

IDAHO ADMINISTRATIVE BULLETIN

December 1, 2010 -- Volume 10-12

Idaho Department of Administration
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Preface

The Idaho Administrative Bulletin is a monthly publication of the Office of the Administrative Rules Coordinator, Department of Administration, pursuant to Section 67-5203, Idaho Code. The Bulletin is a compilation of all administrative rulemaking documents in Idaho. All official rulemaking notices, official rule text, executive orders of the Governor, all legislative documents affecting rules, and any other documents required by law are published in the Bulletin.

State agencies are required to provide public notice of all proposed rulemaking actions and must invite public input once proposed rulemaking has been initiated. The public receives notice of proposed rulemaking actions through the Idaho Administrative Bulletin and a Public Notice (legal notice) that publishes in specific newspapers throughout the state. The legal notice provides reasonable opportunity for the public to participate when a proposed rule publishes in the Bulletin. Interested parties can submit written comments to the agency or request public hearings of the agency if none have been scheduled. Such submissions or requests must be presented to the agency within the time and manner specified in the individual "Notice of Rulemaking" for each proposed rule that is published in the Bulletin. After the comment period closes, the agency considers fully all information submitted regarding the proposed rule. Comment periods and public hearings are not provided for when the agency adopts a temporary or pending rule.

CITATION TO THE IDAHO ADMINISTRATIVE BULLETIN

The Bulletin is cited by year and issue number. For example, Bulletin **09-1** refers to the first Bulletin issued in calendar year **2009**; Bulletin **10-1** refers to the first Bulletin issued in calendar year **2010**. Volume numbers, which proceed from 1 to 12 in a given year, correspond to the months of publication, i.e.; Volume No. **10-1** refers to January 2010; Volume No. **10-2** refers to February 2010; and so forth. Example: The Bulletin published in January 2010 is cited as Volume **10-1**. The December 2009 Bulletin is cited as Volume **09-12**.

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.

THE DIFFERENT RULES PUBLISHED IN THE ADMINISTRATIVE BULLETIN

Idaho's 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 - Negotiated Rulemaking” in the Administrative Bulletin by the agency is optional. This process should result in the formulation of a proposed or temporary rule, or both.

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 Rulemaking - Proposed Rule” 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) 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 when the pending rule will become effective; provided, however, that notwithstanding Section 67-5231, Idaho Code, the absence or accuracy of a fiscal impact statement provided pursuant to this subsection shall not affect the validity or enforceability of the rule.
- d) the text of the proposed rule prepared in legislative format;
- e) the location, date, and time of any public hearings the agency intends to hold on the proposed rule;
- f) 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;
- g) the manner in which persons may request an opportunity for an oral presentation as provided in Section 67-5222, Idaho Code; and
- h) the deadline for public (written) comments on the proposed rule.

All proposed rulemakings that are submitted for publication in the Bulletin that would impose a fee or charge must be accompanied by a cost/benefit analysis that is prepared by the agency. This cost/benefit analysis must estimate, as reasonably as possible, the costs to the agency to implement the rule and the estimated costs that would be borne by citizens or the private sector. This analysis is filed with the Director of LSO who then forwards it to the appropriate germane joint subcommittee assigned to review the promulgating agency’s proposed rules.

When incorporating by reference, the notice of proposed rulemaking must include a brief synopsis detailing the need to incorporate by reference any additional materials into the rule. The agency must also provide information regarding access to the incorporated materials. At a minimum, and when available, the agency must provide an electronic link to the documents that can be accessed on a website or post this information on its own website, or both. This link can be placed into the rule and activated once it is posted on the Coordinator’s website.

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, even when published in conjunction with a temporary rule, and therefore, is not enforceable. An agency may vacate (terminate) a rulemaking after the publication of a proposed rule if it decides, for whatever reason, not to proceed further to finalize the rulemaking. The publication of a “Notice of Vacation of Proposed Rulemaking” in the Bulletin officially stops the formal rulemaking 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 one or more of the above legal criteria and the governor finds it is necessary that a rule become effective before it has been submitted to the legislature for review and approval and without allowing for any public input, the agency may proceed and adopt a temporary rule. The law allows that agency to make a temporary rule immediately effective upon adoption. 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 extended by concurrent resolution, is replaced by a final rule, or expires under its own terms.

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, will 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 Rulemaking Pending Rule." 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 and a statement that the pending rule may be rejected, amended or modified by concurrent resolution of the legislature;
- d) an identification of any portion of the rule imposing or increasing a fee or charge and a statement that this portion of the rule shall not become final and effective unless affirmatively approved by concurrent resolution of the legislature;
- (e) the specific statutory authority for the rulemaking including a citation to the specific section of the Idaho Code that has occasioned the rulemaking, or the federal statute or regulation if that is the basis of authority or requirement for the rulemaking; and
- (f) 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 when the pending rule will become effective; provided however, that notwithstanding section 67-5231, Idaho Code, the absence or

accuracy of a fiscal impact statement provided pursuant to this subsection shall not affect the validity or the enforceability of the rule.

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

Internet Access - The Administrative Code and Administrative Bulletin are available on the Internet at the following address: <http://adm.idaho.gov/adminrules/>

SUBSCRIPTIONS AND DISTRIBUTION

For subscription information and costs, 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 Code - annual subscription on CD-ROM. The Code is an annual compilation of all final administrative rules and all enforceable temporary rules and also includes all executive orders of the Governor that have published in the Bulletin, all legislative documents affecting rules, a table of contents, reference guides, and a subject index.

The Idaho Administrative Bulletin - annual subscription available on individual CD-ROM sent out monthly. The Bulletin is an official monthly publication of the State of Idaho and is available for purchase on CD-ROM only. Yearly subscriptions or individual CD-ROM's are available for purchase.

Internet Access - The Administrative Code and Administrative Bulletin, and many other rules-related documents 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 “-”, (**38-0501-1001**). 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. 38-0501-1001”

“**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**).

“**1001**” denotes the year and sequential order of the docket being published; in this case the numbers refer to the first rulemaking action published in **calendar year 2010**. A subsequent rulemaking on this same rule chapter in calendar year 2010 would be designated as “**1002**”. The docket number in this scenario would be 38-0501-**1002**.

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 these rules.” OR “...in accordance with Subsection 201.06.c. of these rules.”

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 2010

Vol. No.	Monthly Issue of Bulletin	Closing Date for Agency Filing	Publication Date	21-day Comment Period End Date
10-1	January 2010	*November 13, 2009	January 6, 2010	January 27, 2010
10-2	February 2010	January 8, 2010	February 3, 2010	February 24, 2010
10-3	March 2010	February 5, 2010	March 3, 2010	March 25, 2010
10-4	April 2010	March 5, 2010	April 7, 2010	April 28, 2010
10-5	May 2010	April 2, 2010	May 5, 2010	May 26, 2010
10-6	June 2010	May 7, 2010	June 2, 2010	June 23, 2010
10-7	July 2010	June 4, 2010	July 7, 2010	July 28, 2010
10-8	August 2010	July 2, 2010	August 4, 2010	August 25, 2010
10-9	September 2010	July 30, 2010	September 1, 2010	September 22, 2010
10-10	October 2010	**August 27, 2010	October 6, 2010	October 27, 2010
10-11	November 2010	October 1, 2010	November 3, 2010	November 24, 2010
10-12	December 2010	November 5, 2010	December 1, 2010	December 22, 2010

BULLETIN PUBLICATION SCHEDULE FOR CALENDAR YEAR 2011

Vol. No.	Monthly Issue of Bulletin	Closing Date for Agency Filing	Publication Date	21-day Comment Period End Date
11-1	January 2011	*November 19, 2010	January 5, 2011	January 26, 2011
11-2	February 2011	January 14, 2011	February 2, 2011	February 23, 2011
11-3	March 2011	February 11, 2011	March 2, 2011	March 23, 2011
11-4	April 2011	March 4, 2011	April 6, 2011	April 27, 2011
11-5	May 2011	April 8, 2011	May 4, 2011	May 25, 2011
11-6	June 2011	May 6, 2011	June 1, 2011	June 22, 2011
11-7	July 2011	June 3, 2011	July 6, 2011	July 27, 2011
11-8	August 2011	July 8, 2011	August 3, 2011	August 24, 2011
11-9	September 2011	August 5, 2011	September 7, 2011	September 28, 2011
11-10	October 2011	**August 31, 2011	October 5, 2011	October 26, 2011
11-11	November 2011	October 7, 2011	November 2, 2011	November 23, 2011
11-12	December 2011	November 4, 2011	December 7, 2011	December 28, 2011

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

*****Last day to submit a proposed rule in order to have the rulemaking completed and submitted for review by legislature.***

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IDAPA 02 - DEPARTMENT OF AGRICULTURE
02.01.04 - RULES GOVERNING THE IDAHO PREFERRED® PROGRAM

DOCKET NO. 02-0104-1001

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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 22-122, 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 non-food product qualifications will be changed to be more consistent with the processed food product qualifications which were revised in 2008. Currently, processed food products require that the ingredients be 20% agricultural content by weight grown or raised in Idaho and that the product must be processed in Idaho. Yet the non-food category such as soaps and compost must have 50% agricultural content from product grown or raised in Idaho.

The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, pages 21 through 23](#).

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 Laura Johnson, Section Manager at (208) 332-8533 or Leah Clark, Trade Specialist at (208) 332-8684.

DATED this 1st day of November, 2010.

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

DOCKET NO. 02-0104-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

**The complete text of the proposed rule was published in the Idaho Administrative Bulletin,
Volume 10-10, October 6, 2010, pages 21 through 23.**

**This rule has been adopted as a pending rule by the Agency and is now awaiting
review and approval by the 2011 Idaho State Legislature for final adoption.**

IDAPA 02 - DEPARTMENT OF AGRICULTURE

02.06.02 - RULES PERTAINING TO THE IDAHO COMMERCIAL FEED LAW

DOCKET NO. 02-0602-1001

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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 25-2710, 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:

Update the incorporation by reference section to reflect the 2011 Official Publication of the Association of American Feed Control Officials; Provide information regarding online availability and purchase of documents incorporated by reference; Housekeeping (correct punctuation and typos, correct references and add omitted words for clarity); Add clarity to the definition of "Primary Display Panel" to include front, back and side of packaging; Add clarity to the proper method for listing feed ingredients on commercial feed labels; Allow the use of a guaranteed analysis with an ingredient statement in the labeling of customer-formula feeds; and Clarify that a violation of a Stop Sale, Use, or Removal Order is a violation of Title 25, Chapter 27, Idaho Code, and/or the Rules promulgated thereunder.

The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the [October 6, 2010 Idaho Administrative Bulletin, Vol.10-10, pages 44 through 62.](#)

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 Rick Killebrew, Program Manager at (208) 332-8697.

DATED this 1st day of November, 2010.

Brian J. Oakey
Deputy Director
Idaho State Department of Agriculture
2270 Old Penitentiary Rd.

P.O. Box 790, Boise, Idaho 83701
Phone: (208) 332-8503
Fax: (208) 334-2170

DOCKET NO. 02-0602-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 10-10, October 6, 2010, pages 44 through 61.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 02 - DEPARTMENT OF AGRICULTURE
02.06.12 - RULES PERTAINING TO THE IDAHO FERTILIZER LAW
DOCKET NO. 02-0612-1001
NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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:

Update the incorporation by reference section to reflect the 2011 Official Publication of the Association of American Plant Food Control Officials; Basic housekeeping (punctuation correction); Provide information regarding online availability and purchase of documents incorporated by reference; Permit "net volume" guarantees on liquid fertilizer labels; Correct references to "Brand" registration as brands are no longer required to be registered; Prohibit sliding-scale guarantees (i.e. Total Nitrogen 15-18%) on fertilizer labels; and allow multi-use labeling of fertilizers.

The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the [October 6, 2010 Idaho Administrative Bulletin, Vol.10-10, pages 65 through 68.](#)

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 Rick Killebrew, Program Manager at (208) 332-8697.

DATED this 1st day of November, 2010.

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

DOCKET NO. 02-0612-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

**The complete text of the proposed rule was published in the Idaho Administrative Bulletin,
[Volume 10-10, October 6, 2010, pages 65 through 68.](#)**

**This rule has been adopted as a pending rule by the Agency and is now awaiting
review and approval by the 2011 Idaho State Legislature for final adoption.**

IDAPA 02 - DEPARTMENT OF AGRICULTURE

02.06.16 - CROP RESIDUE DISPOSAL RULES

DOCKET NO. 02-0616-1001 (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 2011 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 22-4801, 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:

Repeal the rule in its entirety because the 2008 Legislature moved the Crop Residue Burning program from the Idaho State Department of Agriculture to the Division of Environmental Quality, who developed new rules for Crop Residue Burning, thereby leaving 02.06.16 obsolete.

The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the [October 6, 2010 Idaho Administrative Bulletin, Vol.10-10, page 69](#).

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 Lloyd B. Knight, Administrator, at (208) 332-8620.

DATED this 1st day of November, 2010.

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

DOCKET NO. 02-0616-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 10-10, October 6, 2010, page 69.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 02 - DEPARTMENT OF AGRICULTURE

02.06.33 - ORGANIC FOOD PRODUCT RULES

DOCKET NO. 02-0633-1001

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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) 22-1103, Idaho Code.

DESCRIPTIVE SUMMARY: The following is a non-technical explanation of the substance and purpose of the proposed rulemaking:

This rulemaking will incorporate by reference the June 25, 2010 version of the National Organic Program Regulations, 7 CFR Part 250. The Idaho State Department of Agriculture ("ISDA") will no longer offer certification seal stickers for certified organic products in order to prevent the misuse of the certification seal. All references of "gross organic income" will be changed to "gross organic sales" in order to clarify the fee requirements in the Rules.

The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, pages 70 through 72.](#)

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 proposed rule, contact Brandon Lamb, Agricultural Program Manager, 208-332-8675.

DATED this 1st day of November, 2010.

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

DOCKET NO. 02-0633-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 10-10, October 6, 2010, pages 70 through 72.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 02 - DEPARTMENT OF AGRICULTURE

02.06.41 - RULES PERTAINING TO THE IDAHO SOIL AND PLANT AMENDMENT ACT OF 2001

DOCKET NO. 02-0641-1001

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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.

Update the incorporation by reference section to reflect the 2011 Official Publication of the Association of American Plant Food Control Officials; Provide information regarding online availability and purchase of documents incorporated by reference; Permit a guaranteed analysis of plant nutrients on labels of potting soils, landscape and garden soils that contain only levels of fertilizer sufficient to initiate growth; and permit multi-use labeling of soil amendment and plant amendment products.

The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the [October 6, 2010 Idaho Administrative Bulletin, Vol.10-10, pages 73 through 75.](#)

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 Rick Killebrew, Program Manager at (208) 332-8697.

DATED this 1st day of November, 2010.

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

DOCKET NO. 02-0641-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 10-10, October 6, 2010, pages 73 through 75.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 03 - STATE ATHLETIC COMMISSION

03.01.01 - RULES OF THE STATE ATHLETIC COMMISSION

DOCKET NO. 03-0101-1001

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 2011 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(s) 54-416, 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 [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, pages 76 through 82.](#)

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 Section 54-5313, Idaho Code.

Rule 109 is adding an initial/annual application fee of \$250 and an initial/annual approval fee of \$500 for amateur sanctioning organizations.

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 Cherie Simpson at (208) 334-3233.

DATED this 3rd day of November, 2010.

Tana Cory
Bureau Chief
Bureau of Occupational Licenses
700 W State
Boise, ID 83702
(208) 334-3233 Ph. (208) 334-3945, fax

DOCKET NO. 03-0101-1001 - ADOPTION OF PENDING FEE RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 10-10, October 6, 2010, pages 76 through 82.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 07 - DIVISION OF BUILDING SAFETY

07.01.03 - RULES OF ELECTRICAL LICENSING AND REGISTRATION - GENERAL

DOCKET NO. 07-0103-1001

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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 54-1006(5), 54-1007, and 54-1013, 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 [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, pages 89 through 91](#).

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 Steve Keys, Deputy Administrator – Operations, (208) 332-8986.

DATED this 28th day of October, 2010.

Steve Keys
Deputy Administrator – Operations
Division of Building Safety
1090 E. Watertower St.
P. O. Box 83720
Boise, ID 83720-0048
Phone: (208) 332-8986
Fax: (208) 855-2164

DOCKET NO. 07-0103-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 10-10, October 6, 2010, pages 89 through 91.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 07 - DIVISION OF BUILDING SAFETY
07.01.04 - RULES GOVERNING ELECTRICAL SPECIALTY LICENSING
DOCKET NO. 07-0104-1001
NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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 54-1006, 54-1007, and 54-1013, 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 [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, pages 92 through 95.](#)

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 Steve Keys, Deputy Administrator – Operations, (208) 332-8986.

DATED this 28th day of October, 2010.

Steve Keys
Deputy Administrator – Operations
Division of Building Safety
1090 E. Watertower St.
P. O. Box 83720
Boise, ID 83720-0048
Phone: (208) 332-8986
Fax: (208) 855-2164

DOCKET NO. 07-0104-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 10-10, October 6, 2010, pages 92 through 95.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 07 - DIVISION OF BUILDING SAFETY

07.01.07 - RULES GOVERNING CONTINUING EDUCATION REQUIREMENTS

DOCKET NO. 07-0107-1001

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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 54-1006(5) and 54-1013, 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 [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, pages 96 and 97](#).

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 Steve Keys, Deputy Administrator – Operations, (208) 332-8986.

DATED this 28th day of October, 2010.

Steve Keys
Deputy Administrator – Operations
Division of Building Safety
1090 E. Watertower St.
P. O. Box 83720
Boise, ID 83720-0048
Phone: (208) 332-8986
Fax: (208) 855-2164

DOCKET NO. 07-0107-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 10-10, October 6, 2010, pages 96 and 97.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 07 - DIVISION OF BUILDING SAFETY

07.02.05 - RULES GOVERNING PLUMBING SAFETY LICENSING

DOCKET NO. 07-0205-1001

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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.

The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, pages 98 and 99](#).

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 Steve Keys, Deputy Administrator – Operations, (208) 332-8986.

DATED this 28th day of October, 2010.

Steve Keys
Deputy Administrator – Operations
Division of Building Safety
1090 E. Watertower St.
P. O. Box 83720
Boise, ID 83720-0048
Phone: (208) 332-8986
Fax: (208) 855-2164

DOCKET NO. 07-0205-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 10-10, October 6, 2010, pages 98 and 99.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 07 - DIVISION OF BUILDING SAFETY

07.03.01 - RULES OF BUILDING SAFETY

DOCKET NO. 07-0301-1001

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE AND ADOPTION OF TEMPORARY RULE

EFFECTIVE DATE: The effective date of the temporary rule is January 1, 2011. The pending rule has been adopted by the agency and is now pending review by the 2011 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 Sections 67-5224 and 67-5226, Idaho Code, notice is hereby given that this agency has adopted a pending and is also adopting this rule as a temporary rule. The action is authorized pursuant to Section 39-4109, Idaho Code.

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

Section 39-4109, Idaho Code, provides the Building Code Board with the authority to adopt and amend specified building codes via administrative rule pursuant to the negotiated rule process. The 2009 editions of the International Residential Code (IRC) and the International Energy Conservation Code (IECC) were adopted by the Board and Legislature in 2010. Amendments to the IRC and IECC have been proposed by the public and adopted by the Board. Amendments to the IECC that address log homes are necessary in order for such homes to comply with the requirements of the 2009 edition. Without such amendment, log homes would not be able to comply with the IECC without significant modifications. The rule would amend the 2009 IRC by eliminating a provision which addresses live/work units in order to clarify that such do not require fire sprinkling; as well as amend provisions to address local jurisdictions' concerns as they relate to fences and prefabricated swimming pools. The rule would also amend the IECC by adding provisions which address the thermal envelope of log homes.

In accordance with Section 67-5226, Idaho Code, the full text of the temporary rule is being published in this Bulletin following this notice. The pending rule is being adopted as proposed. The original text of the proposed rule was published in the [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, pages 100 through 103](#).

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

Amendments to the International Energy Conservation Code (IECC) which address log homes are necessary in order for such homes to comply with the requirements of the 2009 edition. Without such amendment, log homes would not be able to comply with the IECC without significant modifications. The 2009 edition of the IECC has already been adopted in Idaho; and in accordance with Section 39-4109, Idaho Code, will take effect on January 1, 2011. This temporary rule merely places the log home industry in an equal position with the rest of the building industry by establishing an effective date for the energy code provisions related to log homes that is in alignment with that of the code itself.

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 or temporary rule, contact Steve Keys, Deputy Administrator – Operations, (208) 332-8986.

DATED this 28th day of October, 2010.

Steve Keys
Deputy Administrator – Operations
Division of Building Safety
1090 E. Watertower St.
P. O. Box 83720
Boise, ID 83720-0048
Phone: (208) 332-8986
Fax: (208) 855-2164

DOCKET NO. 07-0301-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 10-10, October 6, 2010, pages 100 through 103.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

THE FOLLOWING IS THE TEXT OF THE TEMPORARY RULE AND THE PENDING RULE FOR DOCKET NO. 07-0301-1001

004. ADOPTION AND INCORPORATION BY REFERENCE.

Under the provisions of Section 39-4109, Idaho Code, the codes enumerated in this Section are hereby adopted and incorporated by reference into IDAPA 07.03.01, "Rules of Building Safety," Division of Building Safety. The effective date of a 2009 edition of any of the codes adopted in this Section with any amendments identified thereto shall be January 1, 2011. Until such time, the 2006 edition of any such code enumerated in this Section without amendment will remain effective pursuant to Section 39-4109, Idaho Code. Copies of these documents may be reviewed at the office of the Division of Building Safety. The referenced codes may be obtained from International Code Council, 5360 Workman Mill Road, Whittier, California 90601-2298 or <http://www.iccsafe.org>. (3-29-10)

01. International Building Code. 2009 Edition. (3-29-10)

02. International Residential Code. 2009 Edition. (3-29-10)

a. Delete the exception contained under IRC section R101.2 - Scope. (1-1-11)T

b. Delete item No. 2 contained under the "Building" subsection of IRC section R105.2 - Work exempt from permit, and replace with the following: Fences not over six (6) feet (one thousand, eight hundred twenty-nine (1,829) mm) high may be exempted from the requirement for a building permit in the absence of any other applicable land use regulations governing the installation, height, type or other aspect. (1-1-11)T

c. Delete item No. 7 contained under the "Building" subsection of IRC section R105.2 - Work exempt from permit, and replace with the following: Prefabricated swimming pools that are not greater than four (4) feet (one thousand, two hundred nineteen (1219) mm) deep. (1-1-11)T

d. Delete IRC section R109.1.3 and replace with the following: Floodplain inspections. For construction in areas prone to flooding as established by Table R301.2(1), upon placement of the lowest floor,

including basement, the building official is authorized to require submission of documentation of the elevation of the lowest floor, including basement, required in section R322. (3-29-10)

be. IRC Table R302.1 Exterior Walls -- delete the figures contained in the last column of the table under the heading Minimum Fire Separation Distance, and replace with the following:

Minimum Fire Separation Distance	
Walls (fire-resistance rated):	< Three (3) Feet
Walls (not fire-resistance rated):	≥ Three (3) Feet
Projections (fire-resistance rated):	< Three (3) Feet
Projections (not fire-resistance rated):	≥ Three (3) Feet

(3-29-10)

ef. Delete the exception contained under IRC section R302.2 -- Townhouses, and replace with the following: Exception: A common one-hour or two-hour fire resistance rated wall assembly tested in accordance with ASTM E 119 or UL 263 is permitted for townhouses if such walls do not contain plumbing or mechanical equipment, ducts or vents in the cavity of the common wall. The wall shall be rated for fire exposure from both sides and shall extend to and be tight against the exterior walls and the underside of the roof sheathing. Penetrations of electrical outlet boxes shall be in accordance with section R302.4. (3-29-10)

eg. Delete the exception contained under IRC section R313.1 -- Townhouse automatic fire sprinkler systems, and replace with the following: Exception: Automatic residential fire sprinkler systems shall not be required in townhouses where a two-hour fire-resistance rated wall is installed between dwelling units or when additions or alterations are made to existing townhouses that do not have an automatic residential fire sprinkler system installed. (3-29-10)

eh. Delete IRC section R313.2. (3-29-10)

fi. Delete IRC section R322.1.10. (3-29-10)

gi. Delete IRC section R322.2.2 paragraph 2.2, and replace with the following: The total net area of all openings shall be at least one (1) square inch (645 mm²) for each square foot (0.093 m²) of enclosed area, or the opening shall be designed and the construction documents shall include a statement that the design and installation of the openings will provide for equalization of hydrostatic flood forces on exterior walls by allowing the automatic entry and exit of floodwaters. (3-29-10)

03. **International Existing Building Code.** 2009 Edition. (3-29-10)

04. **International Energy Conservation Code.** 2009 Edition with the following amendments.
~~(3-29-10)~~(1-1-11)T

a. Add the following footnote to the title of Table 402.1.1 - Insulation and Fenestration Requirements by Component: **k.** For residential log home building thermal envelope construction requirements see section 402.6.
(1-1-11)T

b. Add the following section: 402.6 Residential Log Home Thermal Envelope. Residential log home construction shall comply with sections 401 (General), 402.4 (Air Leakage), 402.5 (Maximum Fenestration U-Factor and SHGC), 403.1 (Controls), 403.2.2 (Sealing), 403.2.3 (Building Cavities), sections 403.3 through 403.9 (referred to as the mandatory provisions), Section 404 (Electrical Power and Lighting Systems), and either Subparagraph 004.04.b.i., ii., or iii. as follows:
(1-1-11)T

i. Sections 402.2 through 402.3, 403.2.1, 404.1 and Table 402.6; (1-1-11)T

- ii. [Section 405 Simulated Performance Alternative \(Performance\): or](#) (1-1-11)T
- iii. [REScheck \(U.S. Department of Energy Building Codes Program\).](#) (1-1-11)T
- c. [Add Table 402.6 Log Home Prescriptive Thermal Envelope Requirements By Component to be used only in accordance with Subparagraph 004.04.b.i. above to appear as follows:](#)

TABLE 402.6
LOG HOME PRESCRIPTIVE THERMAL ENVELOPE REQUIREMENTS BY COMPONENT

For SI: 1 foot = 304.8 mm.

<u>CLIMATE ZONE</u>	<u>FENESTRATION U-FACTOR^a</u>	<u>SKYLIGHT U-FACTOR</u>	<u>GLAZED FENESTRATION SHGC</u>	<u>CEILING R-VALUE</u>	<u>Min. Average LOG Size in inches</u>	<u>FLOOR R-VALUE</u>	<u>BASEMENT WALL R-VALUE^d</u>	<u>SLAB R-VALUE & DEPTH^b</u>	<u>CRAWL SPACE WALL R-VALUE^d</u>
5, 6 - High efficiency equipment path ^c	0.32	0.60	NR	49	5	30	15/19	10, 4 ft.	10/13
5	0.32	0.60	NR	49	8	30	10/13	10, 2 ft.	10/13
6	0.30	0.60	NR	49	8	30	15/19	10, 4 ft.	10/13

a. [The fenestration U-factor column excludes skylights. The SHGC column applies to all glazed fenestration.](#)

b. [R-5 shall be added to the required slab edge R-values for heated slabs.](#)

c. [90% AFUE natural gas or propane, 84% AFUE oil, or 15 SEER heat pump heating equipment \(zonal electric resistance heating equipment such as electric base board electric resistance heating equipment as the sole source for heating is considered compliant with the high efficiency equipment path\).](#)

d. ["15/19" means R-15 continuous insulated sheathing on the interior or exterior of the home or R-19 cavity insulation at the interior of the basement wall. "15/19" shall be permitted to be met with R-13 cavity insulation on the interior of the basement wall plus R-5 continuous insulated sheathing on the interior or exterior of the home. "10/13" means R-10 continuous insulated sheathing on the interior or exterior of the home or R-13 cavity insulation at the interior of the basement wall.](#)

(1-1-11)T

05. References to Other Codes. Where any provisions of the codes that are adopted in this Section make reference to other construction and safety-related model codes or standards which have not been adopted by the involved authority having jurisdiction, to the extent possible, such reference should be construed as pertaining to the equivalent code or standard that has been duly adopted by such jurisdiction. (3-29-10)

IDAPA 07 - DIVISION OF BUILDING SAFETY

07.03.01 - RULES OF BUILDING SAFETY

DOCKET NO. 07-0301-1002

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 2011 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 39-4107, 39-4112, and 39-4113, 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 [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, pages 104 through 109.](#)

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 Sections 39-4112 and 39-4113, Idaho Code.

The technical service fee will be increased from thirty-six dollars (\$36) to one hundred dollars (\$100) to reflect the actual cost of providing such service; and fees were added to the building permit fee schedule to reflect permit fees for projects over one million dollars (\$1,000,000). Plan review fees were adjusted from a percentage of the calculated building permit fee to an hourly rate. This is expected to reduce the price of its plan review fees for the majority of plans submitted.

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: Overall fiscal impact to the state is expected to be neutral.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this pending rule, contact Steve Keys, Deputy Administrator – Operations, (208) 332-8986.

DATED this 28th day of October, 2010.

Steve Keys
Deputy Administrator – Operations
Division of Building Safety
1090 E. Watertower St.
P. O. Box 83720

Boise, ID 83720-0048
Phone: (208) 332-8986
Fax: (208) 855-2164

DOCKET NO. 07-0301-1002 - ADOPTION OF PENDING FEE RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 10-10, October 6, 2010, pages 104 through 109.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 07 - DIVISION OF BUILDING SAFETY

07.03.11 - RULES GOVERNING MANUFACTURED/MOBILE HOME INDUSTRY LICENSING

DOCKET NO. 07-0311-1001

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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 44-2104, 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 [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, pages 110 and 111](#).

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 Steve Keys, Deputy Administrator – Operations, (208) 332-8986.

DATED this 28th day of October, 2010.

Steve Keys
Deputy Administrator – Operations
Division of Building Safety
1090 E. Watertower St.
P. O. Box 83720
Boise, ID 83720-0048
Phone: (208) 332-8986
Fax: (208) 855-2164

DOCKET NO. 07-0311-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, [Volume 10-10, October 6, 2010, pages 110 and 111](#).

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 07 - DIVISION OF BUILDING SAFETY

07.04.02 - SAFETY RULES FOR ELEVATORS, ESCALATORS, AND MOVING WALKS

DOCKET NO. 07-0402-1001

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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 39-8605, 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 [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, pages 112 and 113](#).

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 Steve Keys, Deputy Administrator – Operations, (208) 332-8986.

DATED this 28th day of October, 2010.

Steve Keys
Deputy Administrator – Operations
Division of Building Safety
1090 E. Watertower St.
P. O. Box 83720
Boise, ID 83720-0048
Phone: (208) 332-8986
Fax: (208) 855-2164

DOCKET NO. 07-0402-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, [Volume 10-10, October 6, 2010, pages 112 and 113](#).

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 07 - DIVISION OF BUILDING SAFETY

07.07.01 - RULES GOVERNING INSTALLATION OF HEATING, VENTILATION, AND AIR CONDITIONING SYSTEMS, DIVISION OF BUILDING SAFETY

DOCKET NO. 07-0701-1001

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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 54-5001 and 54-5005(2), Idaho Code.

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

The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, pages 114 through 117](#).

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 Steve Keys, Deputy Administrator – Operations, (208) 332-8986.

DATED this 28th day of October, 2010.

Steve Keys
Deputy Administrator – Operations
Division of Building Safety
1090 E. Watertower St.
P. O. Box 83720
Boise, ID 83720-0048
Phone: (208) 332-8986
Fax: (208) 855-2164

DOCKET NO. 07-0701-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

**The complete text of the proposed rule was published in the Idaho Administrative Bulletin,
[Volume 10-10, October 6, 2010, pages 114 through 117](#).**

**This rule has been adopted as a pending rule by the Agency and is now awaiting
review and approval by the 2011 Idaho State Legislature for final adoption.**

IDAPA 09 - DEPARTMENT OF LABOR

09.01.04 - UNEMPLOYMENT INSURANCE BENEFIT FRAUD AND OVERPAYMENT RULES

DOCKET NO. 09-0104-1001

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 Idaho State Legislature for final approval. The pending rule becomes final and effective July 1, 2010, 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 72-1333, 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 is no change to the pending rule, therefore, it is being adopted as proposed. The complete text of the proposed rule was published in the [August 4, 2010 Idaho Administrative Bulletin, Vol. 10-8, pages 34 through 36](#).

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 will be no impact on the general fund as a result of this rule change.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this pending rule, contact Michael Johnson, Bureau Chief, 334-3570 ext. 3082.

DATED this 28th day of October, 2010.

Michael Johnson, Bureau Chief
Department of Labor
317 W. Main St., Boise, ID 83735
Phone 332-3570 ex. 3082 / Fax 334-6125

DOCKET NO. 09-0104-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 10-8, August 4, 2010, pages 34 through 36.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 09 - DEPARTMENT OF LABOR

09.01.06 - RULES OF THE APPEALS BUREAU

DOCKET NO. 09-0106-1001

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 Idaho State Legislature for final approval. The pending rule becomes final and effective July 1, 2010, 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 72-1333, 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 is no change to the pending rule, therefore, it is being adopted as proposed. The complete text of the proposed rule was published in the [August 4, 2010 Idaho Administrative Bulletin, Vol. 10-8, pages 37 through 40](#).

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 will be no impact on the general fund as a result of this rule change.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this pending rule, contact Josh McKenna, Benefits Bureau Chief, 334-3570 ext. 3919.

DATED this 28th day of October, 2010.

Josh McKenna, Benefits Bureau Chief
Department of Labor
317 W. Main St., Boise, ID 83735
Phone 332-3570 ex. 3919 / Fax 334-6125

DOCKET NO. 09-0106-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 10-8, August 4, 2010, pages 37 through 40.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 09 - DEPARTMENT OF LABOR

09.01.30 - UNEMPLOYMENT INSURANCE BENEFIT FRAUD AND OVERPAYMENT RULES

DOCKET NO. 09-0130-1001

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 Idaho State Legislature for final approval. The pending rule becomes final and effective July 1, 2010, 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 72-1333, 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 is no change to the pending rule, therefore, it is being adopted as proposed. The complete text of the proposed rule was published in the [August 4, 2010 Idaho Administrative Bulletin, Vol. 10-8, pages 41 through 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 will be no impact on the general fund as a result of this rule change.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this pending rule, contact Josh McKenna, Benefits Bureau Chief, 334-3570 ext. 3919.

DATED this 28th day of October, 2010.

Josh McKenna, Benefits Bureau Chief
Department of Labor
317 W. Main St., Boise, ID 83735
Phone 332-3570 ex. 3919 / Fax 334-6125

DOCKET NO. 09-0130-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, [Volume 10-8, August 4, 2010, pages 41 through 43](#).

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 09 - DEPARTMENT OF LABOR

09.01.35 - UNEMPLOYMENT INSURANCE TAX ADMINISTRATION RULES

DOCKET NO. 09-0135-1001

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 Idaho State Legislature for final approval. The pending rule becomes final and effective July 1, 2010, 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 72-1333, 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 is no change to the pending rule, therefore, it is being adopted as proposed. The complete text of the proposed rule was published in the [August 4, 2010 Idaho Administrative Bulletin, Vol. 10-8, pages 44 through 48](#).

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 will be no impact on the general fund as a result of this rule change.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this pending rule, contact Michael Johnson, Bureau Chief, 334-3570 ext. 3082.

DATED this 28th day of October, 2010.

Michael Johnson, Bureau Chief
Department of Labor
317 W. Main St., Boise, ID 83735
Phone 332-3570 ex. 3082 / Fax 334-6125

DOCKET NO. 09-0135-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 10-8, August 4, 2010, pages 44 through 48.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 11 - IDAHO STATE POLICE

11.03.01 - RULES GOVERNING ALCOHOL TESTING

DOCKET NO. 11-0301-1001

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2010 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) 67-2901; Chapter 52, Title 67; 67-7036; and 49-1314, 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 current language of the rule is confusing, appearing to imply that ISP must approve individual vendors of breath alcohol testing solutions, rather than approving the solutions provided by the manufacturer (which is the intent of the rule). The proposed amendment clarifies that ISP approves the solution provided by the manufacturer. Further the amendment clarifies that breath alcohol testing is administered on the site of the traffic stop or at a police agency, and not in a laboratory.

The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, pages 187 through 190.](#)

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 negative fiscal impact will result from this change.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this pending rule, contact Matthew Gamette at (208) 884-7217.

DATED this 29th day of October, 2010.

Colonel G. Jerry Russell, Director
Idaho State Police
700 S. Stratford Drive
Meridian, ID 83643
(208) 884-7003
(208) 884-7090

DOCKET NO. 11-0301-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 10-10, October 6, 2010, pages 187 through 190.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 11 - IDAHO STATE POLICE

11.10.01 - RULES GOVERNING IDAHO PUBLIC SAFETY AND SECURITY INFORMATION SYSTEM

DOCKET NO. 11-1001-1001

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2010 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 19-5203, 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.

This rule making provides for ILETS Board proxy appointments for the purpose of establishing a quorum at ILETS Board meetings, and defines the allowable proxies.

The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, pages 191 and 192.](#)

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 negative fiscal impact will result from this change.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this pending rule, contact Dawn Peck, BCI Manager, (208) 884-7136 or dawn.peck@isp.idaho.gov.

DATED this 29th day of October, 2010.

Colonel G. Jerry Russell, Director
Idaho State Police
700 S. Stratford Drive
Meridian, ID 83643
(208) 884-7003
(208) 884-7090

DOCKET NO. 11-1001-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 10-10, October 6, 2010, pages 191 and 192.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE
16.02.03 - RULES GOVERNING EMERGENCY MEDICAL SERVICES
DOCKET NO. 16-0203-1001 (CHAPTER REPEAL)
NOTICE OF RULEMAKING - VACATION OF PROPOSED RULEMAKING

AUTHORITY: In compliance with Section 67-5221, Idaho Code, notice is hereby given that this agency is vacating the rulemaking previously initiated under this docket. The action is authorized pursuant to Section 56-1023, Idaho Code.

DESCRIPTIVE SUMMARY: The following is a summary of the reasons for vacating this rulemaking:

The proposed repeal of this chapter of rules is being vacated at the recommendation of legal counsel.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this vacation of rulemaking, contact Wayne Denny at (208) 334-4000, ext. 2085.

DATED this 4th day of November, 2010.

Tamara Prisock
DHW - Administrative Procedures Section
450 W. State Street - 10th Floor
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5564 phone; (208) 334-6558 fax
dhwrules@dhw.idaho.gov e-mail

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE
16.02.03 - RULES GOVERNING EMERGENCY MEDICAL SERVICES
DOCKET NO. 16-0203-1002 (CHAPTER REWRITE)
NOTICE OF RULEMAKING - VACATION OF PROPOSED RULEMAKING

AUTHORITY: In compliance with Section 67-5221, Idaho Code, notice is hereby given that this agency is vacating the rulemaking previously initiated under this docket. The action is authorized pursuant to Section 56-1023, Idaho Code.

DESCRIPTIVE SUMMARY: The following is a summary of the reasons for vacating this rulemaking:

The proposed repeal of this chapter of rules is being vacated at the recommendation of legal counsel.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this vacation of rulemaking, contact Wayne Denny at (208) 334-4000, ext. 2085.

DATED this 4th day of November, 2010.

Tamara Prisock
DHW - Administrative Procedures Section
450 W. State Street - 10th Floor
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5564 phone; (208) 334-6558 fax
dhwrules@dhw.idaho.gov e-mail

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE
16.02.03 - RULES GOVERNING EMERGENCY MEDICAL SERVICES
DOCKET NO. 16-0203-1003 (FEE RULE)
NOTICE OF RULEMAKING - VACATION OF PROPOSED RULEMAKING

AUTHORITY: In compliance with Section 67-5221, Idaho Code, notice is hereby given that this agency is vacating the rulemaking previously initiated under this docket. The action is authorized pursuant to Section 56-1023, Idaho Code.

DESCRIPTIVE SUMMARY: The following is a summary of the reasons for vacating this rulemaking:

The proposed repeal of this chapter of rules is being vacated at the recommendation of legal counsel.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this vacation of rulemaking, contact Wayne Denny at (208) 334-4000, ext. 2085.

DATED this 4th day of November, 2010.

