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**August 7, 1996**  
**Volume 96-8**

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SUBJECT INDEX
EFFECTIVE DATE: This rule will become final and effective at the conclusion of the regular or special legislative session at which the rule is submitted for review. This pending rule may be rejected, amended or modified by concurrent resolution of the legislature.

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 9-810, 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 temporary and proposed rule and the text of the pending rule with an explanation of the reasons for any changes: This rule implements the Environmental Audit Protection Act, sections 9-810, et seq., Idaho Code. This rule is intended to encourage owners and operators of facilities and other persons conducting activities regulated under applicable environmental laws to conduct voluntary internal environmental audits of their activities, operations, compliance programs and management systems and to assess and improve compliance with applicable environmental laws while protecting confidentiality of communications relating to voluntary internal environmental audits. This rule is not intended to protect those who willfully violate environmental law.

The original text was published in the January 3, 1996, Idaho Administrative Bulletin, Volume 96-1, pages 1-8. The pending rule has been amended to include the effective date.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this proposed rule, contact Robert Hays at (208) 332-8605.

DATED this 4th day of June, 1996.

Patrick A. Takasugi, Director
Idaho Department of Agriculture
P.O. Box 790
Boise, Idaho 83701-0790
(208) 332-8500/FAX (208) 334-4623

IDAPA 02
TITLE 01
Chapter 04

RULES GOVERNING ENVIRONMENTAL AUDIT PROTECTION

There are no substantive changes from the proposed rule text

The original text was published in the Idaho Administrative Bulletin, Volume 96-1, January 3, 1996
Pages 1 through 8

This rule has been adopted as Final by the Agency and is now pending review by the 1997 Idaho State Legislature for final adoption
EFFECTIVE DATE: These rules are effective July 1, 1996.

AUTHORITY: In compliance with sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted temporary and proposed rule-making. The action is authorized pursuant to sections 22-3402(6) and 22-3421, Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rule-making will be held as follows: Public hearing(s) concerning this rule-making will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than August 21, 1996. The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is a statement in nontechnical language of the substance of the temporary and proposed rule: These rules are being repealed in their entirety and will be updated and replaced by Docket No. 02-0303-9602, IDAPA 02.03.03 - Rules Governing Pesticide Use and Application.

The following is the required finding and a concise statement of the supporting reasons for temporary rule-making: These rules are promulgated pursuant to Section 67-5226, Idaho Code, in compliance with the deadlines in the governing law, Title 22, Chapter 34, Idaho Code. The rule changes are necessitated by the passage of H.B. 453 and H.B. 454 in February 1996. The rules confer a benefit by combining chemigator licensing with pesticide applicator licensing, simplifying the recertification record keeping and providing a uniform two year license and recertification period for all licenses.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rules, contact Beth Williams, Ronda Hirnyck or Bob Hays at (208) 332-8605.

Anyone may submit written comments regarding the proposed amendments. All written comments and data concerning the rules must be directed to the undersigned and must be postmarked or delivered on or before August 28, 1996.

Dated this 26th day of June, 1996.

Patrick A. Takasugi, Director
Idaho Department of Agriculture
P.O. Box 790
Boise, Idaho 83701-0790
(208) 332-8500/FAX (208) 334-4623

_________________________________________________________________
EFFECTIVE DATE: These rules are effective July 1, 1996.

AUTHORITY: In compliance with sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted temporary and proposed rule-making. The action is authorized pursuant to sections 22-3402(6) and 22-3421, Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rule-making will be held as follows: Public hearing(s) concerning this rule-making will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than August 21, 1996. The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is a statement in nontechnical language of the substance of the temporary and proposed rule: These rules update and replace the Pesticide Use and Application Rules, IDAPA 02.03.03, which are being repealed in their entirety by Docket No. 02-0303-9601. These rules implement the Idaho Pesticide Act changes signed into law in 1996. These changes reduce the number of license types required from seven to three, and will combine the private applicator and chemigator licenses into one. Current licensees will be grandfathered into the system. The three license types will now be: professional applicator, private applicator, and dealer. This legislation removed the requirement to buy equipment decals. The recertification process and credit tracking has also been revised to correspond with the new requirements. The recertification period will run for two years and is concurrent with the licensing period. Because certain chemicals have been canceled by the Environmental Protection Agency, their use is prohibited and references to their use are therefore stricken.

The following is the required finding and a concise statement of the supporting reasons for temporary rule-making: These rules are promulgated pursuant to Section 67-5226, Idaho Code, in compliance with the deadlines in the governing law, Title 22, Chapter 34, Idaho Code. The rule changes are necessitated by the passage of H.B. 453 and H.B. 454 in February 1996. The rules confer a benefit by combining chemigator licensing with pesticide applicator licensing, simplifying the recertification record keeping and providing a uniform two year license and recertification period for all licenses.

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Dated this 26th day of June, 1996.

Patrick A. Takasugi, Director
Idaho Department of Agriculture
P.O. Box 790
Boise, Idaho 83701-0790
(208) 332-8500/FAX (208) 334-4623
RULES GOVERNING PESTICIDE USE AND APPLICATION

000. LEGAL AUTHORITY.
This chapter is adopted under the legal authority of Sections 22-3402(6) and 22-3421, Idaho Code.

001. TITLE AND SCOPE.
The title of this chapter is Idaho Department of Agriculture Rules Governing Pesticide Use and Application. This chapter has the following scope: to govern the use and application of pesticides; licensing of pesticide applicators and registration of pesticides for use in Idaho; testing and recertification of licensees; record keeping requirements; financial responsibilities; aerial applications of pesticides; wind restrictions; pesticide/fertilizer mix restrictions; experimental use permits; restrictions to protect pollinators; storage of pesticide containers; non-domestic pesticides; phenoxy herbicide restrictions; application of pesticides near hazard areas; microencapsulated methyl parathion restrictions; daminozide (Alar) restrictions; pesticide use on alfalfa seed and clover seed; and unusable pesticides collection and disposal.

002. WRITTEN INTERPRETATIONS.
There are no written interpretations of these rules.

003. ADMINISTRATIVE APPEAL.
There is no provision for administrative appeal before the Idaho Department of Agriculture under this chapter. Hearing and appeal rights are pursuant to Title 67, Chapter 52, Idaho Code.

004. DEFINITIONS.
The Idaho Department of Agriculture adopts the definitions set forth in Section 22-3401, Idaho Code, and the following definitions:

01. Certification. Passing one (1) or more examinations, to initially demonstrate an applicant's competence, as required by the licensing provisions of this act, in order to use or distribute pesticides, or to act as a pesticide consultant.

02. Demonstration and Research. The use of restricted use pesticides to demonstrate the action of the pesticide or conduct research.

03. Hazard Area. Cities, towns, subdivisions or densely populated areas.

04. High Volatile Esters. Formulations of 2,4-D which contain methyl, ethyl, butyl, isopropyl, octylamyl and penty1 esters.

05. Low Volatile Esters. Formulations of 2,4-D; 2,4-DP; MCPA and MCPB which contain butoxyethanol, propylene glycol, tetrahydrofurfuryl, propylene glycol butyl ether, butoxy propyl, ethylhexyl and isoctyl esters.

06. Mixer-Loader. Any person who works under the supervision of a professional applicator in the mixing and loading of pesticides to prepare for, but not actually make, applications.

07. Recertification. The requalification of a certified person through seminar attendance over a set period of time, or taking an examination at the end of a set period of time, to ensure that the person continues to meet the requirements of changing technology and maintains competence.
08. Seminar. Any Department-approved meeting or activity convened for the purpose of presenting pesticide recertification information.

