower

TABLE 082.15.a. - DENTURIST PROCEDURE CODES	
Dental Code	Description
D5410	Adjust complete denture, upper
D5411	Adjust complete denture, lower
D5421	Adjust partial denture, upper
D5422	Adjust partial denture, lower
D5510	Repair broken complete denture base; arch designation required.
D5520	Replace missing or broken teeth, complete denture (each tooth); six (6) teeth maximum. Tooth designation required.
D5610	Repair resin saddle or base; arch designation required.
D5620	Repair cast framework; arch designation required.
D5630	Repair or replace broken clasp; arch designation required.
D5640	Replace broken teeth per tooth; tooth designation required.
D5650	Add tooth to existing partial denture; tooth designation required.
D5660	Add clasp to existing partial denture; not requiring the altering of oral tissue or natural teeth. Tooth designation required.
D5730	Reline complete upper denture (chairside)
D5731	Reline complete lower denture (chairside)
D5740	Reline upper partial denture (chairside)
D5741	Reline lower partial denture (chairside)
D5750	Reline complete upper denture (laboratory)
D5751	Reline complete lower denture (laboratory)
D5760	Reline upper partial denture (laboratory)
D5761	Reline lower partial denture (laboratory)
D5899	Unable to deliver full denture. Prior authorization required. If the participant does not complete the process for the denture, leaves the state, cannot be located or dies, laboratory and professional fees may be billed to Medicaid with an invoice listing lab fees and arch designation.

(9-1-07)T

b. Medicaid allows complete and immediate denture construction once every five (5) years. Denture reline is allowed once every two (2) years. Complete and partial denture adjustment is considered part of the initial denture construction service for the first six (6) months. (9-1-07)T

083. DENTAL SERVICES - PROCEDURAL REQUIREMENTS.

01. Dental Prior Authorization. All procedures that require prior authorization must be approved by the Medicaid dental consultant prior to the service being rendered. Prior authorization requires a written submission including diagnostics. Verbal authorizations will not be given. Retroactive authorization will be given only in an emergency situation or as the result of retroactive eligibility. Prior authorization of Medicaid dental procedures does not guarantee payment. (9-1-07)T

02. Denturist Prior Authorization. Prior authorization is not required for dentist procedures except for dental code D5899 found in Subsection 082.15.a. of these rules. (9-1-07)T

03. Crowns. (9-1-07)T

a. When submitting for prior authorization, either an x-ray showing the root canal or an x-ray with a justification detailing the reason for the crown is required. (9-1-07)T

b. Requests for re-doing crowns must be submitted for prior approval and include x-ray and justification. (9-1-07)T

084. DENTAL SERVICES - PROVIDER QUALIFICATIONS AND DUTIES.

All dental services must be documented in the participant's record to include: procedure, surface, and tooth number, if applicable. This record must be maintained for a period of six (6) years. (9-1-07)T

085. DENTAL SERVICES - PROVIDER REIMBURSEMENT.

Medicaid reimburses dentists and denturists for procedures on a fee-for-service basis. Usual and customary charges are paid up to the Medicaid maximum allowance. Dentists may make arrangements for private payment with families for services not covered by Medicaid. If the provider accepts any Medicaid payment for a covered service, the Medicaid payment must be accepted as payment in full for the service, and the participant cannot be billed for the difference between the billed amount and the Medicaid allowed amount. (9-1-07)T

086. -- 089. (RESERVED).

(BREAK IN CONTINUITY OF SECTIONS)

624. ICF/MR - CAPPED COST.

Beginning October 1, 1996, this cost area includes all allowable costs except those specifically identified as property costs in Section 623 of these rules and exempt costs or excluded costs in Section 627 or 628 of these rules. This Section defines items and procedures to be followed in determining allowable and exempt costs and provides the procedures for extracting cost data from historical cost reports, applying a cost forecasting market basket to project cost forward, procedures to be followed to project costs forward, and procedures for computing the median of the range of costs and the ICF/MR cap. (3-19-07)

01. Costs Subject to the Cap. Items subject to the cap include all allowable costs except property costs identified in Section 623 of these rules and exempt costs or excluded costs identified in Section 627 or 628 of these rules. Property costs related to a home office are administrative costs, will not be reported as property costs, and are subject to the cap. (3-19-07)

02. Per Diem Costs. Costs to be included in this category will be divided by the total participant days for the facility for the cost reporting period to arrive at allowable per diem costs. If costs for services provided some or all non-Medicaid residents are not included in the total costs submitted, the provider must determine the costs and combine them with the submitted costs in order that a total per diem cost for that facility can be determined both for both the purposes of determining the ICF/MR cap and of computing final reimbursement. (3-19-07)

03. Cost Data to Determine the Cap. Cost data to be used to determine the cap for ICF/MR facilities will be taken from each provider's most recent final cost report available sixty (60) days before the beginning of the period for which the cap is being set. Cost reports are final when the final audit report is issued, or earlier if the Department informs the facility the report is final for rate setting purposes. The selected final cost report will be used to establish the facility's prospective reimbursement rate. However, the final cost reports covering a period of less than twelve (12) months will be included in the data for determining the cap at the option of the Department. (3-19-07)

04. Projection. Per diem allowable costs will be inflated forward using a cost forecasting market

basket and forecasting indices according to the same table as used for free standing facilities. (3-19-07)

a. The projection method used in Section 624 of these rules to set the cap will also be used to set non property portions of the prospective rate which are not subject to the cap. (3-19-07)

b. Forecasting indices as developed by Data Resources, Incorporated, will be used unless they are unavailable. In such case, indices supplied by some other nationally recognized forecaster will be used. (3-19-07)

05. Costs Which Can be Paid Directly by the Department to Non ICF/MR Providers. Costs which can be paid directly by the Department to non ICF/MR providers are excluded from the ICF/MR prospective rates and ICF/MR cap: (3-19-07)

a. Direct physician care costs. Physicians who provide these services must bill the Medicaid program directly using their own provider numbers. (3-19-07)

b. Costs of services covered under the Early and Periodic Screening Diagnosis and Treatment (EPSDT) portion of the Medicaid Program. ~~These services are enumerated in Items such as eyeglasses and hearing aids are covered under IDAPA 16.03.09, "Medicaid Basic Plan Benefits," and include such items and services as eyeglasses, hearing aids, and a~~Dental services provided to Medicaid EPSDT participants who are under the age of twenty-one (21) and who reside in an ICF/MR, are covered under Sections 080 through 085 of these rules. The cost of these services is not includable as a part of ICF/MR costs. Reimbursement can be made to a professional providing these services through his billing the Medicaid Program on his own provider number. ~~(3-19-07)~~(9-1-07)T

c. Costs of services covered by other parts of the Medicaid Program. Examples of these items include legend drugs and ambulance transportation. These items must be billed to the Medicaid Program directly by the provider using his own provider number. (3-19-07)

06. Cost Projection. Allowable per diem costs will be projected forward from the midpoint of the Base Period to the midpoint of the Target Period. "Base Period" is defined as the last available final cost report period. "Target Period" is defined as the effective period of the prospective rate. Procedures for inflating these costs are as follows: (3-19-07)

a. The percentage change for each cost category in the market basket will be computed from the beginning to the end of the Base Period. These percentages will then be divided by two (2) and the resultant percentages will be used to project forward allowable per diem costs for each cost category from the midpoint to the end of the Base Period. (3-19-07)

b. The percentage change for each cost category in the market basket will be computed for the period from the end of the Base Period to the beginning of the Target Period. These percentages will then be used to project forward the allowable per diem costs for each cost category, as determined in Subsection 624.06.a. of these rules, from the end of the Base Period to the beginning of the Target Period. (3-19-07)

c. The percentage change for each cost category in the market basket will be computed for the beginning to the end of the Target Period. These percentages will then be divided by two (2) and the resultant percentages will be used to project forward the allowable per diem costs as determined in Subsection 624.06.b. of these rules from the beginning to the midpoint of the Target Period. (3-19-07)

07. Cost Ranking. Prior to October 1st of each year the Director will determine the that percent above the median which will assure aggregate payments to ICF/MR providers will approximate but not exceed amounts that would be incurred using Medicare cost principles of reimbursement. That percentage will apply to caps and rates set after September 30th of each year. Projected per diem costs as determined in this section and subject to the cap will be ranked from the highest to the lowest. The cap will be set at a percent of the bed-weighted median for each rate period. The initial cap will be set as of October 1, 1996. (3-19-07)

a. The median of the range will be computed based on the available data points being considered as the total population of data points. (3-19-07)

- b.** The cap for each ICF/MR facility with a fiscal year beginning October 1, 1996, will be computed prior to the beginning of that year. For those facilities with a fiscal year ending on a date other than September 30th, the first cap will be computed for the period beginning October 1, 1996, and ending on the fiscal year end date. (3-19-07)
- c.** Facilities with cost reports that transcend the period from October 1, 1996, through September 30, 1997, will be retrospectively settled using the previous reimbursement system for the period of the report up to September 30, 1996. There will not be a retrospective settlement on the portion of these cost reports attributed to October 1, 1996 through the end of the cost report period unless provisions of Section 626 of these rules apply. (3-19-07)
- d.** Cost reports for periods beginning on or after October 1, 1996, will not be subject to retrospective settlement except as required by other provisions of this chapter. (3-19-07)
- e.** A new cap and rate will be set on an annual basis for each facility the first of July every year. (3-19-07)
- f.** The cap and prospective rate will be determined and set on an annual basis for each facility July first of every year and will not be changed by any subsequent events or information with the exception that if the computations were found to contain mathematical or clerical errors, these errors will be corrected and the cap will be adjusted using the corrected figures. (3-19-07)
- g.** Payment of costs subject to the cap will be limited to the cap unless the Department determines the exclusions found in Section 628 of these rules apply. (3-19-07)
- h.** A facility which commences to offer participant care services as an ICF/MR on or after October 1, 1996, will be subject to retrospective settlement until the first prospective rate is set. Such facility will be subject to the ICF/MR cap as determined in this chapter. The first prospective rate for this provider will be set by the Department based on quarterly cost statements and final cost reports submitted for periods following the first three (3) months of operation. This first prospective rate may be set after the beginning of the second fiscal year of the provider. For the second year the provider will be paid a rate to be settled retrospectively unless both the Department and the provider agree to a prospective rate or rates covering that fiscal period. (3-19-07)