Tamara Prisock
DHW - Administrative Procedures Section
450 W. State Street - 10th Floor
P.O. Box 83720
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IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.03.01 - ELIGIBILITY FOR HEALTH CARE ASSISTANCE FOR FAMILIES AND CHILDREN

DOCKET NO. 16-0301-1002

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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, and Section 211 of the "Children's Health Insurance Program (CHIP) Reauthorization Act of 2009," and federal Public Law no. 111-118, Sec. 8120.

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.

This rulemaking provided more choices for Idaho citizens seeking health coverage for their children, and streamlined the application process for children and families whose U.S. citizenship must be verified. The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, pages 245 through 250](#).

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 total anticipated fiscal impact to the state general fund is \$120,714, which is the state's portion at the current federal match rates for this rulemaking.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this pending rule, contact Kathy McGill at (208) 334-4934.

DATED this 5th day of November, 2010.

Tamara Prisock
DHW - Administrative Procedures Section
450 W. State Street - 10th Floor
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5564 phone; (208) 334-6558 fax
dhwrules@dhw.idaho.gov e-mail

DOCKET NO. 16-0301-1002 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 10-10, October 6, 2010, pages 245 through 250.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.03.01 - ELIGIBILITY FOR HEALTH CARE ASSISTANCE FOR FAMILIES AND CHILDREN

DOCKET NO. 16-0301-1003

NOTICE OF RULEMAKING - TEMPORARY AND PROPOSED RULEMAKING

EFFECTIVE DATE: The effective date of this temporary rule is January 1, 2011.

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 Section(s) 56-202, 56-203, Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than December 15, 2010.

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:

In recent years, the Department of Health and Welfare's Self-Reliance Program has implemented many technological and process improvements including a new case management system, consolidated service centers, and electronic case records. These improvements have allowed the Department to meet the ever increasing need for services while maintaining quality. In order to further maximize on these improvements, electronic and telephonic signatures will further streamline practices, improve access to services, increase productivity, and better utilize technology and other solutions to connect customers with services.

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

The Department closed ten field offices in 2010, reducing the number of locations that customers can access our services. Allowing for electronic and telephonic signatures improves access for our rural state where offices are not always close by and helps to support communities where offices were closed.

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.

The fiscal impact for this rule change will be minimal to state general funds.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220, Idaho Code, negotiated rulemaking was not conducted since these changes confer a benefit.

INCORPORATION BY REFERENCE: Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule. N/A

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the temporary and proposed rule, contact Kathy McGill at (208) 334-4934.

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 December 22, 2010.

DATED this 5th day of November, 2010.

Tamara Prisock
DHW - Administrative Procedures Section
450 W. State Street - 10th Floor
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5564 phone; (208) 334-6558 fax
dhwrules@dhw.idaho.gov e-mail

**THE FOLLOWING IS THE TEXT OF THE TEMPORARY RULE AND THE
PROPOSED RULE TEXT FOR DOCKET NO. 16-0301-1003**

111. SIGNATURES.

An individual who is applying for benefits, receiving benefits, or providing additional information as required by this chapter, may do so with the depiction of the individual's name either handwritten, electronic, or recorded telephonically. Such signature serves as intention to execute or adopt the sound, symbol, or process for the purpose of signing the related record. (1-1-11)T

~~117~~2. -- 119. (RESERVED).

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.03.03 - RULES GOVERNING CHILD SUPPORT SERVICES

DOCKET NO. 16-0303-1001

NOTICE OF RULEMAKING - TEMPORARY AND PROPOSED RULEMAKING

EFFECTIVE DATE: The effective date of this temporary rule is January 1, 2011.

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 Section(s) 56-1004, Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than December 15, 2010.

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:

In recent years, the Department of Health and Welfare's Self-Reliance Program has implemented many technological and process improvements including a new case management system, consolidated service centers, and electronic case records. These improvements have allowed the Department to meet the ever increasing need for services while maintaining quality. In order to further maximize on these improvements, electronic and telephonic signatures will further streamline practices, improve access to services, increase productivity, and better utilize technology and other solutions to connect customers with services.

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

The Department closed ten field offices in 2010, reducing the number of locations that customers can access our services. Allowing for electronic and telephonic signatures improves access for our rural state where offices are not always close by and helps to support communities where offices were closed.

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.

The fiscal impact for this rule change will be minimal to state general funds.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220, Idaho Code, negotiated rulemaking was not conducted since these changes confer a benefit.

INCORPORATION BY REFERENCE: Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule. N/A

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the temporary and proposed rule, contact Kandace Yearsley at (208) 334-0620.

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 December 22, 2010.

DATED this 5th day of November, 2010.

Tamara Prisock
DHW - Administrative Procedures Section
450 W. State Street - 10th Floor
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5564 phone; (208) 334-6558 fax
dhwrules@dhw.idaho.gov e-mail

**THE FOLLOWING IS THE TEXT OF THE TEMPORARY RULE AND THE
PROPOSED RULE TEXT FOR DOCKET NO. 16-0303-1001**

206. -- ~~299~~. (RESERVED).

299. SIGNATURES.

An individual who is applying for benefits, receiving benefits, or providing additional information as required by this chapter, may do so with the depiction of the individual's name either handwritten, electronic, or recorded telephonically. Such signature serves as intention to execute or adopt the sound, symbol, or process for the purpose of signing the related record. (1-1-11)T

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE
16.03.04 - RULES GOVERNING THE FOOD STAMP PROGRAM IN IDAHO
DOCKET NO. 16-0304-1002
NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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 56-203, 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 asset test is being reinstated with an increase in the amount allowed for all the Food Stamp households. The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the [October 6, 2010, Idaho Administrative Bulletin, Vol. 10-10, pages 251 through 253.](#)

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 Department anticipates a fiscal impact to state general funds due to this rulemaking. The impact will be for operating costs to cover the required automation changes to the Idaho Benefits Information System (IBES), the Department's automated system which is funded with existing IBES funding. The actual Food Stamp benefits are 100% federally-funded and any change in the amount distributed does not impact state general funds.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this pending rule, contact Rosie Andueza at (208) 334-5553.

DATED this 5th day of November, 2010.

Tamara Prisock
DHW - Administrative Procedures Section
450 W. State Street - 10th Floor
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5564 phone; (208) 334-6558 fax
dhwrules@dhw.idaho.gov e-mail

DOCKET NO. 16-0304-1002 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

**The complete text of the proposed rule was published in the Idaho Administrative Bulletin,
[Volume 10-10, October 6, 2010, pages 251 through 253.](#)**

**This rule has been adopted as a pending rule by the Agency and is now awaiting
review and approval by the 2011 Idaho State Legislature for final adoption.**

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE
16.03.04 - RULES GOVERNING THE FOOD STAMP PROGRAM IN IDAHO

DOCKET NO. 16-0304-1003

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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 56-203, Idaho Code, Public Law 111-118 Section 8120, and 7 CFR 273.11(c)(1).

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.

These rule changes were made to align the food stamp program rules with federal regulations and other benefit programs to improve accuracy and processing when determining eligibility. The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, pages 254 through 263](#).

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 due to this rulemaking. The food stamp program is 100% federally-funded.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this pending rule, contact Rosie Andueza at (208) 334-5553.

DATED this 5th day of November, 2010.

Tamara Prisock
DHW - Administrative Procedures Section
450 W. State Street - 10th Floor
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Boise, ID 83720-0036
(208) 334-5564 phone; (208) 334-6558 fax
dhwrules@dhw.idaho.gov e-mail

DOCKET NO. 16-0304-1003 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

**The complete text of the proposed rule was published in the Idaho Administrative Bulletin,
[Volume 10-10, October 6, 2010, pages 254 through 263](#).**

**This rule has been adopted as a pending rule by the Agency and is now awaiting
review and approval by the 2011 Idaho State Legislature for final adoption.**

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.03.04 - RULES GOVERNING THE FOOD STAMP PROGRAM IN IDAHO

DOCKET NO. 16-0304-1004

NOTICE OF RULEMAKING - TEMPORARY AND PROPOSED RULEMAKING

EFFECTIVE DATE: The effective date of this temporary rule is January 1, 2011.

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 Section(s) 56-203, Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than December 15, 2010.

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:

In recent years, the Department of Health and Welfare's Self-Reliance Program has implemented many technological and process improvements including a new case management system, consolidated service centers, and electronic case records. These improvements have allowed the Department to meet the ever increasing need for services while maintaining quality. In order to further maximize on these improvements, electronic and telephonic signatures will further streamline practices, improve access to services, increase productivity, and better utilize technology and other solutions to connect customers with services.

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

The Department closed ten field offices in 2010, reducing the number of locations that customers can access our services. Allowing for electronic and telephonic signatures improves access for our rural state where offices are not always close by and helps to support communities where offices were closed.

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.

The fiscal impact for this rule change will be minimal to state general funds.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220, Idaho Code, negotiated rulemaking was not conducted since these changes confer a benefit.

INCORPORATION BY REFERENCE: Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule. N/A

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the temporary and proposed rule, contact Rosie Andueza at (208) 334-5553.

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 December 22, 2010.

DATED this 5th day of November, 2010.

Tamara Prisock
DHW - Administrative Procedures Section
450 W. State Street - 10th Floor
P.O. Box 83720
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(208) 334-5564 phone; (208) 334-6558 fax
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**THE FOLLOWING IS THE TEXT OF THE TEMPORARY RULE AND THE
PROPOSED RULE TEXT FOR DOCKET NO. 16-0304-1004**

015. -- ~~0998~~. (RESERVED).

099. SIGNATURES.

An individual who is applying for benefits, receiving benefits, or providing additional information as required by this chapter, may do so with the depiction of the individual's name either handwritten, electronic, or recorded telephonically. Such signature serves as intention to execute or adopt the sound, symbol, or process for the purpose of signing the related record. (1-1-11)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. 16-0305-1002

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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 and 56-203, Idaho Code, Public Law 111-118 Section 8120, and Public Law 111-3, Section 211.

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.

These rule changes were made due to federal regulations and the removal of the ISSH Waiver from the Medicaid State Plan. The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the [September 1, 2010, Idaho Administrative Bulletin, Vol. 10-09, pages 168 through 175.](#)

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 Callie King (208) 334-0663.

DATED this 5th day of November, 2010.

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DOCKET NO. 16-0305-1002 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin,
[Volume 10-9, September 1, 2010, pages 168 through 175.](#)

This rule has been adopted as a pending rule by the Agency and is now awaiting
review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

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

DOCKET NO. 16-0305-1003

NOTICE OF RULEMAKING - TEMPORARY AND PROPOSED RULEMAKING

EFFECTIVE DATES: The effective date of this temporary rule is January 1, 2011.

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 Section(s) 56-202, Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than December 15, 2010.

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:

In recent years, the Department of Health and Welfare's Self-Reliance Program has implemented many technological and process improvements including a new case management system, consolidated service centers, and electronic case records. These improvements have allowed the Department to meet the ever increasing need for services while maintaining quality. In order to further maximize on these improvements, electronic and telephonic signatures will further streamline practices, improve access to services, increase productivity, and better utilize technology and other solutions to connect customers with services.

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

The Department closed ten field offices in 2010, reducing the number of locations that customers can access our services. Allowing for electronic and telephonic signatures improves access for our rural state where offices are not always close by and helps to support communities where offices were closed.

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.

The fiscal impact for this rule change will be minimal to state general funds.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220, Idaho Code, negotiated rulemaking was not conducted since these changes confer a benefit.

INCORPORATION BY REFERENCE: Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule. N/A

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the temporary and proposed rule, contact Alberto Gonzales at (208) 334-5969.

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 December 22, 2010.

DATED this 5th day of November, 2010.

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**THE FOLLOWING IS THE TEXT OF THE TEMPORARY RULE AND THE
PROPOSED RULE TEXT FOR DOCKET NO. 16-0305-1003**

009. -- ~~049.~~ (RESERVED).

049. SIGNATURES.

An individual who is applying for benefits, receiving benefits, or providing additional information as required by this chapter, may do so with the depiction of the individual's name either handwritten, electronic, or recorded telephonically. Such signature serves as intention to execute or adopt the sound, symbol, or process for the purpose of signing the related record. (1-1-11)T

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE
16.03.08 - RULES GOVERNING THE TEMPORARY ASSISTANCE FOR
FAMILIES IN IDAHO PROGRAM (TAFI)

DOCKET NO. 16-0308-1002

NOTICE OF RULEMAKING - TEMPORARY AND PROPOSED RULE

EFFECTIVE DATES: The effective date of this temporary rule is January 1, 2011.

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 Section(s) 56-202, Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than December 15, 2010.

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:

In recent years, the Department of Health and Welfare's Self-Reliance Program has implemented many technological and process improvements including a new case management system, consolidated service centers, and electronic case records. These improvements have allowed the Department to meet the ever increasing need for services while maintaining quality. In order to further maximize on these improvements, electronic and telephonic signatures will further streamline practices, improve access to services, increase productivity, and better utilize technology and other solutions to connect customers with services.

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

The Department closed ten field offices in 2010, reducing the number of locations that customers can access our services. Allowing for electronic and telephonic signatures improves access for our rural state where offices are not always close by and helps to support communities where offices were closed.

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.

The fiscal impact for this rule change will be minimal to state general funds.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220, Idaho Code, negotiated rulemaking was not conducted since these changes confer a benefit.

INCORPORATION BY REFERENCE: Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule. N/A

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the temporary and proposed rule, contact Rosie Andueza at (208) 334-5553.

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 December 22, 2010.

DATED this 5th day of November, 2010.

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**THE FOLLOWING IS THE TEXT OF THE TEMPORARY RULE AND THE
PROPOSED RULE TEXT FOR DOCKET NO. 16-0308-1002**

103. -- ~~1065.~~ (RESERVED).

106. SIGNATURES.

An individual who is applying for benefits, receiving benefits, or providing additional information as required by this chapter, may do so with the depiction of the individual's name either handwritten, electronic, or recorded telephonically. Such signature serves as intention to execute or adopt the sound, symbol, or process for the purpose of signing the related record. (1-1-11)T

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.03.09 - MEDICAID BASIC PLAN BENEFITS

DOCKET NO. 16-0309-1001

NOTICE OF RULEMAKING - PENDING RULE AND AMENDMENT TO TEMPORARY RULE

EFFECTIVE DATE: The effective date of the amendment to the temporary rule is July 1, 2010. This pending rule has been adopted by the agency and is now pending review by the 2011 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 55-819 and 56-225, Idaho Code, adopted by the 2010 Legislature under Senate Bill 1321.

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 Department is making changes to the proposed rule and amending the temporary rule in this docket concerning the request for notice of transfer or encumbrance.

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 that differ from the proposed text are printed in this bulletin. The original text of the proposed rule was published in the [August 4, 2010, Idaho Administrative Bulletin, Vol. 10-8, pages 70 through 77](#).

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:

This rule change will have no negative fiscal impact to the state general funds. This change should have a positive fiscal effect by preventing improper asset transfers and increase recovery of assets that otherwise would be missed.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the pending rule and the amendment to temporary rule, contact Larry Tisdale at (208) 287-1141.

DATED this 4th day of November, 2010.

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DOCKET NO. 16-0309-1001 - ADOPTION OF PENDING RULE
AND AMENDMENT TO TEMPORARY RULE

Substantive changes have been made to the pending rule.
Italicized text that is underscoring is new text that is being added.
Italicized text that is underscoring and struck through is codified temporary text that is being removed from the temporary rule. This is also an amendment to the pending rule text.

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

The text of the temporary/proposed rule was published in the Idaho Administrative Bulletin, Volume 10-8, August 4, 2010, pages 70 through 77.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

THE FOLLOWING IS THE AMENDED TEXT FOR DOCKET NO. 16-0309-1001

906. LIENS AND ESTATE RECOVERY - REQUEST FOR NOTICE.

Subsection 906.02

02. Request for Notice - Forms - Content. ~~*The request for notice, the notice of transfer or encumbrance, and the termination of request for notice may be found on the Department's website at <http://healthandwelfare.idaho.gov/LinkClick.aspx?fileticket=if14-ujyreo%3d&tabid=123&mid=1158>. The request for notices must include, at a minimum, the following information:*~~ ~~*(7-1-10)T*~~*(7-1-10)T*

Subsection 906.03 [New Text]

03. Webpages for Forms. *The forms may be found at:* ~~*(7-1-10)T*~~

a. Notice of Transfer or Encumbrance: ~~*<http://healthandwelfare.idaho.gov/LinkClick.aspx?fileticket=sDegNIDVB2w%3d&tabid=123&mid=6527>.*~~ ~~*(7-1-10)T*~~

b. Request for Notice: ~~*<http://healthandwelfare.idaho.gov/LinkClick.aspx?fileticket=HyIdxO7wyw8%3d&tabid=123&mid=6527>.*~~ ~~*(7-1-10)T*~~

c. Termination of Request for Notice: ~~*<http://healthandwelfare.idaho.gov/LinkClick.aspx?fileticket=m5xQcFrELTO%3d&tabid=123&mid=6527>.*~~ ~~*(7-1-10)T*~~

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.03.09 - MEDICAID BASIC PLAN BENEFITS

DOCKET NO. 16-0309-1005

NOTICE OF RULEMAKING - ADOPTION OF TEMPORARY RULE

EFFECTIVE DATE: The effective date of the temporary rule is January 1, 2011. This temporary rule will be in effect through June 30, 2011, in accordance with [H0701 \(2010\)](#).

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 Sections 56-202, 56-203, 56-250 through 56-257, Idaho Code; and House Bill 701, passed by the 2010 Legislature.

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

Numerous changes are being made to this chapter of rule that either eliminate or reduce specific benefits or services provided by Medicaid. These changes are being made in order to achieve cost savings under the provisions of H0701 (2010), Sections 13 and 14. These rule changes will be in effect through June 30, 2011. Specific rule changes are as follows:

1. Update the coverage criteria for contact lenses. This will allow the Department of Health and Welfare to limit contact lens benefits to circumstances where vision correction cannot be achieved by eyeglasses. Existing language in this section of rule is outdated and allows for contact lenses when the lens prescription exceeds -4.00 diopters. Due to advances in lens technology most commercial insurers, other state Medicaid programs, and state employee benefits allow provision of contact lenses only for certain conditions not correctable with conventional lenses, or if the prescription is +/- 10.00 diopters. Other minor changes in this section of rule include clarifying requirements for prior authorization for polycarbonate lenses and conditions for payment of contact lens fitting fees;

2. Restructure the reimbursement of primary care case management;

3. Participants benefits for evaluation and diagnostic services are being reduced from an annual combined limitation of 12 hours to 4 hours per calendar year. This combined limitation includes speech and hearing evaluations, physical therapy evaluations, occupational therapy evaluations and diagnostic services. Psychological/ Neuropsychological evaluations are separately limited to 4 hours for each eligible participant per calendar year.

4. Reduce mental health treatment plan benefits;

5. Eliminate collateral contact for mental health services, developmental disabilities services, and school-based services.

TEMPORARY RULE JUSTIFICATION: Pursuant to Section(s) 67-5226(1)(b), Idaho Code, the Governor has found that temporary adoption of the rule is appropriate in order to comply with deadlines in amendments to governing law or federal programs. Temporary rulemaking is also being done under the authority granted in House Bill 701 (2010).

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.

The total estimated fiscal impact from January 1, 2011 to June 30, 2011 is \$626,290 (\$130,394 in state general funds and \$495,896 in federal funds).

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the temporary rule, contact Paul Leary at (208) 364-1836.

DATED this 4th day of November, 2010.

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THE FOLLOWING IS THE TEMPORARY TEXT FOR DOCKET 16-0309-1005

010. DEFINITIONS -- A THROUGH H.

For the purposes of these rules, the following terms are used as defined below: (3-30-07)

- 01. AABD.** Aid to the Aged, Blind, and Disabled. (3-30-07)
- 02. Abortion.** The medical procedure necessary for the termination of pregnancy endangering the life of the woman, or the result of rape or incest, or determined to be medically necessary in order to save the health of the woman. (3-30-07)
- 03. Amortization.** The systematic recognition of the declining utility value of certain assets, usually not owned by the organization or intangible in nature. (3-30-07)
- 04. Ambulatory Surgical Center (ASC).** Any distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization, and which is certified by the U.S. Department of Health and Human Services as an ASC. (3-30-07)
- 05. 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. (3-30-07)
- 06. Auditor.** The individual or entity designated by the Department to conduct the audit of a provider's records. (3-30-07)
- 07. Audit Reports.** (3-30-07)
- a. Draft Audit Report.** A preliminary report of the audit finding sent to the provider for the provider's review and comments. (3-30-07)
- 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. (3-30-07)
- 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. (3-30-07)
- 08. Bad Debts.** Amounts due to provider as a result of services rendered, but which are considered uncollectible. (3-30-07)

- 09. Basic Plan.** The medical assistance benefits included under this chapter of rules. (3-30-07)
- 10. Buy-In Coverage.** The amount the State pays for Part B of Title XVIII of the Social Security Act on behalf of the participant. (3-30-07)
- 11. Certified Registered Nurse Anesthetist (CRNA).** A Registered Nurse qualified by advanced training in an accredited program in the specialty of nurse anesthesia to manage the care of the patient during the administration of anesthesia in selected surgical situations. (3-30-07)
- 12. Claim.** An itemized bill for services rendered to one (1) participant by a provider and submitted to the Department for payment. (3-30-07)
- 13. CFR.** Code of Federal Regulations. (3-30-07)
- 14. 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." (3-30-07)
- 15. CMS.** Centers for Medicare and Medicaid Services. (3-30-07)
- ~~**16. Collateral Contact.** Coordination of care communication that is initiated by a medical or qualified treatment professional with members of a participant's interdisciplinary team or consultant to the interdisciplinary team. The communication is limited to interpretation or explanation of results of psychiatric or other medical examinations and procedures or other accumulated data to family or responsible persons or advising them how to assist participant. Collateral contact is used to: (5-8-09)~~
- ~~**a.** Coordinate care between professionals who are serving the participant; (5-8-09)~~
 - ~~**b.** Relay medical results and explanations to members of the participant's interdisciplinary team; or (5-8-09)~~
 - ~~**c.** Conduct an intermittent treatment plan review with the participant and his interdisciplinary team. (5-8-09)~~
- ~~**17.** Co-Payment.~~ The amount a participant is required to pay to the provider for specified services. (3-30-07)
- ~~**18.** Cost report.~~ A fiscal year report of provider costs required by the Medicare program and any supplemental schedules required by the Department. (3-30-07)
- ~~**19.** 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 as described in Chapter 3, Sections 310 and 312, PRM. (3-30-07)
- ~~**20.** Department.~~ The Idaho Department of Health and Welfare or a person authorized to act on behalf of the Department. (3-30-07)
- ~~**21.** Director.~~ The Director of the Idaho Department of Health and Welfare or his designee. (3-30-07)
- ~~**22.** Dual Eligibles.~~ Medicaid participants who are also eligible for Medicare. (3-30-07)
- ~~**23.** Durable Medical Equipment (DME).~~ Equipment other than prosthetics or orthotics that 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 Medicaid participant. (5-8-09)

243. Emergency Medical Condition. A medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following: (3-30-07)

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. (3-30-07)

b. Serious impairment to bodily functions. (3-30-07)

c. Serious dysfunction of any bodily organ or part. (3-30-07)

254. EPSDT. Early and Periodic Screening, Diagnosis, and Treatment. (3-30-07)

265. Facility. Facility refers to a hospital, nursing facility, or intermediate care facility for people with intellectual disabilities. (3-30-07)

276. Federally Qualified Health Center (FQHC). An entity that meets the requirements of 42 U.S.C Section 1395x(aa)(4). The FQHC may be located in either a rural or urban area designated as a shortage area or in an area that has a medically underserved population. (3-30-07)

287. Fiscal Year. An accounting period that consists of twelve (12) consecutive months. (3-30-07)

298. 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 that requires ownership transfer to an existing partner or partners, or a sale required by the ruling of a federal agency or by a court order. (3-30-07)

3029. Healthy Connections. The primary care case management model of managed care under Idaho Medicaid. (3-30-07)

340. Home Health Services. Services ordered by a physician and performed by a licensed nurse, registered physical therapist, or home health aide as defined in IDAPA 16.03.07, "Rules for Home Health Agencies." (3-30-07)

321. Hospital. A hospital as defined in Section 39-1301, Idaho Code. (3-30-07)

332. Hospital-Based Facility. A nursing facility that is owned, managed, or operated by, or is otherwise a part of a licensed hospital. (3-30-07)

(BREAK IN CONTINUITY OF SECTIONS)

562. HEALTHY CONNECTIONS: COVERAGE AND LIMITATIONS.

01. Exempted Services. All services are subject to primary care case management unless specifically exempted. The following services are exempt: (3-30-07)

a. Family planning services; (3-30-07)

b. Emergency care (as defined by the Department for the purpose of payment and performed in an emergency department); (3-30-07)

- c. Dental care; (4-2-08)
 - d. Podiatry (performed in the office); (3-30-07)
 - e. Audiology (hearing tests or screening, does not include ear/nose/throat services); (3-30-07)
 - f. Optical/Ophthalmology/Optomtrist services (performed in the office); (3-30-07)
 - g. Chiropractic (performed in the office); (3-30-07)
 - h. Pharmacy (prescription drugs only); (3-30-07)
 - i. Nursing home; (3-30-07)
 - j. ICF/ID services; (3-30-07)
 - k. Immunizations (not requiring an office visit); (4-2-08)
 - l. Flu shots and/or pneumococcal vaccine (not requiring an office visit); (3-30-07)
 - m. Diagnosis and/or treatment for sexually transmitted diseases; (3-30-07)
 - n. One screening mammography per calendar year for women age forty (40) or older; (3-30-07)
 - o. Indian Health Clinic/638 Clinic services provided to individuals eligible for Indian Health Services; (4-2-08)
 - p. In-home services, known as Personal Care Services and Personal Care Services Case Management; (4-2-08)
 - q. Laboratory services, including pathology; (4-2-08)
 - r. Anesthesiology services; and (4-2-08)
 - s. Radiology services. (4-2-08)
 - t. Services rendered at an Urgent Care Clinic when the participant's PCP's office is closed.** (1-1-11)T
- 02. Change in Services That Require a Referral.** The Department may change the services that require a referral after appropriate notification of Medicaid eligible individuals and providers. (3-30-07)

(BREAK IN CONTINUITY OF SECTIONS)

565. HEALTHY CONNECTIONS: PROVIDER REIMBURSEMENT.

- 01. Case Management Fee.** Reimbursement is as follows: (4-2-08)
 - a. PCPs will be paid a case management fee for primary care case management services based on the level of participants' health care needs and the PCP's availability. ~~(4-2-08)~~(1-1-11)T
 - b. PCPs enrolled in the chronic disease management pay-for-performance program will be paid an enhanced case management fee. (4-2-08)

- c. The amount of the fees is determined by the Department and specified in the provider agreement. (4-2-08)
- d. The amount of the fee is fixed and the same for all participating PCPs. (4-2-08)
- 02. Primary Care Case Management.** Reimbursement is based on ~~the number of participants enrolled under the provider on the first day of each month multiplied by the amount of the case management fee.~~ (4-2-08)(1-1-11)T
- a.** The number of participants enrolled under the provider on the first day of each month multiplied by the amount of the case management fee established for participants enrolled in the Basic Plan Benefit package; (1-1-11)T
- b.** The number of participants enrolled under the provider on the first day of each month multiplied by the amount of the case management fee established for participants enrolled in the Enhanced Plan Benefit package; and (1-1-11)T
- c.** The amount of the case management fee is increased by fifty cents (\$.50) per participant when the PCP's office offers extended hours of service equal to or exceeding forty-six (46) hours per week. The amount of extended hours must be verified by and on file with the Department prior to monthly case management fee generation for the increase to be paid. (1-1-11)T
- 03. Chronic Disease Management.** Reimbursement is based on: (4-2-08)
- a.** The number of participants who have a targeted chronic disease multiplied by the amount of the enhanced case management fee for patient identification; and (4-2-08)
- b.** The number of instances that the PCP achieved Department specified best practices protocol for the disease being managed multiplied by the amount of the enhanced case management fee for reported quality indicators. (4-2-08)

(BREAK IN CONTINUITY OF SECTIONS)

615. ADDITIONAL ASSESSMENT AND EVALUATION SERVICES.

In addition to evaluations for services as defined in this Chapter, the Department will reimburse for the following evaluations if needed to determine eligibility for Medicaid Enhanced Plan Benefits. (3-30-07)

01. Enhanced Mental Health Services. Enhanced mental health services are not covered under the Basic Plan with the exception of assessment services. The assessment for determination of need for enhanced mental health services is subject to the requirements for comprehensive assessments at IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Section 11~~34~~, and provider qualifications under Section 715 of these rules and under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 130 and 131. (3-30-07)(1-1-11)T

02. Developmental Disability Agency Services (DDA). DDA services are not covered under the Basic Plan with the exception of assessment and evaluation services. The assessment and/or evaluation for the need for DDA services is subject to the requirements for DDA services under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Subsection 653.02, and IDAPA 16.04.11, "Developmental Disabilities Agencies," Sections 600 through 604. (3-30-07)

03. Service Coordination Services. Service coordination services are not covered under the Basic Plan, with the exception of assessment services. The assessment for the need for service coordination services is subject to the requirements for service coordination under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Subsection 727.03, as applicable to the service being requested, and provider qualifications under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Section 729. (3-30-07)

(BREAK IN CONTINUITY OF SECTIONS)

707. MENTAL HEALTH CLINIC SERVICES: DEFINITIONS.

01. Adult. An adult is an individual who is eighteen (18) years of age or older for the purposes of Mental Health Clinic and other outpatient mental health services. (3-30-07)

02. Comprehensive Diagnostic Assessment. A thorough assessment of the participant's current condition and complete medical and psychiatric history. (5-8-09)

~~**03. Functional Assessment.** In rehabilitative mental health, this assessment is used to provide supplemental information to the comprehensive diagnostic assessment and provides information on the current or required capabilities needed by a participant to maintain himself in his chosen environment. It is a description and evaluation of the participant's practical ability to complete tasks that support activities of daily living, family life, life in the community, and promote independence. This assessment assists participants to better understand what skills they need to achieve their rehabilitation goals. (5-8-09)~~

~~**04. Intake Assessment.** An agency's initial assessment of the participant that is conducted by an agency staff person who has been trained to perform mental status examinations and solicit sensitive health information for the purpose of identifying service needs prior to developing an individualized treatment plan. The intake assessment must contain a description of the reason(s) the participant is seeking services and a description of the participant's current symptoms, present life circumstances across all environments, recent events, resources, and barriers to mental health treatment. If this is the initial screening process, then it must be used to document the indicators that mental health services are a medical necessity for the participant. (5-8-09)~~

03. Comprehensive Diagnostic Assessment Addendum. A supplement to the comprehensive diagnostic assessment that contains updated information relevant to the formulation of a participant's diagnosis and disposition for treatment. (1-1-11)T

05. Interdisciplinary Team. Group that consists of two (2) or more individuals in addition to the participant, the participant's parent or legal guardian, and the participant's natural supports. This may include professionals from several fields or professions. Team members combine their skills and resources to provide guidance and assistance in the creation of the participant's treatment plan. Professionals working with the participant to fulfill the goals and objectives on the treatment plan are members of the participant's interdisciplinary team whether they attend treatment plan meetings or not. At a minimum, professional members of the team include the medical professional authorizing the treatment plan and the specific agency staff member who is working with the participant. (5-8-09)

06. Level of Care. Clinical treatment decisions that determine service site, modality, urgency, and specific interventions needed to address the key presenting signs, symptoms, and environmental factors that indicate the severity of illness and the intensity of service needed by the participant. It also takes into account relevant external factors affecting clinical treatment decisions. (5-8-09)

07. Licensed Practitioner of the Healing Arts. A licensed physician, physician assistant, nurse practitioner, or clinical nurse specialist. The nurse practitioner and clinical nurse specialist must have experience prescribing medications for psychiatric disorders. (5-8-09)

08. Mental Health Clinic. A mental health clinic, also referred to as "agency," must be a proprietorship, partnership, corporation, or other entity, in a distinct location, employing at least two (2) staff qualified to deliver clinic services under this rule and operating under the direction of a physician. (3-30-07)

09. Neuropsychological Testing. Assessment of brain functioning through structured and systematic behavioral observation. Neuropsychological tests are designed to examine a variety of cognitive abilities, including speed of information processing, attention, memory, language, and executive functions, which are necessary for goal-

directed behavior. These data can provide information leading to the diagnosis of a cognitive deficit or to the confirmation of a diagnosis, as well as to the localization of organic abnormalities in the central nervous system; the data can also guide effective treatment methods for the rehabilitation of impaired participants. (5-8-09)

09. New Participant. A participant is considered “new” if he has not received Medicaid-reimbursable mental health clinic or psychosocial rehabilitation services (PSR) in the twelve (12) months prior to the current treatment episode. (1-1-11)T

10. Objective. A milestone toward meeting the goal that is concrete, measurable, time-limited, and identifies specific behavior changes. (5-8-09)

11. Occupational Therapy. For the purposes of mental health treatment, the use of purposeful, goal-oriented activity to achieve optimum functional performance and independence, prevent further disability, and maintain health with individuals who are limited by the symptoms of their mental illness. (5-8-09)

12. Pharmacological Management. The in-depth management of medications for psychiatric disorders for relief of a participant’s signs and symptoms of mental illness, provided by a licensed practitioner of the healing arts. (5-8-09)

13. Psychiatric Nurse, Licensed Master’s Level. A certified psychiatric nurse, Clinical Nurse Specialist or Psychiatric Nurse Practitioner, must be licensed in accordance with Title 54, Chapter 14, Idaho Code, or certified by a recognized national certification organization, and have a minimum of a master’s degree. (3-30-07)

14. Psychological Testing. Psychological testing refers to any measurement procedure for assessing psychological characteristics in which a sample of an examinee’s behavior is obtained and subsequently evaluated and scored using a standardized process. This does not refer to assessments that are otherwise conducted by a professional within the scope of his license for the purposes of determining a participant’s mental status, diagnoses or functional impairments. (3-30-07)

15. Psychotherapy. A method of treating and managing psychiatric disorders through the use of evidenced-based psychological treatment modalities that match the participant’s ability to benefit from the service. The focus of the service is on behavioral, emotional, and cognitive aspects of a participant’s functioning. (5-8-09)

16. Restraints. Restraints include the use of physical, mechanical, or chemical interventions, or other means to temporarily subdue or modify participant behavior. (5-8-09)

a. A restraint includes: (5-8-09)

i. Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a participant to move his arms, legs, body, or head freely; or (5-8-09)

ii. A drug or medication when it is used as a restriction to manage the participant’s behavior or restrict the participant’s freedom of movement and is not a standard treatment or dosage for the participant’s condition; (5-8-09)

b. A restraint does not include physical escorts or devices, such as orthopedically prescribed devices, to permit the participant to engage in activities without the risk of physical harm. (5-8-09)

17. Seclusion. Seclusion is the involuntary confinement of a participant alone in a room or area from which the participant is prevented from leaving. (5-8-09)

18. Serious Emotional Disturbance (SED). In accordance with the Children’s Mental Health Services Act, Section 16-2403, Idaho Code, SED is: (5-8-09)

a. An emotional or behavioral disorder according to the DSM-IV-TR, which results in a serious disability; and (5-8-09)

- b. Requires sustained treatment interventions; and (5-8-09)
- c. Causes the child's functioning to be impaired in thought, perception, affect, or behavior. (5-8-09)
- d. A substance abuse disorder, or conduct disorder, or developmental disorder, alone, does not constitute a serious emotional disturbance, although one (1) or more of these conditions may co-exist with serious emotional disturbance. (5-8-09)

19. Serious Mental Illness (SMI). In accordance with 42 CFR 483.102(b)(1), a person with SMI: (5-8-09)

- a. Currently or at any time during the year, must have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet the diagnostic criteria specified in the DSM-IV-TR; and (5-8-09)
- b. Must have a functional impairment which substantially interferes with or limits one (1) or more major life activities. Functional impairment is defined as difficulties that substantially interfere with or limit role functioning with an individual's basic daily living skills, instrumental living skills, and functioning in social, family, vocational or educational contexts. Instrumental living skills include maintaining a household, managing money, getting around the community, and taking prescribed medication. An adult who met the functional impairment criteria during the past year without the benefit of treatment or other support services is considered to have a serious mental illness. (5-8-09)

20. Serious and Persistent Mental Illness (SPMI). Participants must meet the criteria for SMI, have at least one (1) additional functional impairment, and have a diagnosis under DSM-IV-TR with one (1) of the following: Schizophrenia, Schizoaffective Disorder, Bipolar I Disorder, Bipolar II Disorder, Major Depressive Disorder Recurrent Severe, Delusional Disorder, or Borderline Personality Disorder. The only Not Otherwise Specified (NOS) diagnosis included is Psychotic Disorder NOS for a maximum of one hundred twenty (120) days without a conclusive diagnosis. (5-8-09)

21. Treatment Plan Review. The practice of obtaining input from members of a participant's interdisciplinary team that is focused on evaluating the programs, progress, and future plans of a participant. This review should provide feedback and suggestions intended to help team members and the participant to accomplish the goals identified on the participant's individualized treatment plan. (5-8-09)

708. MENTAL HEALTH CLINIC SERVICES: PARTICIPANT ELIGIBILITY. Eligibility must be established through the assessment services described under Subsections 709.03.a. and 709.03.b. of these rules. The following are requirements for establishing eligibility for mental health clinic services. (5-8-09)

01. History and Physical Examination. The participant must have documented evidence of a history and physical examination that has been completed by his primary care physician. This examination must be within the last twelve (12) months immediately preceding the initiation of mental health clinic services and annually thereafter. Providers must refer those participants who have not had a history and physical examination to their primary care provider for this service prior to the delivery of mental health services. A participant who is in crisis may receive mental health services as described under Subsection 709.06 of these rules prior to obtaining a history and physical examination. (5-8-09)

02. Healthy Connections Referral. A participant who belongs to the Healthy Connections program must be referred to the mental health clinic by his Healthy Connections physician. (5-8-09)

03. Establishment of Service Needs. The initial assessment of the participant must establish that the services requested by the participant or his legal guardian are therapeutically appropriate and can be provided by the clinic. (5-8-09)

04. Conditions That Require New *Intake* Assessment and Individualized Treatment Plan. If an individual who is not eligible for Medicaid receives *intake assessment* services from any staff who does not have the qualifications required under Subsection 715.03 of these rules, and later becomes eligible for Medicaid, a new *intake comprehensive diagnostic* assessment and individualized treatment plan are required, which must be developed by a

professional listed under Subsection 715.03 of these rules.

~~(5-8-09)~~(1-1-11)T

709. MENTAL HEALTH CLINIC SERVICES: COVERAGE AND LIMITATIONS.

All mental health clinic services must be provided at the clinic unless provided to an eligible homeless individual.

(3-30-07)

01. Clinic Services – Mental Health Clinics (MHC). Under 42 CFR 440.90, the Department will pay for preventive, diagnostic, therapeutic, rehabilitative, or palliative items or services provided by a mental health clinic to a participant who is not an inpatient in a hospital or nursing home or correctional facility except as specified under IDAPA 16.03.10, “Medicaid Enhanced Plan Benefits,” Section 229.

(3-30-07)

02. Services or Supplies in Mental Health Clinics That Are Not Reimbursed. Any service or supplies not included as part of the allowable scope of Medicaid.

(5-8-09)

03. Evaluation and Diagnostic Services in Mental Health Clinics. Participants must obtain ~~either an intake assessment or~~ a comprehensive diagnostic assessment as the initial evaluation in mental health clinics; ~~depending on their clinical presentation.~~

~~(5-8-09)~~(1-1-11)T

~~a. An intake assessment is a reimbursable evaluation service when the following conditions are met:~~

~~(5-8-09)~~

~~i. The intake assessment must be conducted by staff trained to perform mental status examinations and to conduct interviews intended to solicit sensitive health information for the purpose of identifying a participant's treatment needs and developing an individualized treatment plan.~~

~~(5-8-09)~~

~~ii. The intake assessment must be documented in the participant's medical record and must contain a current mental status examination and a review of the participant's strengths and needs.~~

~~(5-8-09)~~

~~ba. The comprehensive diagnostic assessment must incorporate information typically gathered in an intake assessment process if an intake assessment has not been completed by the provider agency conducting the comprehensive diagnostic assessment.~~ The comprehensive diagnostic assessment must include a current mental status examination, a description of the participant's readiness and motivation to engage in treatment, participate in the development of his treatment plan and adhere to his treatment plan. The assessment must include the five (5) axes diagnoses under DSM-IV-TR with recommendations for level of care, intensity, and expected duration of treatment services. A comprehensive diagnostic assessment is a reimbursable service when:

~~(5-8-09)~~(1-1-11)T

i. A comprehensive diagnostic assessment is medically necessary in order to provide Basic Plan mental health services ~~and staff determines that the intake assessment does not provide sufficient clinical information;~~

~~(5-8-09)~~(1-1-11)T

ii. The participant is seeking Enhanced Plan services; ~~or~~ and

~~(5-8-09)~~(1-1-11)T

iii. When the assessment is performed by qualified staff identified under Subsection 715.02 of these rules.