005. FINDINGS.
These rules are promulgated pursuant to Section 57-5226, Idaho Code, in compliance with the deadlines in the governing law, Title 22, Chapter 34, Idaho Code. The rule changes are necessitated by the passage of H.B. 453 and H.B. 454 in February 1996. The rules confer a benefit by combining chemigator licensing with pesticide applicator licensing, simplifying the recertification record keeping and providing a uniform two year license and recertification period for all licenses.

006. -- 049. (RESERVED).

050. PRIVATE APPLICATOR LICENSING.

01. Private Applicator's License. Applicants who wish to obtain a private applicator's license shall

a. Fill out an application prescribed by the Department.

b. Take an examination based on the Environmental Protection Agency (EPA) core manual and score a minimum of seventy percent (70%). The examination procedure shall be the same as for professional applicators (Subsection 100.03), except private applicators shall not be assessed an examination fee.

c. Private applicators shall be certified and licensed in one or both of the following categories:

i. Restricted Use Pesticide (RU). For persons who use or supervise the use of restricted use pesticides to produce agricultural commodities or forest crops on land they or their employer(s) own(s) or operate(s).

ii. Chemigation (CH). For persons who apply chemicals through irrigation systems on land they or their employer(s) own(s) or operate(s).

d. Non-reading applicators may be certified to purchase and apply a single restricted use pesticide when they have demonstrated their competence in the safe and proper use of such pesticide to the Director or other designated agent.

02. Recertification. In order for a private applicator's license to be renewed, the license holder must complete the recertification provisions of this section. Beginning July 1, 1996, licenses belonging to private applicators with last names beginning with A through L, inclusive, shall expire on the last day of the month listed on the chart in Subsection 050.02.a. in odd-numbered years, and licenses belonging to private applicators with last names beginning with M through Z, inclusive, shall expire on the last day of the month listed on the chart in Subsection 050.02.a., in even-numbered years. The recertification period shall be concurrent with the licensing period. Those persons who are currently licensed as a private applicator or chemigator on June 30, 1996, shall be reissued a private applicator license with the appropriate categories. Those persons who are currently licensed as a private applicator or chemigator on June 30, 1996, shall be grandfathered into the licensing schedule at Subsection 050.02.a. Any person with less than thirteen (13) months in the initial licensing period shall not be required to obtain recertification credits for the initial period. Upon issuance of the replacement license, the previous license shall be null and void. Any private applicator license without an expiration date shall be null and void on December 31, 1996. Recertification and relicensing may be accomplished by complying with either Subsection 050.02.b. or 050.02.c.

a. Licensing Schedule.
b. A person shall accumulate recertification credits by attending Department-accredited pesticide instruction seminars. (7-1-96)
   i. A minimum of two (2) credits shall be earned during each recertification period. (7-1-96)
   ii. Guidelines for obtaining recertification credits shall be the same as for professional applicators, as described in Subsections 100.04.a.ii. through 100.04.a.v. Any credits accumulated beyond the required two (2) in a recertification period may not be carried over to the next recertification period. (7-1-96)
   iii. Upon earning the recertification credits as described above, a person shall be considered by the Department to be recertified and eligible for license renewal for the next licensing period. (7-1-96)

c. A person shall pass the Department's private applicator recertification examination(s) for all categories in which the person intends to license with a minimum score of seventy percent (70%). (7-1-96)
   i. Recertification examinations may be taken by a person beginning the thirteenth (13th) month of the license period. (7-1-96)
   ii. The examination procedures as outlined in Subsection 100.03 shall be followed, except that an examination fee shall not be assessed. (7-1-96)
   iii. Upon passing the recertification examinations, a person shall be considered by the Department to be recertified and eligible for license renewal for the next licensing period. (7-1-96)

051. -- 099. (RESERVED).

100. LICENSING PROFESSIONAL APPLICATORS AND PESTICIDE DEALERS.

   01. Demonstration of Competence. (7-1-96)
   a. Professional applicators shall not recommend the application or make an application of any pesticide for any purpose, unless they have demonstrated competence for that purpose, which competence must be demonstrated by passing Department examinations and becoming licensed in the appropriate categories listed in Subsection 100.02. (7-1-96)
   b. An applicant shall demonstrate competency in the following areas: (7-1-96)
      i. Labels and labeling, including terminology, instructions, format, warnings and symbols. (7-1-96)
      ii. Safety factors and procedures, including protective clothing and equipment, first aid, toxicity, symptoms of poisoning, storage, handling, transportation and disposal. (7-1-96)
      iii. Laws, rules, and regulations governing pesticides. (7-1-96)
      iv. Environmental considerations, including the effect of climate and physical or geographical factors.
v. Mixing and loading, including interpretation of labels, safety precautions, compatibility of mixtures, and protection of the environment.

vi. Methods of use or application, including types of equipment, calibration, application techniques, and prevention of drift and other types of pesticide migration.

vii. Pests to be controlled, including identification, damage characteristics, biology and habitat.

viii. Types of pesticides, including formulations, mode of action, toxicity, persistence, and hazards of use.

ix. Chemigation practices involving the application of chemicals through irrigation systems.

02. Certification. A person shall be certified by passing Department examinations with a minimum of seventy percent (70%) in the categories of pesticides they apply.

a. Professional applicators shall be certified and licensed in one or more of the following categories:

i. Law and Safety (LS). This shall include general knowledge of pesticides including proper use and disposal, product characteristics, first aid, labeling, and laws. Certification in this category is required when certifying in Subsections 100.02.a.ii. through 100.02.a.ix.

ii. Agriculture. For persons doing field crop applications. Agriculture Herbicide (AH). Certification in this category shall also certify a person to make herbicide applications in rights-of-way, forests, and rangelands. Agriculture Insecticide/Fungicide (AI). Certification in this category shall also certify a person to make insecticide/fungicide applications in rights-of-way, forests, and rangelands. Soil Fumigation (SF).

iii. Forest Environment (FE). For U.S. Forest Service and Bureau of Land Management personnel, contractors, and private industry personnel who control pests in forests and on rangelands.

iv. Right-of-Way Herbicide (RW). For railroads, highway departments and others, for roadside weed control, soil sterilant herbicides, and weed control on public lands (non-crop). Certification in the Agricultural Herbicide category shall exempt the applicant from the need to certify in this category.

v. Public Health Pest (PH). For abatement districts and others controlling mosquitoes and other public health pests.

vi. Livestock Pest Control (LP). For persons treating livestock pests.

vii. Ornamental Herbicide (OH). For persons doing outside urban or residential herbicide applications, with the exception of soil sterilant applications (see Subsection 100.02.a.iv.). Ornamental Insecticide/Fungicide (OI). For persons doing outside urban or residential insecticide and fungicide applications, including exterior applications to residential, urban or commercial buildings, excluding structural destroying pests (see Subsection 100.02.a.ix).

viii. General Pest Control Operations (GP). For persons controlling pests in and around residential, commercial, or other buildings, excluding structural destroying pests.

ix. Structural Destroying Pest (SP). For persons involved in the control of pests which destroy wooden structures, such as bridges, houses, offices, and warehouses.