APPENDIX A

IDAHO MEDICAID HANDICAPPING MALOCCLUSION INDEX

<u>OVERBITE:</u>	<u>MEASUREMENT/POINTS:</u>	<u>SCORE:</u>
Lower incisors: striking lingual of uppers at incisal	<u>1/3 = 0</u>	
Striking lingual of uppers at middle	<u>1/3 = 1</u>	
Striking lingual of uppers at gingival	<u>1/3 = 2</u>	
<u>OPENBITE:</u> (millimeters) *a,b		
Less than.....	<u>2 mm = 0</u>	
	<u>2-4 mm = 1</u>	
	<u>4+ mm = 2</u>	
<u>OVERJET:</u> (millimeters) *a		
Upper.....	<u>2-4 mm = 0</u>	

<u>OVERBITE:</u>	<u>MEASUREMENT/POINTS:</u>	<u>SCORE:</u>
Measure horizontally parallel to occlusal plane.	<u>5-9 mm = 1</u>	
	<u>9+ mm = 2</u>	
<u>Lower.....</u>	<u>0-1 mm = 0</u>	
	<u>2 mm = 1</u>	
	<u>3+ mm = 2</u>	
<u>POSTERIOR X-BITE:</u> (teeth) *b		
Number of teeth in x-bite:	<u>0-2 = 0</u>	
	<u>3 = 1</u>	
	<u>4 = 2</u>	
<u>TOOTH DISPLACEMENT:</u> (teeth) *c. d. e		
Number of teeth rotated 45 degrees or displaced 2mm from normal position in arch.	<u>0-2 = 0</u> <u>3-6 = 1</u> <u>7+ = 2</u>	
<u>BUCCAL SEGMENT RELATIONSHIP:</u>		
One side distal or mesial ½ cusp	<u>= 0</u>	
Both sides distal or mesial or one side full cusp	<u>= 1</u>	
Both sides full cusp distal or mesial	<u>= 2</u>	
		TOTAL SCORE: _____
<u>Scoring Definitions:</u>		
Impacted or blocked cuspids are scored 1 open bite and 1 over jet for two teeth. Score 2 for open bite and 2 for over jet for 4 blocked cuspids.		
a) <u>Cross bites are scored for the teeth in cross bite, not the teeth in the opposing arch.</u>		
b) <u>Missing teeth count as 1, if the space is still present.</u>		
c) <u>Do not score teeth that are not fully erupted.</u>		
d) <u>Displaced teeth are based on where they are in their respective arch line, not their relationship with the opposing arch.</u>		

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.03.10 - MEDICAID ENHANCED PLAN BENEFITS

DOCKET NO. 16-0310-0706

NOTICE OF RULEMAKING - TEMPORARY AND PROPOSED RULE

EFFECTIVE DATE: The effective date of the temporary rule is July 1, 2007.

AUTHORITY: In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted a temporary rule, and proposed regular rulemaking procedures have been initiated. The action is authorized pursuant to 56-202(b), 56-203(g), 56-203(i), 56-250 through 56-257, Idaho Code; Title XIX and Title XXI of the Social Security Act, as amended, and the companion federal regulations; also, Sections 39-5602 and 39-5603, Idaho Code as amended by HB 167 (2007).

PUBLIC HEARING SCHEDULE: A public hearing concerning this rulemaking will be held as follows:

Tuesday, November 20, 2007 at 6:00 p.m.
Department of Health and Welfare
Medicaid Central Office
3232 Elder Street
Conference Room D-East
Boise, Idaho

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:

House Bill 167 (2007) was passed to clarify the difference between a personal assistance services agency and a fiscal intermediary agency. Fiscal intermediary services were originally developed to allow consumers to direct the care provided by their personal assistance "employees" (e.g., those providing them directly with personal care services). However, the way the original legislation was written, agencies or organizations providing fiscal intermediary services were forced to become personal assistance services agencies before they could be fiscal intermediary agencies. This created a conflict for the agencies, consumers, and the Department of Health and Welfare. The changes to statute approved under HB 167 addressed these issues.

The proposed rule changes align the rules related to personal assistance services and fiscal intermediary services provided under the Home and Community Based Services Waiver for the Aged and Disabled (A&D) with the changes made to Idaho Code by HB 167 (2007) that went into effect July 1, 2007.

TEMPORARY RULE JUSTIFICATION: Pursuant to Section 67-5226(1)(b), Idaho Code, the Governor has found that temporary adoption of the rule is appropriate in order to comply with the amendments to governing law under HB 167 (2007).

FEE SUMMARY: The following is a specific description of the fee or charge imposed or increased: N/A

FISCAL IMPACT: The following is a specific description, if applicable, of any fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year:

There is no anticipated fiscal impact to the state general fund related to this rulemaking.

NEGOTIATED RULEMAKING: Pursuant to IDAPA 04.11.01.811, negotiated rulemaking was not conducted because this rulemaking was done into order to bring the rules into alignment with the amendments to statute made under House Bill 167 (2007). NOTE: HB167, and hence these rules, are the direct result of discussions between the Department and the State Independent Living Council (SILC).

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rule, contact Susan Scheuerer at (208) 287-1156.

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 Wednesday, November 28, 2007.

DATED this 22nd day of September, 2007.

Sherri Kovach, Program Supervisor
DHW - Administrative Procedures Section
450 West State Street - 10th Floor
P.O. Box 83720, Boise, Idaho 83720-0036
(208) 334-5564 phone; (208) 334-6558 fax
kovachs@dhw.idaho.gov e-mail

THE FOLLOWING IS THE TEXT OF DOCKET NO. 16-0310-0706

010. DEFINITIONS A THROUGH D.

For the purposes of these rules, the following terms are used as defined below: (3-19-07)

01. Accrual Basis. An accounting system based on the principle that revenues are recorded when they are earned; expenses are recorded in the period incurred. (3-19-07)

02 Active Treatment. Active treatment is the continuous participation, during all waking hours, by an individual in an aggressive, consistently implemented program of specialized and generic training, treatment, health and related services, and provided in accordance with a treatment plan developed by an interdisciplinary team and monitored by a qualified mental retardation professional (QMRP) directed toward: the acquisition of the behaviors necessary for the resident to function with as much self-determination and independence as possible; or the prevention or deceleration of regression or loss of current functional status. (3-19-07)

03. Activities of Daily Living (ADL). The performance of basic self-care activities in meeting an individual's needs for sustaining him in a daily living environment, including, but not limited to, bathing, washing, dressing, toileting, grooming, eating, communication, continence, mobility, and associated tasks. (3-19-07)

04. Allowable Cost. Costs that are reimbursable, and sufficiently documented to meet the requirements of audit. (3-19-07)

05. Amortization. The systematic recognition of the declining utility value of certain assets, usually not owned by the organization or intangible in nature. (3-19-07)

06. Appraisal. The method of determining the value of property as determined by an American Institute of Real Estate Appraiser (MAI) appraisal. The appraisal must specifically identify the values of land, buildings, equipment, and goodwill. (3-19-07)

07. Assets. Economic resources of the provider recognized and measured in conformity with generally accepted accounting principles. (3-19-07)

08. Attendant Care. Services provided under a Medicaid Home and Community-Based Services waiver that involve personal and medically-oriented tasks dealing with the functional needs of the participants and accommodating the participant's needs for long-term maintenance, supportive care, or instrumental activities of daily living (IADL). These services may include, ~~but are not limited to~~, personal assistance and medical tasks that can be

done by unlicensed persons or delegated to unlicensed persons by a health care professional or the participant. Services are based on the person's abilities and limitations, regardless of age, medical diagnosis, or other category of disability. ~~(3-19-07)~~(7-1-07)T

09. Audit. An examination of provider records on the basis of which an opinion is expressed representing the compliance of a provider's financial statements and records with Medicaid law, regulations, and rules. (3-19-07)

10. Auditor. The individual or entity designated by the Department to conduct the audit of a provider's records. (3-19-07)

11. Audit Reports. (3-19-07)

a. Draft Audit Report. A preliminary report of the audit finding sent to the provider for the provider's review and comments. (3-19-07)

b. Final Audit Report. A final written report containing the results, findings, and recommendations, if any, from the audit of the provider, as approved by the Department. (3-19-07)

c. Interim Final Audit Report. A written report containing the results, findings, and recommendations, if any, from the audit of the provider, sent to the Department by the auditor. (3-19-07)

12. Bad Debts. Amounts due to provider as a result of services rendered, but which are considered uncollectible. (3-19-07)

13. Bed-Weighted Median. A numerical value determined by arraying the average per diem cost per bed of all facilities from high to low and identifying the bed at the point in the array at which half of the beds have equal or higher per diem costs and half have equal or lower per diem costs. The identified bed is the median bed. The per diem cost of the median bed is the bed-weighted median. (3-19-07)