(5-8-09)

~~e. Functional assessment is a reimbursable evaluation service when the comprehensive diagnostic evaluation indicates that the participant may benefit from rehabilitative skill training. A functional assessment must be conducted by a qualified staff person capable of assessing a participant's strengths and needs. The functional assessment must describe and evaluate the participant's practical ability to complete tasks that support activities of daily living, family life, life in the community, and that promote independence.~~

~~(5-8-09)~~

~~dc.~~ Psychological testing may be provided as a reimbursable service when provided in direct response to a specific evaluation question. The psychological report must contain the reason for the performance of this service. Agency staff may deliver this service if they meet one (1) of the following qualifications:

(5-8-09)

i. Licensed Psychologist;

(3-30-07)

ii. Psychologist extenders as described in IDAPA 24.12.01, "Rules of the Idaho State Board of Psychologist Examiners"; or (3-30-07)

iii. A qualified therapist listed in Subsection 715.03 of these rules who has documented evidence of education or training qualifying him to administer, score, interpret, and report findings for the psychological test he will be performing. (3-30-07)

ed. Neuropsychological testing may be provided as a reimbursable service when provided in direct response to a specific evaluation question for participants whose clinical presentation indicates possible neurological involvement or central nervous system compromise from either a congenital or acquired etiology impacting the individual's functional capacities. The neuropsychological evaluation report must contain the reason for the performance of this service. Agency staff may deliver this service if they are a licensed psychologist or psychologist extender with specific competencies in neuropsychological testing. (5-8-09)

fe. Occupational therapy assessment may be provided as a reimbursable service when recommended by the treatment team. This service may include the administration of standardized and non-standardized assessments and must be provided by an occupational therapist licensed in accordance with IDAPA 22.01.09, "Rules for the Licensure of Occupational Therapists and Occupational Therapy Assistants." (5-8-09)

04. Psychotherapy Treatment Services in Mental Health Clinics. Individual and group psychotherapy must be provided in accordance with the goals specified in the individualized treatment plan as described in Section 710 of these rules. (5-8-09)

05. Family Psychotherapy. Family psychotherapy services must be delivered in accordance with the goals of treatment as specified in the individualized treatment plan. The focus of family psychotherapy is on the dynamics within the family structure as it relates to the participant. (5-8-09)

a. Family psychotherapy services with the participant present must: (5-8-09)

i. Be face-to-face with at least one (1) family member present in addition to the participant; (5-8-09)

ii. Focus the treatment services on goals identified in the participant's individualized treatment plan; (5-8-09)

and

iii. Utilize an evidence-based treatment model. (5-8-09)

b. Family psychotherapy without the participant present must: (5-8-09)

i. Be face-to-face with at least one (1) family member present; (5-8-09)

ii. Focus the services on the participant; and (5-8-09)

iii. Utilize an evidence-based treatment model. (5-8-09)

06. Emergency Psychotherapy Services. Individual emergency psychotherapy services can be provided by qualified clinic staff at any time. (5-8-09)

a. Emergency services provided to an eligible participant prior to ~~intake and evaluation is a reimbursable service but~~ the completion of a comprehensive diagnostic assessment must be fully documented in the participant's medical record; and (5-8-09)(1-1-11)T

b. Each emergency service will be counted as a unit of service and part of the allowable limit per participant unless the contact results in hospitalization. Provider agencies may submit claims for the provision of psychotherapy in emergency situations even when contact does not result in the hospitalization of the participant. (3-30-07)

~~**07. Collateral Contact.** Collateral contact, as defined in Section 010 of these rules, is a reimbursable~~

~~service when it is included on the individualized treatment plan and it is necessary for professional staff to share information with members of the participant's interdisciplinary team, or advise them how to assist the participant.~~
(5-8-09)

~~a. Collateral contact can be provided face to face by agency staff providing treatment services. Face-to-face contact is defined as two (2) or more people meeting in person at the same time.~~
(5-8-09)

~~b. Collateral contact can be provided by telephone by agency staff providing treatment services when this is the most expeditious and effective way to provide information.~~
(5-8-09)

087. Pharmacological Management. Pharmacological management is a reimbursable service when consultations are provided by a physician or other practitioner of the healing arts within the scope of practice defined in their license in direct contact with the participant. (5-8-09)

a. Consultation must be for the purpose of prescribing, monitoring, and/or administering medication as part of the participant's individualized treatment plan; and (5-8-09)

b. Pharmacological management, if provided, must be specified on the participant's individualized treatment plan and must include the frequency and duration of the treatment. (5-8-09)

098. Nursing Services. Nursing services are reimbursable when physician ordered and supervised, and included as part of the participant's individualized treatment plan. (5-8-09)

a. Licensed and qualified nursing personnel can supervise, monitor, and administer medication within the limits of the Nursing Practice Act, Section 54-1402, Idaho Code; and (3-30-07)

b. The frequency and duration of the treatment must be specified on the participant's individualized treatment plan. (3-30-07)

~~**102. Limits on Mental Health Clinic Services.** Services provided by Mental Health Clinics are limited to twenty-six (26) services per calendar year. This is for any combination of evaluation, diagnosis and treatment services. A total of ~~twelve~~ four (~~12~~ 4) hours per year is the maximum time allowed for a combination of any evaluative or diagnostic assessment services and individualized treatment plan development provided to an eligible participant in a calendar year. Testing services are limited to two (2) computer-administered testing sessions and four (4) assessment hours per year. Additional testing must be prior authorized by the Department. Testing services are not included in the annual assessment limitation described at Subsection 124.01. The duration of psychological and neuropsychological testing is determined by the participant's benefits and the presenting reason for such an assessment.
(5-8-09)(1-1-11)T~~

~~**110. Occupational Therapy Services.** Occupational therapy services are reimbursable when included as part of the participant's individualized treatment plan. Agency staff may deliver these services if they are an occupational therapist licensed in accordance with IDAPA 22.01.09, "Rules for the Licensure of Occupational Therapists and Occupational Therapy Assistants." The practice of occupational therapy encompasses the evaluation, consultation, and treatment of individuals whose abilities to cope with the tasks of daily living are threatened or impaired. It includes a treatment program through the use of specific techniques that enhance functional performance and includes evaluation or assessment of the participant's:~~
(5-8-09)

a. Self-care, functional skills, cognition, and perception; (5-8-09)

b. Sensory and motor performance; (5-8-09)

c. Play skills, vocational, and prevocational capacities; and (5-8-09)

d. Need for adaptive equipment. (5-8-09)

710. MENTAL HEALTH CLINIC SERVICES: WRITTEN INDIVIDUALIZED TREATMENT PLAN.
A written individualized treatment plan is a medically-ordered plan of care. An individualized treatment plan must be

developed and implemented for each participant receiving mental health clinic services. ~~Timeframes for treatment plans must not exceed twelve (12) months.~~ Treatment planning is reimbursable if conducted by a qualified professional identified in Subsection 715.03 of these rules. ~~(5-8-09)~~(1-1-11)T

01. Individualized Treatment Plan Development. The individualized treatment plan must be developed by the following: (3-30-07)

a. The treatment staff providing the services; and (5-8-09)

b. The participant, if capable, and his parent or legal guardian. The participant and his parent or legal guardian may also choose others to participate in the development of the plan. (5-8-09)

02. Individualized Treatment Plan Requirements. An individualized treatment plan must include, at a minimum, the following: (3-30-07)

a. Statement of the overall goals as identified by the participant or his parent or legal guardian and concrete, measurable treatment objectives to be achieved by the participant, including time frames for completion. The goals and objectives must be individualized, and must reflect the choices of the participant or his parent or legal guardian. The goals and objectives must address the emotional, behavioral, and skill training needs identified by the participant or his parent or legal guardian through the intake and assessment process. The tasks must be specific to the type of modality used and must specify the frequency and anticipated duration of therapeutic services. (5-8-09)

b. Documentation of who participated in the development of the individualized treatment plan. (3-30-07)

i. The authorizing physician must sign and date the plan within thirty (30) calendar days of the initiation of treatment. (3-30-07)

ii. The participant, when able, and his parent or legal guardian must sign the treatment plan indicating their agreement with service needs identified and their participation in its development. If these signatures indicating participation in the development of the treatment plan are not obtained, then the agency must document in the participant's record the reason the signatures were not obtained, including the reason for the participant's refusal to sign. A copy of the treatment plan must be given to the participant and his parent or legal guardian. (5-8-09)

iii. Other individuals who participated in the development of the treatment plan must sign the plan. (3-30-07)

iv. The author of the treatment plan must sign and date the plan and include his title and credentials. (5-8-09)

c. The treatment plan must be created in direct response to the findings of the ~~intake and~~ assessment process. ~~(5-8-09)~~(1-1-11)T

d. The treatment plan must include a prioritized list of issues for which treatment is being sought, and the type, frequency, and duration of treatment estimated to achieve all objectives based on the ability of the participant to effectively utilize services. (5-8-09)

e. Tasks that are specific, time-limited activities and interventions designed to accomplish the objectives in the individualized treatment plan that are recommended by the participant's interdisciplinary team and agreed to by the participant or his parent or legal guardian. Each task description must specify the anticipated place of service, the frequency of services, the type of service, and the person(s) responsible to provide the service. (5-8-09)

f. Discharge criteria and aftercare plans must also be identified on the treatment plan. (5-8-09)

03. Treatment Plan Reviews. The agency staff must conduct intermittent treatment plan reviews when medically necessary. The intermittent treatment plan reviews must be conducted with the participant or his legal guardian at least every one hundred twenty (120) days. During the reviews, the agency staff providing the services,

the participant, and any other members of the participant's interdisciplinary team as identified by the participant or his legal guardian must review the progress the participant has made on objectives and identify objectives that may be added, amended, or deleted from the individualized treatment plan. The attendees of the treatment plan review are determined by the participant or his legal guardian and agency staff providing the services. (5-8-09)

04. Physician Review of Treatment Plan. Each individualized treatment plan must be reviewed, ~~and be completely rewritten~~ updated, and signed by a physician at least annually. Changes in the types, duration, or amount of services that are determined during treatment plan reviews must be reviewed and signed by a physician. Projected dates for the participant's reevaluation and the rewrite of the individualized treatment plan must be recorded on the treatment plan. ~~(5-8-09)~~(1-1-11)T

05. Continuation of Services. Continuation of services after the first year must be based on documentation of the following: (3-30-07)

a. Description of the ways the participant has specifically benefited from mental health services, and why he continues to need additional mental health services; and (5-8-09)

b. The participant's progress toward the achievement of therapeutic goals that would eliminate the need for the service to continue. (3-30-07)

(BREAK IN CONTINUITY OF SECTIONS)

713. ~~(RESERVED)~~ MENTAL HEALTH CLINIC SERVICES: RESPONSIBILITIES OF THE DEPARTMENT.

The Department will administer the provider agreement for the provision of mental health clinic services and is responsible for the following tasks: (1-1-11)T

01. Prior Authorization Process. Reimbursement for specific services that require prior authorization will be authorized from the date the required documentation is received by the Department. The Department will complete the prior authorization process within ten (10) working days from the date all the required information is received from the provider. The specific documentation that is required for prior authorization is dependent on the request for additional services. The Department must authorize the number of hours and type of services, as specifically required in these rules, which could be reasonably expected to address the participant's needs in relation to those services. (1-1-11)T

02. Notice of Decision. At the point the Department makes a decision that a participant is ineligible for specific services, a notice of decision citing the reason(s) the participant is ineligible for those services must be issued by the Department. The notice of decision must be sent to the adult participant and a copy to his legal guardian, if any. When the participant is a minor child, the notice of decision must be sent to the minor child's parent or legal guardian. (1-1-11)T

03. Responding to Requests for Services. When the Department receives from a provider a written request for services that must be prior authorized, the Department must review the request and either approve or deny the request within ten (10) working days of receipt. A clear rationale for the increase in hours or change in service type must be included with the request. (1-1-11)T

(BREAK IN CONTINUITY OF SECTIONS)

716. MENTAL HEALTH CLINIC SERVICES: RECORD REQUIREMENTS FOR PROVIDERS.

01. Assessments. ~~An intake assessment or~~ comprehensive diagnostic assessment must be contained in all participant medical records. ~~(5-8-09)~~(1-1-11)T

02. Informed Consent. The agency must ensure that participants who receive services through the agency have obtained informed consent from the participant or his legal guardian indicating agreement with all of the elements on the individualized treatment plan including choice of the provider agency, designated services, times, dates, frequencies, objectives, goals, and exit criteria. For a minor child, informed consent must be obtained from the minor's parent or legal guardian. (5-8-09)

03. Documentation. All ~~intake histories, psychiatric evaluations, psychological~~ **assessments and testing, ~~or specialty~~** evaluations must be in written form, dated, and fully signed to certify when completed and by whom, and retained in the participant's file for documentation purposes. ~~(3-30-07)~~ **(1-1-11)T**

04. Data. All data gathered must be directed towards formulation of a written diagnosis, problem list, and individualized treatment plan which specifies the type, frequency, and anticipated duration of treatment. (3-30-07)

05. Mental Health Clinic Record-Keeping Requirements. (3-30-07)

a. Maintenance. Each mental health clinic will be required to maintain records on all services provided to Medicaid participants. (5-8-09)

b. Record Contents. The records must contain the current individualized treatment plan ordered by a physician and must meet the requirements as set forth in Section 710 of this rule. (5-8-09)

c. Requirements. The records must: (3-30-07)

i. Specify the exact type of treatment provided; and (3-30-07)

ii. Who the treatment was provided by; and (3-30-07)

iii. Specify the duration of the treatment and the time of day delivered; and (3-30-07)

iv. Contain detailed records which outline exactly what occurred during the therapy session or participant contact documented by the person who delivered the service; and (3-30-07)

v. Contain the legible, dated signature, with degree credentials listed, of the staff member performing the service. (3-30-07)

(BREAK IN CONTINUITY OF SECTIONS)

782. VISION SERVICES: COVERAGE AND LIMITATIONS.

The Department will pay for vision services and supplies in accordance with the guidelines and limitations listed below. (3-30-07)

01. Eye Examinations. The Department will pay participating physicians and optometrists for one (1) eye examination during any twelve (12) month period for each eligible Medicaid participant to determine the need for glasses to correct a refractive error. Each eligible Medicaid participant, following a diagnosis of visual defects and a recommendation that eyeglasses are needed for correction of a refractive error, can receive eyeglasses within Department guidelines. (3-30-07)

02. Lenses. Lenses, single vision or bifocal, will be purchased by the Department not more often than once every four (4) years except when there is documentation of a major visual change as defined by the Department. (3-30-07)

~~**a.** Polycarbonate lenses will be purchased only when there is clear documented evidence that the~~

~~thickness of the plastic lenses precludes their use (prescriptions above plus or minus two (2) diopters of correction). Documentation must be kept on file by both the examining and supplying providers. (3-30-07)~~

- ~~ba.~~ Scratch resistant coating is required for all plastic and polycarbonate lenses. (3-30-07)
- ~~eb.~~ Payment for tinted lenses will only be made when there is a diagnosis of albinism or in the case of other extreme medical conditions as defined by the Department as defined in the Medical Vendor Provider Handbook. Documentation must be kept on file by both the examining and supplying providers. (3-30-07)
- ~~ec.~~ All contact lenses require prior authorization by the Department. Contact lenses will be covered only with documentation ~~that an extreme condition requiring a~~ of: (1-1-11)T
 - i. A need for correction equal to or greater than plus or minus four ten (-4+10) diopters; or (1-1-11)T
 - ii. An extreme medical condition that does not allow correction through the use of conventional lenses, such as cataract surgery, keratoconus, anisometropia, or other extreme conditions as defined by the Department ~~that preclude the use of conventional lenses. Prior authorization is required by the Department.~~ (3-30-07)(1-1-11)T

03. Replacement Lenses. Replacement lenses will be purchased prior to the four (4) year limitation only with documentation of a major visual change as defined by the Department in the Idaho Medicaid Provider Handbook. (3-30-07)

04. Frames. Frames will be purchased according to the following guidelines: (3-30-07)

a. One (1) set of frames will be purchased by the Department not more often than once every four (4) years for eligible participants; (3-30-07)

b. Except when it is documented by the physician that there has been a major change in visual acuity that cannot be accommodated in lenses that will fit in the existing frames, new frames also may be authorized. (3-30-07)

05. Fitting Fees. Fitting fees for either contact lenses or conventional frames and lenses are covered only when the participant is eligible under the Medicaid program guidelines to receive the supplies associated with the fitting fee. (1-1-11)T

056. Non-Covered Items. A Medicaid Provider may receive payment from a Medicaid participant for vision services that are either not covered by the State Plan, or include special features or characteristics that are desired by the participant but are not medically necessary. Non covered items include Trifocal lenses, Progressive lenses, photo gray, and tint. (3-30-07)

(BREAK IN CONTINUITY OF SECTIONS)

852. SCHOOL-BASED SERVICE - COVERAGE AND LIMITATIONS.

The Department will pay school districts, charter schools, and the Idaho Infant Toddler Program, for covered rehabilitative and health-related services. Services include medical or remedial services provided by school districts or other cooperative service agencies, as defined in Section 33-317, Idaho Code. (3-30-07)

01. Excluded Services. The following services are excluded from Medicaid payments to school-based programs: (3-30-07)

a. Vocational Services. (3-30-07)

b. Educational Services. Educational services (other than health related services) or education-based costs normally incurred to operate a school and provide an education. Evaluations completed for educational services only cannot be billed. (3-30-07)

c. Recreational Services. (3-30-07)

02. Evaluation And Diagnostic Services. Evaluations to determine eligibility or the need for health-related services may be reimbursed even if the student is not found eligible for health-related services. Evaluations completed for educational services only cannot be billed. Evaluations completed must: (3-30-07)

a. Recommended or Referred by a Physician or Other Practitioner of the Healing Arts. Be recommended or referred by a physician or other practitioner of the healing arts licensed and approved by the state of Idaho to make such recommendations or referrals; (3-30-07)

b. Conducted by Qualified Professionals. Be conducted by qualified professionals for the respective discipline as defined in Section 854 of these rules; (3-30-07)

c. Directed Toward Diagnosis. Be directed toward a diagnosis; and (3-30-07)

d. Recommend Interventions. Include recommended interventions to address each need. (3-30-07)

03. Reimbursable Services. School districts, charter schools, and the Idaho Infant Toddler program can bill for the following health-related services provided to eligible students when the services are provided under the recommendation of a physician or other practitioner of the healing arts licensed and approved by the state of Idaho to make such recommendations or referrals for the Medicaid services for which the school district, charter school, or Idaho Infant Toddler Program is seeking reimbursement. (3-30-07)

~~**a.** Collateral Contact. Consultation or treatment direction about the student to a significant other in the student's life may be face to face or by telephone contact. Collateral contact for general staff training, regularly scheduled parent teacher conferences, or general parent education, or for the Individualized Education Program (IEP) development and review team meetings, even when the parent is present, is not reimbursed. The term collateral contact is defined in Subsection 010.16 of these rules. (3-29-10)~~

ba. Developmental Therapy and Evaluation. Developmental therapy may be billed, including evaluation and instruction in daily living skills the student has not gained at the normal developmental stages in his life, or is not likely to develop without training or therapy beyond age-appropriate learning situations. Developmental therapy does not include tutorial activities or assistance with educational tasks associated with educational needs that result from the student's disability. (3-30-07)

eb. Medical Equipment and Supplies. Medical equipment and supplies that are covered by Medicaid must be ordered by a physician and prior authorized, based on medical necessity, in order to be billed. Authorized items must be used at school or for the Idaho Infant Toddler Program at the location where the service is provided. Equipment that is too large or unsanitary to transport from home to school may be covered if prior authorized. The equipment and supplies must be used for the student's exclusive use and transfer with the student if the student changes schools. Equipment no longer usable by the student, may be donated to the school or Idaho Infant Toddler Program by the student. (3-30-07)

ec. Nursing Services. Skilled nursing services must be provided by a licensed nurse, within the scope of his practice. Emergency, first aid, or non-routine medications not identified on the plan as a health-related service are not reimbursed. (3-30-07)

ed. Occupational Therapy and Evaluation. Occupational therapy and evaluation services for vocational assessment, training or vocational rehabilitation are not reimbursed. (3-30-07)

fe. Personal Care Services. School based personal care services include medically oriented tasks having to do with the student's physical or functional requirements such as basic personal care and grooming; assistance with bladder or bowel requirements; assistance with eating (including feeding), or other tasks delegated by

- a licensed professional nurse (RN). (3-30-07)
- gf.** Physical Therapy and Evaluation. (3-30-07)
 - hg.** Psychological Evaluation. (3-30-07)
 - ih.** Psychotherapy. (3-30-07)
 - ji.** Psychosocial Rehabilitation (PSR) Services and Evaluation. Psychosocial rehabilitation (PSR) services and evaluation services to assist the student in gaining and utilizing skills necessary to participate in school. Training in behavior control, social skills, communication skills, appropriate interpersonal behavior, symptom management, activities of daily living, study skills, and coping skills are types of interventions that may be reimbursed. This service is to prevent placement of the student into a more restrictive educational situation. See IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Section 123 for a description of PSR services. (3-29-10)
 - kj.** Intensive Behavioral Intervention (IBI). Intensive behavioral interventions are individualized, comprehensive, proven interventions used on a short term, one-to-one basis that produce measurable outcomes which diminish behaviors that interfere with the development and use of language and appropriate social interaction skills or broaden an otherwise severely restricted range of interest. Professionals may provide consultation to parents and to other staff who provide therapy for the child in other disciplines to assure successful integration and transition from IBI to other therapies and environments. (3-30-07)
 - lk.** Speech/Audiological Therapy and Evaluation. (3-30-07)
 - ml.** Social History and Evaluation. (3-30-07)
 - nm.** Transportation Services. School districts, charter schools, and the Idaho Infant Toddler programs can receive reimbursement for mileage for transporting a student to and from home, school, or location of services when: (3-30-07)
 - i. The student requires special transportation assistance such as a wheelchair lift, an attendant, or both, when medically necessary for the health and safety of the student and ordered by a physician; (3-30-07)
 - ii. The transportation occurs in a vehicle specifically adapted to meet the needs of a student with a disability; (3-30-07)
 - iii. The student requires and receives another Medicaid reimbursable service billed by the school-based services provider, other than transportation, on the day that transportation is being provided; (3-30-07)
 - iv. Both the Medicaid-covered service and the need for the special transportation are included on the student's plan; and (3-30-07)
 - v. The mileage, as well as the services performed by the attendant, are documented. See Section 854 of these rules for documentation requirements. (3-30-07)
 - on.** Interpretive Services. Interpretive services needed by a student who does not adequately speak or understand English and requires an interpreter to communicate with the professional or paraprofessional providing the student with a health-related service may be billed with the following limitations: (3-30-07)
 - i. Payment for interpretive services is limited to the specific time that the student is receiving the health-related service; (3-30-07)
 - ii. Both the Medicaid-covered service and the need for interpretive services must be included on the student's plan; and (3-30-07)
 - iii. Interpretive services are not covered if the professional or paraprofessional providing services is able to communicate in the student's primary language. (3-30-07)

(BREAK IN CONTINUITY OF SECTIONS)

854. SCHOOL-BASED SERVICE - PROVIDER QUALIFICATIONS AND DUTIES.

In addition to the evaluations and maintenance of the plans, the following documentation must be maintained by the provider and retained for a period of six (6) years: (3-30-07)

- 01. Service Detail Reports.** A service detail report which includes: (3-30-07)
 - a.** Name of student; (3-30-07)
 - b.** Name and title of the person providing the service; (3-30-07)
 - c.** Date, time, and duration of service; (3-30-07)
 - d.** Place of service, if provided in a location other than school; and (3-30-07)
 - e.** Student's response to the service. (3-30-07)
- 02. One Hundred Twenty Day Review.** A documented review of progress toward each service plan goal completed at least every one hundred twenty (120) days from the date of the annual plan. (3-30-07)
- 03. Documentation of Qualifications of Providers.** (3-30-07)
- 04. Copies of Required Referrals and Recommendations.** Copies of required referrals and recommendations. (3-30-07)
- 05. Parental Notification.** School districts, charter schools, and the Idaho Infant Toddler programs must document that parents were notified of the health-related services and equipment for which they will bill Medicaid. Notification must comply with the requirements in Subsection 854.06 of this rule. (3-30-07)
- 06. Requirements for Cooperation with and Notification of Parents and Agencies.** Each school district, charter school, or Idaho Infant Toddler Program billing for Medicaid services must act in cooperation with students' parents and with community and state agencies and professionals who provide like Medicaid services to the student. (3-30-07)
 - a.** Notification of Parents. For all students who are receiving Medicaid reimbursed services, school districts, charter schools, and the Idaho Infant Toddler program must ensure that parents are notified of the Medicaid services and equipment for which they will bill Medicaid. Notification must describe the service(s), service provider(s), and state the type, location, frequency, and duration of the service(s). The school district must provide the student's parent or guardian with a current copy of the child's plan and any pertinent addenda; and (3-30-07)
 - b.** Notification to Primary Care Physician. School districts, charter schools, and the Idaho Infant Toddler program must request the name of the student's primary care physician from the parent or guardian so the school program can share health-related information with the physician with written consent from the parent or guardian. The following information must be sent to the student's primary care physician: (3-30-07)
 - i.** Results of evaluations within sixty (60) days of completion; (3-30-07)
 - ii.** A copy of the cover sheet and services page within thirty (30) days of the plan meeting; and (3-30-07)
 - iii.** A copy of progress notes, if requested by the physician, within sixty (60) days of completion. (3-30-07)

c. Other Community and State Agencies. Upon receiving a request for a copy of the evaluations or the current plan, the school district, charter school, or Idaho Infant Toddler Program must furnish the requesting agency or professional with a copy of the plan or appropriate evaluation after obtaining consent for release of information from the student's parent or guardian. (3-30-07)

d. Parental Consent to Release Information. School districts, charter schools, and the Idaho Infant Toddler program: (3-30-07)

i. Must obtain consent from the parent to release information regarding education-related services, in accordance with Federal Education Rights and Privacy Act (FERPA) regulations; (3-30-07)

ii. Must document the parent's denial of consent if the parent refuses to consent to the release of information regarding education-related services, including release of the name of the student's primary care physician. (3-30-07)

07. Provider Staff Qualifications. Medicaid will only reimburse for services provided by qualified staff. See Subsection 854.08 of this rule for the limitations and requirements for paraprofessional service providers. The following are the minimum qualifications for professional providers of covered services: (3-30-07)

~~**a.** Collateral Contact. Contact and direction must be provided by the professional who provides the treatment to the student. (3-30-07)~~

ba. Developmental Therapy and Evaluation. Must be provided by or under the direction of a developmental specialist, as set forth in IDAPA 16.04.11, "Developmental Disabilities Agencies." Certified special education teachers are not required to take the Department-approved course indicated in IDAPA 16.04.11 and be certified as a Developmental Specialist, Child. Only those school personnel who are working under a Letter of Authorization or as a Specialty Consultant must meet the certification requirements in IDAPA 16.04.11. (3-30-07)

eb. Medical Equipment and Supplies. See Subsection 852.03 of these rules. (3-30-07)

ec. Nursing Services. Must be provided by a licensed professional nurse (RN) or licensed practical nurse (LPN) licensed to practice in Idaho. (3-30-07)

ed. Occupational Therapy and Evaluation. Must be provided by or under the supervision of an individual qualified and registered to practice in Idaho. (3-30-07)

fe. Personal Care Services. Must be provided by or under the direction of, a licensed professional nurse (RN) or licensed practical nurse (LPN), licensed by the State of Idaho. When services are provided by a CNA, the CNA must be supervised by an RN. Medically-oriented services having to do with the student's physical or functional requirements, such as basic personal care and grooming, assistance with bladder or bowel requirements, and assistance with eating (including feeding), must be identified on the plan of care and may be delegated to an aide in accordance with IDAPA 23.01.01, "Rules of the Idaho Board of Nursing." (3-30-07)

gf. Physical Therapy and Evaluation. Must be provided by an individual qualified and licensed as a physical therapist to practice in Idaho. (3-30-07)

hg. Psychological Evaluation. Must be provided by a: (3-30-07)

i. Licensed psychiatrist; (3-30-07)

ii. Licensed physician; (3-30-07)

iii. Licensed psychologist; (3-30-07)

iv. Psychologist extender registered with the Bureau of Occupational Licenses; or (3-30-07)

- v. Certified school psychologist. (3-30-07)
- h.** Psychotherapy. Provision of psychotherapy services must have, at a minimum, one (1) or more of the following credentials: (3-30-07)
 - i. Psychiatrist, M.D.; (3-30-07)
 - ii. Physician, M.D.; (3-30-07)
 - iii. Licensed psychologist; (3-30-07)
 - iv. Licensed clinical social worker; (3-30-07)
 - v. Licensed clinical professional counselor; (3-30-07)
 - vi. Licensed marriage and family therapist; (3-30-07)
 - vii. Certified psychiatric nurse (R.N.), as described in Subsection 707.13 of these rules; (3-29-10)
 - viii. Licensed professional counselor whose provision of psychotherapy is supervised in compliance with IDAPA 24.15.01, "Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists"; (3-29-10)
 - ix. Licensed masters social worker whose provision of psychotherapy is supervised as described in IDAPA 24.14.01, "Rules of the State Board of Social Work Examiners"; (3-29-10)
 - x. Licensed associate marriage and family therapist whose provision of psychotherapy is supervised as described in IDAPA 24.15.01, "Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists"; or (3-29-10)
 - xi. Psychologist extender, registered with the Bureau of Occupational Licenses, whose provision of diagnostic services is supervised in compliance with IDAPA 24.12.01, "Rules of the Idaho State Board of Psychologist Examiners." (3-29-10)
- i.** Psychosocial Rehabilitation. Must be provided by a: (3-30-07)
 - i. Licensed physician, licensed practitioner of the healing arts, or licensed psychiatrist; (3-29-10)
 - ii. Licensed master's level psychiatric nurse; (3-30-07)
 - iii. Licensed psychologist; (3-30-07)
 - iv. Licensed clinical professional counselor or professional counselor; (3-30-07)
 - v. Licensed marriage and family therapist or associate marriage and family therapist; (3-29-10)
 - vi. Licensed masters social worker, licensed clinical social worker, or licensed social worker; (3-30-07)
 - vii. Psychologist extender registered with the Bureau of Occupational Licenses; (3-30-07)
 - viii. Licensed professional nurse (RN); (3-30-07)
 - ix. Psychosocial rehabilitation specialist as defined in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Section 131; (3-29-10)
 - x. Licensed occupational therapist; (3-30-07)

- xi. Certified school psychologist; or (3-30-07)
- xii. Certified school social worker. (3-30-07)
- #j.** Intensive Behavioral Intervention. Must be provided by or under the direction of a qualified professional who meets the requirements set forth in IDAPA 16.04.11 “Developmental Disabilities Agencies.” (3-30-07)
- #k.** Speech/Audiological Therapy and Evaluation. Must be provided by or under the direction of a speech pathologist or audiologist who possesses a certificate of clinical competence from the American Speech, Language and Hearing Association (ASHA); or who will be eligible for certification within one (1) year of employment. Personnel records must reflect the expected date of certification. (3-30-07)
- #l.** Social History and Evaluation. Must be provided by a licensed professional nurse (RN), psychologist, M.D, school psychologist, certified school social worker, or by a person who is licensed and qualified to provide social work in the state of Idaho. (3-30-07)
- #m.** Transportation. Must be provided by an individual who has a current Idaho driver's license and is covered under vehicle liability insurance that covers passengers for business use. (3-30-07)
- 08. Paraprofessionals.** The schools and Infant Toddler Program may use paraprofessionals to provide developmental therapy; occupational therapy; physical therapy; and speech therapy if they are under the supervision of the appropriate professional. The services provided by paraprofessionals must be delegated and supervised by a professional therapist as defined by the appropriate licensure and certification rules. The portions of the treatment plan which can be delegated to the paraprofessional must be identified in the IEP or IFSP. (3-29-10)
- a.** Occupational Therapy. Refer to IDAPA 24.06.01, “Rules for the Licensure of Occupational Therapists and Occupational Therapy Assistants,” for supervision and service requirements. (3-29-10)
- b.** Physical Therapy. Refer to IDAPA 24.13.01, “Rules Governing the Physical Therapy Licensure Board,” for supervision and service requirements (3-29-10)
- c.** Speech-Language Pathology. Refer to IDAPA 24.23.01, “Rule of the Speech and Hearing Services Licensure Board,” and the American Speech-Language-Hearing Association (ASHA) guidelines for supervision and service requirements for speech-language pathology. The guidelines have been incorporated by reference in Section 004 of these rules. (3-29-10)
- d.** Developmental Therapy. Refer to IDAPA 16.04.11, “Developmental Disabilities Agencies,” for supervision and service requirements. (3-29-10)

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.03.10 - MEDICAID ENHANCED PLAN BENEFITS

DOCKET NO. 16-0310-1006

NOTICE OF RULEMAKING - ADOPTION OF TEMPORARY RULE

EFFECTIVE DATE: The effective date of the temporary rule is January 1, 2011. This temporary rule will be in effect through June 30, 2011, in accordance with [H0701 \(2010\)](#).

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 Sections 56-202, 56-203, 56-250 through 56-257, Idaho Code; and House Bill 701, passed by the 2010 Legislature.

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

Numerous changes are being made to this chapter of rule that either eliminate or modify specific benefits or services provided by Medicaid. These changes are being made in order to achieve cost savings under the provisions of H0701 (2010), Sections 13 and 14. These rule changes will be in effect from January 1, 2011 through June 30, 2011.

Specific rules changes are as follows:

1. Eliminate collateral contact benefits;
2. Eliminate supportive counseling benefits;
3. Participant annual assessment benefits are being reduced from a limitation of 12 hours annually, to 4 hours annually. To accommodate this reduction in benefits, provider requirements are being modified. Mental Health (MH) intake and MH functional assessment requirements will be eliminated, and separate limitations for psychological and neuropsychological testing are being established at 4 hours annually. Assessments completed by a DDA are included in the annual assessment limitation being set at 4 hours, and to accommodate this reduction, requirements for agency providers are being modified;
4. Reduce plan development benefits from 12 hours to 6 hours and reduce requirements related to adult developmental disabilities (DD) plan development;
5. Increase DD program efficiency and reduce duplication of required administrative and procedural requirements;
6. Restrict use of certain mental health benefits with certain DD benefits. Participants eligible for skill training must choose to obtain the services from either the MH program or the DD program. Within the MH program, participants are eligible for either partial care (PC) or psychosocial rehabilitation (PSR), to meet their skill training needs;
7. Eliminate service coordination for individuals eligible for personal assistance services (PAS);
8. Reduce MH PSR service benefits;
9. Restrict MH partial care to those individuals who have a diagnosis of serious and persistent mental illness (SPMI);
10. Reduce benefit for MH PSR treatment plan benefits; and
11. Eliminate home health skilled nursing services for A & D waiver participants.

TEMPORARY RULE JUSTIFICATION: Pursuant to Section(s) 67-5226(1)(b), Idaho Code, the Governor has found that temporary adoption of the rule is appropriate in order to comply with deadlines in amendments to

governing law or federal programs. Temporary rulemaking is also being done under the authority granted in House Bill 701 (2010).

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.

The total estimated fiscal impact from January 1, 2011 to June 30, 2011 is \$7,693,740 (\$1,600,298 state general funds and \$6,093,442 in federal funds).

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the temporary rule, contact Paul Leary at (208) 364-1836.

DATED this 4th day of November, 2010.