x. General Vertebrate Control (GV). For Animal Damage Control personnel of the United States Department of Agriculture-Animal and Plant Health Inspection Service, for controlling vertebrates such as rodents,
predators, and birds. (7-1-96)

xi. Rodent Control (RC). For rodent districts and others, for the control of field rodents. Certification in the General Pest Control category shall exempt the applicant from the need to certify in this category. (7-1-96)

xii. Aquatic Weed Control (AW). For irrigation districts, canal companies and others, for weed control on aquatic sites. (7-1-96)

xiii. Seed Treatment (ST). For persons doing treatments to protect seeds used for plant reproduction. (7-1-96)

xiv. Commodity Pest Control (CP). For persons controlling pests in stored commodities. (7-1-96)

xv. Potato Cellar Pest Control (PC). For persons who apply sprout inhibitors in potato cellars. (7-1-96)

xvi. Wood Preservative (WP). For persons who apply wood preservatives. (7-1-96)

xvii. Pest Control Consultant-Statewide (SW). For persons who make recommendations or supply technical advice concerning the use of any pesticide for agricultural purposes. (7-1-96)

xviii. Demonstration and Research (DR). For persons who apply or supervise the use of restricted use pesticides at no charge to demonstrate the action of the pesticide or conduct research with restricted use pesticides. A person shall be eligible to license in this category by passing the Pest Control Consultant examination. (7-1-96)

xix. Chemigation (CH). For persons who apply chemicals through an irrigation system, excluding Aquatic Weed Control applicators (see Subsection 100.02.xii.). (7-1-96)

b. Pesticide Dealers shall be certified and licensed in any category listed in Subsection 100.02 that pertains to the types of restricted use pesticides sold or distributed. (7-1-96)

c. Mixer-Loaders. No person shall act as a mixer-loader for a professional applicator without first obtaining a mixer-loader license issued by the Department. Professional and private applicators are exempt from this requirement. (7-1-96)

i. An applicant must be at least eighteen (18) years of age. (7-1-96)

ii. An applicant must be employed by a licensed professional applicator. (7-1-96)

iii. Before obtaining a license, an applicant shall receive Department-approved training in areas relevant to the pesticide mixing and loading operation. Such training shall include instruction on the interpretation of pesticide labels, safety precautions, first aid, compatibility of mixtures, and protection of the environment. (7-1-96)

iv. In lieu of training, an applicant may become certified by passing the Department’s mixer-loader examination with a minimum score of seventy percent (70%). (7-1-96)

v. Application for a mixer-loader license shall be on a form prescribed by the Department. If the training option (Subsection 100.02.c.iii.) is selected, the application form must include the signatures of both the applicant and the professional applicator verifying that the applicant received the required mixer-loader training. (7-1-96)

03. Department Examination Procedures. (7-1-96)

a. Examinations shall be administered by a designated agent. (7-1-96)

b. To pass a Department examination, Professional applicators and pesticide dealers shall obtain a score of seventy percent (70%) or higher. (7-1-96)
c. Payment of examination fees shall be received by the Idaho Department of Agriculture before examination results may be released. (7-1-96)

d. A minimum waiting period shall be required before an applicant may retake an examination:

i. One (1) week shall be required for the first failure. (7-1-96)

ii. Two (2) weeks shall be required for the second failure. (7-1-96)

iii. Thirty (30) days shall be required for the third or subsequent failures. (7-1-96)

04. Recertification. Professional applicators shall be required to comply with certain recertification requirements. Beginning July 1, 1996, licenses belonging to professional applicators with last names beginning with A through L, inclusive, shall expire on the last day of the year in odd-numbered years, and licenses belonging to professional applicators with last names beginning with M through Z, inclusive, shall expire on the last day of the year in even-numbered years. Any person with less than thirteen (13) months in the licensing period shall not be required to obtain recertification credits during the initial licensing period. Recertification requirements may be accomplished by complying with either Subsection 100.04.a. or 100.04.b. (7-1-96)

a. A person shall accumulate recertification credits by attending Department-accredited pesticide instruction seminars. (7-1-96)

i. A minimum of five (5) credits shall be earned during each recertification period. (7-1-96)

ii. A completed request for accreditation of a seminar shall be received by the Department not less than thirty (30) days prior to the scheduled seminar. Such a request shall be submitted on a form prescribed by the Department. Under exceptional circumstances, as described in writing by the person requesting accreditation, the thirty (30) day requirement may be waived. (7-1-96)

iii. Credit will be given only for those parts of seminars that deal with pesticide subjects as listed in Subsection 100.01.b. No credit will be given for training given to persons to prepare them for initial certification. (7-1-96)

iv. The number of credits assigned in advance for a seminar, or a part of a seminar, shall be tentative, and may be revised by the Department if it is later found that the training does not comply with Subsection 100.04.a.iii. (7-1-96)

v. A recertification credit shall be based upon one (1) credit for each one hundred fifty (150) minute period of instruction, as described in Subsection 100.04.a.iii. (7-1-96)

vi. Verification of attendance at a seminar shall be accomplished by validating the attendee's pesticide license, using a stamp, sticker, or other method approved by the Department. A designated agent shall ensure that such attendance records are properly completed. Verification of attendance must be submitted with the license renewal application. (7-1-96)

vii. If a person has accumulated more than five (5) credits during the recertification period, the excess credits may not be carried over to the next recertification period. (7-1-96)

viii. Upon earning the recertification credits as described above, a person shall be considered by the Department to be recertified for the next recertification period corresponding with the next issuance of a license. (7-1-96)
i. Recertification examinations may be taken by a person beginning the thirteenth (13th) month of the recertification period. (7-1-96)T

ii. The examination procedures at outlined in Subsection 100.03 shall be followed. (7-1-96)T

iii. In addition to examinations for categories listed under Subsection 100.02.a.ii. through 100.02.a.viii., a person must also pass a Law and Safety recertification examination. (7-1-96)T

iv. Recertification shall not be achieved by passing an entry-level examination. (7-1-96)T

v. Upon passing the recertification examination(s), a person shall be considered by the Department to be recertified for the next recertification period. (7-1-96)T

c. Any person who fails to accumulate the required recertification credits prior to the expiration date of their license shall be required to pass the appropriate recertification examination(s) before being licensed. (7-1-96)T

05. Only a licensed professional applicator shall operate or supervise the operation of commercial application equipment by being present during the time of operation. (7-1-96)T

101. -- 149. (RESERVED).

150. RECORDS REQUIREMENTS.

01. Applicator Records. Professional applicators shall maintain the following pesticide application records for three (3) years, ready to be inspected, duplicated, or submitted when requested by the Director. The records shall be maintained in a location designated by the professional applicator. (7-1-96)T

02. Record Contents. Such records shall contain:

a. The name and address of the owner or operator of each property treated; and (7-1-96)T

b. The specific crop, animal, or property treated; and (7-1-96)T

c. The trade name or brand name of the pesticide applied; and (7-1-96)T

d. The dilution applied or rate of application; and (7-1-96)T

e. The total amount of pesticide (active ingredient) applied; and (7-1-96)T

f. The date of application; and (7-1-96)T

g. The full name of the professional applicator applying the pesticide. NOTE - in addition to the above records requirements, records of aerial applicators shall contain:

i. The time of day when the pesticide is applied; and (7-1-96)T

ii. The approximate wind velocity; and (7-1-96)T

iii. The approximate wind direction. (7-1-96)T

151. -- 199. (RESERVED).