14. Capitalize. The practice of accumulating expenditures related to long-lived assets which will benefit later periods. (3-19-07)

15. Case Mix Adjustment Factor. The factor used to adjust a provider's direct care rate component for the difference in the average Medicaid acuity and the average nursing facility-wide acuity. The average Medicaid acuity is from the picture date immediately preceding the rate period. The average nursing facility-wide acuity is the average of the indexes that correspond to the cost reporting period. (3-19-07)

16. Case Mix Index (CMI). A numeric score assigned to each nursing facility resident, based on the resident's physical and mental condition, that projects the amount of relative resources needed to provide care to the resident. (3-19-07)

a. Nursing Facility Wide Case Mix Index. The average of the entire nursing facility's case mix indexes identified at each picture date during the cost reporting period. If case mix indexes are not available for applicable quarters due to lack of data, case mix indexes from available quarters will be used. (3-19-07)

b. Medicaid Case Mix Index. The average of the weighting factors assigned to each Medicaid resident in the facility on the picture date, based on their RUG classification. Medicaid or non-Medicaid status is based upon information contained in the MDS databases. To the extent that Medicaid identifiers are found to be incorrect, the Department may adjust the Medicaid case mix index and reestablish the reimbursement rate. (3-19-07)

c. State-Wide Average Case Mix Index. The simple average of all nursing facilities "facility wide" case mix indexes used in establishing the reimbursement limitation July 1st of each year. The state-wide case mix index will be calculated annually during each July 1st rate setting. (3-19-07)

17. Certified Family Home. A home certified by the Department to provide care to one (1) or two (2) adults, who are unable to reside on their own and require help with activities of daily living, protection and

security, and need encouragement toward independence. (3-19-07)

18. Chain Organization. A proprietorship, partnership, or corporation that leases, manages, or owns two (2) or more facilities that are separately licensed. (3-19-07)

19. Claim. An itemized bill for services rendered to one (1) participant by a provider and submitted to the Department for payment. (3-19-07)

20. Clinical Nurse Specialist. A licensed professional nurse who meets all the applicable requirements to practice as clinical nurse specialist under Title 54, Chapter 14, Idaho Code, and IDAPA 23.01.01, "Rules of the Idaho Board of Nursing." (3-19-07)

21. Collateral Contact. Contact made with a parent, guardian, or other individual having a primary relationship to the patient by an appropriately qualified treatment professional. The contact must be ordered by a physician, contained in the treatment plan, directed at the medical treatment of the patient, and documented in the progress notes or continuous service record. (3-19-07)

22. Common Ownership. An individual, individuals, or other entities who have equity or ownership in two (2) or more organizations which conduct business transactions with each other. Common ownership exists if an individual or individuals possess significant ownership or equity in the provider and the institution or organization serving the provider. (3-19-07)

23. Compensation. The total of all remuneration received, including cash, expenses paid, salary advances, etc. (3-19-07)

24. Control. Control exists where an individual or an organization has the power, directly or indirectly, to significantly influence or direct the actions or policies of an organization or institution. (3-19-07)

25. Cost Center. A "collection point" for expenses incurred in the rendering of services, supplies, or materials that are related or so considered for cost-accounting purposes. (3-19-07)

26. Cost Component. The portion of the nursing facility's rate that is determined from a prior cost report, including property rental rate. The cost component of a nursing facility's rate is established annually at July 1st of each year. (3-19-07)

27. Cost Reimbursement System. A method of fiscal administration of Title XIX and Title XXI which compensates the provider on the basis of expenses incurred. (3-19-07)

28. Cost Report. A fiscal year report of provider costs required by the Medicare program and any supplemental schedules required by the Department. (3-19-07)

29. Cost Statements. An itemization of costs and revenues, presented on the accrual basis, which is used to determine cost of care for facility services for a specified period of time. These statements are commonly called income statements. (3-19-07)

30. Costs Related to Patient Care. All necessary and proper costs which are appropriate and helpful in developing and maintaining the operation of patient care facilities and activities. Necessary and proper costs related to patient care are usually costs which are common and accepted occurrences in the field of the provider's activity. They include, but are not limited to, costs such as depreciation, interest expenses, nursing costs, maintenance costs, administrative costs, costs of employee pension plans, and normal standby costs. (3-19-07)

31. Costs Not Related to Patient Care. Costs which are not appropriate or necessary and proper in developing and maintaining the operation of patient care facilities and activities. Such costs are nonallowable in computing reimbursable costs. They include, for example, cost of meals sold to visitors or employees; cost of drugs sold to other than patients; cost of operation of a gift shop; and similar items. Travel and entertainment expenses are nonallowable unless it can be specifically shown that they relate to patient care and for the operation of the nursing facility. (3-19-07)

32. Customary Charges. Customary charges are the rates charged to Medicare participants and to patients liable for such charges, as reflected in the facility's records. Those charges are adjusted downward, when the provider does not impose such charges on most patients liable for payment on a charge basis or, when the provider fails to make reasonable collection efforts. The reasonable effort to collect such charges is the same effort necessary for Medicare reimbursement as is needed for unrecovered costs attributable to certain bad debt under PRM, Chapter 3, Sections 310 and 312. (3-19-07)

33. Day Treatment Services. Day treatment services are developmental services provided regularly during normal working hours on weekdays by, or on behalf of, the Intermediate Care Facility for the Mentally Retarded (ICF/MR). However, day treatment services do not include recreational therapy, speech therapy, physical therapy, occupational therapy, or services paid for or required to be provided by a school or other entity. (3-19-07)

34. Department. The Idaho Department of Health and Welfare or a person authorized to act on behalf of the Department. (3-19-07)

35. Depreciation. The systematic distribution of the cost or other basis of tangible assets, less salvage, over the estimated life of the assets. (3-19-07)

36. Developmental Disability (DD). A developmental disability, as defined in Section 66-402, Idaho Code, means a chronic disability of a person which appears before the age of twenty-two (22) years of age; and (3-19-07)

a. Is attributable to an impairment, such as mental retardation, cerebral palsy, epilepsy, autism or other condition found to be closely related to or similar to one (1) of these impairments, which requires similar treatment or services or is attributable to dyslexia resulting from such impairments; (3-19-07)

b. Results in substantial functional limitations in three (3) or more of the following areas of major life activity; self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency; and (3-19-07)

c. Reflects the need for a combination or sequence of special, interdisciplinary or generic care, treatment or other services which are of lifelong or extended duration and individually planned and coordinated. (3-19-07)

37. Direct Care Costs. Costs directly assigned to the nursing facility or allocated to the nursing facility through the Medicare cost finding principles and consisting of the following: (3-19-07)

a. Direct nursing salaries that include the salaries of professional nurses (RN), licensed professional nurses, certified nurse's aides, and unit clerks; (3-19-07)

b. Routine nursing supplies; (3-19-07)

c. Nursing administration; (3-19-07)

d. Direct portion of Medicaid related ancillary services; (3-19-07)

e. Social services; (3-19-07)

f. Raw food; (3-19-07)

g. Employee benefits associated with the direct salaries; and (3-19-07)

h. Medical waste disposal, for rates with effective dates beginning July 1, 2005. (3-19-07)

38. Director. The Director of the Department of Health and Welfare or his designee. (3-19-07)

39. Durable Medical Equipment (DME). Equipment other than prosthetics or orthotics which can withstand repeated use by one (1) or more individuals, is primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of an illness or injury, is appropriate for use in the home, and is reasonable and necessary for the treatment of an illness or injury for a medical assistance participant. (3-19-07)

011. DEFINITIONS E THROUGH K.

For the purposes of these rules, the following terms are used as defined below: (3-19-07)

01. Educational Services. Services which are provided in buildings, rooms or areas designated or used as a school or as educational facilities; which are provided during the specific hours and time periods in which the educational instruction takes place in the normal school day and period of time for these students; and which are included in the individual educational plan for the participant or required by federal and state educational statutes or regulations; are not related services; and such services are provided to school age individuals as defined in Section 33-201, Idaho Code. (3-19-07)

02. Eligibility Rules. IDAPA 16.03.01, "Eligibility for Health Care Assistance for Families and Children," and IDAPA 16.03.05, "Rules Governing Eligibility for Aid to the Aged, Blind and Disabled (AABD)." (3-19-07)

03. Emergency Medical Condition. A medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, that a prudent lay person, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following: (3-19-07)

a. Placing the health of the individual, or, with respect to a pregnant woman, the health of the woman or unborn child, in serious jeopardy. (3-19-07)

b. Serious impairment to bodily functions. (3-19-07)

c. Serious dysfunction of any bodily organ or part. (3-19-07)

04. Enhanced Plan. The medical assistance benefits included under this chapter of rules. (3-19-07)

05. EPSDT. Early and Periodic Screening Diagnosis and Treatment. (3-19-07)

06. Equity. The net book value of all tangible and intangible assets less the recorded value of all liabilities, as recognized and measured in conformity with generally accepted accounting principles. (3-19-07)