Tamara Prisock
DHW - Administrative Procedures Section
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THE FOLLOWING IS THE TEMPORARY RULE FOR DOCKET 16-0310-1006

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 Intellectual Disabilities Professional (QIDP) 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 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. (5-8-09)

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.** Coordination of care communication that is initiated by a medical or qualified treatment professional with members of a participant’s interdisciplinary team or consultant to the interdisciplinary team. The communication is limited to interpretation or explanation of results of psychiatric or other medical examinations and procedures or other accumulated data to family or responsible persons or advising them how to assist the participant. Collateral contact is used to:~~ (5-8-09)

~~**a.** Coordinate care between professionals who are serving the participant;~~ (5-8-09)

~~**b.** Relay medical results and explanations to members of the participant’s interdisciplinary team; or~~ (5-8-09)

~~**c.** Conduct an intermittent treatment plan review with the participant and his interdisciplinary team.~~ (5-8-09)

221. 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)

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

243. 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)

254. 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)

265. 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)

276. 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)

287. 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)

298. 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)

309. 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)

310. 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)

321. 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)

332. 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 Persons with Intellectual Disabilities (ICF/ID). 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)

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

354. 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)

365. 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 an intellectual disability, 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)

376. 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)
- ~~387.~~ **Director.** The Director of the Department of Health and Welfare or his designee. (3-19-07)
- ~~398.~~ **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 Medicaid participant. (5-8-09)

(BREAK IN CONTINUITY OF SECTIONS)

111. ENHANCED OUTPATIENT MENTAL HEALTH SERVICES - DEFINITIONS.

These definitions apply to Sections 100 through 146 of these rules. (3-19-07)

01. Agency. A Medicaid provider who delivers either mental health clinic services or psychosocial rehabilitative services, or both. (5-8-09)

~~02. **Assessment Hours.** Time allotted for completion of intake, evaluation, and diagnostic services.~~
(5-8-09)

~~032.~~ **Community Reintegration.** A psychosocial rehabilitation (PSR) service that provides practical information and direct support to help the participant maintain his current skills, prevent regression, or practice newly-acquired life skills. The intention of this service is to provide the information and support needed by a participant to achieve the highest level of stability and independence that meets his ongoing recovery needs. (5-8-09)

~~043.~~ **Comprehensive Diagnostic Assessment.** A thorough assessment of the participant's current condition and complete medical and psychiatric history. (5-8-09)

~~04.~~ **Comprehensive Diagnostic Assessment Addendum.** A supplement to the comprehensive diagnostic assessment that contains updated information relevant to the formulation of participant's diagnosis and disposition for treatment. (1-1-11)T

05. Demographic Information. Information that identifies participants and is entered into the Department's database collection system. (3-19-07)

06. Duration of Services. Refers to length of time for a specific service to occur in a single encounter. (5-8-09)

~~07. **Functional Assessment.** In rehabilitative mental health, this assessment is used to provide supplemental information to the comprehensive diagnostic assessment that provides information on the current or required capabilities needed by a participant to maintain himself in his chosen environment. It is a description and evaluation of the participant's practical ability to complete tasks that support activities of daily living, family life, life in the community, and promote independence. This assessment assists participants to better understand what skills they need to achieve their rehabilitation goals.~~ (5-8-09)

~~08. **Goal.** The desired outcome related to an identified issue.~~ (3-19-07)

~~09. **Initial contact.** The date a participant, or participant's parent or legal guardian comes in to an agency and requests Enhanced Plan services.~~ (5-8-09)

~~10. **Intake Assessment.** An agency's initial assessment of the participant that is conducted by an agency staff person who has been trained to perform mental status examinations and solicit sensitive health information for the purpose of identifying service needs prior to developing an individualized treatment plan. The intake assessment must contain a description of the reason(s) the participant is seeking services and a description of the participant's current symptoms, present life circumstances across all environments, recent events, resources, and barriers to mental health treatment. If this is the initial screening process then it must be used to document the indicators that mental health services are a medical necessity for the participant.~~ (5-8-09)

~~11. **Interdisciplinary Team.** Group that consists of two (2) or more individuals in addition to the participant, the participant's legal guardian, and the participant's natural supports. This may include professionals from several fields or professions. Team members combine their skills and resources to provide guidance and assistance in the creation of the participants treatment plan. Professionals working with the participant to fulfill the goals and objectives on the treatment plan are members of the participant's interdisciplinary team whether they attend treatment plan meetings or not. At a minimum, professional members of the team include the medical professional authorizing the treatment plan and the specific agency staff member who is working with the participant.~~ (5-8-09)

~~12. **Issue.** A statement specifically describing the participant's behavior directly relating to the participant's mental illness and functional impairment.~~ (3-19-07)

~~13. **Level of Care.** Clinical treatment decisions that determine service site, modality, urgency, and specific interventions needed to address the key presenting signs, symptoms, and environmental factors that indicate the severity of illness and the intensity of service needed by the participant. It also takes into account relevant external factors affecting clinical treatment decisions.~~ (5-8-09)

~~14. **Licensed Practitioner of the Healing Arts** . A licensed physician, physician assistant, nurse practitioner, or clinical nurse specialist. The nurse practitioner and clinical nurse specialist must have experience prescribing medications for psychiatric disorders.~~ (5-8-09)

~~15. **Neuropsychological Testing.** Assessment of brain functioning through structured and systematic behavioral observation. Neuropsychological tests are designed to examine a variety of cognitive abilities, including speed of information processing, attention, memory, language, and executive functions, which are necessary for goal-directed behavior. These data can provide information leading to the diagnosis of a cognitive deficit or to the confirmation of a diagnosis, as well as to the localization of organic abnormalities in the central nervous system. The data can also guide effective treatment methods for the rehabilitation of impaired participants.~~ (5-8-09)

~~16. **New Participant.** A participant is considered "new" if he has not received Medicaid-reimbursable mental health clinic or psychosocial rehabilitation services (PSR) in the twelve (12) months prior to the current treatment episode.~~ (1-1-11)T

~~17. **Objective.** A milestone toward meeting the goal that is concrete, measurable, time-limited, and behaviorally specific.~~ (3-19-07)

~~18. **Occupational Therapy.** For the purposes of mental health treatment, the use of purposeful, goal-oriented activity to achieve optimum functional performance and independence, prevent further disability, and~~

maintain health with individuals who are limited by the symptoms of their mental illness. (5-8-09)

187. **Partial care** Partial care is treatment for ~~those children with serious emotional disturbance and~~ ~~adults~~ participants with severe and persistent mental illness (SPMI) whose functioning is sufficiently disrupted so as to interfere with their productive involvement in daily living. Partial care services are a structured program of therapeutic interventions that assist program participants in the stabilization of their behavior and conduct through the application of principles of behavior modification for behavior change and structured, goal-oriented group socialization for skill acquisition. (3-19-07)(1-1-11)T

198. **Pharmacological Management.** The in-depth management of medications for psychiatric disorders for relief of a participant's signs and symptoms of mental illness, provided by a licensed practitioner of the healing arts. (5-8-09)

2019. **Psychiatric Nurse, Licensed Master's Level.** A certified psychiatric nurse, Clinical Nurse Specialist or Psychiatric Nurse Practitioner, must be licensed in accordance with Title 54, Chapter 14, Idaho Code, or certified by a recognized national certification organization, and have a minimum of a master's degree. (5-8-09)

210. **Psychosocial Rehabilitative Services (PSR).** An array of rehabilitative services that emphasize resiliency for children with serious emotional disturbance (SED) and recovery for adults with serious and persistent mental illness (SPMI). Services target skills for children that they would have appropriately developed for their developmental stage had they not developed symptoms of SED. Services target skills for adults that have been lost due to the symptoms of their mental illness. (5-8-09)

221. **Psychotherapy.** A method of treating and managing psychiatric disorders through the use of evidenced-based psychological treatment modalities that match the participant's ability to benefit from the service. The focus of the service is on behavioral, emotional, and cognitive aspects of a participant's functioning. (5-8-09)

232. **Psychological Testing.** Psychological testing refers to any measurement procedure for assessing psychological characteristics in which a sample of an examinee's behavior is obtained and subsequently evaluated and scored using a standardized process. This does not refer to assessments that are otherwise conducted by a professional within the scope of his license for the purposes of determining a participant's mental status, diagnoses or functional impairments. (5-8-09)

243. **Restraints.** Restraints include the use of physical, mechanical, or chemical interventions, or other means to temporarily subdue or modify participant behavior. (5-8-09)

a. A restraint includes; (5-8-09)

i. Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a participant to move his arms, legs, body, or head freely; or (5-8-09)

ii. A drug or medication when it is used as a restriction to manage the participant's behavior or restrict the participant's freedom of movement and is not a standard treatment or dosage for the participant's condition; (5-8-09)

b. A restraint does not include physical escorts or devices, such as orthopedically prescribed devices, to permit the participant to participate in activities without the risk of physical harm. (5-8-09)

254. **Seclusion.** Seclusion is the involuntary confinement of a participant alone in a room or area from which the participant is prevented from leaving. (5-8-09)

265. **Serious Emotional Disturbance (SED).** In accordance with the Children's Mental Health Services Act, Section 16-2403, Idaho Code, SED is: (5-8-09)

a. An emotional or behavioral disorder, according to the DSM-IV-TR which results in a serious disability; and (5-8-09)

- b. Requires sustained treatment interventions; and (5-8-09)
- c. Causes the child's functioning to be impaired in thought, perception, affect, or behavior. (5-8-09)
- d. A substance abuse disorder, or conduct disorder, or developmental disorder, alone, does not constitute a serious emotional disturbance, although one (1) or more of these conditions may co-exist with serious emotional disturbance. (5-8-09)

276. Serious Mental Illness (SMI). In accordance with 42 CFR 483.102(b)(1), a person with SMI: (5-8-09)

- a. Currently or at any time during the year, must have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet the diagnostic criteria specified in the DSM-IV-TR; and (5-8-09)
- b. Must have a functional impairment which substantially interferes with or limits one (1) or more major life activities. Functional impairment is defined as difficulties that substantially interfere with or limit role functioning with an individual's basic daily living skills, instrumental living skills, and functioning in social, family, vocational or educational contexts. Instrumental living skills include maintaining a household, managing money, getting around the community, and taking prescribed medication. An adult who met the functional impairment criteria during the past year without the benefit of treatment or other support services is considered to have a serious mental illness. (5-8-09)

287. Serious and Persistent Mental Illness (SPMI). Participants must meet the criteria for SMI, have at least one (1) additional functional impairment, and have a diagnosis under DSM-IV-TR with one (1) of the following: Schizophrenia, Schizoaffective Disorder, Bipolar I Disorder, Bipolar II Disorder, Major Depressive Disorder Recurrent Severe, Delusional Disorder, or Borderline Personality Disorder. The only Not Otherwise Specified (NOS) diagnosis included is Psychotic Disorder NOS for a maximum of one hundred twenty (120) days without a conclusive diagnosis. (5-8-09)

298. Skill Training. The service of providing a curriculum-based method of skill building in a custom-tailored approach that meets the needs identified on the person's assessment, focuses on interventions that are necessary to maintain functioning, prevent regression, or achieve a rehabilitation goal, and promotes increased independence in thinking and behavior. Skill training may be delivered individually or in groups. (5-8-09)

3029. Tasks. Specific, time-limited activities and interventions designed to accomplish the objectives in the individualized treatment plan. (3-19-07)

340. Treatment Plan Review. The practice of obtaining input from members of a participant's interdisciplinary team that is focused on evaluating the programs, progress, and future plans of a participant. This review should provide feedback and suggestions intended to help team members and the participant to accomplish the participant's goals identified on the participant's individualized treatment plan. (5-8-09)

321. USPRA. The United States Psychiatric Rehabilitation Association is an association that works to improve and promote the practice and outcomes of psychiatric rehabilitation and recovery. USPRA also maintains a certification program to promote the use of qualified staff to work for individuals with mental illness. <http://www.uspra.org> (5-8-09)

112. ENHANCED OUTPATIENT MENTAL HEALTH SERVICES - PARTICIPANT ELIGIBILITY.
To qualify for enhanced outpatient mental health services, a participant must obtain a comprehensive diagnostic assessment as described in Section 114 of these rules. The comprehensive diagnostic assessment for enhanced outpatient mental health services must include documentation of the medical necessity for each service to be provided. For partial care services, the comprehensive diagnostic assessment must also contain documentation that shows the participant is currently at risk for an out-of-home placement, further clinical deterioration that would lead to an out-of-home placement, or further clinical deterioration that would interfere with the participant's ability to maintain his current level of functioning. ~~For PSR, the participant must also obtain a functional assessment that describes the need for skill training.~~ Participants who receive skill training can only receive training from one (1) type of service, depending on their eligibility. (5-8-09)(1-1-11)T

01. General Participant Eligibility Criteria. The medical record must have documented evidence of a history and physical examination that has been completed by a participant's primary care physician. This examination must be within the last twelve (12) months immediately preceding the initiation of mental health clinic services and annually thereafter. Providers must refer those participants who have not had a history and physical examination to their primary care provider for this service. Participants who are in crisis as described at Subsection 123.04 of this rule may receive mental health services prior to obtaining a history and physical examination. In order for a participant to be eligible for enhanced outpatient mental health services, the following criteria must be met and documented in the comprehensive diagnostic assessment: (5-8-09)

a. The service represents the least restrictive setting and other services have failed or are not appropriate for the clinical needs of the participant. (4-2-08)

b. The services can reasonably be expected to improve the participant's condition or prevent further regression so that the current level of care is no longer necessary or may be reduced. (4-2-08)

c. Participants identified in Subsections 112.01.c.i. through 112.01.c.iii. of this rule cannot participate in enhanced outpatient mental health services: (4-2-08)

i. Participants at immediate risk of self-harm or harm to others who cannot be stabilized; (4-2-08)

ii. Participants needing more restrictive care or inpatient care; and (4-2-08)

iii. Participants who have not fulfilled the requirements of Subsections 112.02 or 112.03 of these rules. (4-2-08)

02. Eligibility Criteria for Children. To be eligible for services, a participant under the age of eighteen (18) must have a serious emotional disturbance (SED). (5-8-09)

03. Eligibility Criteria for Adults. To be eligible for services, a participant must be eighteen (18) years or older and have a serious mental illness (SMI). (5-8-09)

04. Level of Care Criteria - Mental Health Clinics. To be eligible for mental health clinic services, a participant must meet the criteria as described in Subsections 112.04.a. and 112.04.b. of this rule. (4-2-08)

a. Children must meet Subsections 112.01 and 112.02 of this rule. (4-2-08)

b. Adults must meet Subsections 112.01 and 112.03 of this rule. (4-2-08)

05. Level of Care Criteria - Psychosocial Rehabilitation (PSR) Services ~~and Partial Care Services~~ for Children. To be eligible for ~~partial care services or~~ the PSR services of skill training and community reintegration, a child must meet the criteria of SED and Subsections 112.01 and 112.02 of this rule and must experience a substantial impairment in functioning. A child's level and type of functional impairment must be ~~described~~ documented in ~~the functional assessment~~ the medical record. The Child and Adolescent Functional Assessment Scale/Preschool and Early Childhood Functional Assessment Scale (CAFAS/PECFAS) instrument must be used to obtain the child's initial functional impairment score. Subsequent scores must be obtained at regular intervals in order to determine the child's change in functioning that occurs as a result of mental health treatment. Items endorsed on the CAFAS/PECFAS must be supported by specific descriptions of the child's observable behavior in the comprehensive diagnostic assessment. Substantial impairment requires that the child score in the moderate range in at least two (2) subscales on the CAFAS/PECFAS. One (1) of the two (2) subscales must be from the following list: (5-8-09)(1-1-11)T

a. Self-harmful behavior; (4-2-08)

b. Moods/Emotions; or (4-2-08)

c. Thinking. (4-2-08)

06. Level of Care Criteria - Psychosocial Rehabilitation (PSR) Services and Partial Care Services for Adults. To be eligible for partial care services or the PSR services of skill training and community reintegration, an adult must meet the criteria of SPMI and Subsection 112.01 of this rule. In addition, the psychiatric disorder must be of sufficient severity to affect the participant's functional skills negatively, causing a substantial disturbance in role performance or coping skills in at least two (2) of the areas in Subsection 112.06.a. through 112.06.h. of this rule on either a continuous or an intermittent, at least once per year, basis. The skill areas that are targeted must be consistent with the participant's ability to engage and benefit from treatment. The detail of the adult's level and type of functional impairment must be ~~described~~ documented in the ~~functional assessment~~ medical record:
(5-8-09)(1-1-11)T

- a. Vocational/educational; (4-2-08)
- b. Financial; (4-2-08)
- c. Social relationships/support; (4-2-08)
- d. Family; (4-2-08)
- e. Basic living skills; (4-2-08)
- f. Housing; (4-2-08)
- g. Community/legal; or (4-2-08)
- h. Health/medical. (4-2-08)

07. Criteria Following Discharge For Psychiatric Hospitalization. Children and adults discharged from psychiatric hospitalization and who meet the diagnostic criteria of the target population in these rules are eligible for enhanced outpatient mental health clinic and PSR services. (3-19-07)

a. Children and adults discharged from psychiatric hospitalization and who meet the diagnostic criteria of the target population in these rules, described in Subsection 112.02 of this rule for children, and in Subsection 112.03 of this rule for adults, are considered immediately eligible for enhanced outpatient mental health services for a period of at least one hundred and twenty (120) days following discharge from the hospital. The individualized treatment plan must be completed and documented in the medical record within ten (10) days of discharge. (5-8-09)

i. Up to two (2) hours of plan development hours may be used for coordinating with hospital staff and others the participant chooses. These plan development hours are to be used for the development of an individualized treatment plan based on the participant's hospital records and past history. The provider agency does not have to perform any additional assessment in order to initiate treatment nor does the participant need to qualify as described in Section 114 of these rules. (5-8-09)

ii. Upon initiation of treatment at the agency, the treatment plan is valid for no more than one hundred twenty (120) days from the date of discharge from the hospital. An intake comprehensive diagnostic assessment or updated comprehensive diagnostic assessment addendum must be completed within ten (10) days of the initiation of treatment. ~~A comprehensive diagnostic assessment must be completed in lieu of the intake assessment~~ if one is not available from the hospital or if the one from the hospital does not contain the needed clinical information.
(5-8-09)(1-1-11)T

b. In order for the participant to continue in the services listed on the post-hospitalization treatment plan beyond one hundred twenty (120) days, the plan must be updated and the provider must establish that the participant meets the criteria as described in Subsections 112.01 through 112.06 of this rule as applicable to the services being provided, and that enhanced outpatient mental health services are appropriate for the participant's age, circumstances, and medically necessary level of care. The PSR or mental health clinic provider does not need to submit form H0002 because the participant is already in the Enhanced Plan. (5-8-09)(1-1-11)T

113. ~~ENHANCED OUTPATIENT MENTAL HEALTH SERVICES - INTAKE ASSESSMENT (RESERVED).~~

~~Intake assessments may be performed by PSR agencies and Mental Health Clinics for participants who transfer to them from other agencies. Intake assessments must meet requirements listed at IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Subsection 709.03. Intake assessments must not be performed as an initial evaluation service in PSR agencies when the PSR agency is performing a comprehensive diagnostic assessment. (5-8-09)~~

(BREAK IN CONTINUITY OF SECTIONS)

115. ~~ENHANCED OUTPATIENT MENTAL HEALTH SERVICES - FUNCTIONAL ASSESSMENT (RESERVED).~~

~~For participants seeking the PSR services of skill training and community reintegration, a functional assessment must be completed by staff who meet the requirements under Section 131 of these rules. Staff performing the CAFAS/PECFAS must be the same staff completing the functional assessment. The functional assessment must incorporate the CAFAS/PECFAS findings. A functional assessment must evaluate the participant's use of critical skills that are needed for adaptive functioning in the various environments in which he lives. The number of skill areas that are targeted must be consistent with the participant's ability to engage and benefit from treatment. The functional assessment should include recommendations for training in skill areas from the following list in which the participant is interested in improving his skills. (5-8-09)~~

~~01- **Health or Medical Issues.** Focus must be on participant's skills for self-managing health and medical issues including ability to schedule and keep medical appointments, maximize opportunities for communicating health status to medical providers, and adherence to medical regimens prescribed by healthcare providers. (5-8-09)~~

~~02- **Vocational And Educational Status.** Focus must be on skill development to maximize adaptive occupational functioning as applicable to work or school settings. (5-8-09)~~

~~03- **Financial Status.** Focus must be on the participant's skills for managing personal finances. (5-8-09)~~

~~04- **Social Relationships and Supports.** Focus must be on participant's skills for establishing and maintaining personal support systems or relationships and participant's skills for developing and participating in leisure, recreational, or social interests. (5-8-09)~~

~~05- **Family Status.** Focus must be on participant's skills needed to carry out family roles and participate in family relationships. (5-8-09)~~

~~06- **Basic Living Skills.** Focus must be on participant's skills needed to perform age-appropriate basic living skills, including transition to adulthood. (5-8-09)~~

~~07- **Housing.** Focus must be on participant's skills for obtaining and maintaining safe and appropriate housing. (5-8-09)~~

~~08- **Community and Legal Status.** Focus must be on participant's skills necessary for community living including compliance with rules, laws, and informal agreements made with others. (5-8-09)~~

116. ENHANCED OUTPATIENT MENTAL HEALTH SERVICES - WRITTEN INDIVIDUALIZED TREATMENT PLAN.

A written individualized treatment plan must be developed and implemented for each participant of enhanced outpatient mental health services as a means to address the enhanced service needs of the participant. Each individualized treatment plan must specify the individual staff person responsible for providing each service, and the amount, frequency and expected duration of treatment. The development of the initial treatment planning is

reimbursable if conducted by a professional identified in Subsections 131.01 through 131.03 of these rules. When the assessment indicates that the participant would benefit from psychotherapy or additional diagnostic services, the treatment plan must be completed by a qualified professional listed under IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Subsection 715.03. ~~(5-8-09)~~(1-1-11)T

01. Goals. Services identified on the treatment plan must support the goals ~~of any of the following~~ that are applicable to the participant's identified needs. For adults, the treatment plan must incorporate the need for psychiatric services identified by the comprehensive diagnostic assessment. For children, the treatment plan must incorporate the substantial impairment areas identified by the CAFAS. Participant's goals may include any of the following: ~~(5-8-09)~~(1-1-11)T

a. Skill Training. The goal is to assist the participant in regaining skills that have been lost due to the symptoms of his mental illness or that would have been otherwise developed except for the interference of his mental health condition. Through skill training, the participant should achieve maximum reduction of symptoms of mental illness or serious emotional disturbance that will allow for the greatest adjustment to living in the community. (5-8-09)

b. Community Reintegration. The goal is to provide practical information and support for the participant to be able to be effectively involved in the rehabilitation process. (5-8-09)

c. Partial care. The goal is to decrease the severity and acuity of presenting symptoms so that the participant may be maintained in the least restrictive setting and to increase the participant's interpersonal skills in order to obtain the optimal level of interpersonal adjustment. (3-19-07)

d. Psychotherapy. The goal is to engage in active treatment that involves psychological strategies for problem resolution to promote optimal functioning and a condition of improved mental health. (5-8-09)

e. Pharmacological Management. The goal is to obtain a decrease or remission of symptoms of psychiatric illness and improve quality of life through the use of pharmacological agents without causing adverse effects. (5-8-09)

02. Plan Content. An individualized treatment plan must meet the requirements listed in IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Section 710. Additionally, at least one (1) objective is required in the areas that are most likely to lead to the greatest level of stabilization. (5-8-09)

03. Plan Timeframes. An individualized treatment plan must be developed and signed by a licensed physician or other licensed practitioner of the healing arts within thirty (30) calendar days from initial contact. Intermittent treatment plan reviews must occur as needed to incorporate progress, different goals, or change in treatment focus, but must not exceed one hundred twenty (120) days between reviews. An ~~new~~ updated treatment plan must be developed for participants who will continue in treatment beyond twelve (12) months. ~~(5-8-09)~~(1-1-11)T

04. Choice of Providers. The participant or his parent or legal guardian must be allowed to choose whether or not he desires to receive enhanced outpatient mental health services and which provider agency or agencies he would like to assist him in accomplishing the objectives stated in his individualized treatment plan. Documentation must be included in the participant's medical record showing that the participant or his parent or legal guardian has been informed of his rights to refuse services and choose provider agencies. (5-8-09)

05. No Duplication of Services. The provider agency or its designee must monitor, coordinate, and jointly plan with all known providers to a participant to prevent duplication of services provided to enhanced outpatient mental health services participants through other Medicaid reimbursable and non-Medicaid programs. (3-19-07)

(BREAK IN CONTINUITY OF SECTIONS)

118. ENHANCED OUTPATIENT MENTAL HEALTH SERVICES -- DESCRIPTIONS.

01. Psychotherapy. Under the Medicaid Enhanced Plan, individual, family and group psychotherapy services are limited to forty-five (45) hours per calendar year. (3-19-07)

02. Partial Care Services. Under the Medicaid Enhanced Plan, partial care services are limited to twelve (12) hours per week per eligible participant. (5-8-09)

a. In order to be considered a partial care service, the service must: (3-19-07)

i. Be provided in a structured environment within the MHC setting; (3-19-07)

ii. Be identified as a service need through the participant's comprehensive diagnostic assessment and ~~the functional assessment and~~ be indicated on the individualized treatment plan with documented, concrete, and measurable objectives and outcomes; and ~~(5-8-09)~~(1-1-11)T

iii. Provide interventions for relieving symptoms, stabilizing behavior, and acquiring specific skills. These interventions must include the specific medical services, therapies, and activities that are used to meet the treatment objectives. (5-8-09)

b. Staff Qualifications for Partial Care Services. Licensed, qualified professionals providing partial care services must have, at a minimum, one (1) or more of the qualifications listed in IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Subsection 715.01. (3-19-07)

c. Excluded Services. Services that focus on vocation, recreation or education are not reimbursable under Medicaid Partial Care. Services that are provided outside the clinic facility are not reimbursable. Participants who receive skill training in Partial Care can not receive skill training in psychosocial rehabilitation, developmental therapy, intensive behavioral intervention, or residential habilitation services. ~~(3-19-07)~~(1-1-11)T

(BREAK IN CONTINUITY OF SECTIONS)

124. PSYCHOSOCIAL REHABILITATIVE SERVICES (PSR) - COVERAGE AND LIMITATIONS.

The following service limitations apply to PSR agency services, unless otherwise authorized by the Department. (5-8-09)

01. Assessment. Assessment services must not exceed ~~six~~ four (64) hours per participant annually. The following assessments are included in this limitation: ~~(5-8-09)~~(1-1-11)T

~~a. Intake Assessment;~~ ~~(5-8-09)~~

ba. Comprehensive Diagnostic Assessment. This assessment or an addendum to the existing assessment must be completed for each participant at least once annually; ~~(5-8-09)~~(1-1-11)T

~~c. Functional Assessment.~~ ~~(5-8-09)~~

~~d. Psychological and Neuropsychological Assessments. The duration of this type of assessment is determined by the participant's benefits and the presenting reason for such an assessment.~~ ~~(5-8-09)~~

eb. Occupational Therapy Assessment. The duration of this type of assessment is determined by the participant's benefits and the presenting reason for such an assessment. (5-8-09)

02. Psychological and Neuropsychological Testing. Testing services are limited to two (2) computer-

administered testing sessions and four (4) assessment hours per year. Additional testing must be prior authorized by the Department. Testing services are not included in the annual assessment limitation described at Subsection 124.01. The duration of psychological and neuropsychological testing is determined by the participant's benefits and the presenting reason for such an assessment. (1-1-11)T

023. Individualized Treatment Plan. Two (2) hours ~~per year per participant per provider agency are available for treatment plan development~~ are available for the development of the participant's initial treatment plan. Following the development of the initial treatment plan, all subsequent treatment must be based on timely updates to the initial plan. Treatment plan updates are considered part of the content of care and should occur as an integral part of the participant's treatment experience. (3-19-07)(1-1-11)T

034. Psychotherapy. Individual, family and group psychotherapy services are limited to a maximum of twenty-four (24) hours annually. Services beyond six (6) hours weekly must be prior-authorized. (5-8-09)

045. Crisis Intervention Service. A maximum of ten (10) hours of crisis support in a community may be authorized per crisis per seven (7) day period. Authorization must follow procedure described above at Subsection 123.04 of these rules. This limitation is in addition to any other PSR service hours within that same time frame. (5-8-09)

056. Skill Training and Community Reintegration. Services are limited to five (5) hours weekly in any combination of individual or group skill training and community reintegration. ~~Up to five (5) additional weekly hours are available with prior authorization.~~ Participants who receive skill training in psychosocial rehabilitation can not receive skill training in partial care, developmental therapy, intensive behavioral intervention, or residential habilitation services. (5-8-09)(1-1-11)T

067. Pharmacological Management. Pharmacological management services beyond twenty-four (24) encounters per calendar year must be prior authorized by the Department. (5-8-09)

~~**07. Collateral Contact.** Collateral contact services beyond six (6) hours per calendar year must be prior authorized by the Department.~~ (5-8-09)

08. Occupational Therapy. Occupational therapy services must be prior authorized by the Department, based on the results of an occupational therapy evaluation completed by an Occupational Therapist licensed in accordance with IDAPA 22.01.09, "Rules for the Licensure of Occupational Therapists and Occupational Therapy Assistants." (5-8-09)

09. Place of Service. PSR agency services are to be home and community-based. (5-8-09)

a. PSR agency services must be provided to the participant in his home and community whenever possible. Any other location, including a provider's office or clinic, may be used if the specific place of service is stated in the individualized treatment plan and is necessary to maximize the impact of the service. (5-8-09)

b. PSR agency services may be provided to a participant living in a residential or assisted living facility if the PSR services are determined by the Department to be appropriate, desired by the resident, and are not the responsibility of the facility or another agency under the Negotiated Service Agreement for residential or assisted living facilities. (5-8-09)

125. PSYCHOSOCIAL RE HABILITATIVE SE RVICES (P SR) - E XCLUDED SE RVICES N OT REIMBURSABLE UNDER MEDICAID.

Excluded services are those services that are not reimbursable under Medicaid PSR. The following is a list of those services: (3-19-07)

01. Inpatient. Treatment services rendered to participants residing in inpatient medical facilities including nursing homes, or hospitals, except those identified in Subsection 140.09~~7~~ of these rules. (3-19-07)(1-1-11)T

02. Recreational and Social Activities. Activities which are primarily social or recreational in

- purpose. (3-19-07)
- 03. Employment.** Job-specific interventions, job training and job placement services which includes helping the participant develop a resume, applying for a job, and job training or coaching. (3-19-07)
- 04. Household Tasks.** Staff performance of household tasks and chores. (3-19-07)
- 05. Treatment of Other Individuals.** Treatment services for persons other than the identified participant. (3-19-07)
- 06. Services Primarily Available Through Service Coordination Agencies.** Any service that is typically addressed by Service Coordination as described in Section 727 of these rules, is not included in the program of psychosocial rehabilitation services. The PSR agency staff should refer participants to service coordination agencies for these services. (5-8-09)
- 07. Medication Drops.** Delivery of medication only; (3-19-07)
- 08. Services Delivered on an Expired Individualized Treatment Plan.** Services provided between the expiration date of one (1) plan and the start date of the subsequent treatment plan. (3-19-07)
- 09. Transportation.** The provision of transportation services and staff time to transport. (3-19-07)
- 10. Inmate of a Public Institution.** Treatment services rendered to participants who are residing in a public institution as defined in 42 CFR 435.1009. (3-19-07)
- 11. Services Not Listed.** Any other services not listed in Section 123 of these rules. (3-19-07)

126. -- 127. (RESERVED).

128. PSYCHOSOCIAL REHABILITATIVE SERVICES (PSR) - RESPONSIBILITIES OF THE DEPARTMENT.

The Department will administer the provider agreement for the provision of PSR agency services and is responsible for the following tasks: (5-8-09)

01. Credentialing. The Department is responsible for ensuring Medicaid PSR agencies meet credentialing requirements described in IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Section 712. (3-19-07)

02. Prior Authorization Process. Reimbursement for specific services that require prior authorization will be authorized from the date the required documentation is received by the Department. The Department will complete the prior authorization process within ten (10) working days from the date all the required information is received from the provider. The specific documentation that is required for prior authorization is dependent on the request for additional services. (5-8-09)

~~a. Hours and Type of Service.~~ The Department must authorize the number of hours and type of services, as specifically required in these rules, which could be reasonably expected to ~~lead to achievement of the individualized treatment plan objectives~~ address the participant's needs in relation to those services. (5-8-09)(1-1-11)T

~~b. Authorization Time Period.~~ ~~Prior authorizations are limited to no more than a twelve (12) month period and must be reviewed and updated to continue.~~ (5-8-09)

03. Notice of Decision. At the point the Department makes a decision that a participant is ineligible for ~~PSR agency~~ specific services, a notice of decision citing the reason(s) the participant is ineligible for ~~PSR agency~~ those services must be issued by the Department. The notice of decision must be sent to the adult participant and a copy to his legal guardian, if any. When the participant is a minor child, the notice of decision must be sent to the minor child's parent or legal guardian. (5-8-09)(1-1-11)T

~~04. **Increases in Individualized Treatment Plan Hours or Change in Service Type Responding to Requests for Services.** When the Department is notified, in writing, by the provider of ~~recommended increases in hours or change in type of services provided~~ that requires prior authorization, the Department must review the request and either approve or deny the request within ten (10) working days of receipt. ~~A clear rationale for the increase in hours or change in service type must be included with the request.~~~~ (5-8-09)(1-1-11)T

~~05. **Changes to Individualized Treatment Plan Objectives or Tasks.** When a provider believes that an individualized treatment plan needs to be revised without increasing hours or changing type of service, the provider should amend the individualized treatment plan at the time of the next treatment plan review or when substantial changes in the participant's mental status or circumstances require immediate changes in the plan objectives. The amended individualized treatment plan must be retained in the participant's record and submitted to the Department upon request.~~ (5-8-09)

~~06. **Service System.** The Department is responsible for the development, maintenance and coordination of regional, comprehensive and integrated service systems.~~ (3-19-07)

129. PSYCHOSOCIAL REHABILITATIVE SERVICES (PSR) - PROVIDER RESPONSIBILITIES.

01. Provider Agreement. Each provider must enter into a provider agreement with the Division of Medicaid for the provision of PSR agency services and also is responsible for the following tasks: (5-8-09)

02. Service Provision. Each provider must have signed additional terms to the general provider agreement with the Department. (3-19-07)

03. Service Availability. Each provider must assure provision of PSR agency services to participants on a twenty-four (24) hour basis. (5-8-09)

04. Comprehensive Diagnostic Assessment and Individualized Treatment Plan Development. The provider agency is responsible to conduct a comprehensive diagnostic assessment and develop an individualized treatment plan for each **new** participant with input from the interdisciplinary team if these services have not already been completed by another provider. In the event the agency makes a determination that it cannot serve the participant, the agency must make appropriate referrals to other agencies to meet the participant's identified needs. (5-8-09)(1-1-11)T

05. Individualized Treatment Plan. The provider must develop an individualized treatment plan **when one (1) has not already been developed** in accordance with Section 116 of these rules. **Providers must update the participant's treatment plan at least every one hundred twenty (120) days or more frequently as necessary until the participant is discharged from services.** The signature of a licensed physician, or other licensed practitioner of the healing arts within the scope of his practice under state law is required on the individualized treatment plan indicating the services are medically necessary **at least annually**. The date of the initial plan is the date it is signed by the physician. (5-8-09)(1-1-11)T

06. Changes to Individualized Treatment Plan Objectives. When a provider believes that an individualized treatment plan needs to be revised, the provider should make those revisions in collaboration with the participant's interdisciplinary team and obtain required signatures. Amendments and modifications to the treatment plan objectives must be justified and documented in the medical record. (5-8-09)

07. Effectiveness of Services. Effectiveness of services, as measured by a participant's achievement of his plan objectives, must be monitored by the provider and changes to the individualized treatment plan must be initiated when service needs change or interventions are shown to be ineffective. These measures must be included on the participant's next treatment plan review. (5-8-09)

08. Healthy Connections Referral. Providers must obtain a Healthy Connections referral if the participant is enrolled in the Healthy Connections program. (3-19-07)

(BREAK IN CONTINUITY OF SECTIONS)

136. PSYCHOSOCIAL REHABILITATIVE SERVICES (PSR) - RECORD REQUIREMENTS FOR PROVIDERS.

In addition to the development and maintenance of the individualized treatment plan, the following documentation must be maintained by the provider of PSR services: (3-19-07)

- 01. Name.** Name of participant. (3-19-07)
- 02. Provider.** Name of the provider agency and the agency staff person delivering the service. (3-19-07)
- 03. Date, Time, Duration of Service, and Justification.** Documentation of the date, time, and duration of service, and the justification for the length of time which is billed must be included in the record. (3-19-07)
- 04. Documentation of Progress.** The written description of the service provided, the place of service, and the response of the participant must be included in the progress note. A separate progress note is required for each contact with a participant. (3-19-07)
- 05. Treatment Plan Review.** A documented outcome-specific review of progress toward each individualized treatment plan goal and objective must be kept in the participant's file. These reviews should occur intermittently, but not more than one hundred twenty (120) days apart on a continual basis until the participant is discharged. ~~(5-8-09)~~(1-1-11)T
 - a.** A copy of the review must be sent to the Department upon request. Failure to do so may ~~result in the loss of a prior authorization or~~ result in a recoupment of reimbursement provided for services delivered after the intermittent staffing review date. ~~(5-8-09)~~(1-1-11)T
 - b.** The review must also include a reassessment of the participant's continued need for services. The review must occur at least every one hundred twenty (120) days and be conducted in visual contact with the participant. For children, the review must include a new CAFAS/PECFAS for the purpose of measuring changes in the participant's functional impairment. (5-8-09)
 - c.** After eligibility has been determined, subsequent CAFAS/PECFAS scores are used to measure progress and functional impairment and should not be used to terminate services. (3-19-07)
- 06. Signature of Staff Delivering Service.** The legible, dated signature, with degree credentials listed, of the staff person delivering the service. (3-19-07)
- 07. Choice of Provider.** Documentation of the participant's choice of provider must be maintained in the participant's file prior to the implementation of the individualized treatment plan. (3-19-07)
- 08. Closure of Services .** A discharge summary must be included in the participant's record and submitted to the Department identifying the date of closure, reason for ending services, progress on objectives, and referrals to supports and other services. (3-19-07)
- 09. Payment Limitations.** Reimbursement is not allowed for missed appointments, attempted contacts, travel to provide the service, leaving messages, scheduling appointments for any purpose, transporting participants, or documenting services. For services paid at the fifteen (15) minute incremental rate, providers must comply with Medicaid billing requirements. (5-8-09)
- 10. Informed Consent.** The agency must ensure that participants who receive services through the agency have obtained informed consent from the participant or his legal guardian indicating agreement with all of the elements on the individualized treatment plan including choice of the provider agency, designated services, times, dates, frequencies, objectives, goals, and exit criteria. For a minor child, informed consent must be obtained from the

minor's parent or legal guardian.

(5-8-09)

(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 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. (5-8-09)

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 QIDP 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; (5-8-09)

i. Conducting, at least annually, participant satisfaction or quality control reviews which are available to the Department and the general public; and (5-8-09)

~~**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)

326. AGED OR DISABLED WAIVER SERVICES: COVERAGE AND LIMITATIONS.

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

and assistance with activities of daily living. (3-19-07)

02. Adult Residential Care Services. Services are those that consist of a range of services provided in a congregate setting licensed in accordance with IDAPA 16.03.22, "Residential Care or Assisted Living Facilities in Idaho," that includes: (3-19-07)

- a. Medication management; (3-19-07)
- b. Assistance with activities of daily living; (3-19-07)
- c. Meals, including special diets; (3-19-07)
- d. Housekeeping; (3-19-07)
- e. Laundry; (3-19-07)
- f. Transportation; (3-19-07)
- g. Opportunities for socialization; (3-19-07)
- h. Recreation; and (3-19-07)
- i. Assistance with personal finances. (3-19-07)
- j. Administrative oversight must be provided for all services provided or available in this setting. (3-19-07)

k. A written individual service plan must be negotiated between the participant or his legal representative, and a facility representative. (3-19-07)

03. Assistive Technology. Assistive technology is any item, piece of equipment, or product system beyond the scope of the Medicaid State Plan, whether acquired off the shelf or customized, that is used to increase, maintain, or improve the functional capability of the participant. Assistive technology also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment. (3-19-07)

04. Assisted Transportation. Individual assistance with non-medical transportation services, including escort to a person who has difficulties (physical or cognitive) using regular vehicular transportation. Such services are specified in the plan for services in order to enable waiver participants to gain access to waiver and other community services and resources. (3-19-07)

a. Assisted transportation service is offered in addition to medical transportation required in IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Sections 860 through 876, and will not replace it. (3-19-07)

b. Whenever possible, family, neighbors, friends, or community agencies who can provide this service without charge or public transit providers will be utilized. (3-19-07)

05. Attendant Care. Attendant care services are those services that involve personal and medically oriented tasks dealing with the functional needs of the participant. These services may include personal care and medical tasks that can be done by unlicensed persons, or delegated to an unlicensed person by a licensed health care professional. Services may occur in the participant's home, community, work, school or recreational settings. (3-30-07)

a. To utilize the services of a Personal Assistance Agency acting as a fiscal intermediary, the participant family, or legal representative must be able and willing to assume responsibility for the direction of the participant's care and for personnel activities such as provider selection and supervision. If the participant, family, or legal representative is unable or unwilling to assume such responsibility, then an agency employee must be utilized.