200. FEES.

01. Pesticide Registration. On and after December 1, 1994, one hundred twenty dollars ($120) per product. (7-1-96)T
02. Professional Applicator's License. On and after July 1, 1996, one hundred twenty dollars ($120) per licensing period of fourteen (14) months or more, sixty dollars ($60) per licensing period of thirteen (13) months or less. (7-1-96)

03. Pesticide Dealer's License. On and after November 1, 1991, fifty dollars ($50). (7-1-96)

04. Private Applicator's License. A Restricted Use Category, ten dollars ($10); a Chemigation Category, twenty dollars ($20); or thirty dollars ($30) for both categories. (7-1-96)

05. Examination Fee Per Examination Category. Ten dollars ($10). (7-1-96)

250. FINANCIAL RESPONSIBILITY.

01. Proof of Financial Ability. A professional applicator's license will not be issued by the Department until an applicant submits written proof of financial responsibility by any of the following methods: (7-1-96)

   a. Liability insurance with an insurance company licensed to do business in Idaho; or (7-1-96)
   b. A bond that is approved by the Director; or (7-1-96)
   c. A cash certificate of deposit in escrow with a bank or trust company; or (7-1-96)
   d. An annuity; or (7-1-96)
   e. An irrevocable letter of credit. (7-1-96)

   f. Any certificate of deposit, annuity, or irrevocable letter of credit must be payable to the Director as trustee and shall remain on file with the Department until it is released, canceled or discharged by the Director. Any certificate of deposit, annuity, or irrevocable letter of credit must maintain a cash value equal to the requirements of Subsection 250.02, less any penalty for early withdrawal. Accrued interest upon a certificate of deposit or annuity shall be payable to the purchaser of the certificate or annuity. (7-1-96)

   g. Under the provisions of this chapter, an irrevocable letter of credit shall not be acceptable unless it is issued by a national bank in Idaho or by an Idaho state-chartered bank insured by the federal deposit insurance corporation. Under the provisions of this chapter, an annuity shall not be accepted by the Department unless it is issued by an insurance company, bank or other financial institution found acceptable by the Director. (7-1-96)

02. Minimum Coverage Required. (7-1-96)

   a. Professional applicators. (7-1-96)

      i. Bodily injury - twenty five thousand dollars ($25,000) per person/fifty thousand dollars ($50,000) per occurrence. (7-1-96)
      ii. Property damage - fifty thousand dollars ($50,000) per occurrence. (7-1-96)
      iii. Maximum deductible - five thousand dollars ($5,000). (7-1-96)

03. Exceptions. Any exceptions not covered by such insurance policy, bond, or cash deposit shall be listed. (7-1-96)

04. Cancellation or Reduction. The Department shall be notified in writing at least ten (10) days prior to a notice of cancellation or reduction of the financial coverage. (7-1-96)
05. Chemical Injury. These financial requirements do not include, nor are they meant to include, any chemical injury to the immediate property being treated. (7-1-96)T

06. Coverage Waived. Subsection 250.02.a.ii. as it pertains to property damage in the amount of "fifty thousand dollars ($50,000) per occurrence" may be waived on a case-by-case basis by the Director when it can be demonstrated by the applicant that there is not a need for this type of coverage. In addition, any applicator may apply, on a form prescribed by the Director, for an exemption to Subsection 250.01 if that professional applicator will not be making applications of pesticides or will only be making applications for the purpose of demonstration or research. (7-1-96)T

251. -- 299. (RESERVED).

300. DEVIATIONS FROM PESTICIDE LABELS AND LABELING.
Any licensed professional or private applicator may deviate from pesticide label directions for use only as EPA or state laws, rules, and regulations permit. (7-1-96)T

301. -- 309. (RESERVED).

310. LOW-FLYING PROHIBITIONS.

01. Low-Flying Prohibitions. Aircraft pilots during spray operations are prohibited from turning or low-flying:

a. Over cities, towns and densely populated areas unless authorized by the city or town in question pursuant to an agreement in writing for pesticide applications; or

b. Directly over an occupied structure such as a residence, a school in session, or a hospital except by permission of the person(s) whose occupied structure is involved. (7-1-96)T

02. Restriction. The low-flying restrictions listed in Subsection 310.01 shall only pertain to persons other than those persons whose property is to be treated. (7-1-96)T

311. -- 319. (RESERVED).

320. WIND VELOCITY RESTRICTIONS.
No aircraft pilot shall apply any pesticide with an aircraft in sustained wind conditions exceeding seven (7) miles per hour. (7-1-96)T

321. CHANGE OF OWNERSHIP.

01. Change Notification. Any person who is licensed by this act shall immediately notify the Director, in writing, of any change of status of any person or agent so named, or of any change in the business name, organization, or any other information shown in the licensing application. (7-1-96)T

02. Transferable. Licenses are not transferable, and in case of a change of business ownership, a new application and fee are required. No fee is required for a change of business name. (7-1-96)T

322. (RESERVED).

323. PESTICIDE-FERTILIZER MIX RESTRICTIONS.
No person shall distribute, sell, offer for sale, or hold for sale any dry pesticide incorporated in a dry blended bulk fertilizer mix. (7-1-96)T

324. EXPERIMENTAL PERMITS.
Any person who wishes to obtain an experimental permit to accumulate information necessary to register a pesticide for a special local need under Section 22-3402(5), Idaho Code, shall file an application with the Department which contains: (7-1-96)T
01. Name. The company name.

02. Applicant. The name, address, and telephone number of the applicant.

03. Shipment. The proposed date of shipment or proposed shipping period not to exceed one (1) year.

04. Active Ingredient. A statement listing the active ingredient.

05. Quantity Statement. A statement of the approximate quantity to be tested.

06. Acute Toxicity. Available data or information or reference to available data on the acute toxicity of the pesticide.

07. Statement of Scope. A statement of the scope of the proposed experimental program, including the type of pests or organisms involved, the crops and animals for which the pesticide is to be used, the areas where the applicant proposes to conduct the program, and when requested by the Director, the results of previous tests.

08. Temporary Tolerance. When the pesticide is to be used on food or feed, a temporary tolerance must be obtained from the EPA or evidence that the proposed experiment will not result in injury to humans or animals, or illegal residues entering the food chain.

09. Proposed Labeling. Proposed labeling which must bear:
   a. The prominent statement "For Experimental Use Only" on the container label and any labeling that accompanies the product.
   b. An adequate caution or warning statement to protect those who may handle or be exposed to the experimental formulation.
   c. The name and address of the applicant for the permit.
   d. The name or designation of the formulation.
   e. Directions for use.
   f. A statement listing the name and percentage of each active ingredient and the total percentage of inert ingredients.

10. Quantity Limit. The Director may limit the quantity of pesticide covered by the permit or make such other limitations as he may determine to be necessary for the protection of humans or the environment.

11. Experimental Use. A pesticide for experimental use shall not be offered for sale unless a written permit has been obtained from the Director.

325. -- 399. (RESERVED).

400. RESTRICTIONS TO PROTECT POLLINATORS.

01. Bee Restrictions. Any pesticide that is toxic to bees shall not be applied to any agricultural crop when such crop is in bloom except during the period beginning three (3) hours before sunset until three (3) hours after sunrise.

02. Green Pea Exception. In the counties of Benewah, Bonner, Boundary, Clearwater, Idaho, Kootenai,
Latah, Lewis, Nez Perce, and Shoshone: Green (white) pea crops may be sprayed or dusted at any time. (7-1-96)T

03. Other Exceptions. Pesticides may be applied at any time to sweet corn for processing, hops, potatoes, and beans other than lima beans, subject to all other applicable regulations. (7-1-97)T

401. -- 449. (RESERVED).