07. Facility. Facility refers to a hospital, nursing facility, or an intermediate care facility for persons with mental retardation. (3-19-07)

a. "Free-standing Nursing Facility" means a nursing facility that is not owned, managed, or operated by, nor is otherwise a part of a licensed hospital. (3-19-07)

b. "Intermediate Care Facility for Persons with Mental Retardation (ICF/MR)" means an entity as defined in Subsection 011.29 in this rule. (3-19-07)

c. "Nursing Facility (NF)" means a facility licensed as a nursing facility and federally certified to provide care to Medicaid and Medicare patients. (3-19-07)

d. "Skilled Nursing Facility" means a nursing facility licensed by the Department to provide twenty-four (24) hour skilled nursing services and federally certified as a "Nursing Facility" under Title XVIII. (3-19-07)

e. "Urban Hospital-Based Nursing Facilities" means hospital-based nursing facilities located within a metropolitan statistical area (MSA) as defined by the United States Bureau of the Census. (3-19-07)

08. Fiscal Intermediary Agency. An entity that provides services that allow the participant receiving

personal assistance services, or his designee or legal representative, to choose the level of control he will assume in recruiting, selecting, managing, training, and dismissing his personal assistant regardless of who the employer of record is, and allows the participant control over the manner in which services are delivered. (7-1-07)T

- 089. Fiscal Year.** An accounting period that consists of twelve (12) consecutive months. (3-19-07)
- 109. Forced Sale.** A forced sale is a sale required by a bankruptcy, foreclosure, the provisions of a will or estate settlement pursuant to the death of an owner, physical or mental incapacity of an owner which requires ownership transfer to existing partner or partners, or a sale required by the ruling of a federal agency or by a court order. (3-19-07)
- 101. Funded Depreciation.** Amounts deposited or held which represent recognized depreciation. (3-19-07)
- 142. Generally Accepted Accounting Principles (GAAP).** A widely accepted set of rules, conventions, standards, and procedures for reporting financial information as established by the Financial Standards Accounting Board. (3-19-07)
- 123. Goodwill.** The amount paid by the purchaser that exceeds the value of the net tangible assets. The value of goodwill is derived from the economic benefits that a going concern may enjoy, as compared with a new one, from established relations in the related markets, with government departments and other noncommercial bodies and with personal relationships. These intangible assets cannot be separated from the business and sold as can plant and equipment. Under the theory that the excess payment would be made only if expected future earnings justified it, goodwill is often described as the price paid for excess future earnings. The amortization of goodwill is a nonallowable, nonreimbursable expense. (3-19-07)
- 134. Healthy Connections.** The primary care case management model of managed care under Idaho Medicaid. (3-19-07)
- 145. Historical Cost.** The actual cost incurred in acquiring and preparing an asset for use, including feasibility studies, architects' fees, and engineering studies. (3-19-07)
- 156. ICF/MR Living Unit.** The physical structure that an ICF/MR uses to house patients. (3-19-07)
- 167. Improvements.** Improvements to assets which increase their utility or alter their use. (3-19-07)
- 178. Indirect Care Costs.** The following costs either directly coded to the nursing facility or allocated to the nursing facility through the Medicare step-down process described in the PRM: (3-19-07)
- a. Activities; (3-19-07)
 - b. Administrative and general care costs; (3-19-07)
 - c. Central service and supplies; (3-19-07)
 - d. Dietary (non-"raw food" costs); (3-19-07)
 - e. Employee benefits associated with the indirect salaries; (3-19-07)
 - f. Housekeeping; (3-19-07)
 - g. Laundry and linen; (3-19-07)
 - h. Medical records; (3-19-07)
 - i. Other costs not included in direct care costs, or costs exempt from cost limits; and (3-19-07)

- j. Plant operations and maintenance (excluding utilities). (3-19-07)
- 189. Inflation Adjustment.** The cost used in establishing a nursing facility's prospective reimbursement rate is indexed forward from the midpoint of the cost report period to the midpoint of the rate year using the inflation factor plus one percent (+1%) per annum. (3-19-07)
- 190. Inflation Factor.** For use in establishing nursing facility prospective rates, the inflation factor is the Skilled Nursing Facility Market Basket as established by Data Resources, Inc. (DRI), or its successor. If subsequent to the effective date of these rules, Data Resources, Inc., or its successor develops an Idaho-specific nursing facility index, it will be used. The Department is under no obligation to enter into an agreement with DRI or its successor to have an Idaho-specific index established. The national index is used when there is no state or regional index. (3-19-07)
- 201. In-State Care.** Medical services provided within the Idaho border or in counties bordering Idaho are considered to be in-state, excluding long term care. (3-19-07)
- 212. Inspection of Care Team (IOCT).** An interdisciplinary team which provides inspection of care in intermediate care facilities for the mentally retarded approved by the Department as providers of care for eligible medical assistance participants. Such a team is composed of: (3-19-07)
- a. At least one (1) registered nurse; and (3-19-07)
- b. One (1) qualified mental retardation professional; and when required, one (1) of the following: (3-19-07)
- i. A consultant physician; or (3-19-07)
- ii. A consultant social worker; or (3-19-07)
- iii. When appropriate, other health and human services personnel responsible to the Department as employees or consultants. (3-19-07)
- 223. Instrumental Activities of Daily Living (IADL).** Those activities performed in supporting the activities of daily living, including, but not limited, to managing money, preparing meals, shopping, light housekeeping, using the telephone, or getting around in the community. (3-19-07)
- 234. Interest.** The cost incurred for the use of borrowed funds. (3-19-07)
- 245. Interest on Capital Indebtedness.** The cost incurred for borrowing funds used for acquisitions of capital assets, improvements, etc. These costs are reported under property costs. (3-19-07)
- 256. Interest on Working Capital.** The costs incurred for borrowing funds which will be used for "working capital" purposes. These costs are reported under administrative costs. (3-19-07)
- 267. Interest Rate Limitation.** The interest rate allowed for working capital loans and for loans for major movable equipment for ICF/MR facilities is the prime rate as published in the western edition of the Wall Street Journal or successor publication, plus one percent (+1%) at the date the loan is made. (3-19-07)
- 278. Interim Reimbursement Rate (IRR).** A rate paid for each Medicaid patient day which is intended to result in total Medicaid payments approximating the amount paid at audit settlement. The interim reimbursement rate is intended to include any payments allowed in excess of the percentile cap. (3-19-07)
- 289. Intermediary.** Any organization that administers the Title XIX and Title XXI program; in this case the Department of Health and Welfare. (3-19-07)
- 2930. Intermediate Care Facility for Persons with Mental Retardation (ICF/MR).** An entity licensed as an ICF/MR and federally certified to provide care to Medicaid and Medicare participants with developmental

disabilities. (3-19-07)

301. Keyman Insurance. Insurance on owners or employees with extraordinary talents in which the direct or indirect beneficiary is the facility or its owners. Premiums related to keyman insurance are not allowable. (3-19-07)

(BREAK IN CONTINUITY OF SECTIONS)

013. DEFINITIONS P THROUGH Z.

For the purposes of these rules, the following terms are used as defined below: (3-19-07)

01. Patient Day. For a nursing facility or an ICF/MR, a calendar day of care which will include the day of admission and exclude the day of discharge unless discharge occurs after 3:00 p.m. or it is the date of death, except that, when admission and discharge occur on the same day, one (1) day of care will be deemed to exist. (3-19-07)

02. Participant. A person eligible for and enrolled in the Idaho Medical Assistance Program. (3-19-07)

03. Patient. The person undergoing treatment or receiving services from a provider. (3-19-07)

04. Personal Assistance Agency. An entity that recruits, hires, fires, trains, supervises, schedules, oversees quality of work, takes responsibility for services provided, provides payroll and benefits for personal assistants working for them, and is the employer of record ~~and in fact, and may provide fiscal intermediary services as well as the actual employer.~~ (3-19-07)(7-1-07)T

05. Personal Assistance Services (PAS). Services that include both attendant care for participants under an HCBS waiver and personal care services for participants under the Medicaid State Plan. PAS means services that involve personal and medically-oriented tasks dealing with the functional needs of the participant and accommodating the participant's needs for long-term maintenance, supportive care, or instrumental activities of daily living (IADLs). These services may include personal assistance and medical tasks that can be done by unlicensed persons or delegated to unlicensed persons by a health care professional or participant. Services are based on the participant's abilities and limitations, regardless of age, medical diagnosis, or other category of disability. (3-19-07)(7-1-07)T

06. Physician. A person possessing a Doctorate of Medicine degree or a Doctor of Osteopathy degree and licensed to practice medicine by a state or United States territory. (3-19-07)

07. Physician's Assistant. A person who meets all the applicable requirements to practice as licensed physician assistant under Title 54, Chapter 18, Idaho Code, and IDAPA 22.01.03, "Rules for the Licensure of Physician Assistants." (3-19-07)

08. Picture Date. A point in time when case mix indexes are calculated for every nursing facility based on the residents in the nursing facility on that day. The picture date to be used for rate setting will be the first day of the first month of a quarter. The picture date from that quarter will be used to establish the nursing facility's rate for the next quarter. (3-19-07)

09. Plan of Care. A written description of medical, remedial, or rehabilitative services to be provided to a participant, developed by or under the direction and written approval of a physician. Medications, services and treatments are identified specifically as to amount, type and duration of service. (3-19-07)

10. Private Rate. Rate most frequently charged to private patients for a service or item. (3-19-07)

11. PRM. The Provider Reimbursement Manual. (3-19-07)

12. Property. The homestead and all personal and real property in which the participant has a legal

interest. (3-19-07)

13. Property Costs. Property costs are the total of allowable interest expense, plus depreciation, property insurance, real estate taxes, amortization, and allowable lease/rental expense. The Department may require and utilize an appraisal to establish which components are an integral part of property costs. (3-19-07)

14. Property Rental Rate. A rate paid per Medicaid patient day to free-standing nursing facilities and ICF/MRs in lieu of reimbursement for property costs other than property taxes, property insurance, and the property costs of major movable equipment at ICF/MR facilities. (3-19-07)