(3-19-07)

b. The Department may require supervision by a health care professional if the required care is so complex that such supervision is necessary for health and safety. (3-19-07)

06. Chore Services . Chore services include the services provided in Subsection 326.06.a. and 326.06.b. of this rule: (3-19-07)

a. Intermittent Assistance may include the following. (3-19-07)

i. Yard maintenance; (3-19-07)

ii. Minor home repair; (3-19-07)

iii. Heavy housework; (3-19-07)

iv. Sidewalk maintenance; and (3-19-07)

v. Trash removal to assist the participant to remain in their home. (3-19-07)

b. Chore activities may include the following: (3-19-07)

i. Washing windows; (3-19-07)

ii. Moving heavy furniture; (3-19-07)

iii. Shoveling snow to provide safe access inside and outside the home; (3-19-07)

iv. Chopping wood when wood is the participant's primary source of heat; and (3-19-07)

v. Tacking down loose rugs and flooring. (3-19-07)

c. These services are only available when neither the participant, nor anyone else in the household is capable of performing or financially providing for them, and where no other relative, caretaker, landlord, community volunteer, agency, or third party payer is willing to or is responsible for their provision. (3-19-07)

d. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to any authorization of service. Chore services are limited to the services provided in a home rented or owned by the participant. (3-19-07)

07. Adult Companion. In-home services to insure the safety and well-being of a person who cannot be left alone because of frail health, a tendency to wander, inability to respond to emergency situations, or other conditions that would require a person on-site. The service provider may provide voice cuing and occasional assistance with toileting, personal hygiene, dressing, and other activities of daily living. However, the major responsibility is to provide companionship and be there in case they are needed. (3-19-07)

08. Consultation. Consultation services are services to a participant or family member. Services provided by a PAA to a participant or family member to increase their skills as an employer or manager of their own care. Such services are directed at achieving the highest level of independence and self reliance possible for the participant/family. Services to the provider are for the purpose of understanding the special needs of the participant and the role of the care giver. (3-19-07)

09. Home Delivered Meals. Meals which are designed to promote adequate participant nutrition through the provision and home delivery of one (1) to two (2) meals per day. Home delivered meals are limited to participants who: (3-19-07)

a. Rent or own their own home; (3-19-07)

- b. Are alone for significant parts of the day; (3-19-07)
- c. Have no regular caretaker for extended periods of time; and (3-19-07)
- d. Are unable to prepare a balanced meal. (3-19-07)

10. Homemaker Services. Assistance to the participant with light housekeeping, laundry, assistance with essential errands, meal preparation, and other light housekeeping duties if there is no one else in the household capable of performing these tasks. (3-19-07)

11. Home Modifications. Minor housing adaptations that are necessary to enable the participant to function with greater independence in the home, or without which, the participant would require institutionalization. Such adaptations may include: (3-19-07)

a. The installation of ramps and lifts, widening of doorways, modification of bathroom facilities, or installation of electric and plumbing systems which are necessary to accommodate the medical equipment and supplies necessary for the welfare of the waiver participant, but will exclude those adaptations or improvements to the home which are not of direct medical or remedial benefit to the participant, such as carpeting, roof repair, or central air conditioning. (3-19-07)

b. Permanent environmental modifications are limited to modifications to a home owned by the participant or the participant's family and the home is the participant's principal residence. (3-19-07)

c. Portable or Non-Stationary Modifications. Portable or non-stationary modifications may be made when such modifications can follow the participant to his next place of residence or be returned to the Department. (3-19-07)

12. Personal Emergency Response System. A system which may be provided to monitor waiver participant safety or provide access to emergency crisis intervention for emotional, medical, or environmental emergencies through the provision of communication connection systems. PERS are limited to participants who: (3-19-07)

- a. Rent or own their home, or live with unpaid relatives; (3-19-07)
- b. Are alone for significant parts of the day; (3-19-07)
- c. Have no caretaker for extended periods of time; and (3-19-07)
- d. Would otherwise require extensive routine supervision. (3-19-07)

13. Psychiatric Consultation. Psychiatric Consultation is direct consultation and clinical evaluation of participants, who are currently experiencing or may be expected to experience a psychological, behavioral, or emotional crisis. This service may provide training to the direct service provider or participant's family related to the needs of a participant. These services also provide emergency intervention involving the direct support of the participant in crisis. (3-19-07)

14. Respite Care. Occasional breaks from care giving responsibilities to non-paid care givers. The care giver or participant is responsible for selecting, training, and directing the provider. While receiving respite care services, the waiver participant cannot receive other waiver services which are duplicative in nature. Respite care services provided under this waiver will not include room and board payments. (3-19-07)

~~**15. Service Coordination.** Service coordination includes all of the activities contained in Section 727 of these rules. Such services are designed to foster independence of the participant, and will be time limited. (3-19-07)~~

~~a. All services will be provided in accordance with an individual service plan. All services will be~~

~~incorporated into the Individual Service plan and authorized by the RMS. (3-19-07)~~

~~b. The service coordinator must notify the RMS, the Personal Assistance Agency, as well as the medical professionals involved with the participant of any significant change in the participant's situation or condition. (3-19-07)~~

165. Skilled Nursing Services. Intermittent or continuous oversight, training, or skilled care which is within the scope of the Nurse Practice Act and as such care must be provided by a licensed registered nurse, or licensed practical nurse under the supervision of a registered nurse, licensed to practice in Idaho. These services are ~~not~~ appropriate if they are less cost effective than a Home Health visit. Nursing services may include but are not limited to: ~~(3-19-07)~~**(1-1-11)T**

- a. The insertion and maintenance of nasogastric tubes and the monitoring or installation of feeding material; (3-19-07)
- b. The maintenance of volume ventilators including associated tracheotomy care, tracheotomy, and oral pharyngeal suctioning. (3-19-07)
- c. Maintenance and monitoring of IV fluids or nutritional supplements which are to be administered on a continuous or daily basis; (3-19-07)
- d. Injections; (3-19-07)
- e. Blood glucose monitoring; and (3-19-07)
- f. Blood pressure monitoring. (3-19-07)

176. Habilitation. Habilitation services consist of an integrated array of individually-tailored services and supports furnished to eligible participants. These services and supports are designed to assist the participants to reside successfully in their own homes, with their families, or in alternate family homes. (3-30-07)

- a. Residential habilitation services assist the individual to acquire, retain, or improve his ability to reside as independently as possible in the community or maintain family unity. Habilitation services include training in one (1) or more of the following areas: (3-30-07)
 - i. Self-direction consists of identifying and responding to dangerous or threatening situations, making decisions and choices affecting the individual's life, and initiating changes in living arrangements or life activities; (3-30-07)
 - ii. Money management consists of training or assistance in handling personal finances, making purchases, and meeting personal financial obligations; (3-30-07)
 - iii. Daily living skills consist of training in accomplishing routine housekeeping tasks, meal preparation, dressing, personal hygiene, self administration of medications, and other areas of daily living including proper use of adaptive and assistive devices, appliances, as well as following home safety, first aid, and emergency procedures; (3-30-07)
 - iv. Socialization consists of training or assistance in participation in general community activities and establishing relationships with peers with an emphasis on connecting the participant to his community. Socialization training associated with participation in community activities includes assisting the participant to identify activities of interest, working out arrangements to participate in such activities, and identifying specific training activities necessary to assist the participant to continue to participate in such activities on an on-going basis. Socialization training does not include participation in nontherapeutic activities that are merely diversional or recreational in nature; (3-30-07)
 - v. Mobility consists of training or assistance aimed at enhancing movement within the person's living arrangement, mastering the use of adaptive aids and equipment, accessing and using public transportation,

independent travel, or movement within the community; or (3-30-07)

vi. Behavior shaping and management consist of training and assistance in appropriate expressions of emotions or desires, assertiveness, acquisition of socially appropriate behaviors, or extension of therapeutic services that consist of reinforcing physical, occupational, speech, and other therapeutic programs. (3-30-07)

b. Day rehabilitation consists of assistance with acquisition, retention, or improvement in self-help, socialization, and adaptive skills that take place in a non-residential setting, separate from the home or facility in which the participant resides. Services will normally be furnished four (4) or more hours per day on a regularly scheduled basis, for one (1) or more days per week, unless provided as an adjunct to other day activities included in a participant's plan of care. Day rehabilitation services will focus on enabling the participant to attain or maintain his or her maximum functional level and will be coordinated with any physical therapy, occupational therapy, or speech-language pathology services listed in the plan of care. In addition, day rehabilitation services may serve to reinforce skills or lessons taught in school, therapy, or other settings. (4-2-08)

187. Supported Employment. Supported employment consists of competitive work in integrated work settings for individuals with the most severe disabilities for whom competitive employment has not traditionally occurred, or for whom competitive employment has been interrupted or intermittent as a result of a severe disability. Because of the nature and severity of their disability, these individuals need intensive supported employment services or extended services in order to perform such work. (3-30-07)

a. Supported employment services rendered under this waiver are not available under a program funded by either the Rehabilitation Act of 1973, as amended, or the Individuals with Disabilities Education Act (IDEA). Documentation must be maintained by RMS in the file of each individual receiving this service verifying that the service is not otherwise available or funded under the Rehabilitation Act of 1973, as amended, or the IDEA. (3-30-07)

b. Federal Financial Participation (FFP) can not be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following: incentive payments made to an employer of waiver participants to encourage or subsidize the employer's participation in a supported employment programs, payments that are passed through to beneficiaries of supported employment programs, or payments for vocational training that is not directly related to a waiver participant's supported employment program. (3-30-07)

198. Behavior Consultation or Crisis Management. Behavior consultation or crisis management consists of services that provide direct consultation and clinical evaluation of participants who are currently experiencing, or are expected to experience, a psychological, behavioral, or emotional crisis. This service may provide training and staff development related to the needs of a participant. These services also include emergency back-up that provides direct support and services to a participant in crisis. (3-30-07)

(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. (5-8-09)

02. Fiscal Intermediary Services. An agency that has responsibility for the following: (5-8-09)

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 assure that personal assistants providing services meet the standards and qualifications under in this rule; (5-8-09)
 - h.** To maintain liability insurance coverage; (5-8-09)
 - i.** To conduct, at least annually, participant satisfaction or quality control reviews that are available to the Department and the general public; (5-8-09)
 - ~~**j.** To make referrals for service coordination for a PCS eligible participant when a need for such services is identified; and (5-8-09)~~
 - ~~**k.** To obtain such criminal background checks and health screens on new and existing employees of record and fact as required. (5-8-09)~~
- 03. Provider Q ualifications.** 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: (4-2-08)
 - i.** Companion services; (4-2-08)
 - ii.** Chore services; and (4-2-08)
 - iii.** Respite care services. (4-2-08)
- 04. Specialized M edical E quipment Pr ovider Q ualifications.** 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. (4-2-08)
 - 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." (4-2-08)

~~**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)~~

- 087. 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)

~~**098. 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." (4-2-08)~~

- ~~**109. 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)

~~**110. 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)~~

- ~~**121. 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." (4-2-08)

132. **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)

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

154. **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." (4-2-08)

165. **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." (4-2-08)

176. **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)

187. **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;" (4-2-08)
 - 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)

198. 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." (4-2-08)

209. 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." (4-2-08)

210. 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." (4-2-08)

(BREAK IN CONTINUITY OF SECTIONS)

508. BEHAVIORAL HEALTH PRIOR AUTHORIZATIONS: DEFINITIONS. For the purposes of these rules the following terms are used as defined below. (3-19-07)

01. Adult. A person who is eighteen (18) years of age or older. (3-29-10)

02. Assessment. A process that is described in Section 509 of these rules for program eligibility and in Section 512 of these rules for plan of service. (3-19-07)

03. Clinical Review. A process of professional review that validates the need for continued services. (3-19-07)

04. Community Crisis Support. Intervention for participants who are at risk of losing housing, employment or income, or who are at risk of incarceration, physical harm, family altercations or other emergencies. (3-19-07)

- 05. Concurrent Review.** A clinical review to determine the need for continued prior authorization of services. (3-19-07)
- 06. Exception Review.** A clinical review of a plan that falls outside the established standards. (3-19-07)
- 07. Interdisciplinary Team.** For purposes of these rules, the interdisciplinary team is a team of professionals, determined by the Department, that reviews requests for reconsideration. (3-19-07)
- 08. Level of Support.** An assessment score derived from the SIB-R that indicates types and amounts of services and supports necessary to allow the individual to live independently and safely in the community. (3-19-07)
- 09. Person-Centered Planning Process.** A meeting facilitated by the plan developer, comprised of family and individuals significant to the participant who collaborate with the participant to develop the plan of service. (3-19-07)
- 10. Person-Centered Planning Team.** The group who develops the plan of service. This group includes, at a minimum, the participant and the service coordinator or plan developer chosen by the participant. The person-centered planning team may include others identified by the participant or agreed upon by the participant and the Department as important to the process. (3-19-07)
- 11. Plan Developer.** A paid or non-paid person identified by the participant who is responsible for developing one (1) plan of service and subsequent addenda that cover all services and supports, based on a person-centered planning process. (3-19-07)
- 12. Plan Monitor.** A person who oversees the provision of services on a paid or non-paid basis. (3-19-07)
- ~~**13. Plan Monitor Summary.** A summary that provides information to evaluate plans and initiate action to resolve any concerns. The plan monitor must complete a plan monitor summary when the plan has been in effect for six (6) months and at the annual person-centered planning process. The summary is based on the provider status reviews referred to in Subsection 513.06 of these rules. The plan monitor will use the provider information to evaluate plans and initiate action to resolve any concerns. (3-19-07)~~
- 143. Plan of Service.** An initial or annual plan that identifies all services and supports based on a person-centered planning process. Plans are authorized annually every three hundred sixty-five (365) days. (3-19-07)
- ~~**154. Prior Authorization (PA).** A process for determining a participant's eligibility for services and medical necessity prior to the delivery or payment of services as provided by these rules. (3-19-07)~~
- ~~**165. Provider Status Review.** The written documentation that identifies the participant's progress toward goals defined in the plan of service. (3-19-07)~~
- ~~**176. Right and Accepted treatment for defined diagnosis, functional needs and abilities to achieve the desired outcome. The right care is consistent with best practice and continuous quality improvement. (3-19-07)**~~
- ~~**187. Right and Services delivered in the most integrated setting in which they normally occur, based on the participant's choice to promote independence. (3-19-07)**~~
- ~~**198. Right and The most integrated and least expensive services that are sufficiently intensive to address the participant's needs. The amount is based on the individual's needs for services and supports as identified in the assessment. (3-19-07)**~~
- ~~**2019. Right and Outcomes.** Services based on assessed need that ensure the health and safety of the participant and result in progress, maintenance, or delay or prevention of regression for the participant. (3-19-07)~~
- ~~**240. Service Coordination.** Service coordination is an activity which assists individuals eligible for~~

Medicaid in gaining and coordinating access to necessary care and services appropriate to the needs of an individual. (3-19-07)

221. Service Coordinator. An individual who provides service coordination to a Medicaid-eligible participant, is employed by a service coordination agency, and meets the training, experience, and other requirements under Sections 729 through 732 of these rules. (3-19-07)

232. Services. Services paid for by the Department that enable the individual to reside safely and effectively in the community. (3-19-07)

243. SIB-R. The Scales of Independent Behavior - Revised (SIB-R) is a standardized assessment tool evaluating functional skill levels and evaluating maladaptive behavior. The SIB-R is used by the Department to determine developmental disability eligibility, waiver eligibility, skill level to identify the participant's needs for the plan of service, and for determining the participant budget. (3-19-07)

254. Supports. Formal or informal services and activities, not paid for by the Department, that enable the individual to reside safely and effectively in the setting of his choice. (3-19-07)

(BREAK IN CONTINUITY OF SECTIONS)

512. BEHAVIOR HEALTH PRIOR AUTHORIZATION: PROCEDURAL REQUIREMENTS.

01. Assessment for Plan of Service . The assessment for a plan of service is required for all participants prior to the development of the plan of service. This assessment must include the following in Subsections 512.02 through 512.06 of these rules. (3-19-07)

02. Physician's History and Physical. The history and physical must include a physician's referral for nursing services under the DD waivers and for developmental disabilities agencies' services, if they are anticipated to be part of the plan of service. A physician's history and physical is required within the year prior to the initiation of service and thereafter on a frequency determined by the physician. For participants in Healthy Connections: (3-29-10)

a. The Healthy Connections physician may delegate to the Department the authority to approve developmental disability services. (3-19-07)

b. The Healthy Connections physician must conduct the history and physical, and may refer the participant for other evaluations. (3-19-07)

03. Medical, Social, and Developmental History. The medical, social and developmental history is used to document the participant's medical social and developmental history information. A current medical social and developmental history must be evaluated prior to the initiation of DDA services and must be reviewed annually to assure it continues to reflect accurate information about the participant's status. ~~(3-19-07)~~(1-1-11)T

a. A medical, social and developmental history for adult participants is completed by the Department or its contractor. Providers should obtain and utilize the medical, social developmental history documents generated by the Department or its contractor when one is necessary for adult program or plan development. (1-1-11)T

b. A medical social and developmental history for children is required when the child is accessing DDA services for the first time, and must reflect accurate information about the participants' status. (1-1-11)T

c. After the initial medical social development history for children, additional Medical Social and Development History services for children will be reimbursed if a qualified professional determines that it no longer reflects the current status of the participant. Please refer to IDAPA 16.04.11, "Developmental Disabilities Agencies (DDA)," Subsections 602.01 and 602.02. (1-1-11)T

04. SIB-R. The results of the SIB-R are used to determine the level of support for the participant. A current SIB-R assessment must be evaluated prior to the initiation of service and must be reviewed annually to assure it continues to reflect the functional status of the participant. (3-19-07)

a. The SIB-R for adults is completed by the Department or its contractor. Providers must obtain and utilize the document generated by the Department or its contractor when one is necessary for program or plan development. (1-1-11)T

b. The SIB-R for children is required for all children accessing DDA services for the first time. (1-1-11)T

c. After the initial SIB-R assessment for children, additional SIB-R assessments will be reimbursed if a qualified professional determines that the assessment no longer reflects the current status of the participant. Please refer to IDAPA 16.04.11.602.01, and 16.04.11.602.02. (1-1-11)T

05. Medical Condition. The participant's medical conditions, risk of deterioration, living conditions, and individual goals. (3-19-07)

06. Behavioral or Psychiatric Needs . Behavioral or psychiatric needs that require special consideration. (3-19-07)

513. BEHAVIOR HEALTH PRIOR AUTHORIZATION: PLAN OF SERVICE.

In collaboration with the participant, the Department must assure that the participant has one (1) plan of service. This plan of service is based on the individualized participant budget referred to in Section 514 of these rules and must identify all services and supports. Participants may develop their own plan or designate a paid or non-paid plan developer. In developing the plan of service, the plan developer and the participant must identify services and supports available outside of Medicaid-funded services that can help the participant meet desired goals. Authorized services must be delivered by providers who are selected by the participant. (3-19-07)

01. Qualifications of a Paid Plan Developer. Neither a provider of direct service to the participant nor the assessor may be chosen to be the paid plan developer. Family members and all others who wish to be paid for plan development must be employed as a service coordinator as defined in Sections 729 through 732 of these rules. (3-19-07)

02. Plan Development. The plan must be developed with the participant. With the participant's consent, the person-centered planning team may include family members, guardian, or individuals who are significant to the participant. In developing the plan of service, the plan developer and participant must identify any services and supports available outside of Medicaid-funded services that can help the participant meet desired goals. The plan of service must be submitted within forty-five (45) days prior to the expiration of the existing plan of service unless delayed because of participant unavailability due to extenuating circumstances. If the plan is not submitted within this time period, authorization for provider payments may be terminated. (3-19-07)

03. Prior Authorization Outside of These Rules. The plan developer must ensure that all services that require prior authorization outside of these rules are submitted to the appropriate unit of the Department. These services include: (3-19-07)

a. Durable Medical Equipment (DME); (3-19-07)

b. Transportation; and (3-19-07)

c. Physical therapy, occupational therapy, and speech-language pathology services provided outside of a Development Disabilities Agency (DDA). (4-2-08)

04. No Duplication of Services. The plan developer will ensure that there is no duplication of services if there are multiple plans of service. Duplicate services will not be authorized. (3-19-07)

05. Plan Monitoring. The participant, service coordinator or plan monitor must monitor the plan. The plan developer is the plan monitor unless there is a service coordinator, in which case the service coordinator assumes the roles of both service coordinator and plan monitor. The planning team must identify the frequency of monitoring, which must be at least every ninety (90) days. Plan monitoring must include the following: (3-19-07)

a. Review of the plan of service in a face-to-face contact with the participant to identify the current status of programs and changes if needed; (3-19-07)

b. Contact with service providers to identify barriers to service provision; (3-19-07)

c. Discuss with participant satisfaction regarding quality and quantity of services; and (3-19-07)

d. Review of provider status reviews ~~and complete a plan monitor summary after the six (6) month review and for annual plan development.~~ (3-19-07)(1-1-11)T

e. Immediately report all allegations or suspicions of mistreatment, abuse, neglect, or exploitation, as well as injuries of unknown origin to the agency administrator, the Regional Medicaid Services (RMS), the adult protection authority, and any other entity identified under Section 39-5303, Idaho Code, or federal law. (3-19-07)

06. Provider Status Reviews. Service providers, with exceptions identified in Subsection 513.11 of these rules, must report the participant's progress toward goals to the plan monitor on the provider status review when the plan has been in effect for six (6) months and at the annual person-centered planning meeting. The semi-annual and annual reviews must include: (3-19-07)

a. The status of supports and services to identify progress; (3-19-07)

b. Maintenance; or (3-19-07)

c. Delay or prevention of regression. (3-19-07)

~~**07. Plan Monitor Summary.** The plan monitor must complete a plan monitor summary when the plan has been in effect for six (6) months and at the annual person-centered planning process. The summary is based on the provider status review. (3-19-07)~~

~~**08. Content of the Plan of Service.** The plan of service must identify the type of service to be delivered, goals to be addressed within the plan year, frequency of supports and services, and identified service providers. The plan of service must include activities to promote progress, maintain functional skills, or delay or prevent regression. (3-19-07)~~

~~**09. Negotiation for the Plan of Service.** If the services requested on the plan of service fall outside the individualized budget or do not reflect the assessed needs of the participant, the plan developer and the participant will have the opportunity to negotiate the plan of service with the Department's care manager. Services will not be paid for unless they are authorized on the plan of service. (3-29-10)~~

~~**10. Informed Consent.** Unless the participant has a guardian with appropriate authority, the participant must make decisions regarding the type and amount of services required. During plan development and amendment, planning team members must each indicate whether they believe the plan meets the needs of the participant, and represents the participant's choice. If not, the plan or amendment must be referred to the Bureau of Care Management's Medicaid Consumer Relations Specialist to negotiate a resolution with members of the planning team. (3-19-07)~~

~~**11. Provider Implementation Plan.** Each provider of Medicaid services, subject to prior authorization, must develop an implementation plan that identifies specific objectives that demonstrate how the provider will assist the participant to meet the participant's goals and needs identified in the plan of service. (3-19-07)~~

a. Exceptions. An implementation plan is not required for waiver providers of: (3-19-07)

- i. Specialized medical equipment; (3-19-07)
 - ii. Home delivered meals; (3-19-07)
 - iii. Environmental modifications; (3-19-07)
 - iv. Non-medical transportation; (3-19-07)
 - v. Personal emergency response systems (PERS); (3-19-07)
 - vi. Respite care; and (3-19-07)
 - vii. Chore services. (3-19-07)
- b.** Time for Completion. The implementation plan must be completed within fourteen (14) days after the initial provision of service, and revised whenever participant needs change. (3-19-07)
- c.** Documentation of Changes. Documentation of Implementation Plan changes will be included in the participant's record. This documentation must include, at a minimum, the reason for the change, documentation of coordination with other service providers (where applicable), the date the change was made, the signature of the person making the change complete with the date and title. (3-19-07)
- 121.** **Addendum to the Plan of Service.** A plan of service may be adjusted during the year with an addendum to the plan. These adjustments must be based on ~~changes in a participant's need or demonstrated outcomes~~ **a change to a cost, a change in services, or a change of provider**. Additional assessments or information may be clinically necessary. Adjustment of the plan of service is subject to prior authorization by the Department. ~~(3-19-07)~~**(1-1-11)T**
- 132.** **Community Crisis Supports.** Community crisis supports are interventions for participants who have been determined eligible for developmental disability services and who are at risk of losing housing, employment or income, or are at risk of incarceration, physical harm, family altercation, or other emergencies. Community crisis support may be authorized the following business day after the intervention if there is a documented need for immediate intervention, no other means of support are available, and the services are appropriate to rectify the crisis. Community crisis support is limited to a maximum of twenty (20) hours during any consecutive five (5) day period. (3-19-07)
- a.** Emergency Room. Crisis services may be provided in an emergency room during the ER evaluation process if the goal is to prevent hospitalization and return the participant to the community. (3-19-07)
- b.** Before Plan Development. Community crisis support may be provided before or after the completion of the assessment and plan of service. If community crisis support is provided before the completion of the assessment and plan of service, the plan of service must include an identification of the factors contributing to the crisis and a strategy for addressing those factors in the future. (3-19-07)
- c.** Crisis Resolution Plan. After community crisis support has been provided, the provider of the community crisis support service must complete a crisis resolution plan and submit it to the Department for approval within three (3) business days. (3-19-07)
- 143.** **Annual Reauthorization of Services.** A participant's plan of service must be reauthorized annually. The Department must review and authorize the new plan of service prior to the expiration of the current plan. (3-19-07)
- a.** Plan Developer Responsibilities for Annual Reauthorization. A new plan of service must be provided to the Department by the plan developer at least forty-five (45) days prior to the expiration date of the current plan. Prior to this, the plan developer must: (3-19-07)
- i. Notify the providers who appear on the plan of service of the annual review date. (3-19-07)

- ii. Obtain a copy of the current annual provider status review from each provider for use by the person-centered planning team. Each provider status review must meet the requirements in Subsection 513.14.d of these rules. (3-19-07)
- iii. Convene the person-centered planning team to develop a new plan of service. (3-19-07)
- b. Evaluation and Prior Authorization of the Plan of Service. The plan of service must be evaluated and prior authorized in accordance with the requirements in Sections 507 and 513 of these rules. (3-19-07)
- c. Adjustments to the Annual Budget and Services. The annual budget and services may be adjusted based on demonstrated outcomes, progress toward goals and objectives, and benefit of services. (3-19-07)
- d. Annual Status Reviews Requirement. If the provider's annual status reviews are not submitted ~~with the annual plan, services will not be authorized~~ to the plan monitor, services will not be written into the individual service plan and therefore will not be authorized at the time of the annual reauthorization. These services may be added to the plan of service only by means of an addendum to the plan in accordance with Subsection 513.12 of these rules. ~~(3-19-07)~~(1-1-11)T
- e. Reapplication After a Lapse in Service. For participants who are re-applying for service after a lapse in service, the assessor must evaluate whether assessments are current and accurately describe the status of the participant. (3-19-07)
- f. Annual Assessment Results. An annual assessment must be completed in accordance with Section 512 of these rules. (3-19-07)
- 154. ~~Reconsiderations, Complaints, and Administrative Appeals.~~ ~~(3-19-07)~~(1-1-11)T**
- ~~a. Reconsideration. Participants with developmental disabilities who are adversely affected by a Department decision regarding program eligibility and authorization of services under these rules may request a reconsideration within twenty-eight (28) days from the date the decision was mailed. The reconsideration must be performed by an interdisciplinary team as determined by the Department with at least one (1) individual who was not involved in the original decision. The reviewers must consider all information and must issue a written decision within fifteen (15) days of receipt of the request. (3-19-07)~~
- ~~ba. Complaints. Participant complaints about the assessment process, eligibility determination, plan development, quality of service, and other relevant concerns may be referred to the Division of Medicaid, Bureau of Care Management. (3-19-07)~~
- ~~eb. Administrative Appeals. Participants with developmental disabilities who are adversely affected by a Department decision regarding program eligibility and authorization of services under these rules may file an appeal. Administrative appeals are governed by provisions of IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings." ~~(3-19-07)~~(1-1-11)T~~

(BREAK IN CONTINUITY OF SECTIONS)

653. DDA SERVICES: COVERAGE REQUIREMENTS AND LIMITATIONS.

01. Requirement for Plan of Service and Prior Authorization. (3-19-07)
- a. All therapy services for children must be identified on the Individual Program Plan developed by the developmental disabilities agency (DDA) as described in IDAPA 16.04.11, "Developmental Disabilities Agencies." (3-19-07)

b. All therapy services for adults with developmental disabilities must be identified on the plan of service and prior authorized as described in Sections 507 through 520 of these rules and IDAPA 16.04.11, "Developmental Disabilities Agencies." (3-29-10)

02. Assessment and Diagnostic Services . ~~Twelve~~ ~~Four~~ (~~124~~) hours is the maximum Medicaid reimbursable time allowed for the combination of all assessment, evaluation or diagnostic services provided in any calendar year, excluding psychological assessments which are separately limited to 4 hours annually. Additional hours may be approved for a child through the month of his twenty-first birthday with approval from EPSDT staff in the Division of Medicaid. The following assessment and diagnostic services are reimbursable when provided in accordance with these rules and IDAPA 16.04.11, "Developmental Disabilities Agencies": ~~(3-19-07)~~(1-1-11)T

a. Comprehensive Developmental Assessment. In order to avoid duplication of services, prior to conducting a Comprehensive Developmental Assessment, the DDA must demonstrate that they have formally requested any existing comprehensive developmental assessment completed by either by the Department, a medical provider, a Developmental Disability Agency, a school district, charter school or The Idaho Infant Toddler Program. Comprehensive developmental assessments are not required unless one does not exist, or upon updating the current assessment, the qualified professional appropriately documents that there has been a change in the participant's represented status and assessed need. Please refer to IDAPA 16.04.11, "Developmental Disabilities Agencies," Subsections 602.01 and 602.02; ~~(3-19-07)~~(1-1-11)T

b. Comprehensive Intensive Behavioral Intervention (IBI) Assessment. Before conducting the comprehensive IBI assessment, the DDA must receive prior authorization from the Department. The time required to complete this assessment is included in the thirty-six (36) month IBI limitation but does not count against the ~~twelve~~ four (~~124~~) hour limitation described in this subsection; ~~(3-19-07)~~(1-1-11)T

c. Occupational Therapy Assessment; (3-19-07)

d. Physical Therapy Assessment; (3-19-07)

e. Speech and Language Assessment; (3-19-07)

f. Medical/Social History. In order to avoid duplication of services, prior to completing a medical/social history, the DDA must demonstrate that they have formally requested any existing medical social history completed by either by the Department, a medical provider, a Developmental Disability Agency, a school district, charter school, or The Idaho Infant Toddler Program. A medical/social history is required if one does not exist, or if the existing document does not accurately reflect the participant's current status. Please refer to IDAPA 16.04.11, "Developmental Disabilities Agencies," Subsections 602.01 and 602.02; and ~~(3-19-07)~~(1-1-11)T

g. ~~Psychological Assessment. Includes psychological testing and psychiatric diagnostic interview.~~ Psychiatric Diagnostic Interview. In order to avoid duplication of services, prior to completing a psychiatric diagnostic interview, the DDA must demonstrate that they have formally requested any existing psychiatric diagnostic interview completed by either by the Department, medical provider, a Developmental Disability Agency, a school district, charter school or The Idaho Infant Toddler Program. A psychiatric diagnostic interview is required if the qualified agency professional indicates that one is necessary to accurately reflect the participant's status and assessed need. Please refer to IDAPA 16.04.11, "Developmental Disabilities Agencies," Subsections 602.01 and 602.02; ~~(3-19-07)~~(1-1-11)T

03. Psychological Assessment. Psychological assessments will be limited to four (4) hours annually per participant. Psychological assessment is not included in the DDA annual assessment limitation of four (4) hours. Refer to IDAPA 16.04.11, "Developmental Disabilities Agencies," Section 601 for General Requirements for Psychological Assessments and IDAPA 16.04.11, "Developmental Disabilities Agencies," Section 602 for Requirements for Current Assessments. (1-1-11)T

034. Therapy Services . Developmental disabilities agency services must be recommended by a physician or other practitioner of the healing arts and provided in accordance with objectives as specified in IDAPA 16.04.11, "Developmental Disabilities Agencies." The following therapy services are reimbursable when provided in accordance with these rules and IDAPA 16.04.11, "Developmental Disabilities Agencies." (3-19-07)

a. Developmental Therapy. Developmental therapy may be delivered in a developmental disabilities agency center-based program, the community, or the home of the participant. Participants living in a certified family home must not receive home-based developmental therapy in a certified family home. Developmental therapy includes individual developmental therapy and group developmental therapy. Developmental therapy services will not be reimbursed if the participant is receiving psychosocial rehabilitation or partial care services as this is a duplication of services. (3-19-07)(1-1-11)T

b. Psychotherapy Services. Psychotherapy services, alone or in combination with supportive counseling, are limited to a maximum of forty-five (45) hours in a calendar year, and include: (3-19-07)

i. Individual psychotherapy; (3-19-07)

ii. Group psychotherapy; and (3-19-07)

iii. Family-centered psychotherapy which must include the participant and one (1) other family member at any given time. (3-19-07)

~~**e.** Supportive Counseling. Supportive counseling must only be delivered on an individualized, one-to-one basis. Supportive counseling, alone or in combination with psychotherapy services, is limited to a maximum of forty-five (45) hours in a calendar year. (3-19-07)~~

~~**dc.** Speech-Language Pathology Services. Speech-language pathology services include individual or group therapy. These services are limited in accordance with IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Sections 730 through 739. (4-2-08)~~

~~**ed.** Physical Therapy Services. Physical therapy services include individual or group therapy. These services are limited in accordance with IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Sections 730 through 739. (4-2-08)~~

~~**fe.** Occupational Therapy Services. Occupational therapy services include individual occupational therapy and group occupational therapy. These services are limited in accordance with IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Sections 730 through 739. (4-2-08)~~

~~**gf.** Intensive Behavioral Intervention (IBI). IBI is limited to a lifetime limit of thirty six (36) months. (3-19-07)~~

~~**i.** The DDA must receive prior authorization from the Department prior to delivering IBI services. (3-19-07)~~

~~**ii.** IBI must only be delivered on an individualized, one-to-one basis. (3-19-07)~~

~~**iii.** Intensive behavioral intervention services will not be reimbursed if the participant is receiving psychosocial rehabilitation or partial care services as this is a duplication of services. (1-1-11)T~~

~~**hg.** Intensive Behavioral Intervention (IBI) Consultation. IBI consultation is included in the thirty-six (36) month IBI limitation. The DDA must receive prior authorization from the Department prior to providing IBI Consultation. (3-19-07)~~

~~**i.** Collateral Contact. Collateral contact is consultation or treatment direction about the participant to a significant other in the participant's life and may be conducted face-to-face or by telephone contact. Collateral contact for general staff training, regularly scheduled parent-teacher conferences, general parent education, or for treatment team meetings, even when the parent is present, is not reimbursable. (3-19-07)~~

~~**jh.** Pharmacological Management. Pharmacological management is consultation for the purpose of prescribing, monitoring, or administering medications. These consultations must be provided by a physician or other practitioner of the healing arts in direct face-to-face contact with the participant and be provided in accordance with~~

the plan of service with the type, amount, frequency and duration of the service specified. The telephoning of prescriptions to the pharmacy is not a billable service. (3-19-07)

045. Excluded Services. The following services are excluded for Medicaid payments: (3-19-07)

a. Vocational services; (3-19-07)

b. Educational services; and (3-19-07)

c. Recreational services. (3-19-07)

056. Limitations on DDA Services. Therapy services may not exceed the limitations as specified below. (3-19-07)

a. The combination of therapy services listed in Subsections 653.034.a. through 653.034.g. of these rules must not exceed twenty-two (22) hours per week. ~~(1-1-09)T~~ (1-1-11)T

b. Therapy services listed in Subsections 653.034.a. through 653.034.g. of these rules provided in combination with Community Supported Employment services under Subsection 703.04 of these rules must not exceed forty (40) hours per week. ~~(3-19-07)T~~ (1-1-11)T

c. When a HCBS waiver participant under Sections 700 through 719 of these rules receives Adult Day Care as provided in Subsection 703.12 of these rules, the combination of Adult Day Care, Developmental Therapy and Occupational therapy must not exceed thirty (30) hours per week. (3-19-07)

d. Only one (1) type of therapy service will be reimbursed during a single time period by the Medicaid program. No therapy services will be reimbursed during periods when the participant is being transported to and from the agency. (3-19-07)

(BREAK IN CONTINUITY OF SECTIONS)

703. DD WAIVER SERVICES: COVERAGE AND LIMITATIONS.

01. Residential Habilitation. Residential habilitation services which consist of an integrated array of individually-tailored services and supports furnished to eligible participants which are designed to assist them to reside successfully in their own homes, with their families, or alternate family homes. The services and supports that may be furnished consist of the following: (3-19-07)

a. Habilitation services aimed at assisting the individual to acquire, retain or improve his ability to reside as independently as possible in the community or maintain family unity. Habilitation services include training in one (1) or more of the following areas: (3-19-07)

i. Self-direction, including the identification of and response to dangerous or threatening situations, making decisions and choices affecting the individual's life, and initiating changes in living arrangements or life activities; (3-19-07)

ii. Money management including training or assistance in handling personal finances, making purchases, and meeting personal financial obligations; (3-19-07)

iii. Daily living skills including training in accomplishing routine housekeeping tasks, meal preparation, dressing, personal hygiene, self administration of medications, and other areas of daily living including proper use of adaptive and assistive devices, appliances, home safety, first aid, and emergency procedures; (3-19-07)

iv. Socialization including training or assistance in participation in general community activities and

establishing relationships with peers with an emphasis on connecting the participant to his community. (Socialization training associated with participation in community activities includes assisting the participant to identify activities of interest, working out arrangements to participate in such activities and identifying specific training activities necessary to assist the participant to continue to participate in such activities on an on-going basis. Socialization training does not include participation in non-therapeutic activities which are merely diversional or recreational in nature); (3-19-07)

v. Mobility, including training or assistance aimed at enhancing movement within the person's living arrangement, mastering the use of adaptive aids and equipment, accessing and using public transportation, independent travel, or movement within the community; (3-19-07)

vi. Behavior shaping and management includes training and assistance in appropriate expressions of emotions or desires, assertiveness, acquisition of socially appropriate behaviors; or extension of therapeutic services, which consist of reinforcing physical, occupational, speech and other therapeutic programs. (3-19-07)

b. Personal Assistance Services necessary to assist the individual in daily living activities, household tasks, and such other routine activities as the participant or the participant's primary caregiver(s) are unable to accomplish on his own behalf. (3-19-07)

c. Skills training to teach waiver participants, family members, alternative family caregiver(s), or a participant's roommate or neighbor to perform activities with greater independence and to carry out or reinforce habilitation training. Services are focused on training and are not designed to provide substitute task performance. Skills training is provided to encourage and accelerate development in independent daily living skills, self direction, money management, socialization, mobility and other therapeutic programs. (3-19-07)

d. Residential Habilitation services will not be reimbursed if a participant is receiving psychosocial rehabilitation or partial care services as this is a duplication of services. (1-1-11)T

02. Chore Services. Chore services which are heavy household maintenance and minor home repairs necessary to maintain the functional use of the home and to provide a clean, sanitary and safe environment. Chore activities include washing windows; moving heavy furniture and shoveling snow to provide safe access inside and outside the home; chopping wood when wood is the participant's primary source of heat; and tacking down loose rugs and flooring. These services are only available when neither the participant, nor anyone else in the household is capable of performing or financially providing for them, and where no other relative, caretaker, landlord, community volunteer/agency or third party payer is capable of or responsible for their provision. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to any authorization of service. Chore services are limited to the services provided in a home rented or owned by the participant. (3-19-07)

03. Respite. Respite care services are those services provided on a short term basis because of the absence of persons normally providing non-paid care. Respite care services provided under this waiver will not include room and board payments. Respite care services are limited to participants who reside with non-paid caregivers. (3-19-07)

04. Supported Employment. Supported employment which is competitive work in integrated work settings for individuals with the most severe disabilities for whom competitive employment has not traditionally occurred; or for whom competitive employment has been interrupted or intermittent as a result of a severe disability; and who, because of the nature and severity of their disability, need intensive supported employment services or extended services in order to perform such work. (3-19-07)

a. Supported employment services rendered under the waiver are not available under a program funded by either the Rehabilitation Act of 1973, as amended, or the Individuals with Disabilities Education Act (IDEA). Documentation will be maintained in the file of each individual receiving this service verifying that the service is not otherwise available or funded under the Rehabilitation Act of 1973 as amended, or IDEA. (3-19-07)

b. Federal Financial Participation (FFP) will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following: incentive payments made to an employer of waiver participants to encourage or subsidize employers' participation in a supported employment program; payments that

are passed through to beneficiaries of supported employment programs; or payments for vocational training that is not directly related to a waiver participant's supported employment program. (3-19-07)

05. Transportation. Transportation services which are services offered in order to enable waiver participants to gain access to waiver and other community services and resources required by the plan of service. This service is offered in addition to medical transportation required under 42 CFR 440.431.53 and transportation services offered under the State Plan, defined at 42 CFR 440.170(a), and must not replace them. Whenever possible, family, neighbors, friends, or community agencies which can provide this service without charge or public transit providers will be utilized. (3-19-07)

06. Environmental Accessibility Adaptations. Environmental accessibility adaptations which are those interior or exterior physical adaptations to the home, required by the waiver participant's plan of service, which are necessary to ensure the health, welfare, safety of the individual, or which enable the individual to function with greater independence in the home and without which, the waiver participant would require institutionalization. Such adaptations may include the installation of ramps and lifts, widening of doorways, modification of bathroom facilities, or installation of electric and plumbing systems which are necessary to accommodate the medical equipment and supplies necessary for the welfare of the waiver participant, but must exclude those adaptations or improvements to the home which are not of direct medical or remedial benefit to the participant, such as carpeting, roof repair, or central air conditioning. All services must be provided in accordance with applicable State or local building codes. Permanent environmental modifications are limited to modifications to a home rented or owned by the participant or the participant's family when the home is the participant's principal residence. Portable or non-stationary modifications may be made when such modifications can follow the participant to his next place of residence or be returned to the Department. (3-19-07)

07. Specialized Equipment and Supplies. Specialized medical equipment and supplies which include devices, controls, or appliances, specified in the plan of service which enable participants to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live. They also include items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State Plan. Items reimbursed with waiver funds must be in addition to any medical equipment and supplies furnished under the State Plan and must exclude those items which are not of direct medical or remedial benefit to the participant. All items must meet applicable standards of manufacture, design and installation. (3-19-07)