450. STORAGE OF PESTICIDE CONTAINERS.

01. Protecting Humans and Environment. No person shall handle, transport, display, or distribute pesticides in such a manner as to endanger humans and their environment, or to contaminate food, feed, or any other product that may be transported, stored, displayed, or distributed with such pesticides. (7-1-96)T

02. Storage by Professional Applicators or Pesticide Dealers. Storage of pesticide containers by professional applicators and pesticide dealers:

a. Empty or partially full pesticide containers which contain Class 1 - highly toxic pesticides (LD50 of 50 or below) and which require the skull and crossbones insignia and the words "Danger - Poison" on the label; and Class 2 (moderately toxic) pesticides (LD50 - 500) which carry a "Warning" statement on the label; and Class 3 (slightly toxic) pesticides (LD50 of 500-5000) and which carry a "Caution" statement on the label, shall be stored in one of the following enclosures which when unattended shall be locked to prevent unauthorized persons, livestock or animals from gaining entry:

i. Closed vehicle; (7-1-96)T
ii. Closed trailer; (7-1-96)T
iii. Building or room; (7-1-96)T
iv. Fenced area with a fence at least six (6) feet high; (7-1-96)T
v. Truck or trailer with solid sideracks and secured tailgate at least six (6) feet above ground level. (7-1-96)T

b. Empty or partially full pesticide containers which contain Class 4 pesticides (LD50 over 5000) shall be stored in secured storage out of the reach of children in one of the above enclosures. (7-1-96)T

c. Warning notices, visible from any direction, shall be posted around all storage areas where partially full or empty containers which hold or have held pesticides required to be labeled with the signal words "Warning" or "Danger - Poison" are stored. Each warning notice shall be of such size that it is readable at a distance of twenty-five (25) feet and be substantially as follows:

"D A N G E R"

"P O I S O N S T O R A G E A R E A
A L L U N A U T H O R I Z E D P E R S O N S K E E P O U T"

The notice shall be repeated in an appropriate language other than English when it may be reasonably anticipated that persons who do not understand the English language will come to the enclosure. The notice shall also contain the name and telephone number of a person to contact in case of an emergency. (7-1-96)T

03. Exceptions. The provisions of Subsection 450.02 shall not apply to drums of petroleum oils, lime sulfur, and copper sulfate. (7-1-96)T

04. Disposal. Any person applying pesticides shall be responsible for the proper disposal of such empty containers. (7-1-96)T
500. NON-DOMESTIC PESTICIDES.

01. Home and Garden Restrictions. The following listed pesticides shall not be sold to home and garden users, nor shall they be applied by professional applicators around any home or garden. These pesticides shall be registered only when labeled, distributed, sold or held for sale and use other than home and garden use. (7-1-96)T

a. Bidrin (Foliar applications). (7-1-96)T
b. Disyston (two point one percent [2.1%] and above). (7-1-96)T
c. Guthion (fifteen percent [15%] and above). (7-1-96)T
d. Strychnine (one percent [1%] and above). (7-1-96)T
e. Zinc Phosphide (two point one percent [2.1%] and above). (7-1-96)T
f. All high volatile liquid ester formulations of 2,4-D. (7-1-96)T

02. Ester Restriction. Low volatile liquid ester formulations of 2,4-D; 2,4-DP; MCPA and MCPB shall not be applied around any home or garden between May 1 and October 1 of any year or at any time when air temperature exceeds eighty (80) degrees Fahrenheit. (7-1-96)T

550. PHENOXY HERBICIDE RESTRICTIONS.

01. High Volatile Ester Restrictions. No aircraft pilot shall apply high volatile ester formulations of 2,4-D:

a. In Latah, Nez Perce, and Clearwater Counties in Idaho; or (7-1-96)T
b. Within five (5) miles of a susceptible crop or hazard area in any other county in Idaho. (7-1-96)T
c. Waiver of the restriction is Subsections 550.01.a. and 550.01.b. may be issued on a project-by-project basis by the Director. (7-1-96)T

02. Low Volatile Ester Restrictions. No aircraft pilot shall apply low volatile ester formulations of 2,4-D; MCPA and MCPB:

a. In Latah, Nez Perce, and Clearwater Counties in Idaho during the period between May 1 and October 15, or (7-1-96)T
b. Within one (1) mile of a hazard area in any other county in Idaho. (7-1-96)T
c. Waiver of the restriction in Subsection 550.02.a. may be issued on a project-by-project basis by the Director. (7-1-96)T

03. Hazard Area. Aircraft pilots shall maintain the following spray distances from hazard areas when applying amine or acid formulations of 2,4-D; MCPA; MCPB; and Dicamba:

<table>
<thead>
<tr>
<th>MEAN SUSTAINED WIND VELOCITY</th>
<th>DOWNWIND</th>
<th>UPWIND</th>
</tr>
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<tbody>
<tr>
<td>0-3 MPH</td>
<td>1/2 mile</td>
<td>600 feet</td>
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</table>
04. Airflow and Temperature Inversion Indicators. A continuous smoke column or other device satisfactory to the Director shall be employed to indicate to the pilot of any aircraft the direction and velocity of the airflow, and indicate a temperature inversion by layering of smoke, at the time and place of application when applying any formulation of 2,4-D; MCPA; MCPB and Dicamba. (7-1-96)T

05. Other Spraying Equipment. If any aerial applicator wishes to use spraying equipment other than the equipment specified, such equipment must be approved by the Director prior to use. (7-1-96)T

551. -- 599 (RESERVED).

600. APPLICATION NEAR HAZARD AREAS.
An aircraft pilot shall not apply any pesticide within one-half (1/2) mile of a hazard area unless there is air movement away from the hazard area. (7-1-96)T

601. MICROENCAPSULATED METHYL PARATHION RESTRICTION.
An aircraft pilot shall not apply microencapsulated methyl parathion within one-half (1/2) mile of any canyon breaks or the perimeter thereof, of the Clearwater-Snake River drainage within the boundaries of Latah, Lewis, Clearwater, and Nez Perce Counties in Idaho. (7-1-96)T

602. -- 749. (RESERVED).

750. DAMINOZIDE (ALAR) RESTRICTIONS.

01. Reporting Possession. Any person who possesses Daminozide (Alar) shall immediately report in writing to the Idaho Department of Agriculture the amount and location of Daminozide (Alar) in possession. (7-1-96)T

02. Permit. No person shall apply Daminozide (Alar) without first obtaining a permit from the Idaho Department of Agriculture. An application for a permit shall contain the following information: (7-1-96)T
   a. The applicant’s name, address and telephone number; and
   b. The exact location of proposed treatment; and
   c. The specific crop to be treated; and
   d. Total acreage to be treated; and
   e. The total amount of Daminozide (Alar) to be applied; and
   f. An agreement by the applicant to identify and segregate any Daminozide (Alar) treated apples. (7-1-96)T

03. Notification. Any person intending to apply Daminozide (Alar) shall notify the Idaho Department of Agriculture not less than forty-eight (48) hours prior to actual use. (7-1-96)T

04. Introduction. Any person who introduces Daminozide (Alar) treated apples into the marketing channel shall notify the Idaho Department of Agriculture not less than forty-eight (48) hours prior to such action. (7-1-96)T
751. -- 799. (RESERVED).