15. Provider. Any individual, partnership, association, corporation or organization, public or private, that furnishes medical goods or services in compliance with these rules and who has applied for and received a Medicaid provider number and has entered into a written provider agreement with the Department in accordance with IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Section 205. (3-19-07)

16. Provider Agreement. An written agreement between the provider and the Department, in accordance with IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Section 205. (3-19-07)

17. Provider Reimbursement Manual (PRM). The Providers Reimbursement Manual, a federal publication which specifies accounting treatments and standards for the Medicare program, CMS Publications 15-1 and 15-2, which are incorporated by reference in Section 004 of these rules. (3-19-07)

18. Psychologist, Licensed. A person licensed to practice psychology in Idaho under Title 54, Chapter 23, Idaho Code, and as outlined by IDAPA 24.12.01, "Rules of the Idaho State Board of Psychologist Examiners." (3-19-07)

19. Psychologist Extender. A person who practices psychology under the supervision of a licensed psychologist as required under Title 54, Chapter 23, Idaho Code, and as outlined by IDAPA 24.12.01, "Rules of the Idaho State Board of Psychologist Examiners," and who is registered with the Bureau of Occupational Licenses. (3-19-07)

20. Public Provider. A public provider is one operated by a federal, state, county, city, or other local government agency or instrumentality. (3-19-07)

21. Raw Food. Food used to meet the nutritional needs of the residents of a facility, including liquid dietary supplements, liquid thickeners, and tube feeding solutions. (3-19-07)

22. Reasonable Property Insurance. Reasonable property insurance means that the consideration given is an amount that would ordinarily be paid by a cost-conscious buyer for comparable insurance in an arm's length transaction. Property insurance per licensed bed in excess of two (2) standard deviations above the mean of the most recently reported property insurance costs per licensed bed of all facilities in the reimbursement class as of the end of a facility's fiscal year cannot be considered reasonable. (3-19-07)

23. Recreational Therapy (Services). Those activities or services that are generally perceived as recreation such as, but not limited to, fishing, hunting, camping, attendance or participation in sporting events or practices, attendance at concerts, fairs or rodeos, skiing, sightseeing, boating, bowling, swimming, training for Special Olympics, and special day parties (birthday, Christmas, etc.). (3-19-07)

24. Regional Medicaid Services (RMS). Regional offices of the Division of Medicaid. (3-19-07)

25. Regional Nurse Reviewer (RNR). A registered nurse who reviews and makes determinations on applications for entitlement to and continued participation in Title XIX and Title XXI long term care for the Department. (3-19-07)

26. Registered Nurse - R.N. Which in the state of Idaho is known as a Licensed Professional Nurse and who meets all the applicable requirements to practice as a licensed professional nurse under Title 54, Chapter 14, Idaho Code, and IDAPA 23.01.01 "Rules of the Idaho Board of Nursing." (3-19-07)

27. Related Entity. An organization with which the provider is associated or affiliated to a significant extent, or has control of, or is controlled by, that furnishes services, facilities, or supplies for the provider (3-19-07)

28. Related to Provider. The provider, to a significant extent, is associated or affiliated with, or has control of, or is controlled by, the organization furnishing the services, facilities, or supplies. (3-19-07)

29. Residential Care or Assisted Living Facility. A facility or residence, however named, operated on either a profit or nonprofit basis for the purpose of providing necessary supervision, personal assistance, meals, and lodging to three (3) or more adults not related to the owner. In this chapter, Residential Care or Assisted Living Facilities are referred to as "facility." Distinct segments of a facility may be licensed separately, provided each segment functions independently and meets all applicable rules. (3-19-07)

30. Resource Utilization Groups (RUG). A process of grouping residents according to the clinical and functional status identified by the responses to key elements of the MDS. The RUG Grouper is used for the purposes of rate setting and determining nursing facility level of care. (4-1-07)T

31. Skilled Nursing Care. The level of care for patients requiring twenty-four (24) hour skilled nursing services. (3-19-07)

32. Social Security Act. 42 USC 101 et seq., authorizing, in part, federal grants to the states for medical assistance to low-income persons meeting certain criteria. (3-19-07)

~~**33. Speech/Language Pathology and Audiology Services.** Diagnostic, screening, preventative, or corrective services provided by a licensed speech pathologist or audiologist, for which a patient is referred by a physician or other practitioner of the healing arts within the scope of his or her practice under state law. Speech, hearing and language services do not include equipment needed by the patient such as communication devices or environmental controls. (3-19-07)~~

~~**343. State Plan.** The contract between the state and federal government under 42 U.S.C. section 1396a(a). (3-19-07)~~

~~**354. Supervision.** Procedural guidance by a qualified person and initial direction and periodic inspection of the actual act, at the site of service delivery. (3-19-07)~~

~~**365. Title XVIII.** Title XVIII of the Social Security Act, known as Medicare, for the aged, blind, and disabled administered by the federal government. (3-19-07)~~

~~**376. Title XIX.** Title XIX of the Social Security Act, known as Medicaid, is a medical benefits program jointly financed by the federal and state governments and administered by the states. This program pays for medical assistance for certain individuals and families with low income and limited resources. (3-19-07)~~

~~**387. Title XXI.** Title XXI of the Social Security Act, known as the State Children's Health Insurance Program (SCHIP). This is a program that primarily pays for medical assistance for low-income children. (3-19-07)~~

~~**398. Third Party.** Includes a person, institution, corporation, public or private agency that is liable to pay all or part of the medical cost of injury, disease, or disability of a participant of medical assistance. (3-19-07)~~

~~**4039. Transportation.** The physical movement of a participant to and from a medical appointment or service by the participant, another person, taxi or common carrier. (3-19-07)~~

~~**440. Uniform Assessment.** A set of standardized criteria to assess functional and cognitive abilities. (3-19-07)~~

~~**421. Uniform Assessment Instrument (UAI).** A set of standardized criteria adopted by the Department of Health and Welfare to assess functional and cognitive abilities as described in IDAPA 16.03.23 "Rules Governing Uniform Assessments of State-Funded Clients." (3-19-07)~~

- 432. Utilities.** All expenses for heat, electricity, water and sewer. (3-19-07)
- 443. Utilization Control (UC).** A program of prepayment screening and annual review by at least one (1) Regional Nurse Reviewer to determine the appropriateness of medical entitlement and the need for continued medical entitlement of applicants or participants to Title XIX and Title XXI benefits in a nursing facility. (3-19-07)
- 454. Utilization Control Team (UCT).** A team of Regional Nurse Reviewers which conducts on-site reviews of the care and services in the nursing facilities approved by the Department as providers of care for eligible medical assistance participants. (3-19-07)
- 465. Vocational Services.** Services or programs which are directly related to the preparation of individuals for paid or unpaid employment. The test of the vocational nature of the service is whether the services are provided with the expectation that the participant would be able to participate in a sheltered workshop or in the general work force within one (1) year. (3-19-07)

(BREAK IN CONTINUITY OF SECTIONS)

306. PERSONAL ASSISTANCE AGENCY (PAA) - QUALIFICATIONS AND DUTIES.

01. Provider Agreement Required. A Personal Assistance Agency is an organization that has signed the Medicaid Provider General Agreement and the Additional Terms-Personal Assistance Agencies, Aged and Disabled Waiver Provider Agreement with the Department. The PAA agrees to comply with all conditions within the agreements. A Personal Assistance Agency may also provide fiscal intermediary services ~~as defined~~ in accordance with Section 329 of these rules. Each Personal Assistance Agency must direct, control, and monitor the work of each of its personal assistants. ~~(3-19-07)~~(7-1-07)T

02. Responsibilities of a Personal Assistance Agency. A Personal Assistance Agency must be capable of and is responsible for all of the following, no matter how the PAA is organized or the form of the business entity it has chosen: (3-19-07)

- a.** Recruitment, hiring, firing, training, supervision, scheduling and payroll for personal assistants and the assurance that all providers are qualified to provide quality service; (3-19-07)
- b.** Participation in the provision of worker's compensation, unemployment compensation and all other state and federal tax withholdings; (3-19-07)
- c.** Maintenance of liability insurance coverage. Termination of either worker's compensation or professional liability insurance by the provider is cause for termination of the provider's provider agreement; (3-19-07)
- d.** Provision of a licensed professional nurse (RN) or, where applicable, a QMRP supervisor to develop and complete plans of care and provide ongoing supervision of a participant's care; (3-19-07)
- e.** Assignment of qualified personal assistants to eligible participants after consultation with and approval by the participants; (3-19-07)
- f.** Assuring that all personal assistants meet the qualifications in Subsection 305.01 of these rules; (3-19-07)
- g.** Billing Medicaid for services approved and authorized by the RMS; (3-19-07)
- h.** Collecting any participant contribution due; (7-1-07)T

~~i.~~ Conducting, at least annually, participant satisfaction or quality control reviews which are available to the Department and the general public; and (7-1-07)T

~~h.j.~~ Making referrals for PCS-eligible participants for service coordination as described in Sections 720 through 779 of these rules when a need for the service is identified. (3-19-07)

(BREAK IN CONTINUITY OF SECTIONS)

321. AGED OR DISABLED WAIVER SERVICES - DEFINITIONS.

The following definitions apply to Sections 320 through 330 of these rules: (3-19-07)

01. Uniform Assessment Instrument (UAI). A set of standardized criteria adopted by the Department to assess functional and cognitive abilities. (3-19-07)