08. Personal Emergency Response System. Personal Emergency Response Systems (PERS) which may be provided to monitor waiver participant safety or provide access to emergency crisis intervention for emotional, medical or environmental emergencies through the provision of communication connection systems. PERS are limited to participants who rent or own their home, who are alone for significant parts of the day, have no regular caretaker for extended periods of time and who would otherwise require extensive routine supervision. (3-19-07)

09. Home Delivered Meals. Home delivered meals which are designed to promote adequate waiver participant nutrition through the provision and home delivery of one (1) to two (2) meals per day. Home delivered meals are limited to participants who rent or own their own home, who are alone for significant parts of the day and have no regular caretaker for extended periods of time. (3-19-07)

10. Skilled Nursing. Nursing services are those intermittent nursing services or private duty nursing services which provide individual and continuous care listed in the plan of service which are within the scope of the Nurse Practice Act and are provided by a licensed professional (RN) nurse or licensed practical nurse (LPN) under the supervision of an RN, licensed to practice in Idaho. (3-19-07)

11. Behavior Consultation/Crisis Management. Behavior Consultation/Crisis Management services which provide direct consultation and clinical evaluation of participants who are currently experiencing or may be expected to experience, a psychological, behavioral, or emotional crisis. This service may provide training and staff development related to the needs of a participant. These services also provide emergency back-up involving the direct support of the participant in crisis. (3-19-07)

12. Adult Day Care. Adult Day Care is a supervised, structured day program, outside the home of the

participant that offer one (1) or more of a variety of social, recreational, health activities, supervision for safety, and assistance with activities of daily living. These activities need to be identified on the plan of service. Adult Day Care can not exceed thirty (30) hours per week either alone or in combination with developmental therapy, occupational therapy, or IBI. (3-19-07)

a. Services provided in a facility must meet the building and health standards identified in IDAPA 16.04.11, "Developmental Disabilities Agencies." (3-19-07)

b. Services provided in a home must meet the standards of home certification identified in IDAPA 16.03.19, "Rules Governing Certified Family Home," and health standards identified in IDAPA 16.04.11, "Developmental Disabilities Agencies." (3-19-07)

13. Self Directed Community Supports. Participants eligible for the DD Waiver may choose to self-direct their individualized budget rather than receive the traditional waiver services described in this section of rule. The requirements for this option are outlined in IDAPA 16.03.13, "Consumer Directed Services." (3-19-07)

14. Place of Service Delivery. Waiver services may be provided in the participant's personal residence, a certified family home, day habilitation/supported employment program, or community. The following living situations are specifically excluded as a place of service for waiver services: (3-19-07)

- a.** Licensed skilled, or intermediate care facilities, certified nursing facility (NF) or hospital; and (3-19-07)
- b.** Licensed Intermediate Care Facility for Persons with Intellectual Disabilities (ICF/ID); and (3-19-07)
- c.** Residential Care or Assisted Living Facility. (3-19-07)
- d.** Additional limitations to specific services are listed under that service definition. (3-19-07)

(BREAK IN CONTINUITY OF SECTIONS)

~~724. **SERVICE COORDINATION — ELIGIBILITY: INDIVIDUALS ELIGIBLE FOR PERSONAL ASSISTANCE SERVICES (RESERVED).**~~

~~An individual is eligible to receive service coordination if he meets the following requirements in Subsections 724.01 and 724.02 of this rule. (5-8-09)~~

~~**01. Personal Care and Waiver Services.** Adults age eighteen (18) and older, who is eligible to receive state plan personal care services, or Aged and Disabled Home and Community Based Waiver Services. (5-8-09)~~

~~**02. Need Assistance.** Requires and chooses assistance to access services and supports necessary to maintain his independence in the community. (5-8-09)~~

(BREAK IN CONTINUITY OF SECTIONS)

727. SERVICE COORDINATION: COVERAGE AND LIMITATIONS.

Service coordination consists of services provided to assist individuals in gaining access to needed medical, psychiatric, social, early intervention, educational, and other services. Service coordination includes the following activities described in Subsections 727.01 through 727.10 of this rule. (5-8-09)

01. Plan Assessment and Periodic Reassessment. Activities that are required to determine the participant's needs by development of a plan assessment and periodic reassessment as described in Section 730 of these rules. These activities include: (5-8-09)

- a. Taking a participant's history; (5-8-09)
- b. Identifying the participant's needs and completing related documentation; and (5-8-09)
- c. Gathering information from other sources such as family members, medical providers, social workers, and educators, to form a complete assessment of the participant. (5-8-09)

02. Development of the Plan. Development and revision of a specific plan, described in Section 731 of these rules that includes information collected through the assessment and specifies goals and actions to address medical, psychiatric, social, early intervention, educational, and other services needed by the participant. The plan must be updated at least annually and as needed to meet the needs of the participant. (5-8-09)

03. Referral and Related Activities. Activities that help link the participant with medical, psychiatric, social, early intervention, educational providers or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the service coordination plan. (5-8-09)

04. Monitoring and Follow-Up Activities. Monitoring and follow-up contacts that are necessary to ensure the plan is implemented and adequately addresses the participant's needs. These activities may be with the participant, family members, providers, or other entities or individuals and conducted as frequently as necessary. These activities must include at least one face-to-face contact with the participant at least every ninety (90) days, to determine whether the following conditions are met: (5-8-09)

- a. Services are being provided according to the participant's plan; (5-8-09)
- b. Services in the plan are adequate; and (5-8-09)
- c. Whether there are changes in the needs or status of the participant, and if so, making necessary adjustments in the plan and service arrangements with providers. (5-8-09)

05. Crisis Assistance. Crisis assistance is service coordination used to assist a participant to access community resources in order to resolve a crisis. Crisis service coordination does not include crisis counseling, transportation to emergency service providers, or direct skill-building services. The need for all crisis assistance hours must meet the definition of crisis in Section 721 of these rules. (5-8-09)

a. Crisis Assistance for Children's Service Coordination. Crisis hours are not available until four and a half (4.5) hours of service coordination have already been provided in the month. Crisis hours for children's service coordination must be authorized by the Department. (5-8-09)

b. Crisis Assistance for Adults With a Developmental Disability. Crisis hours are not available until four and a half (4.5) hours of service coordination have already been provided in the month. Crisis assistance for adults with a developmental disability must be authorized by the Department and is based on community crisis supports as found in Section 507 through 515 of these rules. (5-8-09)

c. Crisis Assistance for Adults with Serious and Persistent Mental Illness. Initial crisis assistance is limited to a total of three (3) hours per calendar month. Additional crisis service coordination services must be authorized by the Department and may be requested when the participant is at imminent risk of reinstitutionalization within fourteen (14) days following discharge from a hospital, institution, jail or nursing home, or meets the criteria listed in Subsection 727.05.c.i. through 727.05.c.iii. of this rule; (5-8-09)

i. The participant is experiencing symptoms of psychiatric decompensation that interferes or prohibits the participant from gaining or coordinating necessary services; (5-8-09)

ii. The participant has already received the maximum number of monthly hours of ongoing service coordination and crisis service coordination hours; and (5-8-09)

iii. No other crisis assistance services are available to the participant under other Medicaid mental

health option services, including Psychosocial Rehabilitation Services (PSR). (5-8-09)

~~*d.* Crisis Assistance for Individuals Eligible for Personal Assistance Services. Crisis hours are not available until eight (8) hours of service coordination have already been provided in the month. Crisis hours must be authorized by the Department. (5-8-09)~~

ed. Authorization for crisis assistance hours may be requested retroactively as a result of a crisis, defined in Section 721 of these rules, when a participant's service coordination benefits have been exhausted and no other means of support is available to the participant. In retroactive authorizations, the service coordinator must submit a request for crisis services to the Department within seventy-two (72) hours of providing the service. (5-8-09)

06. Contacts for Assistance. Service coordination may include contacts with non-eligible individuals only when the contact is directly related to identifying the needs and supports to help the participant access services. (5-8-09)

07. Exclusions. Service coordination does not include activities that are: (5-8-09)

a. An integral component of another covered Medicaid service; (5-8-09)

b. Integral to the administration of foster care programs; (5-8-09)

c. Integral to the administration of another non-medical program for which a participant may be eligible. This exclusion does not apply to case management provided as part of the individualized education program or individualized family service plan required by the Individuals with Disabilities Education Act. (5-8-09)

08. Limitations on the Provision of Direct Services. Providers of service coordination services may only provide both service coordination and direct services to the same Medicaid participant when the participant is receiving either children's service coordination or service coordination for adults with mental illness. The service coordination provider must document that the participant has made a free choice of service coordinators and direct service providers. (5-8-09)

09. Limitations on Service Coordination. Service coordination is limited to the following: (5-8-09)

a. Service Coordination for Persons with Mental Illness. Up to five (5) hours per month of ongoing service coordination for participants with mental illness. (5-8-09)

~~*b.* Service Coordination for Personal Assistance Services. Up to eight (8) hours per month for participants who are eligible to receive personal assistance services. (5-8-09)~~

eb. Service Coordination for Children. Up to four and a half (4.5) hours per month for participants who meet the eligibility qualifications for Children's Service Coordination. (5-8-09)

ec. Service Coordination for Adults with a Developmental Disability. Up to four and a half (4.5) hours per month for participants with developmental disabilities. (5-8-09)

10. Limitations on Service Coordination Plan Assessment and Plan Development. Reimbursement for the annual assessment and plan development cannot exceed six (6) hours annually for children, adult participants with mental illness, or adult ~~personal assistance~~ participants **diagnosed with developmental disabilities.** ~~Plan development for adult participants with developmental disabilities cannot exceed twelve (12) hours annually. (5-8-09)(1-1-11)T~~

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.03.10 - MEDICAID ENHANCED PLAN BENEFITS

DOCKET NO. 16-0310-1007

NOTICE OF RULEMAKING - TEMPORARY AND PROPOSED RULE

EFFECTIVE DATE: The effective date of these temporary rules are November 1, 2010.

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(7), 56-203(9), 56-250 through 56-257, Idaho Code; also House Bill 701 passed by the 2010 legislature.

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 December 15, 2010.

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:

The Department of Health and Welfare is implementing a selective contract system for the Medicaid Enhanced Plan Benefits dental services based on legislative intent to control costs, improve access, and maintain quality. These rules provide the needed changes to implement the "Idaho Smiles" insurance plan through Blue Cross of Idaho for eligible enhanced plan participants.

TEMPORARY RULE JUSTIFICATION: Pursuant to Sections 67-5226(1)(b) and (c), Idaho Code, the Governor has found that temporary adoption of these rules are appropriate in order to comply with deadlines in amendments to governing law or federal programs and confers a benefit.

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.

This is a cost containment effort, first initiated in 2007 with outsourcing Basic Plan dental benefits. The resulting selective contract with Blue Cross and DentaQuest was so successful under this managed care arrangement that the Enhanced Plan participants are being added under this single contract. This results in improved access and no additional costs.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220(2), Idaho Code, negotiated rulemaking was not conducted because the changes are being made to implement the legislative intent in H0701 passed by the 2010 Legislature.

INCORPORATION BY REFERENCE: No materials are being incorporated by reference into these rules.

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 December 22, 2010.

DATED this 5th day of November, 2010.

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THE FOLLOWING IS THE TEXT OF THE TEMPORARY RULE AND THE
PROPOSED RULE TEXT FOR DOCKET 16-0310-1007

080. DENTAL SERVICES - DEFINITIONS.

01. Dental Services. Dental services under this chapter of rules are provided for ~~the relief of dental pain, prosthetic replacement, and the correcting of handicapping malocclusion~~ preventive, diagnostic, restorative, periodontic, prosthetic, oral surgery, and adjunctive dental treatment. These services must be purchased from provided by a licensed dentist or denturist. (5-8-09)(11-1-10)T

02. Idaho Smiles. Idaho Smiles is a dental insurance plan which is provided through a selective contract with Blue Cross of Idaho for basic dental services defined in Subsection 080.01 of this rule. (11-1-10)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.~~ **Participants From Birth to Age Sixty-Five.** Dental services for participants from birth through the month of the participant's sixty-fifth birthday who are eligible for Medicaid's Basic and Enhanced Plans, including women on the Pregnant Women (PW) program, are covered under the Idaho Smiles dental insurance plan, which is the result of a selective contract with Blue Cross of Idaho. (5-8-09)(11-1-10)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.~~ **Participants over Age Sixty-Five.** Covered dental services for Medicaid eligible adults who are past the month of the participant's sixty-fifth birthday and qualify for, but have not chosen to enroll in the Medicare/Medicaid Coordinated Plan (MMCP) under IDAPA 16.03.17, "Medicare/Medicaid Coordinated Plan Benefits," are covered for dental services through Medicaid's fee-for-service dental program. The benefits for this group of participants are listed in Subsections 082.03 through 082.10 of these rules. (5-8-09)(11-1-10)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 the 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.~~ (5-8-09)

04. Participants Eligible for Other Programs. ~~Participants who have only Qualified Medicare Beneficiary (QMB) eligibility are not eligible for dental services.~~ (5-8-09)

082. DENTAL SERVICES - COVERAGE AND LIMITATIONS.

01. Covered Dental Services. Dental services for eligible participants described in Section 081 of these rules are covered by Medicaid's as described in Section 081 of these rules fee-for-service dental program described in Subsections 082.03 through 082.10 of this rule. Idaho uses the procedure codes contained in the Current Dental Terminology (CDT) handbook published by the American Dental Association. 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. ~~(5-8-09)~~(11-1-10)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. (5-8-09)

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.
D0277	Vertical bitewings. Seven (7) to eight (8) films. Allowed every six (6) months.

TABLE 082.03 - DENTAL DIAGNOSTIC PROCEDURES	
Dental Code	Description
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.
e. Test And Laboratory Examination.	
D0460	Pulp vitality tests. Includes multiple tooth 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.

~~(5-8-09)(11-1-10)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.
e. 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.

TABLE 082.04 - DENTAL PREVENTIVE PROCEDURES	
Dental Code	Description
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.

(5-8-09)(11-1-10)T

05. Dental Restorations Procedures. Medicaid provides no additional allowance for a cavitron or ultrasonic prophylaxis. (5-8-09)(11-1-10)T

- ~~**a. Posterior Restoration.** (5-8-09)~~
 - ~~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). (5-8-09)~~
 - ~~ii. A two (2) surface posterior restoration is one in which the restoration extends to two (2) of the five (5) surface classifications. (5-8-09)~~
 - ~~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. (5-8-09)~~
 - ~~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. (5-8-09)~~
- ~~**b. Anterior Proximal Restoration.** (5-8-09)~~
 - ~~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. (5-8-09)~~
 - ~~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. (5-8-09)~~
 - ~~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. (5-8-09)~~
 - ~~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. (5-8-09)~~
- ~~**c. Amalgams and Resin Restoration.** (5-8-09)~~
 - ~~i. Reimbursement for pit restoration is allowed as a one (1) surface restoration. (5-8-09)~~
 - ~~ii. Adhesives (bonding agents), bases, and the adjustment and/or polishing of sealant and restorations are included in the allowance for the major restoration. (5-8-09)~~
 - ~~iii. Liners and bases are included as part of the restoration. If pins are used, they should be reported separately. (5-8-09)~~

- ~~d. Crowns. (5-8-09)~~
- ~~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. (5-8-09)~~
- ~~ii. Requests for re-doing crowns must be submitted for prior approval and include x-ray and justification. (5-8-09)~~

TABLE 082.05 - DENTAL RESTORATIONS VE PROCEDURES	
Dental Code	Description
ea. 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.
fb. 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 - DENTAL RESTORATIONS VE PROCEDURES	
Dental Code	Description
D2792	Crown, full-cast noble metal. Tooth designation required. Prior authorization required.
c. 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.

(5-8-09)(11-1-10)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.

(5-8-09)(11-1-10)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.
ba. 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.
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.

(5-8-09)(11-1-10)T

08. Prosthodontics. The prosthodontic procedures in this section are covered for dentists and denturists unless designated otherwise. Denturists are reimbursed at 85% of the dental fee schedule. Medicaid allows complete or immediate denture construction for each arch 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. (5-8-09)(11-1-10)T

~~a. Removable Prosthodontics.~~ (5-8-09)

~~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.~~ (5-8-09)

~~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.~~ (5-8-09)

~~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.~~ (5-8-09)

~~b. Removable Prosthodontics by Codes.~~

TABLE 082.08- b - PROSTHODONTICS	
Dental Code	Description
a.	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.
b.	Partial Dentures. This includes six (6) months of care following placement. Limited to twelve (12) years and older.

TABLE 082.08- b - PROSTHODONTICS	
Dental Code	Description
D5211	Maxillary partial denture - resin base. Includes any conventional clasps, rests, and teeth. <u>This procedure is only covered for dentists.</u>
D5212	Mandibular partial denture - resin base. Includes any conventional clasps, rests, and teeth. <u>This procedure is only covered for dentists.</u>
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.c. 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.d. 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.e. 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.f. Denture Relining. Relines will not be allowed for six (6) months following placement of denture and then only once every two (2) years.	
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).

TABLE 082.08- b - PROSTHODONTICS	
Dental Code	Description
D5760	Reline maxillary partial denture (laboratory).
D5761	Reline mandibular partial denture (laboratory).
iii . Other Removable Prosthetic Services.	
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.

~~(5-8-09)~~(11-1-10)T

~~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.

TABLE 082.09 – MAXILLO-FACIAL PROSTHETICS	
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>

(5-8-09)

10. Fixed Prosthodontics.

TABLE 082.10 – FIXED PROSTHODONTICS	
Dental Code	Description
<i>Other Fixed Prosthetic Services.</i>	
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>

(5-8-09)

H09. Oral Surgery.

TABLE 082.H09 - 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.

TABLE 082.H09 - ORAL SURGERY	
Dental Code	Description
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.
D7241	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.
D7250	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. Other Surgical Procedures.	
D7270	Tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth and/or alveolus. Tooth designation required. Includes splinting and/or stabilization.
D7280	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.
D7281	Surgical exposure of impacted or unerupted tooth to aid eruption. Tooth designation required. Limited to participants under twenty-one (21) years of age.
D7286	Biopsy of oral tissue - soft. For surgical removal of specimen only.
D7287	Cytology sample collection via mild scraping of oral mucosa.
d. Alveoloplasty.	
D7320	Alveoloplasty not in conjunction with extractions -- per quadrant. Quadrant designation is required.
e. Excision of Bone Tissue.	
D7471	Removal of lateral exostosis. Maxilla or mandible. Arch designation required.
f. Surgical Incision.	
D7510	Incision and drainage of abscess - intraoral soft tissue, including periodontal origins.
g. Repair of Traumatic Wounds.	
D7910	Suture of recent small wounds up to five (5) cm.
h. Other Repair Procedures.	

TABLE 082.H09 - 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	Excision of hyperplastic tissue - per arch. Arch designation required.
D7971	Excision of pericoronal gingiva. Arch designation required.
D7999	<i>Unspecified oral surgery, by report. Narrative required when prior authorizing. Requires prior authorization.</i>

(5-8-09)(11-1-10)T

12. Orthodontics.

TABLE 082.12 - 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 082.12—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 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.
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.

(5-8-09)

130. Adjunctive General Services.

TABLE 082.130 - ADJUNCTIVE GENERAL SERVICES	
Dental Code	Description
a. Unclassified Treatment.	
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. No other services covered same day.
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.
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. Professional Consultation.	

TABLE 082.130 - ADJUNCTIVE GENERAL SERVICES	
Dental Code	Description
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. Professional Visits.	
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.
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.

~~(5-8-09)~~(11-1-10)T

~~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.
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.

TABLE 082.14 – DENTAL CODES FOR ADULTS	
Dental Code	Description
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.
<i>iii. Other Restorative Services.</i>	
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>i. Non-Surgical Periodontal Service.</i>	
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.
<i>ii. Other Periodontal Services.</i>	
D4910	Periodontal maintenance procedures.
f. Prosthodontics. The definitions for these codes are in Subsection 082.08.b. of these rules.	
<i>i. Complete Dentures.</i>	
D5110	Complete denture - maxillary.
D5120	Complete denture - mandibular.
D5130	Immediate denture - maxillary.
D5140	Immediate denture - mandibular.
<i>ii. Partial Dentures.</i>	
D5211	Maxillary partial denture - resin base.
D5212	Mandibular partial denture - resin base.
<i>iii. Adjustments to Dentures.</i>	

TABLE 082.14 – DENTAL CODES FOR ADULTS

Dental Code	Description
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 tooth – 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.	
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.

TABLE 082.14 – DENTAL CODES FOR ADULTS

Dental Code	Description
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 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.

(5-8-09)

~~15. **Denturist Procedure Codes.**~~

(5-8-09)

~~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
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.

(5-8-09)

~~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.~~

(5-8-09)

083. DENTAL SERVICES - PROCEDURAL REQUIREMENTS.

~~01. **Dental Prior Authorization.** Authorization is not required for dental procedures, except under Dental Code D5899, when unable to deliver full denture, described in Section 082 of these rules. All This procedures that require prior authorization must be approved by the Medicaid dental consultant prior to the service being rendered to reimbursement. 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 narrative stating why the provider was unable to deliver the dentures or why the patient refused them.~~

~~(5-8-09)(11-1-10)T~~

~~02. **Denturist Prior Authorization.** Prior authorization is not required for the dentist procedures except for dental code D5899 found in Subsection 082.15.a. of these rules.~~

~~(5-8-09)~~

~~03. **Crowns.**~~

~~(5-8-09)~~

~~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.~~

~~(5-8-09)~~

~~b. Requests for re-doing crowns must be submitted for prior approval and include x-ray and justification.~~

~~(5-8-09)~~

~~084. **DENTAL SERVICES - PROVIDER QUALIFICATIONS AND DUTIES (RESERVED).**~~

~~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.~~

~~(5-8-09)~~

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. Denturists are reimbursed at eighty-five percent (85%) of the dentists' reimbursement. 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.

~~(5-8-09)(11-1-10)T~~

(BREAK IN CONTINUITY OF SECTIONS)

APPENDIX A

IDAHO MEDICAID HANDICAPPING MALOCCLUSION INDEX

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

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

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE
16.03.22 - RESIDENTIAL CARE OR ASSISTED LIVING FACILITIES IN IDAHO
DOCKET NO. 16-0322-1001
NOTICE OF RULEMAKING - VACATION OF PROPOSED RULEMAKING

AUTHORITY: In compliance with Section 67-5221, Idaho Code, notice is hereby given that this agency is vacating the rulemaking previously initiated under this docket. The action is authorized pursuant to Section 39-3305, Idaho Code.

DESCRIPTIVE SUMMARY: The following is a summary of the reasons for vacating this rulemaking:

The Department consulted with assisted living facilities, and it was determined that the proposed rule changes would not in fact deliver significant cost savings to the providers as previously expected. The Department has opted to withdraw these rules based on the providers' concerns and the current economic challenges.

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.

This rulemaking has no anticipated fiscal impact to state general funds.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this vacation of rulemaking, contact Jamie Simpson at (208) 334-6626.

DATED this 4th day of November, 2010.

Tamara Prisock
DHW - Administrative Procedures Section
450 W. State Street - 10th Floor
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5564 phone; (208) 334-6558 fax
dhwrules@dhw.idaho.gov e-mail

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE
16.06.12 - RULES GOVERNING THE IDAHO CHILD CARE PROGRAM (ICCP)

DOCKET NO. 16-0612-1002

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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. The effective date for these rule changes is May 1, 2011.

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 56-202, 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 Idaho Child Care rules are being amended to be more effective and user friendly for Idahoans to access the program. The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, pages 275 through 286.](#)

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 Rosie Andueza at (208) 334-5553.

DATED this 5th day of November, 2010.

Tamara Prisock
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DOCKET NO. 16-0612-1002 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

**The complete text of the proposed rule was published in the Idaho Administrative Bulletin,
[Volume 10-10, October 6, 2010, pages 275 through 286.](#)**

**This rule has been adopted as a pending rule by the Agency and is now awaiting
review and approval by the 2011 Idaho State Legislature for final adoption.**

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE
16.06.12 - RULES GOVERNING THE IDAHO CHILD CARE PROGRAM (ICCP)
DOCKET NO. 16-0612-1003
NOTICE OF RULEMAKING - TEMPORARY AND PROPOSED RULEMAKING

EFFECTIVE DATE: The effective date of this temporary rule is January 1, 2011.

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 Section(s) 56-202, Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than December 15, 2010.

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:

In recent years, the Department of Health and Welfare's Self-Reliance Program has implemented many technological and process improvements including a new case management system, consolidated service centers, and electronic case records. These improvements have allowed the Department to meet the ever increasing need for services while maintaining quality. In order to further maximize on these improvements, electronic and telephonic signatures will further streamline practices, improve access to services, increase productivity, and better utilize technology and other solutions to connect customers with services.

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

The Department closed ten field offices in 2010, reducing the number of locations that customers can access our services. Allowing for electronic and telephonic signatures improves access for our rural state where offices are not always close by and helps to support communities where offices were closed.

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.

The fiscal impact for this rule change will be minimal to state general funds.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220, Idaho Code, negotiated rulemaking was not conducted since these changes confer a benefit.

INCORPORATION BY REFERENCE: Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule. N/A

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the temporary and proposed rule, contact Rosie Andueza at (208) 334-5553.

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 December 22, 2010.

DATED this 5th day of November, 2010.

Tamara Prisock
DHW - Administrative Procedures Section
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**THE FOLLOWING IS THE TEMPORARY RULE AND THE PROPOSED TEXT
FOR DOCKET NO. 16-0612-1003**

012. -- ~~099~~50. (RESERVED).

051. SIGNATURES.

An individual who is applying for benefits, receiving benefits, or providing additional information as required by this chapter, may do so with the depiction of the individual's name either handwritten, electronic, or recorded telephonically. Such signature serves as intention to execute or adopt the sound, symbol, or process for the purpose of signing the related record. (1-1-11)T

052. -- 099. (RESERVED).

IDAPA 18 - DEPARTMENT OF INSURANCE

18.01.04 - RULES PERTAINING TO BAIL AGENTS

DOCKET NO. 18-0104-1001 (NEW CHAPTER)

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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 Chapter 10, Title 41 Section 41-1039(5) Idaho Code.

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

Section 013.02 has been changed to remove language that duplicated language in the Statute.

Section 016.03 has been changed to ensure no conflict with Section 017.03 of this rule.

Section 18. has been amended based on comments from interested parties.

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 [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, pages 327 through 330](#).

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 Dale Freeman (208) 334-4250.

DATED this 4th day of November, 2010.

Shad Priest
Deputy Director
Idaho Department of Insurance
700 West State Street, 3rd Floor
Boise ID 83720-0043
Phone: (208) 334-4250
Fax: (208) 334-4398

DOCKET NO. 18-0104-1001 - ADOPTION OF PENDING RULE

Substantive changes have been made to the pending rule.
Italicized text that is underscored is new text that has been added to the pending rule.

Only those sections or subsections 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 10-10, October 6, 2010, pages 327 through 330.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

THE FOLLOWING IS THE AMENDED TEXT OF DOCKET NO. 18-0104-1001

Subsection 013.02

013. CRIMINAL HISTORY CHECKS.

02. Grounds for Immediate Suspension. For the purpose of determining whether grounds for immediate suspension of a bail agent's license exist under section 41-1039(4), Idaho Code, a withheld judgment or a plea of nolo contendere shall be considered the same as a conviction or guilty plea. ()

Subsection 016.03

016. ALLOWABLE BAIL AGENT CHARGES AND FEES.

03. Collateral. Except as provided in Section 017.03 of this rule, collateral accepted in connection with the bail bond transaction shall be used solely for reimbursement of penal amounts paid to the courts in the case of forfeiture of the bail bond. ()

Section 018

018. PAYMENT OF FORFEITURE.

It is a violation of Section 41-1329(6), Idaho Code, for a bail surety to intentionally, or with such frequency as to indicate a general business practice, fail to pay a claim for forfeiture after liability for payment has become reasonably clear. Liability for payment upon forfeiture is reasonably clear when a defendant has not appeared or has not been brought before the court within one hundred eighty (180) days after the entry of the order of forfeiture, and or a motion to set aside the forfeiture, in whole or in part, has not been filed with the court within five (5) business days after the expiration of the one hundred eighty (180) day period following the order of forfeiture pursuant to the Idaho Bail Act. ()

IDAPA 18 - IDAHO DEPARTMENT OF INSURANCE

18.01.05 - HEALTH CARRIER EXTERNAL REVIEW

DOCKET NO. 18-0105-0901 (NEW CHAPTER)

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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 41-211, 41-5905, 41-5906, 41-5908, 41-5909, and 41-5911, 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 [December 2, 2009 Idaho Administrative Bulletin, Vol. 09-12, pages 89 through 100.](#)

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 Shad Priest at (208) 334-4250.

DATED this 27th day of October, 2010.

Shad Priest, Deputy Director
Idaho Department of Insurance
700 West State Str, 3rd Floor
Boise, Idaho 83720-0043
Phone: (208) 334-4250
Fax: (208) 334-4398

DOCKET NO. 18-0105-0901 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 09-12, December 2, 2009, pages 89 through 100.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 18 - DEPARTMENT OF INSURANCE

18.01.25 - TITLE INSURANCE AND TITLE INSURANCE AGENTS AND ESCROW OFFICERS

DOCKET NO. 18-0125-1001

NOTICE OF RULEMAKING - VACATION OF PROPOSED RULEMAKING

AUTHORITY: In compliance with Section 67-5221, Idaho Code, notice is hereby given that this agency is vacating the rulemaking previously initiated under this docket. The action is authorized pursuant to Chapter 27 of Title 41 Idaho Code, Chapter 52 of Title 67, Idaho Code and Section 41-211, Idaho Code.

DESCRIPTIVE SUMMARY: The following is a summary of the reasons for vacating this rulemaking:

The Department is withdrawing the proposed rule in order to conduct further negotiated rulemaking with interested parties.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this vacation of rulemaking, Dale Freeman at (208) 334-4250.

DATED this 28th day of October

Shad Priest
Deputy Director
Idaho Department of Insurance
700 W. State Street, 3rd Floor
Phone (208) 334-4250
Fax: (208) 334-4398

IDAPA 18 - DEPARTMENT OF INSURANCE
18.01.50 - ADOPTION OF THE INTERNATIONAL FIRE CODE
DOCKET NO. 18-0150-1001
NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE
AND ADOPTION OF TEMPORARY RULE

EFFECTIVE DATE: The effective date of the temporary rule is January 1, 2011. The pending rule has been adopted by the agency and is now pending review by the 2011 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 Sections 67-5224 and 67-5226, Idaho Code, notice is hereby given that this agency has adopted a pending and is also adopting this rule as a temporary rule. The action is pursuant to Section 41-253, Idaho Code.

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

The temporary rule reflects the changes to the 2009 edition of the International Fire code to bring it into conformity with Idaho Statutes, the International Building Code 2009 Edition, as adopted, and changes made to previous editions of the International Fire code. This edition also reflects changes agreed upon by a "Fire Code Task Force" organized by the Idaho Legislature after the 2010 session.

In accordance with Section 67-5226, Idaho Code, the full text of the temporary rule is being published in this Bulletin following this notice. The pending rule is being adopted as proposed. The original text of the proposed rule was published in the [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, pages 331 through 336](#).

TEMPORARY RULE JUSTIFICATION: Pursuant to Section(s) 67-5226(1), and 67-5224, Idaho Code, the Governor has found that temporary adoption of the rule is appropriate for the following reason(s):

This temporary rule is needed to provide for statewide consistency in code application, until the proposed rule becomes official upon adjournment of the Legislature

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: None

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the pending rule or temporary rule, contact Mark Larson, State Fire Marshal at 208-334-4370.

DATED this 29th day of October, 2010.

Mark Larson
State Fire Marshal
Idaho Department of Insurance
700 West State Street, Third Floor
Boise ID 83720-0043
Phone (208)334-4370
Fax: (208)-334-4375.

DOCKET NO. 18-0150-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin,
Volume 10-10, October 6, 2010, pages 331 through 336.

This rule has been adopted as a pending rule by the Agency and is now awaiting
review and approval by the 2011 Idaho State Legislature for final adoption.

THE FOLLOWING IS THE TEXT OF THE TEMPORARY RULE AND THE
PENDING RULE FOR DOCKET NO. 18-0150-1001

001. TITLE AND SCOPE.

01. **Title.** These rules shall be cited as IDAPA 18.01.50, Rules of the Idaho Department of Insurance, Title 01, Chapter 50, "Adoption of the ~~2006~~ International Fire Code." ~~(4-2-08)~~(1-1-11)T

02. **Scope.** Pursuant to the authority provided by Section 41-253, Idaho Code, the ~~Idaho~~ State Fire Marshal hereby adopts the 2006~~0~~ edition of the International Fire Code, with appendices thereto, and such later editions that may be so published and adopted by the State Fire Marshal, as the minimum standard for the protection of life and property from fire and explosion in the state of Idaho. All such later editions, and appendices thereto, shall be adopted in accordance with Section 67-5229, Idaho Code. ~~(4-2-08)~~(1-1-11)T

(BREAK IN CONTINUITY OF SECTIONS)

004. INCORPORATION BY REFERENCE.

01. **2006~~9~~ International Fire Code.** In accordance with Section 67-5229, Idaho Code, and pursuant to the authority provided by Section 41-253, Idaho Code, the ~~Idaho~~ State Fire Marshal hereby adopts the 2006~~9~~ edition of the International Fire Code as published by the International Code Council, with the following Any revisions, additions, deletions and/or appendices to the 2009 International Fire Code are included herein. ~~(4-2-08)~~(1-1-11)T

02. **Availability of Referenced Material.** Copies of the 2006~~9~~ edition of the International Fire Code are available for public inspection at the office of the State Fire Marshal, ~~the State Law Library, and the State Legislative Council.~~ Copies of the 2006~~9~~ International Fire Code and supplements thereto may be procured purchased by writing the International Code Council, Northwest Resource Center, 2122 112th Ave NE, Suite C, Bellevue, WA 98004 or online through the electronic store on the Council's website at the following address: <http://www.iccsafe.org/Pages/default.aspx>. ~~(4-2-08)~~(1-1-11)T

005. OFFICE -- OFFICE HOURS, MAILING ADDRESS AND STREET ADDRESS.

The office of the State Fire Marshal is located at 700 West State Street, third floor, Boise Idaho. The business hours are 8 am through 5 pm, Monday through Friday. The mailing address is State Fire Marshal, Department of Insurance, P.O. Box 83720, Boise, ID 83720-0043. The department's web address is <http://www.doi.idaho.gov>. (1-1-11)T

006. PUBLIC RECORDS ACT COMPLIANCE.

Any records associated with this rule are subject to the provisions of the Idaho Public records Law, Title 9, Chapter 3, Idaho Code. (1-1-11)T

~~0057.~~ -- 009. (RESERVED).

(BREAK IN CONTINUITY OF SECTIONS)

~~021. — 025. (RESERVED).~~

021. CHAPTER 5 FIRE SERVICE FEATURES.

- 01. Section 501.** (1-1-11)T
- a.** To section 501.3 after the phrase, Construction documents for proposed, add the word “driveways.” (1-1-11)T
- b.** To section 501.4 after the phrase, When fire apparatus access roads, add the word “driveways.” (1-1-11)T
- 02. Section 502.** To section 502, add the following definition in, DRIVEWAY. A vehicular ingress and egress route that serves no more than five (5) single family dwellings, not including accessory structures. (1-1-11)T
- 03. Section 503.** (1-1-11)T
- a.** To section 503, add the following definition, “FIRE STATION, A building, or portion of a building that provides, at a minimum, all weather protection for fire apparatus. Temperatures inside the building used for this purpose must be maintained at above thirty-two (32) degrees Fahrenheit.” (1-1-11)T
- b.** To section 503 add the words, “AND DRIVEWAYS” to the section heading. (1-1-11)T
- c.** To section 503.1.1 add the following sentence, “Driveways shall be provided and maintained in accordance with Sections 503.7 through 503.11.” (1-1-11)T
- d.** To section 503.6 delete the sentence, The installation of security gates across a fire apparatus access road shall be approved by the fire chief. (1-1-11)T
- e.** Add the following section, “503.7 Driveways. Driveways shall be provided when any portion of an exterior wall of the first story of a building is located more than 150 feet (45720mm) from a fire apparatus access road. Driveways shall provide a minimum unobstructed width of 12 feet (3658mm) and a minimum unobstructed height of 13 feet 6 inches (4115mm). Driveways in excess of 150 feet (45720mm) in length shall be provided with turnarounds. Driveways in excess of 200 feet (60960mm) in length and 20 feet (6096mm) in width may require turnouts in addition to turnarounds.” (1-1-11)T
- f.** Add the following section, “503.7.1 Limits. A driveway shall not serve in excess of five single family dwellings.” (1-1-11)T
- g.** Add the following section, “503.7.2 Turnarounds. Driveway turnarounds shall have an inside turning radius of not less than 30 feet (9144mm) and an outside turning radius of not less than 45 feet (13716mm). Driveways that connect with an access road or roads at more than one point may be considered as having a turnaround if all changes of direction meet the radius requirements for driveway turnarounds.” (1-1-11)T
- h.** Add the following section, “503.7.3 Turnouts. Where line of sight along a driveway is obstructed by a man-made or natural feature, turnouts shall be located as may be required by the fire code official to provide for safe passage of vehicles. Driveway turnouts shall be of an all-weather road surface at least 10 feet (3048mm) wide and 30 feet (9144mm) long.” (1-1-11)T

i. Add the following section, “503.7.4 Bridge Load Limits. Vehicle load limits shall be posted at both entrances to bridges on driveways and private roads. Design loads for bridges shall be established by the fire code official.” (1-1-11)T

j. Add the following section, “503.7.5 Address markers. All buildings shall have a permanently posted address, which shall be placed at each driveway entrance and be visible from both directions of travel along the road. In all cases, the address shall be posted at the beginning of construction and maintained thereafter. The address shall be visible and legible from the road on which the road on which the address is located. Address signs along one-way roads shall be visible from both the intended direction of travel and the opposite direction. Where multiple address’s are required at a single driveway, they shall be mounted on a single post, and additional signs shall be posted at locations where driveways divide.” (1-1-11)T

k. Add the following section, “503.7.6 Grade. The gradient for driveways shall not exceed 10 percent unless approved by the fire code official.” (1-1-11)T

l. Add the following section, “503.7.7 Security Gates. Where security gates are installed, they shall have an approved means of emergency operation. The security gates and emergency operation shall be maintained operational at all times.” (1-1-11)T

m. Add the following section, “503.7.8 Surface. Driveways shall be designed and maintained to support the imposed loads of local responding fire apparatus and shall be surfaced as to provide all weather driving capabilities.” (1-1-11)T

04. **Section 507.** To section 507.2 Type of water supply, delete the existing language and add the following, “A water supply shall consist of water delivered by fire apparatus, reservoirs, pressure tanks, elevated tanks, water mains or other sources approved by the fire code official capable of providing the required fire flow. Exception. The water supply required by this code shall only apply to structures served by a municipal fire department or a fire protection district and within ten miles (16093m) of a responding fire station.” (1-1-11)T

~~026.~~ **SECTION 903.2.7 GROUP R AUTOMATIC SPRINKLER SYSTEM REQUIREMENTS.**
Add to the paragraph, “Exception: automatic sprinkler systems are not required in 3- or 4-unit Group R buildings.” (4-6-05)

~~022. -- 026.~~ **(RESERVED).**

(BREAK IN CONTINUITY OF SECTIONS)

037. FIRE ALARM AND DETECTION SYSTEMS, SECTION 907.1, INTERNATIONAL FIRE CODE.

~~01-~~ Notification Devices. When fire alarm systems not required by the International Fire Code are installed, the notification devices shall meet the minimum design and installation requirements for systems which are required by this code. Intent: (Non-required fire alarm systems shall provide the same level of occupant notification that required systems provide). (5-3-03)

~~02-~~ **Partial or Limited Detection Systems Are Allowed.** If notification devices are provided, they must meet Subsection 037.01 above. (7-1-99)

(BREAK IN CONTINUITY OF SECTIONS)

041. EXPLOSIVES AND FIREWORKS, CHAPTER 33, INTERNATIONAL FIRE CODE.

Delete Sections 3301.1.3, 3301.2.2, 3301.2.3, ~~3301.2.4.1~~, 3301.2.4.2, and 3308.1 through 3308.3. (~~5-3-03~~)(1-1-11)T

(BREAK IN CONTINUITY OF SECTIONS)

047. -- ~~0540~~. (RESERVED).