800. PESTICIDE USE ON ALFALFA SEED AND CLOVER SEED.

01. Nonfood and Nonfeed Site Conditions. For purposes of pesticide registration, all alfalfa seed and clover seed crop fields are considered nonfood and nonfeed sites for pesticide use and the following conditions shall be met:

   a. No portion of the seed alfalfa or seed clover plant, including but not limited to seed screenings, green chop, hay, chaff, combine tailings, pellets, meal, whole seed and cracked seed, may be grazed, used, or distributed for food or feed purposes.

   b. The seed conditioner shall keep records of individual growers' alfalfa and clover seed dirt weight and clean weight for three (3) years and shall furnish the records to the Director forthwith upon request.

   c. All seed screenings shall be disposed of at a controlled dump site, incinerator, or other equivalent disposal site.

   d. The seed conditioner shall keep seed screening disposal records for three (3) years from the date of disposal and shall furnish the records to the Director forthwith, upon request. Disposal records shall consist of documentation from the disposal site and shall show the total weight of disposed screenings and the date of disposal.

   e. All alfalfa or clover seed grown or conditioned in this state shall bear a tag or container label which forbids the use of the seed for human consumption or animal feed.

   f. No alfalfa or clover seed grown or conditioned in this state shall be distributed for human consumption or animal feed.

02. Exemption. Alfalfa seed grown for human consumption shall be exempt from the requirements of Subsection 800.01 provided:

   a. All pesticides used are labeled for use on alfalfa, and have established residue tolerances which allow food or feed use; and

   b. All producers maintain for three (3) years complete records of all pesticides applied as specified in Pesticide Use and Application Rules Subsection 150.02. These records shall be ready to be inspected, duplicated, or submitted when requested by the Director.

801. -- 849. (RESERVED).

850. UNUSABLE PESTICIDES COLLECTION AND DISPOSAL.

01. Authority. The Director of the Idaho Department of Agriculture or designated agent may, if deemed necessary for the protection of the environment, take possession and dispose of canceled, suspended, or otherwise unusable pesticides.

02. Participant Transfer of Product Ownership. Persons interested in transferring the ownership of their unusable pesticide products to the Department shall:

   a. Preregister the product on a form prescribed by the Department.

   b. Follow all applicable United States Department of Transportation regulations in the handling, loading, securing and transporting of their products.

   c. Over-pack all torn or leaky containers to prevent a release of product into the environment during
transport.

d. Sign a release, transferring the ownership of the product to the Department. (7-1-96)T

e. Comply with all applicable federal, state and local laws, regulations and ordinances. (7-1-96)T

03. Department Possession For Disposal. In order to take possession and dispose of unusable pesticide products, the Department shall:

a. Preregister participants in the area where the collection site is located. (7-1-96)T

b. Notify preregistered participants of pesticide products approved for collection and disposal. (7-1-96)T

c. Secure appropriate collection site(s) in cooperation with local government and other organizations. (7-1-96)T

d. Obtain an Environmental Protection Agency identification number as a hazardous waste generator. (7-1-96)T

e. Provide and ensure the use of personal protective equipment for Department employees. (7-1-96)T

f. Ensure that workers unload chemicals from participant's vehicle only in an area developed to contain possible spills. (7-1-96)T

g. Sign a transfer of ownership, releasing the participant of the product. (7-1-96)T

h. Transfer the unusable pesticide products as hazardous waste to a hazardous waste contractor(s) for transport and disposal. (7-1-96)T

i. Comply with all applicable federal, state and local laws, regulations and ordinances. (7-1-96)T

04. Contract Transport And Disposal. The contractor(s) providing for the transport and disposal of the hazardous waste shall:

a. Provide a representative to participate in the collection site evaluation and selection process. (7-1-96)T

b. Prepare the selected site collection area in such a manner as to contain possible spills. (7-1-96)T

c. Certify to the Department that their employees handling the hazardous waste materials meet Occupational Safety and Health Administration safety and training requirements. (7-1-96)T

d. Certify to the Department that their employees handling or transporting the hazardous waste materials meet United States Department of Transportation training requirements. (7-1-96)T

e. Provide and ensure the use of personal protective equipment for their employees during collection events. (7-1-96)T

f. Overpack the hazardous waste materials as required by the disposal facility and the United States Department of Transportation. (7-1-96)T

g. Obtain and provide the Department with written approval for hazardous waste acceptance from the treatment, storage and disposal facility prior to the collection. (7-1-96)T

h. Provide the manifest forms, labels and markings for the overpacked containers and provide the placards for the commercial hazardous waste transport vehicles. (7-1-96)T
i. Label, manifest, mark, and placard the load for proper transportation. (7-1-96)

j. Transport hazardous waste materials to the approved disposal site(s). (7-1-96)

k. Certify to the Department that the commercial hazardous waste transporter:

   i. Is registered through the Environmental Protection Agency and possesses an Environmental Protection Agency identification number. (7-1-96)

   ii. Is registered through the Environmental Protection Agency in each state through which the hazardous waste is transported. (7-1-96)

   iii. Is registered with the United States Department of Transportation, Research and Special Programs Administration to transport hazardous waste. (7-1-96)

   iv. Has obtained an Idaho Department of Transportation hazardous waste trip permit and hazardous materials endorsement. (7-1-96)

   v. Has obtained a satisfactory safety rating from the United States Department of Transportation. (7-1-96)

l. Perform a final cleanup in such a manner as to ensure that the collection site is returned to its original condition. (7-1-96)

m. Provide complete documentation of collections, transportation and disposal to the Department in a timely manner. (7-1-96)

n. Comply with all applicable Federal, State and local laws, regulations, and ordinances. (7-1-96)

851. -- 999. (RESERVED).
EFFECTIVE DATE: These rules are effective July 1, 1996.

AUTHORITY: In compliance with sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted temporary and proposed rule-making. The action is authorized pursuant to section 22-1403, Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rule-making will be held as follows: Public hearing(s) concerning this rule-making will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than August 21, 1996. The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is a statement in nontechnical language of the substance of the temporary and proposed rule: These rules implement the Idaho Chemigation Act changes signed into law in 1996. These changes will combine the private applicator and chemigator licenses into one. The recertification process and credit tracking has also been revised to correspond with the new requirements. The recertification period will run for two years and is concurrent with the licensing period.

The following is the required finding and a concise statement of the supporting reasons for temporary rule-making: These rules are promulgated pursuant to Section 67-5226, Idaho Code, in compliance with the deadlines in the governing law, Title 22, Chapter 14, Idaho Code. The rule changes are necessitated by the passage of H.B. 453 and H.B. 454 in February 1996. The rules confer a benefit by combining chemigator licensing with pesticide applicator licensing, simplifying the recertification record keeping and providing a uniform two year license and recertification period for all licenses.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed amendments, contact Beth Williams, Ronda Hirnyck or Bob Hays at (208) 332-8605.

Anyone may submit written comments regarding the proposed amendments. All written comments and data concerning the rules must be directed to the undersigned and must be postmarked or delivered on or before August 28, 1996.

Dated this 26th day of June, 1996

Patrick A. Takasugi, Director
Idaho Department of Agriculture
P.O. Box 790
Boise, Idaho 83701-0790
(208) 332-8500/FAX (208) 334-4623

TEXT OF DOCKET NO. 02-0304-9601
RULES GOVERNING CHEMIGATION

000. -- 009.  (RESERVED).