~~02. **Fiscal Intermediary Services.** Services that allow the participant receiving personal assistance services, or his designee or legal representative, to choose the level of control he will assume in recruiting, selecting, managing and dismissing his personal assistant regardless of who the employer of record is, and allows the participant control over the manner in which services are delivered.~~ (3-19-07)

~~032.~~ **Individual Service Plan.** A document which outlines all services including, but not limited to, personal assistance services and instrumental activities of daily living (IADL), required to maintain the individual in his home and community. The plan is initially developed by the RMS or its contractor for services provided under the Home and Community-Based Services Waiver. This plan must be approved by the RMS and all Medicaid reimbursable services must be contained in the plan. (3-19-07)

~~043.~~ **Personal Assistance 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, including all required withholding for federal and state tax purposes, and benefits for care providers working for them. They also bill Medicaid for services provided by employees, and collect participant contribution. (3-19-07)

~~054.~~ **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 personal assistance agency functioning as a fiscal intermediary agency. (~~3-19-07~~)(7-1-07)T

~~065.~~ **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. (3-19-07)

~~076.~~ **Participant.** An aged or disabled individual who requires and receives services under the Home and Community-based Waiver program. (3-19-07)

(BREAK IN CONTINUITY OF SECTIONS)

329. AGED OR DISABLED WAIVER SERVICES - PROVIDER QUALIFICATIONS AND DUTIES.

Each provider must have a signed provider agreement with the Department for each of the services it provides. (3-19-07)

01. Employment Status. Unless otherwise specified by the Department, each individual service provider must be an employee of record or fact of an agency. The Department may enter into provider agreements with individuals in situations in which no agency exists, or no fiscal intermediary agency is willing to provide services. Such agreements will be reviewed annually to verify whether coverage by ~~a~~ personal assistance agency or fiscal intermediary agency is still not available. (~~3-30-07~~)(7-1-07)T

02. ~~Personal Assistance Agency That Provides~~ Fiscal Intermediary Services. ~~An personal assistance agency that focuses on fostering participant independence and personal control of services delivered has responsibility for the following. The core tasks are:~~ ~~(3-19-07)(7-1-07)T~~

- a.** To directly assure compliance with legal requirements related to employment of waiver service providers; (3-19-07)
- b.** To offer supportive services to enable participants or families consumers to perform the required employer tasks themselves; (3-19-07)
- c.** To bill the Medicaid program for services approved and authorized by the Department; (3-19-07)
- d.** To collect any participant participation due; (3-19-07)
- e.** To pay personal assistants and other waiver service providers for service; (3-19-07)
- f.** To perform all necessary withholding as required by state and federal labor and tax laws, rules and regulations; (3-19-07)
- g.** ~~To offer a full range of services and perform all services contained in a written agreement between the participant and the provider~~ assure that personal assistants providing services meet the standards and qualifications under in this rule; ~~(3-19-07)(7-1-07)T~~
- h.** To maintain liability insurance coverage; (7-1-07)T
- i.** To conduct, at least annually, participant satisfaction or quality control reviews that are available to the Department and the general public; (7-1-07)T
- h*j*.** ~~To~~ Make referrals for service coordination for a PCS-eligible participant ~~for service coordination~~ when a need for such services is identified; and ~~(3-19-07)(7-1-07)T~~
- h*k*.** ~~To~~ Obtain such criminal background checks and health screens on new and existing employees of record and fact as required. ~~(3-19-07)(7-1-07)T~~

03. 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 or activities in the Department's approved Aged and Disabled waiver as approved by CMS. (3-19-07)

- a.** A waiver provider can not be a relative of any participant to whom the provider is supplying services. (3-19-07)
- b.** For the purposes of Section 329 of these rules, a relative is defined as a spouse or parent of a minor child. (3-19-07)
- c.** Individuals who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks," including: (1-1-07)T
 - i.** Companion services; (1-1-07)T
 - ii.** Chore services; and (1-1-07)T
 - iii.** Respite care services. (1-1-07)T

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. (3-19-07)

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. (3-19-07)

06. Psychiatric Consultation Provider Qualifications. Psychiatric Consultation Providers must have: (3-19-07)

a. A master's degree in a behavioral science; (3-19-07)

b. Be licensed in accordance with state law and regulations; or (3-19-07)

c. 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. (1-1-07)T

d. Psychiatric consultation providers who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." (1-1-07)T

07. Service Coordination. Service coordinators and service coordination agencies must meet the requirements specified in Section 729 of these rules unless specifically modified by another section of these rules. (3-19-07)

08. Consultation Services. Services must be provided through a Personal Assistance Agency by a person who has demonstrated skills in training participants/family members in hiring, firing, training, and supervising their own care providers. (3-19-07)

09. Adult Residential Care Providers. Adult Residential Care providers 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. Adult residential care providers who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.03.19, "Rules Governing Certified Family Homes," and IDAPA 16.03.22, "Residential Care or Assisted Living Facilities in Idaho." (1-1-07)T

10. Home Delivered Meals. Providers must be a public agency or private business and must be capable of: (3-19-07)

a. Supervising the direct service; (3-19-07)

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; (3-19-07)

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; (3-19-07)

d. Maintaining documentation that the meals served are made from the highest USDA grade for each specific food served; and (3-19-07)

e. Being inspected and licensed as a food establishment by the district health department. (3-19-07)

11. Personal Emergency Response Systems. Providers must demonstrate that the devices installed in waiver participant's homes meet Federal Communications Standards, Underwriter's Laboratory Standards, or equivalent standards. (3-19-07)

12. Adult Day Care. Facilities that provide adult day care must be maintained in safe and sanitary

manner. (3-30-07)

a. 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. (3-19-07)

b. Providers who accept 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. (3-30-07)

c. Adult day care providers who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks History and Background Checks." (1-1-07)T

13. Assistive Technology. All items must meet applicable standards of manufacture, design and installation. The equipment must be the most cost effective to meet the participant's need. (3-19-07)

14. Assisted Transportation Services. See Subsection 329.03 of this rule for provider qualifications. (3-19-07)

15. Attendant Care. See Subsection 329.03 of this rule for provider qualifications. Attendant care providers who provide direct care and services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." (1-1-07)T

16. Homemaker Services. The homemaker must be an employee of record or fact of an agency. Homemaker service providers who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." (1-1-07)T

17. Home Modifications. All services must be provided in accordance with applicable state or local building codes and meet state or local building, plumbing, and electrical requirements for certification. (3-19-07)

18. Residential Habilitation Provider Qualifications. Residential habilitation services must be provided by an agency that is capable of supervising the direct services provided. Individuals who provide residential habilitation services in their own home must be certified by the Department as a certified family home and must be affiliated with a residential habilitation agency. The residential habilitation agency provides oversight, training, and quality assurance to the certified family home provider. Individuals who provide residential habilitation services in the home of the participant (supported living), must be employed by a residential habilitation agency. Providers of residential habilitation services must meet the following requirements: (3-30-07)

a. Direct service staff must meet the following minimum qualifications: (3-30-07)

i. Be at least eighteen (18) years of age; (3-30-07)

ii. Be a high school graduate or have a GED or demonstrate the ability to provide services according to a plan of care; (3-30-07)

iii. Have current CPR and First Aid certifications; (3-30-07)

iv. Be free from communicable diseases; (3-30-07)

v. Each staff person assisting with participant medications must successfully complete and follow the "Assistance with Medications" course available through the Idaho Professional Technical Education Program approved by the Idaho State Board of Nursing or other Department-approved training. (3-30-07)

vi. Residential habilitation providers who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks;" (1-1-07)T

vii. Have appropriate certification or licensure if required to perform tasks which require certification or licensure. Direct service staff must also have taken a traumatic brain injury training course approved by the Department. (3-30-07)

b. The provider agency is responsible for providing direct service staff with a traumatic brain injury training course approved by the Department, and training specific to the needs of the participant. Skill training may be provided by a Program Coordinator who has demonstrated experience in writing skill training programs, if no agency is available in their geographic area as outlined in Subsection 329.18.c. of this rule. (3-30-07)

c. Residential habilitation providers who are unable to be employed by an agency because one is not available in their geographic area, must receive program development, implementation and oversight of service delivery services by a program coordinator who has a valid service coordination provider agreement with the Department and who has taken a traumatic brain injury training course approved by the Department. (3-30-07)

d. Prior to delivering services to a participant, direct service staff must complete an orientation program. The orientation program must include the following subjects: (3-30-07)

- i. Purpose and philosophy of services; (3-30-07)
- ii. Service rules; (3-30-07)
- iii. Policies and procedures; (3-30-07)
- iv. Proper conduct in relating to waiver participants; (3-30-07)
- v. Handling of confidential and emergency situations that involve the waiver participant; (3-30-07)
- vi. Participant rights; (3-30-07)
- vii. Methods of supervising participants; (3-30-07)
- viii. Working with individuals with traumatic brain injuries; and (3-30-07)
- ix. Training specific to the needs of the participant. (3-30-07)

e. Additional training requirements must be completed within six (6) months of employment or affiliation with the residential habilitation agency and include at a minimum: (3-30-07)

- i. Instructional techniques: Methodologies for training in a systematic and effective manner; (3-30-07)
- ii. Managing behaviors: Techniques and strategies for teaching adaptive behaviors; (3-30-07)
- iii. Feeding; (3-30-07)
- iv. Communication; (3-30-07)
- v. Mobility; (3-30-07)
- vi. Activities of daily living; (3-30-07)
- vii. Body mechanics and lifting techniques; (3-30-07)
- viii. Housekeeping techniques; and (3-30-07)
- ix. Maintenance of a clean, safe, and healthy environment. (3-30-07)

f. The provider agency will be responsible for providing on-going training specific to the needs of the participant as needed; and (3-30-07)

g. When residential habilitation services are provided in the provider's home, the provider must meet the requirements in IDAPA 16.03.19, "Rules Governing Certified Family Homes." Non-compliance with the certification process is cause for termination of the provider agreement or contract. (3-30-07)