051. CHAPTER 46, CONSTRUCTION REQUIREMENTS FOR EXISTING BUILDINGS.

To section 4601.1 delete the period and add, "only if in the opinion of the fire code official, they constitute a distinct hazard to life or property." (1-1-11)T

052. REFERENCED STANDARDS, CHAPTER 45, INTERNATIONAL FIRE CODE.

Beginning on Page ~~387~~ 418, of the NFPA Referenced Standards, make the following changes to the listed editions:

Delete	Add	Delete	Add	Delete	Add
10-200 27	10-20 07 <u>10</u>	51-2002	51-2007	407-2004	407-2007
11-200 25	11-20 05 <u>10</u>	52-200 26	52-20 06 <u>10</u>	430-2000	430-2004
12A- 97 <u>2004</u>	12A-200 49	57-99	57-2002	480-98	484-2002
13-200 27	13-20 07 <u>10</u>	58-2001	58-2004	481-2000	484-2002
13D-200 27	13D-20 07 <u>10</u>	61-99	61-2002	484-20026	484-20069
13R-200 27	13R-20 07 <u>10</u>	69-97	69-2002	490-98	490-2002
14-200 37	14-20 07 <u>10</u>	72-200 27	72-20 07 <u>10</u>	495-20046	495-200610
45-2004	45-2007	85-2004	85-2007	498-20046	498-200610
46-2003	46-2007	86-2003	86-2007	505-2002	505-2006
17- 98 <u>2002</u>	17-200 29	99-2002	99-2005	650-98	654-2000
17A- 98 <u>2002</u>	17A-200 29	101-200 36	101-200 69	654-2000	654-2006
20-200 37	20-20 07 <u>10</u>	110-200 25	110-20 05 <u>10</u>	655-2004	655-2007
22- 98 <u>2003</u>	22-200 38	211-200 06	211-20 03 <u>10</u>	664-2002	664-2007
24- 95 <u>2003</u>	24-200 03 <u>10</u>	231-98	230-2003	704-2004	704-2007
25- 9 <u>2008</u>	25-2002	231C-98	230-2003	750-20036	750-200610
30-2000	30-2003	231D-98	230-2003	1122-97	1125-2001
30A-2000	30A-2003	260- 98 <u>2003</u>	260-200 39	1123-20006	11263-200410
30B-2002	30B-2007	261- 98 <u>2003</u>	261-200 39	1124-2003	1124-2006
33-2003	33-2007	265-2002	265-2007	1125-2001	1125-2007
34-2003	34-2007	266-98	272-2003	1127-98	1127-2002
40-2004	40-2007	120- 1999 <u>2004</u>	120-200 4 <u>10</u>	1123-2000	1123-2006
12-200 05	12-200 58	460-2004	460-2006	1126-2004	1126-2006
24-2002	24-2007	241-200 04	241-200 49	31-2004	31-2006
35-1999	35-2005	286-2000	286-2006	32-2000	32-2007
51A-2004	51A-2006	303-2000	303-2006	701-1999 <u>2004</u>	701-2004 <u>10</u>

Delete	Add	Delete	Add	Delete	Add
59A-200 46	59A-200 69	385-2000	385-2007	703-200 06	703-200 69
80- 1999 2007	80-20 07 10	409-2001	409-2004	267-98	272-2003
92 BA -2005	92A -2006	484-200 26	484-200 69	111-200 15	111-200 5 10
				2001-2000	2001-2004

~~(4-2-08)~~(1-1-11)T

053. -- 055. (RESERVED).

056. REFERENCES TO APPENDIX, INTERNATIONAL FIRE CODE.

When this code references the appendix, the provisions of the appendix shall not apply unless specifically incorporated by reference. The following appendixes of the International Fire Code are incorporated by reference:

(5-3-03)

01. Appendix B, Fire Flow Requirements for Buildings. (5-3-03)

02. Appendix C, Fire Hydrant Location and Distribution. (5-3-03)

03. Appendix D, Fire Apparatus Access Roads. (4-2-08)

a. To section D101.1 Scope, add the following sentence, "Driveways as described in section 503.7 through 503.11 are not subject to the requirements of this appendix." (1-1-11)T

b. To section D102.1, after the phrase, by way of an approved fire apparatus access road, add the following "designed and maintained to support the imposed loads of the responding fire apparatus and shall be surfaced so as to provide all-weather driving capabilities." And delete the remainder of the section. (1-1-11)T

c. To section D103.2 Grade. Add the following. "The gradient of the fire apparatus access road shall be within the limits established by the fire code official based on the capabilities of the responding fire departments apparatus." Delete the remainder of the section and the exception. (1-1-11)T

04. Appendix E, Hazard Categories. (5-3-03)

05. Appendix F, Hazard Rankings. (5-3-03)

IDAPA 18 - DEPARTMENT OF INSURANCE

**18.01.56 - REBATES AND ILLEGAL INDUCEMENTS TO OBTAIN
TITLE INSURANCE BUSINESS RULES**

DOCKET NO. 18-0156-1001

NOTICE OF RULEMAKING - VACATION OF PROPOSED RULEMAKING

AUTHORITY: In compliance with Section 67-5221, Idaho Code, notice is hereby given that this agency is vacating the rulemaking previously initiated under this docket. The action is authorized pursuant to Sections 41-211, 41-1314 and 41-2708, Idaho Code.

DESCRIPTIVE SUMMARY: The following is a summary of the reasons for vacating this rulemaking:

The Department is withdrawing the proposed rule in order to conduct further negotiated rulemaking with interested parties.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this vacation of rulemaking, Dale Freeman at (208) 334-4250.

DATED this 28th day of October

Shad Priest
Deputy Director
Idaho Department of Insurance
700 W. State Street, 3rd Floor
Phone (208) 334-4250
Fax: (208) 334-4398

IDAPA 19 - IDAHO STATE BOARD OF DENTISTRY

19.01.01 - RULES OF THE STATE BOARD OF DENTISTRY

DOCKET NO. 19-0101-1001

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 Idaho State Legislature for final approval. The pending rule becomes final and effective at the conclusion of the legislative session, unless the rule is accepted, 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 54-912, 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 rules provide for updates to documents which are incorporated by reference into the rules of the Board relative to the use of sedation and general anesthesia by dentists, and codes of ethics of the practice of dentistry and dental hygiene. New documents incorporated by reference include standards for clinical dental hygiene practice and standards for dental patient records.

The text of the pending rule (19.01.01.060.03.a) has been amended to add reference to an incorporated document in Section 19.01.01.004.

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 [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, pages 337 through 351](#).

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 Susan Miller, 208-577-2638.

DATED this 5th day of November, 2010.

Susan D. Miller
Executive Director
Idaho State Board of Dentistry
350 North 9th Street, Suite M-100, Boise, ID 83702
P.O. Box 83720, Boise, ID 83720-0021
Phone: 208-577-2638
Fax: 208-334-3247

DOCKET NO. 19-0101-1001 - ADOPTION OF PENDING RULE

Substantive changes have been made to the pending rule.
Italicized text that is underscored is new text that has been added to the pending rule.

Only those sections or subsections 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 10-10, October 6, 2010, pages 337 through 350.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

THE FOLLOWING IS THE AMENDED TEXT OF DOCKET NO. 19-0101-1001

060. ~~ADMINISTRATION OF CONSCIOUS~~ MODERATE SEDATION (RULE 60).

Dentists licensed in the state of Idaho cannot ~~use conscious~~ administer moderate sedation in the practice of dentistry unless they have obtained the proper ~~conscious moderate~~ sedation permit from the Idaho State Board of Dentistry. A ~~conscious moderate~~ sedation permit may be either ~~limited enteral~~ or ~~comprehensive parenteral~~. A ~~limited-conscious moderate enteral~~ sedation permit authorizes dentists to administer ~~conscious moderate~~ sedation by either enteral or combination inhalation-enteral routes of administration. A ~~comprehensive-conscious moderate parenteral~~ sedation permit authorizes a dentist to administer ~~conscious moderate~~ sedation by ~~enteral, combination inhalation-enteral or parenteral~~ any routes of administration. A dentist shall not administer ~~conscious moderate~~ sedation to children under eighteen (18) years of age unless they have qualified for and been issued a ~~comprehensive-conscious moderate parenteral~~ sedation permit. (4-11-06)()

03. General Requirements for Limited Moderate Enteral and ~~Comprehensive Conscious Moderate Parenteral~~ Sedation Permits. (4-11-06)()

Subsection 060.03.a.

a. Facility Requirements. The dentist must have a properly equipped facility for the administration of ~~conscious moderate~~ sedation ~~staffed with a dentist supervised team of auxiliary personnel capable of reasonably handling procedures, problems, and emergencies incident thereto.~~ The qualified dentist is responsible for the sedative management, adequacy of the facility and staff, diagnosis and treatment of emergencies related to the administration of moderate sedation and providing the equipment, drugs and protocol for patient rescue. ~~Adequacy of the facility and competence of the anesthesia team will be determined by~~ Evaluators appointed by the Idaho State Board of Dentistry will periodically assess the adequacy of the facility and competence of the anesthesia team. The Board adopts the standards incorporated by reference in Section 004.01.c. and Section 004.01.d. of these rules as set forth by the American Dental Association. (3-18-99)()

IDAPA 23 - BOARD OF NURSING

23.01.01 - RULES OF THE IDAHO BOARD OF NURSING

DOCKET NO. 23-0101-1001

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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 54-1404(11), 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 [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, pages 365 through 374.](#)

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 Sandra Evans, M.A.Ed., R.N., Executive Director, (208) 334-3110 Ext. 26.

DATED this 28th day of October, 2010.

Sandra Evans, M.A.Ed., R.N., Executive Director
Board of Nursing
280 N. 8th St. (8th & Bannock), Ste. 210
P. O. Box 83720
Boise, ID 83720-0061
Phone: (208) 334-3110, Ext. 26
Fax: (208) 334-3262

DOCKET NO. 23-0101-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 10-10, October 6, 2010, pages 365 through 374.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 23 - BOARD OF NURSING

23.01.01 - RULES OF THE IDAHO BOARD OF NURSING

DOCKET NO. 23-0101-1002

NOTICE OF RULEMAKING - ADOPTION OF TEMPORARY RULE

EFFECTIVE DATE: The effective date of the temporary rule is November 5, 2010.

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 54-1404(11), Idaho Code.

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

Board rules currently require that applicants for certification as a medication assistant pass an examination as a measure of beginning competence. Because of the anticipated very low volume of applicants, it is not financially feasible for vendors to develop an affordable psychometrically sound, legally defensible examination for use in Idaho, which has prevented the Board from issuing certification to otherwise qualified applicants.

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

This rulemaking confers a benefit to applicants and the general public by removing the examination requirement for certification of a medication assistant and allows the Board to issue certification upon determination of competency of the applicant through processes other than by administration of an examination. The rulemaking also authorizes the issuance of a temporary license pending successful completion and receipt of the competency evaluation, when other certification requirements have been satisfied.

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 Sandra Evans, M.A.Ed., R.N., Executive Director, at (208) 334-3110 Ext. 26.

DATED this 8th day of November, 2010.

Sandra Evans, M.A.Ed., R.N., Executive Director
Board of Nursing
280 N. 8th St. (8th & Bannock), Ste. 210
P. O. Box 83720
Boise, ID 83720-0061
Phone: (208) 334-3110, Ext. 26
Fax: (208) 334-3262

THE FOLLOWING IS THE TEMPORARY TEXT OF DOCKET NO. 23-0101-1002

494. APPLICATION FOR CERTIFICATION FOR MEDICATION ASSISTANT - CERTIFIED.

01. **Application Submission.** An applicant for medication assistant - certified shall submit to the Board: (3-26-08)

- a. A completed, notarized application form provided by the Board; (3-26-08)
- b. A notarized affidavit of graduation from an approved medication assistant - certified education and training program; (3-26-08)
- c. Evidence of successful completion of a medication assistant - certified competency evaluation, approved by the Board; (3-26-08)
- d. Payment of application fees as established in Section 497 of these rules; and (3-26-08)
- e. Applicant's current fingerprint-based criminal history check as set forth in Section 54-1401(3), Idaho Code. (3-26-08)
- 02. Temporary Certification.** (3-26-08)
 - a. At the Board's discretion, and pending completion of the competency evaluation and receipt of the criminal background report, a temporary certification may be issued to an applicant who meets all other requirements and is waiting for the federal criminal background report. ~~(3-26-08)~~(11-5-10)T
 - b. Temporary certification is valid for six (6) months from the date of issuance or until a permanent certification is issued or denied, whichever occurs first. (3-26-08)
 - c. The applicant must pay the temporary certification fee established in Section 498 of these rules. (3-26-08)
- 03. Denial of Certification.** Certification as a medication assistant - certified may be denied for any of the following grounds: (3-26-08)
 - a. Failure to meet any requirement established by statute or these rules; or (3-26-08)
 - ~~eb.~~ False representation of facts on an application for certification; or (3-26-08)
 - ~~bc.~~ Failure to pass ~~the~~ any certification examination required by the Board; or ~~(3-26-08)~~(11-5-10)T
 - d. Having another person appear in his place for ~~the~~ any certification examination required by the Board; or ~~(3-26-08)~~(11-5-10)T
 - e. Engaging in any conduct which would be grounds for discipline under Section 54-1406A, Idaho Code, or these rules; or (3-26-08)
 - f. Revocation, suspension, limitation, reprimand, voluntary surrender, or any other disciplinary action or proceeding including investigation against a certificate to practice by another state or jurisdiction. (3-26-08)
- 04. Notification.** If certification is denied, the Board will notify the applicant in writing of the reason for denial and inform him of his procedural rights under the Idaho Administrative Procedures Act. (3-26-08)

IDAPA 24 BUREAU OF OCCUPATIONAL LICENSES

24.01.01 - RULES OF THE IDAHO BOARD OF ARCHITECTURAL EXAMINERS

DOCKET NO. 24-0101-0902

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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) 54-312, 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 [December 2, 2009 Idaho Administrative Bulletin, Vol. 09-12, pages 109 through 111](#).

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 Cherie Simpson at 208 334-3233.

DATED this 3rd day of November, 2010.

Tana Cory
Bureau Chief
Bureau of Occupational Licenses
1109 Main St., STE 220
Boise, ID 83702
(208) 334-3233 phone (208) 334-3945 fax

DOCKET NO. 24-0101-0902 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 09-12, December 2, 2009, pages 109 through 111.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 24 - BUREAU OF OCCUPATIONAL LICENSES

24.02.01 - RULES OF THE BOARD OF BARBER EXAMINERS

DOCKET NO. 24-0201-1001

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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) 54-512, 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 [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, pages 375 and 376.](#)

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 Cherie Simpson at 208 334-3233.

DATED this 3rd day of November, 2010.

Tana Cory
Bureau Chief
Bureau of Occupational Licenses
1109 Main St., STE 220
Boise, ID 83702
(208) 334-3233 phone (208) 334-3945 fax

DOCKET NO. 24-0201-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, [Volume 10-10, October 6, 2010, pages 375 and 376.](#)

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 24 - BUREAU OF OCCUPATIONAL LICENSES

24.02.01 - RULES OF THE BOARD OF BARBER EXAMINERS

DOCKET NO. 24-0201-1002

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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) 54-512 and 521, 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 [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, pages 377 and 378](#).

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 Cherie Simpson at 208 334-3233.

DATED this 3rd day of November, 2010.

Tana Cory
Bureau Chief
Bureau of Occupational Licenses
1109 Main St., STE 220
Boise, ID 83702
(208) 334-3233 phone (208) 334-3945 fax

DOCKET NO. 24-0201-1002 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, [Volume 10-10, October 6, 2010, pages 377 and 378](#).

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 24 - BUREAU OF OCCUPATIONAL LICENSES

24.08.01 - RULES OF THE STATE BOARD OF MORTICIANS

DOCKET NO. 24-0801-1001

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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) 54-1107, 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 [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, pages 388 through 391](#).

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 Cherie Simpson at 208 334-3233.

DATED this 3rd day of November, 2010.

Tana Cory
Bureau Chief
Bureau of Occupational Licenses
1109 Main St., STE 220
Boise, ID 83702
(208) 334-3233 phone (208) 334-3945 fax

DOCKET NO. 24-0801-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 10-10, October 6, 2010, pages 388 through 391.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 24 - BUREAU OF OCCUPATIONAL LICENSES

24.09.01 - RULES OF THE BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS

DOCKET NO. 24-0901-1001

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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) 54-1604, 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 [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, pages 392 through 394.](#)

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 Cherie Simpson at 208 334-3233.

DATED this 3rd day of November, 2010.

Tana Cory
Bureau Chief
Bureau of Occupational Licenses
1109 Main St., STE 220
Boise, ID 83702
(208) 334-3233 phone (208) 334-3945 fax

DOCKET NO. 24-0901-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, [Volume 10-10, October 6, 2010, pages 392 through 394.](#)

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 24 - BUREAU OF OCCUPATIONAL LICENSES
24.13.01 - RULES OF THE PHYSICAL THERAPY LICENSURE BOARD
DOCKET NO. 24-1301-1001
NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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) 54-2206, 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 [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, pages 395 and 396.](#)

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 Cherie Simpson at 208 334-3233.

DATED this 3rd day of November, 2010.

Tana Cory
Bureau Chief
Bureau of Occupational Licenses
1109 Main St., STE 220
Boise, ID 83702
(208) 334-3233 phone (208) 334-3945 fax

DOCKET NO. 24-1301-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, [Volume 10-10, October 6, 2010, pages 395 and 396.](#)

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 24 - BUREAU OF OCCUPATIONAL LICENSES
24.13.01 - RULES OF THE PHYSICAL THERAPY LICENSURE BOARD
DOCKET NO. 24-1301-1002
NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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) 54-2206, 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 [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, pages 397 through 402.](#)

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 Cherie Simpson at 208 334-3233.

DATED this 3rd day of November, 2010.

Tana Cory
Bureau Chief
Bureau of Occupational Licenses
1109 Main St., STE 220
Boise, ID 83702
(208) 334-3233 phone (208) 334-3945 fax

DOCKET NO. 24-1301-1002 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 10-10, October 6, 2010, pages 397 through 402.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 24 - BUREAU OF OCCUPATIONAL LICENSES

24.22.01 - RULES OF THE IDAHO STATE LIQUEFIED PETROLEUM GAS SAFETY BOARD

DOCKET NO. 24-2201-1001

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 2011 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(s) 54-5310 and 54-5312, 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 [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, pages 407 and 408.](#)

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 Section 54-5313, Idaho Code. This rule establishes a dealer-in-training license and a \$50.00 fee for the license.

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 Cherie Simpson at (208) 334-3233.

DATED this 3rd day of November, 2010.

Tana Cory
Bureau Chief
Bureau of Occupational Licenses
700 W State
Boise, ID 83702
(208) 334-3233 Ph. (208) 334-3945, fax

DOCKET NO. 24-2201-1001 - ADOPTION OF PENDING FEE RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 10-10, October 6, 2010, pages 407 and 408.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 24 - BUREAU OF OCCUPATIONAL LICENSES
24.26.01 - RULES OF THE IDAHO STATE BOARD OF MIDWIFERY
DOCKET NO. 24-2601-1001
NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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) 54-5405, 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 [July 7, 2010 Idaho Administrative Bulletin, Vol. 10-7, pages 94 and 95.](#)

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 Cherie Simpson at 208 334-3233.

DATED this 3rd day of November, 2010.

Tana Cory
Bureau Chief
Bureau of Occupational Licenses
1109 Main St., STE 220
Boise, ID 83702
(208) 334-3233 phone (208) 334-3945 fax

DOCKET NO. 24-2601-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 10-7, July 7, 2010, pages 94 and 95.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 27 - BOARD OF PHARMACY

27.01.01 - RULES OF THE IDAHO STATE BOARD OF PHARMACY

DOCKET NO. 27-0101-1001

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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 37-2715, 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.

Changes remove unnecessary language from Subsection 159.02, and Paragraph 159.02.g. is being removed because manufacturers do not always include information regarding physical product descriptions.

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 [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, pages 425 through 435](#).

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 Mark Johnston, R.Ph., Executive Director, at (208) 334-2356.

DATED this 1st day of November, 2010.

Mark Johnston, R.Ph., Executive Director
Board of Pharmacy
3380 Americana Terrace, Ste. 320
P. O. Box 83720
Boise, ID 83720-0067
Phone: (208) 334-2356
Fax: (208) 334-3536

DOCKET NO. 27-0101-1001 - ADOPTION OF PENDING RULE

Substantive changes have been made to the pending rule.

Italicized text that is underscored is new text that has been added to the pending rule.

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

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 10-10, October 6, 2010, pages 425 through 435.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

THE FOLLOWING IS THE AMENDED TEXT OF DOCKET NO. 27-0101-1001

159. PRESCRIPTION **DRUG ORDER MINIMUM** REQUIREMENTS.

Subsection 159.02

02. Prescription Labels. ~~Unless otherwise directed by these rules, Any prescription drug must be dispensed shall~~ in a container that bears a label containing the following information: ()
- a. ~~The name, address, and telephone number of the dispenser (person or business);~~ ()
 - b. ~~The serial number;~~ ()
 - c. ~~and The date of the prescription or its filling, is filled;~~ ()
 - d. ~~The name of the prescriber;~~ ()
 - e. ~~and The name of the patient;~~ ()
 - f. Unless otherwise directed on the order by the prescriber, the name and strength of the drug (the generic name and its manufacturer's name or the brand name); ()
 - g. The quantity of item dispensed; ()
 - h. ~~The directions for use, name (generic or brand) of the medication (including the manufacturer's name if a generic), and;~~ ()
 - i. Any cautionary statements information as may be required to protect the consumer including, when advisable or desirable for proper use and patient safety; ()
 - j. An expiration date which is the lesser of: ()
 - i. One (1) year from the date of dispensing; ()
 - ii. ~~The manufacturer's original expiration date, the quantity of item dispensed and;~~ ()
 - iii. The appropriate expiration date for a reconstituted suspension or beyond use date for a compounded product; or ()
 - iv. A shorter period when warranted, pursuant to the pharmacist's professional judgment, to protect the ()

health or safety of the individual: ()

k. The number of refills authorized; and ()

l. ~~The initials of the person dispensing the prescription and the statement: "Warning: Federal or state law prohibits the transfer of this prescription to any person other than the person for whom it was prescribed." When appropriate, the prescriber may request "Do Not Label", in such cases the medication name will not appear~~
pharmacist. (7-1-98)()

IDAPA 27 - BOARD OF PHARMACY

27.01.01 - RULES OF THE IDAHO STATE BOARD OF PHARMACY

DOCKET NO. 27-0101-1002

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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 37-2715, 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.

Public comment has resulted in changes to the definitions, record keeping requirements, and medication to be administered in the event of an emergency resulting from the administration of a vaccine.

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 [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, pages 436 through 438](#).

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 Mark Johnston, R.Ph., Executive Director, at (208) 334-2356.

DATED this 1st day of November, 2010.

Mark Johnston, R.Ph., Executive Director
Board of Pharmacy
3380 Americana Terrace, Ste. 320
P. O. Box 83720
Boise, ID 83720-0067
Phone: (208) 334-2356
Fax: (208) 334-3536

DOCKET NO. 27-0101-1001 - ADOPTION OF PENDING RULE

Substantive changes have been made to the pending rule.

Italicized text that is underscored is new text that has been added to the pending rule.

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

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, **Volume 10-10, October 6, 2010, pages 436 through 438.**

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

THE FOLLOWING IS THE AMENDED TEXT FOR DOCKET NO. 27-0101-1002

Section 166 is being Reprinted in its Entirety

166. IMMUNIZATION RECORD.

- 01. Definitions.** ()
- a.** “Absolute Contraindication” means a situation that makes a particular treatment or procedure inadvisable. ()
- b.** ACPE means the Accreditation Council for Pharmacy Education. ()
- c.** AED means automated electronic defibrillator. ()
- d.** AHA means American Heart Association. ()
- e.** CDC means the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. ()
- f.** “Compromised Patient” means an individual who may have an absolute or relative contraindication to receive immunizations. ()
- g.** CPR means cardiopulmonary resuscitation. ()
- h.** “Healthy Patient” means an individual with no contraindications to receive immunizations. ()
- i.** IRIS means the Idaho Immunization Reminder Information System. ()
- j.** “Relative Contraindication” means a condition that makes a particular treatment or procedure somewhat inadvisable but does not rule it out. ()
- k.** VAERS means Vaccine Adverse Event Reporting System. ()
- 02. Qualifications.** ()
- a.** A pharmacist may administer immunizations to healthy patients, and pursuant to a prescription drug order to compromised patients. ()
- b.** To qualify to administer immunizations, a pharmacist must first: ()
- i.** Successfully complete an ACPE accredited or comparable course that meets the standards for

pediatric, adolescent, and adult immunization practices recommended and approved by the CDC's Advisory Committee on Immunization Practices and includes at least: ()

- (1) Basic immunology, vaccine and immunization protection: ()
- (2) Diseases that are preventable through vaccination and immunization: ()
- (3) Recommended immunization schedules: ()
- (3) Current recommended immunization schedules: ()
- (4) Vaccine and immunization storage and management: ()
- (5) Informed consent: ()
- (6) Physiology and techniques for administration of immunizations: ()
- (7) Pre-immunization and post-immunization assessment and counseling: ()
- (8) Immunization reporting and records management; and ()
- (9) Identification, response, documentation, and reporting of adverse events. ()

ii. Hold a current certification in basic life support for healthcare providers (CPR and AED program) offered by AHA or any nationally recognized training program that follows AHA guidelines for said healthcare provider certification that includes AED training and requires hands-on skills assessment by an authorized instructor: ()

c. Pharmacists qualified to administer immunizations must also annually complete a minimum of one (1) hour of ACPE approved continuing education related to vaccines, immunizations, or their administration within the continuing education required by Section 134 of these rules. ()

d. The authority to administer immunizations may not be delegated; however, a registered student pharmacist that has satisfied the immunizing pharmacist qualifications may administer immunizations under the direct supervision of a qualified immunizing pharmacist. ()

e. An immunizing pharmacist must maintain written policies and procedures for disposal of used or contaminated supplies. ()

f. An immunizing pharmacist must report: ()

i. Any adverse events to the health care provider identified by the patient, if any, and to the VAERS. ()

ii. Any applicable immunization to IRIS. ()

03. Immunization Administration. Immunizations must be administered pursuant to the latest recommendations issued by the CDC or other qualified government authorities. A pharmacist must have a current copy of, or on-site access to, the CDC's "Epidemiology and Prevention of Vaccine-Preventable Diseases." ()

04. Vaccine Information Statement. A current CDC-issued Vaccine Information Statement corresponding to the vaccine administered must be provided to the patient or the patient's representative for each immunization administered. ()

05. Recordkeeping. For each immunization administered, the following information must be maintained in the patient profile: ()

IDAPA 27 - BOARD OF PHARMACY

27.01.01 - RULES OF THE IDAHO STATE BOARD OF PHARMACY

DOCKET NO. 27-0101-1003

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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 37-2715, 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 [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, page 439](#).

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 Mark Johnston, R.Ph., Executive Director, (208) 334-2356.

DATED this 28th day of October, 2010.

Mark Johnston, R.Ph., Executive Director
Board of Pharmacy
3380 Americana Terrace, Ste. 320
P. O. Box 83720
Boise, ID 83720-0067
Phone: (208) 334-2356
Fax: (208) 334-3536

DOCKET NO. 27-0101-1003 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 10-10, October 6, 2010, page 439.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 27 - BOARD OF PHARMACY

27.01.01 - RULES OF THE IDAHO STATE BOARD OF PHARMACY

DOCKET NO. 27-0101-1004

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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 37-2715, 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 [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, pages 440 and 441.](#)

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 Mark Johnston, R.Ph., Executive Director, (208) 334-2356.

DATED this 28th day of October, 2010.

Mark Johnston, R.Ph., Executive Director
Board of Pharmacy
3380 Americana Terrace, Ste. 320
P. O. Box 83720
Boise, ID 83720-0067
Phone: (208) 334-2356
Fax: (208) 334-3536

DOCKET NO. 27-0101-1004 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 10-10, October 6, 2010, pages 440 and 441.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 32 - ENDOWMENT FUND INVESTMENT BOARD

32.01.01 - RULES GOVERNING THE CREDIT ENHANCEMENT PROGRAM FOR SCHOOL DISTRICTS

DOCKET NO. 32-0101-1001

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 2011 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 57-728(2), Idaho Code.

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

The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, pages 448 through 452.](#)

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 Section 57-728, Idaho Code.

Pursuant to Section 57-728, Idaho Code, and 2010 Attorney General Opinion 01, the rules impose an application fee calculated to reflect the overhead costs to the EFIB for processing an application. This fee allows the EFIB to more accurately allocate its overhead costs and will likely result in a minor reduction in the cost allocation to the Endowment Funds, the Judges' Retirement Fund, and the State Insurance Fund. Without the imposition of the fee, the other clients of the EFIB may bear the costs of Program administration through the EFIB's existing process of cost allocation. The rules also implement a guaranty or insurance fee authorized by the legislature as of April 17, 2009 and discussed in 2010 Idaho Attorney General Opinion 01. The fee, which would be deposited in the Public School Endowment Fund, allows the Public School Endowment to benefit from the issuance of the guaranties and reinforces the holding in *Endowment Fund Investment Board v. Crane* that the Program is a permissible investment for the Fund.

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 rules will not result in a fiscal impact to the State of Idaho general fund. School districts will experience lower interest rates on school bonds through participation in the Program. The Public School Endowment will recover its costs for providing the benefit to school districts.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this pending rule, contact Larry Johnson, Manager of Investments, (208) 334-3312.

DATED this 28th day of October, 2010.

Larry Johnson
Manager of Investments
Endowment Fund Investment Board
816 W. Bannock St., Ste. 301
P. O. Box 83720
Boise, ID 83720-0046
Phone: (208) 334-3312
Fax: (208) 334-3786

DOCKET NO. 32-0101-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

**The complete text of the proposed rule was published in the Idaho Administrative Bulletin,
Volume 10-10, October 6, 2010, pages 448 through 452.**

**This rule has been adopted as a pending rule by the Agency and is now awaiting
review and approval by the 2011 Idaho State Legislature for final adoption.**

IDAPA 34 - SECRETARY OF STATE

34.01.01 - FEES FOR AUTOMATED DATA RETRIEVAL

DOCKET NO. 34-0101-1001 (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 2011 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 67-903(9), 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 [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, page 453](#).

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 Jeff Harvey, UCC Supervisor, at (208) 332-2849.

DATED this 28th day of October, 2010.

Jeff Harvey, UCC Supervisor
Office of the Secretary of State
450 N. 4th St.
P. O. Box 83720
Boise, ID 83720-0080
Phone: (208) 332-2849
Facsimile: (208)334-2847

DOCKET NO. 34-0101-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 10-10, October 6, 2010, page 453.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 34 - SECRETARY OF STATE

34.01.02 - RULES GOVERNING FACSIMILE SERVICES AND FEES

DOCKET NO. 34-0102-1001 (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 2011 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 67-903(9), 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 [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, page 454](#).

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: Minimal fiscal impact is expected, as these fees are only charged sporadically.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this pending rule, contact Jeff Harvey, UCC Supervisor, at (208) 332-2849.

DATED this 28th day of October, 2010.

Jeff Harvey, UCC Supervisor
Office of the Secretary of State
450 N. 4th St.
P. O. Box 83720
Boise, ID 83720-0080
Phone: (208) 332-2849
Facsimile: (208)334-2847

DOCKET NO. 34-0102-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 10-10, October 6, 2010, page 454.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 34 - SECRETARY OF STATE

34.01.03 - RULES GOVERNING THE PUBLIC ACCESS INFORMATION SYSTEM (PAIS)

DOCKET NO. 34-0103-1001 (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 2011 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 67-903(9), 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 [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, page 455](#).

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 Jeff Harvey, UCC Supervisor, at (208) 332-2849.

DATED this 28th day of October, 2010.

Jeff Harvey, UCC Supervisor
Office of the Secretary of State
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DOCKET NO. 34-0103-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 10-10, October 6, 2010, page 455.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 34 - SECRETARY OF STATE

34.01.04 - RULES GOVERNING THE ELECTRONIC BULLETIN BOARD SERVICE

DOCKET NO. 34-0104-1001 (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 2011 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 67-903(9), 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 [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, page 456](#).

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 Jeff Harvey, UCC Supervisor, at (208) 332-2849.

DATED this 28th day of October, 2010.

Jeff Harvey, UCC Supervisor
Office of the Secretary of State
450 N. 4th St.
P. O. Box 83720
Boise, ID 83720-0080
Phone: (208) 332-2849
Facsimile: (208)334-2847

DOCKET NO. 34-0104-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 10-10, October 6, 2010, page 456.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 34 - SECRETARY OF STATE
34.05.04 - RULES GOVERNING PUBLIC ACCESS TO UCC FILES
DOCKET NO. 34-0504-1001 (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 2011 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 67-903(9), 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 [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, page 457](#).

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 Jeff Harvey, UCC Supervisor, at (208) 332-2849.

DATED this 28th day of October, 2010.

Jeff Harvey, UCC Supervisor
Office of the Secretary of State
450 N. 4th St.
P. O. Box 83720
Boise, ID 83720-0080
Phone: (208) 332-2849
Facsimile: (208)334-2847

DOCKET NO. 34-0504-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, [Volume 10-10, October 6, 2010, page 457](#).

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 37 - DEPARTMENT OF WATER RESOURCES

37.02.03 - WATER SUPPLY BANK RULES

DOCKET NO. 37-0203-1001

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 2011 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 42-1762, 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 Idaho Department of Water Resources (IDWR) operates the Water Supply Bank (Bank) for the Water Resource Board. IDWR does not have sufficient funding from the general appropriation to subsidize operation of the Bank for the Water Resource Board. IDWR has limited staff resources available to operate the Bank. Interest and activity in the Water Supply Bank has grown considerably over the past few years. The number of rental applications increased 2,533% and lease applications increased 1,011% between 1998 and 2010. Consequently, IDWR has incurred a significant application backlog. If IDWR does not allocate additional staff resources to the program, the application backlog will continue to grow. The application backlog results in unfulfilled expectations for water users, loss of agricultural production, missed economic opportunity for local economies, and reduced tax revenue for the State of Idaho.

The text of the pending rule changes differs from the text of the proposed rule changes in two locations. First, Rule 025, Subsection 025.02.f, was changed to provide that the lease application fee will be capped at \$500 for overlapping water rights and deposited in the Water Administration Account and that the fee does not apply to applications to lease stored water to the rental pools described in Rule 40. Second, Rule 035, Subsection 035.01, was changed to clarify that the lease application fee shall be credited to the Water Administration Account. Rule 035, Subsection 35.01, was also changed to retain the original codified text regarding 10% rental fee and to clarify that the requirement to retain a portion of the rental fee in the Water Administration Account does not apply to the rental of stored water from the local rental pools described in Rule 40.

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 1, 2010 Idaho Administrative Bulletin, Vol. 10-9, pages 426 through 430](#).

FEE SUMMARY: The following is a specific description of the fee or charge imposed or increased. The increase in the rental fee percentage and the lease fee being imposed are consistent with Sections 42-1762 and 42-1763, Idaho Code.

Impose a lease application filing fee of \$250 per water right up to a maximum of \$500 for overlapping water rights.

Section 42-1762(1), Idaho Code, directs the Water Resource Board to adopt rules and regulations governing the Water Supply Bank. Section 42-1762(2), Idaho Code, authorizes the Water Resource Board to contract with lessors and lessees to facilitate the rental of water. The lease application filing fee being imposed as a rule is necessary to secure a source of money to provide an adequate workforce to efficiently operate and manage the water supply bank.

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 Shelley Keen, (208) 287-4947.

DATED this 5th day of November, 2010.

Shelley Keen, Section Manager
Water Rights Section
Idaho Department of Water Resources
322 East Front Street

P.O. Box 83720
Boise, Idaho 83720
Phone 208-287-4947
Fax 208-287-6700

DOCKET NO. 37-0203-1001 - ADOPTION OF PENDING FEE RULE

Substantive changes have been made to the pending rule.
Italicized text that is underscoring is new text that has been added to the pending rule.

Only those sections or subsections 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 10-9, September 1, 2010, pages 426 through 430.](#)

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

THE FOLLOWING IS THE AMENDED TEXT OF FEE DOCKET NO. 37-0203-1001

Subsection 025.02.f.

025. ACQUISITION OF WATER RIGHTS FOR THE BOARD'S WATER SUPPLY BANK (RULE 25).

02. Application. Submitted with the completed application shall be: (7-1-93)

f. A lease application filing fee of two hundred fifty dollars (\$250) per water right up to a maximum total of five hundred dollars (\$500.00) for overlapping water rights which have a common place of use or common diversion rate or diversion volume. The lease filing fee described herein shall be deposited in the Water Administration Account and shall not apply to applications to lease stored water into rental pools described in Rule 40. ()

Subsection 035.01

035. HANDLING OF MONEY ASSOCIATED WITH THE BOARD'S WATER SUPPLY BANK (RULE 35).

Payments received by the Department from the sale or rental of water rights from the Board's water supply bank shall be handled as follows: (7-1-93)

01. Credited Amount. Ten percent (10%) of the gross amount received from the sale or rental of a water right from the Board's water supply bank and the entire lease application fee received pursuant to Rule 025 shall be credited to the Water Administration Account created by Section 42-238a, Idaho Code, or to the federal grant fund if the payment is received from a federal agency, for administrative costs of operating the Water Supply Bank. The ten percent (10%) charge described herein shall not apply to stored water rented from the rental pools described in Rule 040. (~~5-3-03~~)()

IDAPA 37 - IDAHO DEPARTMENT OF WATER RESOURCES

37.03.10 - WELL DRILLER LICENSING RULES

DOCKET NO. 37-0310-1001

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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) 42-238(6), 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 [September 1, 2010 Idaho Administrative Bulletin, Vol. 10-9, pages 431 through 443](#).

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 Chad Hersley @ 287-4930.

DATED this Tuesday, October 26, 2010.

Chad Hersley, Technical Hydrogeologist
Idaho Department of Water Resources
322 East Front Street
P.O. Box 83720
Boise, Idaho 83720
Telephone 208-287-4930
FAX 208-287-6700

DOCKET NO. 37-0310-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 10-9, September 1, 2010, pages 431 through 443.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 38 - DEPARTMENT OF ADMINISTRATION

38.05.01 - RULES OF THE DIVISION OF PURCHASING

DOCKET NO. 38-0501-1001

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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) 67-5717(11) and 67-5732, 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 [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, pages 550 through 557](#).

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 Bill Burns, Administrator, Division of Purchasing at (208) 332-1610.

DATED this 2nd day of November, 2010.

Bill Burns
Administrator
Division of Purchasing
Department of Administration
650 W. State Street
Lower Level, Room B-15
P.O. Box 83720
Boise, Idaho 83720-0075
Telephone: (208) 332-1610

DOCKET NO. 38-0501-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 10-10, October 6, 2010, pages 550 through 557.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 41 - PUBLIC HEALTH DISTRICTS

41.03.01 - RULES OF THE SOUTHWEST DISTRICT HEALTH DEPARTMENT

DOCKET NO. 41-0301-1001 (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 2011 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 39-416, 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 [September 1, 2010, Idaho Administrative Bulletin, Vol. 10-9, page 444](#).

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 David M. Loper, Environmental Health Director, Southwest District Health, 208.455.5401.

DATED this 15th day of October, 2010.

Bruce Krosch, Director
Southwest District Health
920 Main Street
Caldwell, ID 83605
phone: 208.455.5315
fax: 208.454.7722

DOCKET NO. 41-0301-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 10-9, September 1, 2010, page 444.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 46 - BOARD OF VETERINARY MEDICINE

46.01.01 - RULES OF THE STATE OF IDAHO BOARD OF VETERINARY MEDICINE

DOCKET NO. 46-0101-1001

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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 54-2105, 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 [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, pages 558 through 565](#).

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 Karen Ewing, Executive Director, at (208) 332-8588.

DATED this 28th day of October, 2010.