000.  LEGAL AUTHORITY.
This chapter is adopted under the legal authority of Section 22-1403 Idaho Code.  

001.  TITLE AND SCOPE.
The title of this chapter is Idaho Department of Agriculture Rules Governing Chemigation. This chapter has the following scope: to govern licensing and responsibilities for chemigation; signage for chemical usage; shut down requirements; pressure switch, chemical injection, metering pump, system interlock requirements, and wind speed precautions; irrigation system connections; flood (basin) furrow or border chemigation; drip (trickle) chemigation; anti-pollution devices; irrigation check line valve model certification; use of Anhydrous Ammonia; variances; and to include a grandfather clause.

002.  WRITTEN INTERPRETATIONS.
There are no written interpretations of these rules.

003.  ADMINISTRATIVE APPEAL.
There is no provision for administrative appeals before the Idaho Department of Agriculture under this chapter. Hearing and appeal rights are pursuant to Title 67, Chapter 52, Idaho Code.

04004.  DEFINITIONS.
The Idaho Department of Agriculture adopts the definitions set forth in Section 22-1401, Idaho Code, and the following definitions.

01.  Air Gap. A complete physical break between the outlet end of a fill pipe or other conduit and the discharged substance twice the inside diameter of the pipe or conduit.

02.  Check Valve. A certified device designed and constructed to close a water supply pipeline, chemical injection line, or other conduit in a chemigation system to prevent reverse flow in that line.

03.  Chemigator. Any person engaged in the application of chemicals through any type of irrigation system.

04.  Department. Idaho Department of Agriculture.

05.  Domestic Water Supply System. Any system providing water for human use.

06.  Float Switch. A switch activated by a float at the surface of a liquid.

07.  Flow Rate. The weight or volume of flowable material per unit of time.

08.  Inspection Port. An orifice or other viewing device from which the low pressure drain and check valve may be observed.

09.  Label or Labeling. The written, printed, or graphic material on or attached to the chemical or device or any of its container or wrappers. It would also include all other written, printed or graphic materials that accompanies a chemical or device at any time.

10.  Pressure Rating. The estimated maximum pressure that can be continuously exerted with a high degree of certainty that a failure will not occur.
11. Pressure Switch. A device which will stop the chemical injection pump when the water pressure decreases to the point where chemical distribution is adversely affected. (11-1-90)

12. Quick Coupling. Any mechanism which allows rapid access to the inspection port and does not require special tools. (11-1-90)

13. Reduced Pressure Zone Backflow Preventer (RPZ). A backflow prevention device consisting of two independently acting spring-loaded check valves separated by a spring-loaded differential pressure relief valve. This device shall be installed as a unit between two tightly closing shut off valves and having suitable connections for testing. (11-1-90)

14. Sensitive Areas. Areas such as residential areas, labor camps, businesses, day care centers, hospitals, inpatient clinics, nursing homes or any public areas such as schools, parks, playgrounds or other public facilities not including public roads. (11-1-90)

15. System Interlock. A functional interlocking mechanism used to link irrigation pumps and chemical injection units, other pumps or supply tanks so designed that in the event of irrigation pump malfunction or failure, shutdown of the chemical injection units will occur. (11-1-90)

16. Venturi Injection System. A chemical injection system which operates on the Venturi principle, creating a differential pressure or vacuum. (11-1-90)

17. Vacuum Relief Valve. A device to automatically relieve or break vacuum. (11-1-90)

18. Working Pressure. The internal operating pressure of a vessel, tank or piping used to hold or transport liquid. (11-1-90)

005. FINDINGS.

These rules are promulgated pursuant to Section 67-5226, Idaho Code, in compliance with the deadlines in the governing law, Title 22, Chapter 14, Idaho Code. The rule changes are necessitated by the passage of H.B. 453 and H.B. 454 in February 1996. The rules confer a benefit by combining chemigator licensing with pesticide applicator licensing, simplifying the recertification record keeping and providing a uniform two year license and recertification period for all licenses. (7-1-96)

011.--099. 049. (RESERVED).

040. LICENSING.

01. Chemigator License Requirements. Applicants who wish to obtain a chemigator private applicator license with a chemigation category shall: (11-1-90)

a. Fill out an application provided prescribed by the Department; (11-1-90)

b. Attend a department approved chemigation seminar prior to obtaining the license. Pass the Chemigation initial examination with a minimum score of seventy percent (70%); and (11-1-90)

c. Pay an initial license fee as prescribed by statute the Pesticide Use and Application Rules, IDAPA 02.03.02.00.04. (11-1-90)

02. Chemigator License Category Renewal Requirements. Applicants who wish to renew their chemigator's license shall: In order for a private applicator's license to be renewed in the chemigation category, the license holder shall: (11-1-90)

a. Fill out an application provided prescribed by the Department; (11-1-90)

b. Attend two department approved chemigation seminars within five years of the initial licensure and
each five year period thereafter. Attendance at these seminars cannot occur in the same year or in consecutive years;
and

Complete the recertification provisions of the Pesticide Use and Application Rules, IDAPA 02.03.03.050.02, for recertification of a private applicator’s license.

101. -- 199051. -- 099. (RESERVED).

200100. GENERAL REQUIREMENTS.

01. Chemigator Responsibilities. The chemigator shall be responsible for assuring that the irrigation system and chemigation equipment functions properly.

02. Toxicity Category I Product Requirements. If the pesticide label allows for chemigation and is a toxicity category I product (those with the label signal word DANGER), the chemigator shall comply with the following requirements:

a. Posting of area to be chemigated is required when:

i. Any part of a treated area is within three hundred (300) feet of a sensitive area; or

ii. When the chemigation area is open to the public such as golf courses or retail greenhouses.

b. Posting shall conform to the following requirements:

i. The treated area shall be posted with signs at all normal points of entry and along likely routes of approach from sensitive areas.

ii. When there are no usual points of entry, signs shall be posted in the treated areas and in any other location affording maximum visibility to sensitive areas.

iii. The printed side of the sign should face away from the treated area toward the sensitive area. The sign shall be printed in English and Spanish.

iv. Signs shall be posted prior to application and shall remain posted until the re-entry period has expired.

v. Signs may remain in place indefinitely as long as they are composed of materials to prevent deterioration and maintain legibility for the duration of the posting period.

c. All words shall consist of letters at least two and one half (2.5) inches tall and all letters and the symbol shall be a color which sharply contrasts with the immediate background. At the top of the sign shall be the words “KEEP OUT,” followed by an octagonal stop-sign symbol at least eight (8) inches in diameter containing the word “STOP.” Below the symbol shall be the words “PESTICIDES IN IRRIGATION WATER.”

d. Posting required for chemigation does not replace other posting and re-entry interval requirements for farm worker safety.