19. Day Rehabilitation Provider Qualifications. Providers of day rehabilitation services must have a minimum of two (2) years of experience working directly with persons with a traumatic brain injury, must provide documentation of standard licensing specific to their discipline, and must have taken a traumatic brain injury course approved by the Department. Day rehabilitation providers who provide direct care and services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." (1-1-07)T

20. Supported Employment Service Providers. Supported employment services must be provided by an agency capable of supervising the direct service and be accredited by the Commission on Accreditation of Rehabilitation Facilities; or other comparable standards; or meet State requirements to be a State-approved provider, and have taken a traumatic brain injury training course approved by the Department. Supported employment service providers who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." (1-1-07)T

21. Behavior Consultation or Crisis Management Service Providers. Behavior consultation or crisis management providers must meet the following: (3-30-07)

a. Have a Master's Degree in a behavioral science such as social work, psychology, psychosocial rehabilitation counseling, psychiatric nursing, or a closely related course of study; (3-30-07)

b. Be a licensed pharmacist; or (3-30-07)

c. Work for a provider agency capable of supervising the direct service or work under the direct supervision of a licensed psychologist or Ph.D., with training and experience in treating severe behavior problems and training and experience in applied behavior analysis; and (3-30-07)

d. Take a traumatic brain injury training course approved by the Department. (3-30-07)

e. Emergency back-up providers must also meet the minimum provider qualifications under residential habilitation services. (3-30-07)

f. Behavior consultation or crisis management service providers who provide direct care or services must satisfactorily complete a criminal history and background check in accordance with IDAPA 16.05.06, "Criminal History and Background Checks." (1-1-07)T

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.03.17 - MEDICARE/MEDICAID COORDINATED PLAN BENEFITS

DOCKET NO. 16-0317-0701 (NEW CHAPTER)

NOTICE OF RULEMAKING

ADOPTION OF PENDING RULE AND AMENDMENT TO TEMPORARY RULE

EFFECTIVE DATE: The effective date of the amendments to the temporary rule is April 1, 2007. This pending rule has been adopted by the agency and is now pending review by the 2008 Idaho State Legislature for final approval. 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 Section 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 Section 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 56-202(b), Idaho Code; Sections 56-251(2)(c) and 56-255(4), Idaho Code; the Medicare Prescription Drug Improvement and Modernization Act of 2003, P.L. 108-173, Section 231; and HCR 49 (2006).

DESCRIPTIVE SUMMARY: The following is a concise explanatory statement of the reasons for adopting the pending rule and amending the temporary 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:

A single addition is being made to the rule to clarify that both Medicare Advantage Plans and Medicaid are subject to applicable federal managed care requirements when administering the services under these rules. Under Section 67-5228, Idaho Code, typographical and clerical corrections have been made to the rule and are being published with this Notice of Rulemaking as part of the pending rule.

The text of the pending rule has been amended in accordance with Section 67-5227, Idaho Code, and is being republished following this notice. Rather than keep the temporary rule in place while the pending rule awaits legislative approval, the Department amended the temporary rule with the same revisions which have been made to the pending rule. Only the sections that have changes from the proposed text are printed in this bulletin. The complete text of the proposed rule was published in the July 4, 2007, Idaho Administrative Bulletin, Vol. 07-7, pages 62 through 69. This docket was also published as a temporary rule in the April 4, 2007, Idaho Administrative Bulletin, Vol. 07-4, pages 19 through 25, with a temporary effective date of April 1, 2007. There were no differences in the text between the temporary and proposed rules.

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year:

For SFY 2007, a total cost of \$128,000 is estimated for changes to Medicaid's automated system to support implementation of the coordinated plan benefit package. The cost to the State General Fund is estimated to be \$12,800.

It is estimated that implementation of this benefit package will result in a savings of approximately \$336,651 in SFY 2008, \$743,501 in SFY 2009, and \$1,231,526 in SFY 2010. No cost savings are anticipated for SFY 2007 because this benefit package will be implemented late in the fiscal year (April 2007).

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this pending rule, contact Sheila Pugatch at (208) 364-1817.

DATED this 20th day of September, 2007.

Sherri Kovach
Program Supervisor
DHW - Administrative Procedures Section
450 West State Street - 10th Floor

P.O. Box 83720
Boise, Idaho 83720-0036
(208) 334-5564 phone; (208) 334-6558 fax
kovachs@dhw.idaho.gov e-mail

DOCKET NO. 16-0317-0701 - ADOPTION OF PENDING RULE
AND AMENDMENT TO TEMPORARY RULE

There are substantive changes from the proposed rule text.

Only those sections that have changed from the original proposed
text are printed in this Bulletin following this notice.

The text of the proposed rule was published in the Idaho Administrative
Bulletin, Volume 07-7, July 4, 2007, pages 62 through 69.

This rule has been adopted as a pending rule by the Agency and is now pending
review and approval by the 2008 Idaho State Legislature as a final rule.

THE FOLLOWING IS THE AMENDED TEXT OF DOCKET NO. 16-0317-0701

Subsections 006.01 and 006.001.a.

006. CONFIDENTIALITY OF RECORDS AND PUBLIC RECORDS REQUEST.

01. Confidentiality of Records. Information received by the Department is subject to the provisions of
IDAPA 16.05.01, "Use and Disclosure of Department Records," for the following records: ~~(4-1-07)F(4-1-07)T~~

a. A provider's reimbursement records; and ~~(4-1-07)F(4-1-07)T~~

Subsection 100.01

100. MEDICARE/MEDICAID COORDINATED PLAN (MMCP) - PARTICIPANT ELIGIBILITY.

To be eligible to select the MMCP, the participant must meet the following criteria. (4-1-07)T

01. Medicare Eligibility. The participant must be eligible for and enrolled in both Medicare Part A and
Medicare Part B, and must not have Medicare eligibility due to End-Stage Renal Disease (ESRD).

~~(4-1-07)F(4-1-07)T~~

Section 300 and Subsection 300.02

300. MEDICARE/MEDICAID COORDINATED PLAN - COVERAGE AND LIMITATIONS.

Medicare Advantage Plans and Medicaid are subject to applicable federal managed care requirements that provide
participant protections regarding acceptable marketing activities, information regarding cost sharing, quality
assurance, grievance systems, and participant rights. (4-1-07)T

02. Services Excluded from the MMCP. Services not listed under Sections 301 or ~~under Section 302~~
of these rules are not covered under the MMCP. ~~(4-1-07)F(4-1-07)T~~

Subsection 301.15

301. MAO-COVERED SERVICES.

Under the MMCP, an MAO must cover, at a minimum, the following services: (4-1-07)T

15. Speech, Hearing, and Language Services. ~~(4-1-07)F(4-1-07)T~~

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.03.18 - MEDICAID COST-SHARING

DOCKET NO. 16-0318-0701

NOTICE OF RULEMAKING - ADOPTION OF PENDING FEE RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2008 Idaho State Legislature for final approval. Pursuant to Section 67-5224(5)(c), Idaho Code, this pending rule will not become final and effective until it has been approved, amended, or modified by concurrent resolution of the legislature because of the fee being imposed or increased through this rulemaking. 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 Section 67-5224, Idaho Code, notice is hereby given that this agency has adopted a pending rule. The action is authorized pursuant to Sections 56-202(b), 56-239 and 56-240, 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:

The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the January 3, 2007 Idaho Administrative Bulletin, Vol. 07-1, pages 222 through 224.

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

The nominal fee amount allowed for by federal law for the inappropriate use of services is set at three dollars (\$3) beginning February 1, 2007.

FISCAL IMPACT: The following is a specific description, if applicable, of any fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year:

The implementation of co-payments are cost neutral to the Medicaid budget. Co-payments will be collected and retained by service providers.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this pending rule, contact Robin Pewtress at (208) 364-1892.

DATED this 5th day of September, 2007.

Sherri Kovach, Program Supervisor
DHW - Administrative Procedures Section
450 West State Street - 10th Floor
P.O. Box 83720, Boise, Idaho 83720-0036
(208) 334-5564 phone; (208) 334-6558 fax
kovachs@dhw.idaho.gov e-mail

DOCKET NO. 16-0318-0701 - ADOPTION OF PENDING FEE RULE

There are no substantive changes from the proposed rule text.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 07-1, January 3, 2007, pages 222 through 224.

This rule has been adopted as a pending rule by the Agency and is now pending review and approval by the 2008 Idaho State Legislature as a final rule.

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.03.23 - RULES GOVERNING UNIFORM ASSESSMENTS FOR STATE-FUNDED CLIENTS

DOCKET NO. 16-0323-0701

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2008 Idaho State Legislature for final approval. 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 Section 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 Section 67-5224, Idaho Code, notice is hereby given that this agency has adopted a pending rule. The action is authorized pursuant to Sections 39-3308, 39-3508, and 56-202(b), 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:

The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the Wednesday, August 1, 2007, Idaho Administrative Bulletin, Vol. 07-8, pages 111 through 114. The companion rule for this docket published simultaneously under Docket No. 16-0310-0703.

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year:

There is no anticipated fiscal impact to the state general fund related to this rulemaking.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this pending rule, contact Susan Scheuerer at (208) 287-1156.