Karen Ewing, Executive Director
Board of Veterinary Medicine
2270 Old Penitentiary Rd.
P. O. Box 7249
Boise, ID 83707
Phone: (208) 332-8588
Fax: (208) 334-2170

DOCKET NO. 46-0101-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 10-10, October 6, 2010, pages 558 through 565.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 49 - CERTIFIED SHORTHAND REPORTERS BOARD

49.01.01 - RULES OF PROCEDURE OF THE IDAHO CERTIFIED SHORTHAND REPORTERS BOARD

DOCKET NO. 49-0101-1001

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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) 54-3107, 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 [October 6, 2010 Idaho Administrative Bulletin, Vol. 10-10, pages 566 and 567](#).

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 Cherie Simpson at 208 334-3233.

DATED this 3rd day of November, 2010.

Tana Cory
Bureau Chief
Bureau of Occupational Licenses
1109 Main St., STE 220
Boise, ID 83702
(208) 334-3233 phone (208) 334-3945 fax

DOCKET NO. 49-0101-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, [Volume 10-10, October 6, 2010, pages 566 and 567](#).

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 58 - DEPARTMENT OF ENVIRONMENTAL QUALITY
THE TAMMANY CREEK WATERSHED TMDL ADDENDUM (HUC ID17060103)
DOCKET NO. 58-0000-1004
NOTICE OF FINAL DECISION

AUTHORITY: In compliance with Section 39-3611, Idaho Code, notice is hereby given that this agency has issued a final decision on the Tammany Creek Watershed Total Maximum Daily Load (TMDL) Addendum.

DESCRIPTIVE SUMMARY: The Department of Environmental Quality (DEQ) hereby gives notice of the final decision on the Tammany Creek Watershed TMDL Addendum. The final decision may be appealed to the Board of Environmental Quality by initiating a contested case in accordance with Sections 39-107(5), 67-5240 et seq., Idaho Code, and IDAPA 58.01.23, "Rules of Administrative Procedure Before the Board of Environmental Quality." The petition initiating a contested case must be filed with the undersigned hearing coordinator within thirty-five (35) days of the publication date of this notice in the Idaho Administrative Bulletin.

The area covered by the Tammany Creek Watershed TMDL Addendum (Hydrologic Unit Code 17060103) addresses nine (9) assessment unit (AUs)/pollutant combinations listed as impaired on Idaho's 2008 Section 303(d) list and revises three (3) sediment load allocations and wasteload allocations for AU/pollutant combinations. DEQ completed TMDLs for all AU/pollutant combinations deemed water quality impaired. DEQ has submitted this TMDL document to the U.S. Environmental Protection Agency for approval under the Clean Water Act.

AVAILABILITY OF THE TMDL: Electronic copy of the TMDL can be obtained at http://www.deq.idaho.gov/water/data_reports/surface_water/tmdls/tammany_creek/tammany_creek.cfm or by contacting Ms. Marti Bridges, TMDL Program Manager, 208-373-0382, marti.bridges@deq.idaho.gov.

Dated this 4th day of November, 2010.

Paula J. Wilson
Hearing Coordinator
Department of Environmental Quality
1410 N. Hilton
Boise, Idaho 83706-1255
(208)373-0418/Fax No. (208)373-0481
paula.wilson@deq.idaho.gov

IDAPA 58 - DEPARTMENT OF ENVIRONMENTAL QUALITY

THE HATWAI CREEK SUBBASIN ASSESSMENT AND TMDLS (LOWER CLEARWATER HUC ID17060306)

DOCKET NO. 58-0000-1005

NOTICE OF FINAL DECISION

AUTHORITY: In compliance with Section 39-3611, Idaho Code, notice is hereby given that this agency has issued a final decision on the Hatwai Creek Subbasin Assessment and Total Maximum Daily Loads (TMDLs).

DESCRIPTIVE SUMMARY: The Department of Environmental Quality (DEQ) hereby gives notice of the final decision on the Hatwai Creek Subbasin Assessment and TMDLs. The final decision may be appealed to the Board of Environmental Quality by initiating a contested case in accordance with Sections 39-107(5), 67-5240 et seq., Idaho Code, and IDAPA 58.01.23, "Rules of Administrative Procedure Before the Board of Environmental Quality." The petition initiating a contested case must be filed with the undersigned hearing coordinator within thirty-five (35) days of the publication date of this notice in the Idaho Administrative Bulletin.

The area covered by the Hatwai Creek Subbasin Assessment and TMDLs (Hydrologic Unit Code 17060306) addresses four (4) assessment units (AUs)/pollutant combinations listed as impaired on Idaho's 2008 Section 303(d) list and four (4) unlisted but impaired AUs/pollutant combinations. DEQ completed TMDLs for all AU/pollutant combinations deemed water quality impaired. DEQ has submitted this TMDL document to the U.S. Environmental Protection Agency for approval under the Clean Water Act.

AVAILABILITY OF THE TMDL: Electronic copy of the TMDL can be obtained at http://www.deq.idaho.gov/water/data_reports/surface_water/tmdls/hatwai_creek/hatwai_creek.cfm or by contacting Ms. Marti Bridges, TMDL Program Manager, 208-373-0382, marti.bridges@deq.idaho.gov.

Dated this 4th day of November, 2010.

Paula J. Wilson
Hearing Coordinator
Department of Environmental Quality
1410 N. Hilton
Boise, Idaho 83706-1255
(208)373-0418/Fax No. (208)373-0481
paula.wilson@deq.idaho.gov

IDAPA 58 - DEPARTMENT OF ENVIRONMENTAL QUALITY
THE LAKE LOWELL TMDL: ADDENDUM TO THE LOWER BOISE RIVER SUBBASIN
ASSESSMENT AND TMDLS (HUC 17050114)

DOCKET NO. 58-0000-1006

NOTICE OF FINAL DECISION

AUTHORITY: In compliance with Section 39-3611, Idaho Code, notice is hereby given that this agency has issued a final decision on the Lake Lowell Total Maximum Daily Load: Addendum to the Lower Boise River Subbasin Assessment and Total Maximum Daily Loads (TMDLs).

DESCRIPTIVE SUMMARY: The Department of Environmental Quality (DEQ) hereby gives notice of the final decision on the Lake Lowell TMDLs. The final decision may be appealed to the Board of Environmental Quality by initiating a contested case in accordance with Sections 39-107(5), 67-5240 et seq., Idaho Code, and IDAPA 58.01.23, "Rules of Administrative Procedure Before the Board of Environmental Quality." The petition initiating a contested case must be filed with the undersigned hearing coordinator within thirty-five (35) days of the publication date of this notice in the Idaho Administrative Bulletin.

The area covered by the Lake Lowell TMDLs (Hydrologic Unit Code 17050114) addresses one (1) assessment unit listed as impaired on Idaho's 2008 § 303(d) list. DEQ completed TMDLs for all pollutant combinations deemed water quality impaired. DEQ has submitted this TMDL document to the U.S. Environmental Protection Agency for approval under the Clean Water Act.

AVAILABILITY OF THE TMDL: Electronic copy of the TMDL can be obtained at http://www.deq.idaho.gov/water/data_reports/surface_water/tmdls/boise_river_lower/boise_river_lower.cfm#lowell or by contacting Ms. Marti Bridges, TMDL Program Manager, 208-373-0382, marti.bridges@deq.idaho.gov.

Dated this 8th day of November, 2010.

Paula J. Wilson
Hearing Coordinator
Department of Environmental Quality
1410 N. Hilton
Boise, Idaho 83706-1255
(208)373-0418/Fax No. (208)373-0481
paula.wilson@deq.idaho.gov

IIDAPA 59 - PUBLIC EMPLOYEE RETIREMENT SYSTEM

59.01.02 - ELIGIBILITY RULES OF THE PUBLIC EMPLOYEE RETIREMENT SYSTEM OF IDAHO

DOCKET NO. 59-0102-1001

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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 59-1314(1) and 72-1405, 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. Correction of statutory cross-reference and clarification. Correct statutory cross-reference in Rule 005.08 and clarify wording in Rule 113 regarding definition of "normally works twenty hours...". Clarify Rule 122 regarding member on leave of absence without pay.

The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the [August 4, 2010, Idaho Administrative Bulletin, Vol. 10-8, pages 221 through 223](#).

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 Joanna L. Guilfooy, PERSI, 287-9271.

DATED this 25th of October, 2010.

Don Drum
Executive Director
Public Employee Retirement System of Idaho
607 N. 8th Street, Boise, ID 83702
P.O. Box 83720, Boise, ID 83720-0078
Phone: 208-287-9230
Fax: 208-334-3408

DOCKET NO. 59-0102-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 10-8, August 4, 2010, pages 221 through 223.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 59 - PUBLIC EMPLOYEE RETIREMENT SYSTEM

59.01.04 - DISABILITY RULES OF THE PUBLIC EMPLOYEE RETIREMENT SYSTEM OF IDAHO

DOCKET NO. 59-0104-1001

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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 59-1314(1) and 72-1405, 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.

Amend rules 06, 201, 205 and 300 to implement HB 458, passed in the 2010 session, which created Section 59-1354A, Idaho Code regarding a disability retiree return to work. Technical correction to rule 100. Delete rule 102 (duplicative of rule 300).

The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the [Idaho Administrative Bulletin, Vol. 10-8, August 4, 2010, pages 228 and 229](#).

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 Joanna L. Guilfooy, PERSI, 287-9271.

DATED this 25th day of October, 2010.

Don Drum
Executive Director
Public Employee Retirement System of Idaho
607 N. 8th Street, Boise, ID 83702
P.O. Box 83720, Boise, ID 83720-0078
Phone: 208-287-9230
Fax: 208-334-3408

DOCKET NO. 59-0104-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 10-8, August 4, 2010, pages 228 and 229.

This rule has been adopted as a pending rule by the Agency and is now awaiting review and approval by the 2011 Idaho State Legislature for final adoption.

IDAPA 59 - PUBLIC EMPLOYEE RETIREMENT SYSTEM

59.01.05 - SEPARATION FROM SERVICE RULES FOR THE PUBLIC EMPLOYEE RETIREMENT SYSTEM OF IDAHO (PERSI)

DOCKET NO. 59-0105-1001

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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 59-1314(1) and 72-1405, 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.

Delete rule 104 allowing for pre-tax payroll deduction to pay for reinstatement of prior service. Reinstatement could be made pre-tax through a rollover from a qualified plan and can be made with after tax dollars.

The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the [August 4, 2010, Idaho Administrative Bulletin, Vol. 10-8, pages 230 and 231.](#)

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 Joanna L. Guilfooy, PERSI, 287-9271.

DATED this 25th day of October, 2010.

Don Drum
Executive Director
Public Employee Retirement System of Idaho
607 N. 8th Street, Boise, ID 83702
P.O. Box 83720, Boise, ID 83720-0078
Phone: 208-287-9230
Fax: 208-334-3408

DOCKET NO. 59-0105-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

**The complete text of the proposed rule was published in the Idaho Administrative Bulletin,
[Volume 10-8, August 4, 2010, pages 230 and 231.](#)**

**This rule has been adopted as a pending rule by the Agency and is now awaiting
review and approval by the 2011 Idaho State Legislature for final adoption.**

IDAPA 59 - PUBLIC EMPLOYEE RETIREMENT SYSTEM

59.01.06 - RETIREMENT RULES OF THE PUBLIC EMPLOYEE RETIREMENT SYSTEM OF IDAHO (PERSI)

DOCKET NO. 59-0106-1001

NOTICE OF RULEMAKING - ADOPTION OF PENDING RULE

EFFECTIVE DATE: This rule has been adopted by the agency and is now pending review by the 2011 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 59-1314(1) and 72-1405, 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.

Clarification of rule 162 (Table C) to reflect the factors applicable to those persons who retired before July 1, 1995 (the last time the factors were changed). Delete rule 163. Add a new rule 557 to incorporate definitions for purposes of the federal Pension Protection Act which provides that PERSI pays insurance premiums from retirement allowance for retired public safety officers (which is exempt from income tax up to \$3,000).

The pending rule is being adopted as proposed. The complete text of the proposed rule was published in the [August 4, 2010, Idaho Administrative Bulletin, Vol. 10-8, pages 232 through 240.](#)

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 Joanna L. Guilfooy, PERSI, 287-9271.

DATED this 25th day of October, 2010.

Don Drum
Executive Director
Public Employee Retirement System of Idaho
607 N. 8th Street, Boise, ID 83702
P.O. Box 83720, Boise, ID 83720-0078
Phone: 208-287-9230
Fax: 208-334-3408

DOCKET NO. 59-0106-1001 - ADOPTION OF PENDING RULE

No substantive changes have been made to the pending rule.

**The complete text of the proposed rule was published in the Idaho Administrative Bulletin,
[Volume 10-8, August 4, 2010, pages 232 through 240.](#)**

**This rule has been adopted as a pending rule by the Agency and is now awaiting
review and approval by the 2011 Idaho State Legislature for final adoption.**

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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 latest publication of the state Administrative Bulletin.

**The written comment submission deadline is December 22, 2010 unless otherwise listed.
(*PH) indicates that a public hearing has been scheduled.**

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE PO Box 83720, Boise, ID 83720-0036

- 16-0301-1003, Eligibility for Health Care Assistance for Families and Children. (Temporary & Proposed)
- 16-0303-1001, Rules Governing Child Support Services. (Temporary & Proposed)
- 16-0304-1004, Rules Governing the Food Stamp Program in Idaho. (Temporary & Proposed)
- 16-0305-1003, Rules Governing Eligibility for Aid to the Aged, Blind and Disabled (AABD). (Temporary & Proposed)
- 16-0308-1002, Rules Governing the Temporary Assistance for Families in Idaho Program (TAFI). (Temporary & Proposed)
- 16-0612-1003, Rules Governing the Idaho Child Care Program (ICCP). (Temporary & Proposed)

Special Note: The following summary applies to all the rulemaking dockets listed above.

The Department of Health and Welfare's Self-Reliance Program has implemented technological and process improvements including a new case management system, consolidated service centers, and electronic case records. In order to further maximize on these improvements, electronic and telephonic signatures will further streamline practices, improve access to services, increase productivity, and better utilize technology and other solutions to connect customers with services.

16-0310-1007, Medicaid Enhanced Plan Benefits. (Temporary & Proposed) Implements the "Idaho Smiles" dental insurance plan through Blue Cross of Idaho for eligible enhanced plan participants.

NOTICE OF ADOPTION OF TEMPORARY RULE

Division of Building Safety

07-0301-1001, Rules of Building Safety

Department of Health and Welfare

16-0309-1005, Medicaid Basic Plan Benefits.

16-0310-1006, Medicaid Enhanced Plan Benefits.

Department of Insurance

18-0150-1001, Adoption of the International Fire Code

Board of Nursing

23-0101-1002, Rules of the Idaho Board of Nursing

NOTICE OF VACATION OF PROPOSED RULEMAKING

Department of Health and Welfare

16.02.03 - Rules Governing Emergency Medical Services

16-0203-1001 (Chapter Repeal)

16-0203-1002 (Chapter Rewrite)

16-0203-1003 (Fee Rule)

16-0322-1001, Residential Care or Assisted Living Facilities in Idaho

Department of Insurance

18-0125-1001, Title Insurance and Title Insurance Agents and Escrow Officers

18-0156-1001, Rebates and Illegal Inducements to Obtain Title Insurance Business Rules

Please refer to the Idaho Administrative Bulletin, **December 1, 2010, Volume 10-12**, for notices and text of all rulemakings, public hearings and negotiated meeting schedules, Governor's executive orders, and agency contact information.

Issues of the Idaho Administrative Bulletin can be viewed at www.adm.idaho.gov/adminrules/.

Office of the Administrative Rules Coordinator, Dept. of Administration, PO Box 83720, Boise, ID 83720-0306
Phone: 208-332-1820; Fax: 332-1896; Email: rulescoordinator@adm.idaho.gov

CUMULATIVE RULEMAKING INDEX OF IDAHO ADMINISTRATIVE RULES

*Idaho Department of Administration
Office of the Administrative Rules Coordinator*

July 1, 1993 -- Present

CUMULATIVE RULEMAKING INDEX OF IDAHO ADMINISTRATIVE RULES

This online index provides a history of all agency rulemakings from 1993 to the present. It tracks all rulemaking activities on each chapter of rules and includes negotiated, temporary, proposed, pending and final rules, public hearing notices, vacated rulemaking notices, and executive orders of the Governor.

ABRIDGED RULEMAKING INDEX OF IDAHO ADMINISTRATIVE RULES

*Idaho Department of Administration
Office of the Administrative Rules Coordinator*

March 29, 2010 -- December 1, 2010

*(eff. *PLR) - Final Rule Adoption Date Pending Legislative Review And Approval*

(eff. date)L - Denotes Adoption by Legislative Action

(eff. date)T - Temporary Rule Effective Date

SCR # - denotes the number of a Senate Concurrent Resolution (Legislative Action)

HCR # - denotes the number of a House Concurrent Resolution (Legislative Action)

(This Abridged Index includes rules promulgated before March 29, 2010 that have not been adopted as final rules and all rulemakings being promulgated after March 29, 2010 - Sine Die.)

IDAPA 02 -- DEPARTMENT OF AGRICULTURE

(Rules of the Idaho State Soil and Water Conservation Commission have been moved from IDAPA 02 and re-indexed under IDAPA 60 pursuant to House Bill 576 - Session Law 279 - 2010 Legislative Session)

60-0000-1001 Notice of Legislative Action Creating the Idaho State Soil and Water Conservation Commission - House Bill 576, Session Law 279, Bulletin Vol. 10-9 (eff. 7-1-10)

02.01.04, Rules Governing the Idaho Preferred TM Promotion Program

02-0104-1001 Notice of Intent to Promulgate Rules - Negotiated Rulemaking, Bulletin Vol. 10-7

02-0104-1001 Proposed Rulemaking, Bulletin Vol. 10-10

02-0104-1001 Adoption of Pending Rule, Bulletin Vol. 10-12 (eff. *PLR 2011)

02.02.14, Rules for Weights and Measures

02-0214-1001 Proposed Rulemaking, Bulletin Vol. 10-8

02-0214-1001 Adoption of Pending Rule, Bulletin Vol. 10-10

02.04.08, Rules Governing Grade A Milk and Milk Products

02-0408-1001 Temporary and Proposed Rulemaking, Bulletin Vol. 10-8 (eff. 10-1-10)T

02.04.09, Rules Governing Methods of Making Sanitation Ratings of Milk Shippers

02-0409-1001 Temporary and Proposed Rulemaking (Chapter Repeal), Bulletin Vol. 10-8 (eff. 10-1-10)T

02.04.10, Procedures Governing the Cooperative State-Public Health Service/Food and Drug Administration Program for Certification of Interstate Milk Shippers

02-0410-1001 Temporary and Proposed Rulemaking (Chapter Repeal), Bulletin Vol. 10-8 (eff. 10-1-10)T

02.04.11, Rules Governing Evaluation of Milk Laboratories

02-0411-1001 Temporary and Proposed Rulemaking (Chapter Repeal), Bulletin Vol. 10-8 (eff. 10-1-10)T

02.04.13, Rules Governing Raw Milk

02-0413-1001 Proposed Rulemaking, Bulletin Vol. 10-9

02.04.14, Rules Governing Dairy Waste

02-0414-0902 Notice of Intent to Promulgate Rules - Negotiated Rulemaking, Bulletin Vol. 09-10

02.04.19, Rules Governing Domestic Cervidae

02-0419-1001 Proposed Rulemaking, Bulletin Vol. 10-10

02-0419-1001 Public Hearing, Bulletin Vol. 10-11

02.04.21, Rules Governing the Importation of Animals

02-0421-1001 Notice of Temporary Rulemaking, Bulletin Vol. 10-6 (eff. 4-15-10)T

02-0421-1002 Proposed Rulemaking, Bulletin Vol. 10-10

02.04.29, Rules Governing Trichomoniasis

02-0429-1001 Proposed Rulemaking, Bulletin Vol. 10-10

02.06.02, Rules Pertaining to the Idaho Commercial Feed Law

02-0602-1001 Proposed Rulemaking, Bulletin Vol. 10-10

02-0602-1001 Adoption of Pending Rule, Bulletin Vol. 10-12 (eff. *PLR 2011)

02.06.10, Rules Governing the Potato Cyst Nematode (*Globodera pallida*)

02-0610-0901 Temporary and Proposed Rule, Bulletin Vol. 09-12 (eff. 10-1-09)T

- 02-0610-0901** OAR Omnibus Rulemaking Notice - Extension of Temporary Rule by SCR 126, Bulletin Vol. 10-5
02-0610-0901 Adoption of Pending Rule, Bulletin Vol. 10-10

02.06.12, Rules Pertaining to the Idaho Commercial Fertilizer Law

- 02-0612-1001** Proposed Rulemaking, Bulletin Vol. 10-10
02-0612-1001 Adoption of Pending Rule, Bulletin Vol. 10-12 (eff. *PLR 2011)

02.06.13, Rules Relating to Rapeseed Production and Establishment of Rapeseed Districts in the State of Idaho

- 02-0613-0801** Notice of Intent to Promulgate Rules - Request for Written Comments, Bulletin Vol. 08-9
02-0613-0801 Notice of Intent to Promulgate Rules - Request for Written Comments, Bulletin Vol. 08-10
02-0613-0801 Notice of Intent to Promulgate Rules - Request for Written Comments, Bulletin Vol. 08-11

02.06.16, Crop Residue Disposal Rules

- 02-0616-1001** Proposed Rulemaking (Chapter Repeal), Bulletin Vol. 10-10
02-0616-1001 Adoption of Pending Rule (Chapter Repeal), Bulletin Vol. 10-12 (eff. *PLR 2011)

02.06.33, Organic Food Products Rules

- 02-0633-1001** Proposed Rulemaking, Bulletin Vol. 10-10
02-0633-1001 Adoption of Pending Rule, Bulletin Vol. 10-12 (eff. *PLR 2011)

02.06.41, Rules Pertaining to the Soil and Plant Amendment Act of 2001

- 02-0641-1001** Proposed Rulemaking, Bulletin Vol. 10-10
02-0641-1001 Adoption of Pending Rule, Bulletin Vol. 10-12 (eff. *PLR 2011)

IDAPA 03 -- STATE ATHLETIC COMMISSION

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- 03-0101-1001** Temporary and Proposed Rulemaking (Fee Rule), Bulletin Vol. 10-10
03-0101-1001 Adoption of Pending Rule (Fee Rule), Bulletin Vol. 10-12 (eff. *PLR 2011)

IDAPA 04 -- OFFICE OF THE ATTORNEY GENERAL

04.11.01, Idaho Rules of Administrative Procedure of the Attorney General

- 04-1101-1001** Temporary and Proposed Rulemaking, Bulletin Vol. 10-8 (eff. 7-1-10)T
04-1101-1001 Adoption of Pending Rule, Bulletin Vol. 10-11 (eff. *PLR 2011)

IDAPA 05 -- DEPARTMENT OF JUVENILE CORRECTIONS

05.01.01, Rules for Contract Providers

- 05-0101-1001** Temporary and Proposed Rulemaking, Bulletin Vol. 10-5 (eff. 3-29-10)T
05-0101-1001 Adoption of Pending Rule, Bulletin Vol. 10-8 (eff. *PLR 2011)

05.01.05, Rules for Reintegration Providers

- 05-0105-1001** Temporary and Proposed Rulemaking (New Chapter), Bulletin Vol. 10-11 (eff. 12-1-10)T

IDAPA 06 -- STATE BOARD OF CORRECTION

06.01.01, Rules of the Board of Correction

- 06-0101-1001** Notice of Proclamation of Rulemaking, Bulletin Vol. 10-10 (eff. 11-5-10)

IDAPA 07 -- DIVISION OF BUILDING SAFETY***07.01.03, Rules of Electrical Licensing and Registration - General***

- 07-0103-1001** Temporary and Proposed Rulemaking, Bulletin Vol. 10-10 (eff. 9-1-10)T
07-0103-1001 Adoption of Pending Rule, Bulletin Vol. 10-12 (eff. *PLR 2011)

07.01.04, Rules Governing Electrical Specialty Licensing

- 07-0104-1001** Temporary and Proposed Rulemaking, Bulletin Vol. 10-10 (eff. 9-1-10)T
07-0104-1001 Adoption of Pending Rule, Bulletin Vol. 10-12 (eff. *PLR 2011)

07.01.07, Rules Governing Continuing Education Requirements

- 07-0107-1001** Proposed Rulemaking, Bulletin Vol. 10-10
07-0107-1001 Adoption of Pending Rule, Bulletin Vol. 10-12 (eff. *PLR 2011)

07.02.05, Rules Governing Plumbing Safety Licensing

- 07-0205-1001** Temporary and Proposed Rulemaking, Bulletin Vol. 10-10 (eff. 9-1-10)T
07-0205-1001 Adoption of Pending Rule, Bulletin Vol. 10-12 (eff. *PLR 2011)

07.03.01, Rules of Building Safety

- 07-0301-1001** Proposed Rulemaking, Bulletin Vol. 10-10
07-0301-1002 Proposed Rulemaking (Fee Rule), Bulletin Vol. 10-10
07-0301-1001 Adoption of Pending Rule and Temporary Rule, Bulletin Vol. 10-12 (eff. 1-1-11)T (eff. *PLR 2011)
07-0301-1002 Adoption of Pending Rule (Fee Rule), Bulletin Vol. 10-12 (eff. *PLR 2011)

07.03.11, Rules Governing Manufactured/Mobile Home Industry Licensing

- 07-0311-1001** Proposed Rulemaking, Bulletin Vol. 10-10
07-0311-1001 Adoption of Pending Rule, Bulletin Vol. 10-12 (eff. *PLR 2011)

07.04.02, Safety Rules for Elevators, Escalators, and Moving Walks

- 07-0402-1001** Proposed Rulemaking, Bulletin Vol. 10-10
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07.07.01, Rules Governing Installation of Heating, Ventilation, and Air Conditioning Systems

- 07-0701-1001** Proposed Rulemaking, Bulletin Vol. 10-10
07-0701-1001 Adoption of Pending Rule, Bulletin Vol. 10-12 (eff. *PLR 2011)

IDAPA 08 -- STATE BOARD OF AND STATE DEPARTMENT OF EDUCATION***08.01.11, Registration of Postsecondary Educational Institutions and Proprietary Schools***

- 08-0111-1001** Proposed Rulemaking, Bulletin Vol. 10-10

08.02.02, Rules Governing Uniformity - State Board of Education Rules

- 08-0202-1001** Proposed Rulemaking, Bulletin Vol. 10-6
08-0202-1002 Proposed Rulemaking, Bulletin Vol. 10-10
08-0202-1003 Proposed Rulemaking, Bulletin Vol. 10-10
08-0202-1004 Temporary and Proposed Rulemaking, Bulletin Vol. 10-10 (eff. 8-11-10)T

08.02.03, Rules Governing Thoroughness - State Board of Education Rules

- 08-0203-1001** Adoption of Temporary Rule, Bulletin Vol. 10-1 (eff. 11-9-09)T (Expires Sine Die 2011)
08-0203-1001 OAR Omnibus Rulemaking Notice - Extension of Temporary Rule by SCR 126, Bulletin Vol. 10-5
08-0203-1001 Proposed Rulemaking, Bulletin Vol. 10-10
08-0203-1002 Proposed Rulemaking, Bulletin Vol. 10-10
08-0203-1003 Proposed Rulemaking, Bulletin Vol. 10-10
08-0203-1004 Temporary and Proposed Rulemaking, Bulletin Vol. 10-10 (eff. 8-11-10)T

IDAPA 09 -- DEPARTMENT OF LABOR

09.01.04, Unemployment Insurance Benefit Fraud and Overpayment Rules

- 09-0104-1001** Temporary and Proposed Rulemaking, Bulletin Vol. 10-8 (eff. 7-1-10)T
- 09-0104-1001** Adoption of Pending Rule, Bulletin Vol. 10-12 (eff. *PLR 2011)

09.01.06, Rules of the Appeals Bureau

- 09-0106-1001** Temporary and Proposed Rulemaking, Bulletin Vol. 10-8 (eff. 7-1-10)T
- 09-0106-1001** Adoption of Pending Rule, Bulletin Vol. 10-12 (eff. *PLR 2011)

09.01.30, Unemployment Insurance Benefits Administrative Rules

- 09-0130-1001** Temporary and Proposed Rulemaking, Bulletin Vol. 10-8 (eff. 7-1-10)T
- 09-0130-1001** Adoption of Pending Rule, Bulletin Vol. 10-12 (eff. *PLR 2011)

09.01.35, Unemployment Insurance Tax Administrative Rules

- 09-0135-1001** Temporary and Proposed Rulemaking, Bulletin Vol. 10-8 (eff. 7-1-10)T
- 09-0135-1001** Adoption of Pending Rule, Bulletin Vol. 10-12 (eff. *PLR 2011)

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AND PROFESSIONAL LAND SURVEYORS***

10.01.01, Rules of Procedure

- 10-0101-1001** Notice of Intent to Promulgate Rules - Negotiated Rulemaking, Bulletin Vol. 10-6
- 10-0101-1001** Proposed Rulemaking, Bulletin Vol. 10-8
- 10-0101-1001** Adoption of Pending Rule, Bulletin Vol. 10-11 (eff. *PLR 2011)

10.01.02, Rules of Professional Responsibility

- 10-0102-1001** Notice of Intent to Promulgate Rules - Negotiated Rulemaking, Bulletin Vol. 10-6
- 10-0102-1001** Proposed Rulemaking, Bulletin Vol. 10-8
- 10-0102-1001** Adoption of Pending Rule, Bulletin Vol. 10-11 (eff. *PLR 2011)

IDAPA 11 -- IDAHO STATE POLICE

11.03.01, Rules Governing Alcohol Testing, Idaho State Forensic Laboratory

- 11-0301-1001** Temporary and Proposed Rulemaking, Bulletin Vol. 10-10 (eff. 9-1-10)T
- 11-0301-1001** Adoption of Pending Rule, Bulletin Vol. 10-12 (eff. *PLR 2011)

11.05.01, Rules Governing Alcohol Beverage Control

- 11-0501-0902** Temporary Rulemaking, Bulletin Vol. 09-11 (9-1-09)T
- 11-0501-0902** OAR Omnibus Rulemaking Notice - Extension of Temporary Rule by SCR 126, Bulletin Vol. 10-5
- 11-0501-0902** Proposed Rulemaking, Bulletin Vol. 10-11

11.10.01, Rules Governing Idaho Public Safety and Security Information System

- 11-1001-1001** Proposed Rulemaking, Bulletin Vol. 10-10
- 11-1001-1001** Adoption of Pending Rule, Bulletin Vol. 10-12 (eff. *PLR 2011)

11.11.01, Rules of the Idaho Peace Officer Standards and Training Council (POST)

- 11-1101-1001** Temporary Rulemaking, Bulletin Vol. 10-3 (eff. 1-12-10)T
- 11-1101-1001** Proposed Rulemaking, Bulletin Vol. 10-10
- 11-1101-1002** Proposed Rulemaking, Bulletin Vol. 10-10

11.11.02, Rules of the Idaho Peace Officer Standards and Training Council for Juvenile Detention Officers

11-1102-1001 Proposed Rulemaking, Bulletin Vol. 10-10

11.11.03, Rules of the Idaho Peace Officer Standards and Training Council for Juvenile Probation Officers

11-1103-1001 Proposed Rulemaking, Bulletin Vol. 10-10

**11.11.04, Rules of the Idaho Peace Officer Standards and Training Council for Correctional Officers
and Adult Probation and Parole Officers**

11-1104-1001 Proposed Rulemaking, Bulletin Vol. 10-10

**11.11.05, Rules of the Idaho Peace Officer Standards and Training Council for Idaho Department of Juvenile
Corrections Direct Care Staff**

11-1105-1001 Proposed Rulemaking, Bulletin Vol. 10-10

11.11.06, Rules of the Idaho Peace Officer Standards and Training Council for Misdemeanor Probation Officers

11-1106-1001 Proposed Rulemaking (New Chapter), Bulletin Vol. 10-10

**IDAPA 13 -- IDAHO FISH AND GAME COMMISSION AND
THE IDAHO DEPARTMENT OF FISH AND GAME****13.01.02, Public Safety - Idaho Fish and Game Commission**

13-0102-1001 Temporary and Proposed Rulemaking, Bulletin Vol. 10-9 (eff. 7-12-10)T

13.01.04, Rules Governing Licensing

13-0104-1001 Proposed Rulemaking, Bulletin Vol. 10-9

13-0104-1002 Temporary and Proposed Rulemaking, Bulletin Vol. 10-9 (eff. 7-12-10)T

13.01.06, Classification and Protection of Wildlife

13-0106-1001 Temporary and Proposed Rulemaking, Bulletin Vol. 10-9 (eff. 7-12-10)T

13.01.08, Rules Governing the Taking of Big Game Animals in the State of Idaho

13-0108-1001 Temporary and Proposed Rulemaking, Bulletin Vol. 10-9 (eff. 7-12-10)T

13.01.09, Rules Governing the Taking of Game Birds in the State of Idaho

13-0109-1001 Proposed Rulemaking, Bulletin Vol. 10-9

13-0109-1002 Temporary and Proposed Rulemaking, Bulletin Vol. 10-9 (eff. 7-12-10)T

13.01.10, Rules Governing the Importation, Possession, Release, Sale, or Salvage of Wildlife

13-0110-1001 Temporary and Proposed Rulemaking, Bulletin Vol. 10-9 (eff. 7-12-10)T

13.01.16, The Trapping of Predatory and Unprotected Wildlife and the Taking of Furbearing Animals

13-0116-1001 Temporary and Proposed Rulemaking, Bulletin Vol. 10-9 (eff. 7-12-10)T

13-0116-1002 Temporary and Proposed Rulemaking, Bulletin Vol. 10-10 (eff. 8-18-10)T

13.01.17, Rules Governing the Use of Bait for Taking Big Game Animals

13-0117-1001 Temporary and Proposed Rulemaking, Bulletin Vol. 10-9 (eff. 7-12-10)T

IDAPA 15 -- OFFICE OF THE GOVERNOR**Executive Orders of the Governor**

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Executive Order No. 2010-03 Bulletin Vol. 10-6

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Executive Order No. **2010-11** Bulletin Vol. 10-11

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Executive Order No. **2010-08** Bulletin Vol. 10-6
Executive Order No. **2010-10** Bulletin Vol. 10-11
Executive Order No. **2010-12** Bulletin Vol. 10-11

Division of Human Resources and Personnel Commission

IDAPA 28.01.01, "Rules of the Idaho Personnel Commission" were transferred to the Division of Human Resources and Personnel Commission under the Office of the Governor effective July 1, 1999 and redesignated as IDAPA 15.04.01/

15.04.01, Rules of the Division of Human Resources and Personnel Commission

15-0401-1001 Temporary and Proposed Rulemaking, Bulletin Vol. 10-8 (eff. 7-1-10)T
15-0401-1002 Proposed Rulemaking, Bulletin Vol. 10-10

IDAPA 16 -- DEPARTMENT OF HEALTH AND WELFARE

16.02.02, Rules of the Emergency Medical Services (EMS) Physician Commission

16-0202-1001 Proposed Rulemaking, Bulletin Vol. 10-7
16-0202-1001 Adoption of Pending Rule, Bulletin Vol. 10-11 (eff. *PLR 2011)

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16-0203-0901 Temporary and Proposed Rulemaking, Bulletin Vol. 09-10 (eff. 7-1-09)T
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16-0203-1001 Proposed Rulemaking (Chapter Repeal), Bulletin Vol. 10-9
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16-0206-1002* Proposed Rulemaking, Bulletin (Chapter Rewrite) Vol. 10-8
**Changes chapter name from: "Rules Governing Quality Assurance for Idaho Clinical Laboratories"
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16.02.13, Rules Governing Certification of Idaho Water Quality Laboratories

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16-0213-1002* Proposed Rulemaking (Chapter Rewrite - Fee Rule), Bulletin Vol. 10-9
**Changes chapter name from: "Rules Governing Certification of Idaho Water Quality Laboratories"
to: "State of Idaho Drinking Water Laboratory Certification Program"*

16.02.15, Immunization Requirements for Idaho School Children

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- 16-0301-1001 Proposed Rulemaking, Bulletin Vol. 10-7
- 16-0301-1002 Temporary and Proposed Rulemaking, Bulletin Vol. 10-10 (eff. (4-1-09)T - (12-19-09)T - (1-1-10)T - (9-1-10)T)
- 16-0301-1001 Adoption of Pending Rule, Bulletin Vol. 10-11 (eff. *PLR 2011)
- 16-0301-1002 Adoption of Pending Rule, Bulletin Vol. 10-12 (eff. *PLR 2011)
- 16-0301-1003 Temporary and Proposed Rulemaking, Bulletin Vol. 10-12 (eff. (11-1-11)T)

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- 16-0303-1001 Temporary and Proposed Rulemaking, Bulletin Vol. 10-12 (eff. (11-1-11)T)

16.03.04, Rules Governing the Food Stamp Program in Idaho

- 16-0304-0902 Temporary Rulemaking, Bulletin Vol. 09-7 (eff. 6-1-09)T (Expires May 31, 2010)
- 16-0304-0902 OAR Omnibus Rulemaking Notice - Extension of Temporary Rule by SCR 126, Bulletin Vol. 10-5 (Expires 5-31-10)
- 16-0304-1001 Temporary Rulemaking, Bulletin Vol. 10-7 (eff. 6-1-10)T (Expires May 31, 2011)
- 16-0304-1002 Proposed Rulemaking, Bulletin Vol. 10-10
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- 16-0304-1002 Adoption of Pending Rule, Bulletin Vol. 10-12 (eff. *PLR 2011)
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- 16-0304-1004 Temporary and Proposed Rulemaking, Bulletin Vol. 10-12 (eff. (11-1-11)T)

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- 16-0305-0904 Adoption of Pending and Amendment to Temporary Rule, Bulletin Vol. 10-4 (eff. (1-1-10)T)
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- 16-0305-1002 Temporary and Proposed Rulemaking, Bulletin Vol. 10-9 (eff. (12-19-09)T - (1-1-10)T - (9-1-10)T)
- 16-0305-1002 Notice of Public Hearing and Extension of Written Comment Period, Bulletin Vol. 10-10
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- 16-0305-1003 Temporary and Proposed Rulemaking, Bulletin Vol. 10-12 (eff. (11-1-11)T)

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- 16-0308-1001 Proposed Rulemaking, Bulletin Vol. 10-5
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- 16-0308-1002 Temporary and Proposed Rulemaking, Bulletin Vol. 10-12 (eff. (11-1-11)T)

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- 16-0309-1003 Temporary and Proposed Rulemaking, Bulletin Vol. 10-9 (eff. 7-1-10)T
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- 16-0309-1002 Adoption of Pending Rule, Bulletin Vol. 10-11 (eff. *PLR 2011)
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- 16-0310-0902 Temporary and Proposed Rulemaking, Bulletin Vol. 09-1 (eff. 1-1-09)T
- 16-0310-0902 OAR Omnibus Rulemaking Notice - Extension of Temporary Rule by SCR 108, Bulletin Vol. 09-6
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- 16-0310-1007 Temporary and Proposed Rulemaking, Bulletin Vol. 10-12 (eff. 1-1-11)T

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34-0502-1001* Proposed Rulemaking, Bulletin Vol. 10-9

**Changes chapter name from: "Rules Governing Liens in Crops, For Seed, and Farm Labor"
to: "Rules Governing Liens in Crops for Seed or Liens in Crops for Farm Labor"*

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59-0106-1001 Adoption of Pending Rule, Bulletin Vol. 10-12 (eff. *PLR 2011)

IDAPA 60 -- IDAHO STATE SOIL AND WATER CONSERVATION COMMISSION

(Rules of the Idaho State Soil and Water Conservation Commission have been moved from IDAPA 02 and re-indexed under IDAPA 60. This action is being done pursuant to the legislative intent of House Bill 576 - Session Law 279 - 2010 Legislative Session)

(These rules were formerly indexed under the Department of Lands (IDAPA 20) and the Department of Agriculture (IDAPA 02) and were governed by the Soil Conservation Commission)

60-0000-1001 Notice of Legislative Action Affecting the Idaho Soil and Water Conservation Commission - House Bill 576,
Session Law 279, Bulletin Vol. 10-9 (eff. 7-1-10)

60.05.04, Rules Governing Allocation of Funds to Conservation Districts

60-0504-1001 Temporary Rulemaking (New Chapter), Bulletin Vol. 10-9 (eff. 8-11-10)T

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