DATED this 20th day of September, 2007.

Sherri Kovach
Program Supervisor
DHW - Administrative Procedures Section
450 West State Street - 10th Floor
P.O. Box 83720
Boise, Idaho 83720-0036
(208) 334-5564 phone; (208) 334-6558 fax
kovachs@dhw.idaho.gov e-mail

DOCKET NO. 16-0323-0701 - ADOPTION OF PENDING RULE

There are no substantive changes from the proposed rule text.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 07-8, August 1, 2007, pages 111 through 114.

This rule has been adopted as a pending rule by the Agency and is now pending review and approval by the 2008 Idaho State Legislature as a final rule.

IDAPA 18 - IDAHO DEPARTMENT OF INSURANCE
18.01.50 - ADOPTION OF THE 2006 INTERNATIONAL FIRE CODE
DOCKET NO. 18-0150-0701
NOTICE OF PUBLIC HEARING

AUTHORITY: In compliance with Sections 67-5221(1) and 67-5222, Idaho Code, notice is hereby given that this agency has scheduled a public hearing and extended the period of public comment. The action is authorized pursuant to Section(s) 41-211 and 41-253, Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rulemaking will be held as follows:

November 14, 2007; 6:00 p.m.
Midvale City Hall
60 South Depot Street
Midvale, Idaho 83645

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 summary of this action is found in the Idaho Administrative Bulletin Vol. 07-10, Book 2, dated October 3, 2007, pages 23 through 26.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this rulemaking or the hearing schedule, contact Mark A. Larson, Idaho State Fire Marshal, at 208-334-4370, mark.larson@doi.idaho.gov.

Anyone may submit written comments at the public hearing regarding this rulemaking. Any written comments submitted at a public hearing carry the same weight as oral testimony.

DATED this 12th day of October, 2007.

Mark A. Larson
State Fire Marshal
Department of Insurance
700 W. State Street - 3rd Floor, Boise, Idaho 83720
P.O. Box 83720, Boise, Idaho 83720
208 334-4370; Fax: 208-334-4375

IDAPA 26 - DEPARTMENT OF PARKS AND RECREATION

26.01.30 - IDAHO SAFE BOATING RULES

DOCKET NO. 26-0130-0701

NOTICE OF PUBLIC HEARING

AUTHORITY: In compliance with Sections 67-5221(1) and 67-5222, Idaho Code, notice is hereby given that this agency has scheduled a public hearing and extended the period of public comment. The action is authorized pursuant to Section 67-4249, Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rulemaking will be held as follows:

Wednesday, November 14, 2007 -- 6:00 - 7:30 pm
Idaho Department of Parks and Recreation Headquarters
5657 Warm Springs Ave.
Boise, Idaho

Thursday, November 15, 2007 -- 6:00 - 7:30 pm
Idaho Department of Parks and Recreation
East Region Office
4279 Commerce Circle
Idaho Falls, Idaho

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 summary of this action is found in Idaho Administrative Bulletin Vol. 07-10, October 3, 2007, Book 2, pages 186 and 187.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this rulemaking or the hearing schedule, contact Dean Sangrey, 208-514-2260, dsangrey@idpr.idaho.gov.

Anyone may submit written comments at the public hearing regarding this rulemaking. Any written comments submitted at a public hearing carry the same weight as oral testimony.

DATED this 19th day of October, 2007.

Dean Sangrey
Administrator, Division of Operations
Idaho Department of Parks and Recreation
5657 Warm Springs Ave.
Boise, ID 83716
PO Box 83720
Boise, ID 83720-0065
208-514-2260
208-334-3741(FAX)

IDAPA 31 - IDAHO PUBLIC UTILITIES COMMISSION

31.11.01 - SAFETY AND ACCIDENT REPORTING RULES FOR UTILITIES REGULATED BY THE IDAHO PUBLIC UTILITIES COMMISSION

DOCKET NO. 31-1101-0701

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the Public Utilities Commission and is now pending review by the 2008 State Legislature for final approval. 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 Section 67-5224, Idaho Code, notice is hereby given that the Public Utilities Commission has adopted a pending rule. The action is authorized pursuant to Section 61-515, Idaho Code and 18 C.F.R. Section 260.9.

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:

The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the September 5, 2007 Idaho Administrative Bulletin, Vol. 07-9, pages 228 through 232.

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during fiscal year:

There is no fiscal impact on the state general fund resulting from this rulemaking.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this pending rule, contact Donald L. Howell, II, Deputy Attorney General, at (208) 334-0312.

DATED this 5th day of October, 2007.

Jean D. Jewell
Commission Secretary
Idaho Public Utilities Commission
PO Box 83720
Boise, ID 83720-0074
Tele: (208) 334-0338
FAX: (208) 334-3762

DOCKET NO. 31-1101-0701 - ADOPTION OF PENDING RULE

There are no substantive changes from the proposed rule text.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 07-9, September 5, 2007, pages 228 through 232.

This rule has been adopted as a pending rule by the Agency and is now pending review and approval by the 2008 Idaho State Legislature as a final rule.

IDAPA 35 - IDAHO STATE TAX COMMISSION

35.01.03 - PROPERTY TAX ADMINISTRATIVE RULES

DOCKET NO. 35-0103-0702

NOTICE OF PUBLIC HEARING AND EXTENSION OF PUBLIC COMMENT PERIOD

AUTHORITY: In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Section(s) 63-105 and 63-3039.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rulemaking will be held as follows:

Rules 205 and 210
November 21, 2007
10:00 a.m.
Idaho State Tax Commission
First Floor - Conference Room 5

Rule 217
November 21, 2007
1:30 p.m.
Idaho State Tax Commission
First Floor - Conference Room 5

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 brief explanation of the main issues to be discussed at the scheduled public hearings:

Rules 205 and 210 are being repealed and replaced with a new Rule 205 to adopt criteria that can be applied more consistently to differentiate real and personal property and to provide that net profits of mines are no longer considered personal property.

Rule 217 is being amended to provide a cross reference and an example of an acceptable procedure for the calculation of the contributory value of income tax credits for Section 42 housing, being consistent with the directions of the Idaho Supreme Court in the case of Brandon Bay Limited Partnership v. Payette County.

The full summary of this action is found in the Idaho Administrative Bulletin Vol. 07-10, Book 2, dated October 3, 2007, pages 308 through 350.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rule or for information regarding the public hearing, contact Alan Dornfest at (208) 334-7530.

The comment period for this rulemaking has been extended and anyone may submit written comments regarding the proposed rule. All written comments must be directed to the undersigned and must be delivered on or before Wednesday, November 21, 2007 or they may be submitted at the public hearing.

Confirmation of intent to attend and testify should be directed to the undersigned on or before Wednesday, November 14, 2007.

DATED this 23rd day of October, 2007.

Alan Dornfest
Tax Policy Specialist
Idaho State Tax Commission
800 Park Bl., Plaza IV
P.O. Box 36, Boise, ID 83722-0410
(208) 334-7530

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LEGAL NOTICE

Summary of Proposed Rulemakings

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.

*The written comment deadline is November 28, 2007, unless otherwise listed.
(Temp & Prop) indicates the rule is both temporary and proposed.
** Indicates that a public hearing has been scheduled.*

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE PO Box 83720, Boise, ID 83720-0036

16-0309-0707, Medicaid Basic Plan Benefits. (Temp & Prop) Removes reference to Medicaid-covered dental services which will now be provided by the insurance contractor.

16-0310-0705, Medicaid Enhanced Plan Benefits. (Temp & Prop) Adds Medicaid-covered dental services and procedure codes to the rule to assure continuity of service coverage for those on the Enhanced Plan.

****16-0310-0706, Medicaid Enhanced Plan Benefits.** (Temp & Prop) Aligns the rules related to personal assistance services and fiscal intermediary services provided under the HCBS Waiver for the Aged and Disabled (A&D) with the statutory changes made by HB 167.

THE FOLLOWING TEMPORARY RULE HAS BEEN ADOPTED:

**IDAPA 14 - Board of Registration of Professional Geologists
14-0101-0702, Rules of Procedure of the Board of Registration of Professional Geologists**

PUBLIC HEARINGS HAVE BEEN SCHEDULED FOR THE FOLLOWING DOCKETS:

**Department of Insurance
18-0151-0701, Adoption of the 2006 International Fire Code**

**Department of Parks and Recreation
26-0130-0701, Idaho Safe Boating Rules**

**Idaho State Tax Commission
35-0103-0702, Property Tax Administrative Rules (Comment by: 11/21/07)**

Please refer to the Idaho Administrative Bulletin, **November 7, 2007, Volume 07-11** for notices and text of all rulemakings, public hearing schedules, Governor's executive orders, and agency contact information.

Issues of the Idaho Administrative Bulletin can be viewed at the county law libraries or online.

To view the Bulletin or Code or for information on purchasing the Bulletin and other rules publications, visit our website at www.adm.idaho.gov/adminrules/ or call (208) 332-1820 or write the Dept. of Administration, Office of Administrative Rules, 650 W. State St., Room 100, Boise, ID 83720-0306.

CUMULATIVE RULEMAKING INDEX OF IDAHO ADMINISTRATIVE RULES

**FOR THE ABOVE LINK TO WORK YOU HAVE
TO BE CONNECTED TO THE INTERNET**

**This index tracks the history of all agency rulemakings from 1993 to the present.
It includes all rulemaking activities on each chapter of rules
and includes negotiated, temporary, proposed, pending
and final rules, public hearing notices
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