03. Chemical Injection Line Shut Down Requirements. The chemical injection line shall contain one of the following options to shut down the chemical injection unit when chemical distribution is adversely affected:

a. A functional automatic quick-closing check valve and a functional normally closed solenoid operated valve connected to the system interlock; or
b. A functional spring-loaded check valve with a minimum of ten (10) psi opening (cracking) pressure plus one (1) psi per one (1) foot of elevation between the chemical supply tank and the point of chemical injection; or
(11-1-90)

c. A functional automatic quick-closing check valve and a functional normally closed hydraulically operated check valve. The hydraulically operated check valve shall be connected to the main water line such that the valve only opens when the main water line is adequately pressurized; or
(11-1-90)

d. A functional automatic quick-closing check valve and a functional vacuum relief valve located in the chemical injection line between the positive displacement chemical injection pump and the chemical injection line check valve. This alternative is appropriate only for those chemigation systems using a positive displacement chemical injection pump and is not for use with Venturi injection systems. This valve shall be elevated at least twelve (12) inches above the highest fluid level in the chemical supply tank and shall be the highest point in the injection line. The valve shall open at six (6) inches water vacuum or less and shall be spring-loaded or otherwise constructed such that it does not leak on closing. It shall prevent leakage from the chemical supply tank on system shutdown. The valve shall be constructed of chemically resistant materials; or
(11-1-90)

e. For surface irrigation or open pipe (low pressure) open ditch irrigation systems which do not use a chemical injection pump, a positive shut off device must be installed on the chemical injection line to prevent backflow into the chemical supply tank and prevent seepage into the ditch or pipe from the chemical supply tank; or
(11-1-90)

f. Any other option approved by the department.
(11-1-90)

04. Pressure Switch Requirement. In pressurized water systems, the irrigation line or water pump shall include a functional pressure switch.
(11-1-90)

05. Chemical Injection Systems Requirements. All chemical injection systems, except for flood (basin) furrow or border fertigation through a gravity flow system, shall use:
(11-1-90)

a. A metering pump such as a positive displacement injection pump effectively designed and constructed of materials that are compatible with the chemical and fitted with a system interlock; or
(11-1-90)

b. Non positive metering pumps (Venturi systems) including those inserted into the main water line, those installed in a bypass system and those bypass systems boosted with an auxiliary water pump with the following qualifications: Booster or auxiliary water pumps shall be connected with the system interlock. Venturis shall be constructed of chemically resistant material. The line from the chemical supply tank to the Venturi shall contain a functional automatic quick-closing check valve to prevent the flow of liquid back to the chemical supply tank. This valve shall be located immediately adjacent to the Venturi chemical inlet. The same supply line shall also contain either a functional normally closed solenoid operated valve connected to the system interlock; or a functional normally closed hydraulically operated valve which opens only when the main water line is adequately pressurized. In bypass systems, as an option to placing both valves in a line from chemical supply tank, the check valve may be installed in the bypass immediately upstream of the Venturi water inlet and either the normally closed solenoid or hydraulically operated valve may be installed immediately downstream of the Venturi water outlet.
(11-90)

06. System Interlock Requirements. In every chemigation system, there shall be a functional system interlock designed and installed to automatically shut down the chemical injection unit when chemical distribution is adversely affected. The system interlock shall:
(11-1-90)

a. Connect the water supply pump and the chemical injection unit; or
(11-1-90)

b. Connect the irrigation line pressure switch and the chemical injection unit if there is no water supply pump and the system is pressurized; or
(11-1-90)

c. Connect the float switch and the chemical injection unit if there is no water pump and the system is not pressurized.
(11-1-90)
07. Wind Speed Precautions. Do not apply when wind speed favors drift beyond the area intended for treatment or when chemical distribution is adversely affected. (11-1-90)

201. -- 299. (RESERVED)

300. IRRIGATION SYSTEM CONNECTED TO A DOMESTIC WATER SUPPLY SYSTEM -- ADDITIONAL REQUIREMENTS.
Any irrigation system used for chemical application shall not be connected to a domestic water supply system unless the chemigator verifies that the system complies with the following requirements: (11-1-90)

01. Pressure Zone Backflow Preventer. The irrigation system shall contain a functional reduced pressure zone backflow preventer (RPZ). (11-1-90)

02. Option to RPZ. As an option to the RPZ, the water from the domestic water supply system should be discharged into a reservoir tank prior to the chemical injection. There shall be an air gap between the outlet end of the fill pipe and the top or overflow rim of the reservoir tank at least twice the inside diameter of the fill pipe. Chemical injection shall not occur upstream of the air gap. In addition, the appropriate chemigation system requirements specified in Sections 301, 302, 303, and 304 shall be complied with. (11-1-90)

301. SPRINKLER CHEMIGATION -- ADDITIONAL REQUIREMENTS.
If the pesticide label allows for sprinkler chemigation or if fertilizer will be applied through the sprinkler irrigation system, the chemigator shall verify that the system complies with the following requirements: (11-1-90)

01. Line Check Valve Requirement. The system shall contain a functional irrigation line check valve, an automatic low pressure drain, and an inspection port. In addition, a vacuum relief valve or a combination air and vacuum relief valve is required; or (11-1-90)

02. Gooseneck. A gooseneck pipe loop. (11-1-90)

302. FLOOD (BASIN) FURROW OR BORDER CHEMIGATION -- ADDITIONAL REQUIREMENTS.
If fertilizer will be applied by flood (basin) furrow or border chemigation through a gravity flow system, the chemigator shall verify that the system complies with the following requirements: The fertilizer shall be metered into the water at the head of the field downstream of a hydraulic discontinuity such as a drop structure to decrease potential for water source contamination from backflow if water flow stops. (11-1-90)

303. PRESSURED FLOOD (BASIN) FUSSON FURROW OR BORDER, ETC. -- ADDITIONAL REQUIREMENTS.
If the pesticide label allows for or if fertilizer will be applied by flood (basin) furrow or border chemigation through a pressurized water system, the chemigator shall verify that the system complies with the following requirements: (11-1-90)

01. Line Check Valve Requirement. The system shall contain a functional irrigation line check valve, an automatic low pressure drain and an inspection port. In addition, a vacuum relief valve or a combination air and vacuum relief valve is required; or (11-1-90)

02. Gooseneck. A gooseneck pipe loop. (11-1-90)

304. DRIP (TRICKLE) CHEMIGATION -- ADDITIONAL REQUIREMENTS.
If the pesticide label allows for or if fertilizer shall be applied by drip (trickle) chemigation, the chemigator shall verify that the system through which the chemical is being applied complies with the following requirements: (11-1-90)

01. Line Check Valve Requirement. The system shall contain a functional irrigation line check valve, an automatic low pressure drain and an inspection port. In addition, a vacuum relief valve, or a combination air and vacuum relief valve is required; or (11-1-90)
Gooseneck. A gooseneck pipe loop.

305. -- 350
155. -- 199. (RESERVED).

351 ANTI-POLLUTION DEVICES. EQUIPMENT, PERFORMANCE AND INSTALLATION STANDARDS.
The following are equipment, performance, and installation standards for antipollution devices. Equipment manufacturers shall provide to the Department of Agriculture verification that the equipment meets the standards. If the equipment meets the standards, it shall be placed on the department's list of approved chemigation equipment.

01. Automatic Low Pressure Drain.
   a. Shall be installed upstream of the irrigation line check valve at the lowest point of the horizontal water supply pipeline.
   b. The low pressure valve shall not extend into the horizontal pipe beyond the inside surface of the bottom of the pipe.
   c. Shall be at least three-fourths (3/4) inch in diameter with a closing pressure of not less than five (5) psi.
   d. Shall use a corrosion resistant tube, pipe, or similar conduit to discharge a solution at least twenty (20) feet down slope from the irrigation water source and away from any other water sources. At the discharge point there shall be an air gap.
   e. Shall not have any valves located on the outlet side of the drain tube.
   f. Shall have a collection reservoir, depression, dam, or similar structure approved by the department which collects liquid at the drain.

02. Chemical Injection Line Check Valve.
   a. Shall be located between the chemical injection pump and the point of chemical injection into the irrigation line.
   b. Shall be made of chemically resistant material.
   c. Shall prevent irrigation water under operating pressure from entering the chemical injection line.
   d. Shall prevent leakage from the chemical supply tank on system shut down.

03. Gooseneck Pipe Loop.
   a. Shall be located immediately downstream of the irrigation water pump.
   b. The bottom side of the pipe at the loop apex shall be at least twenty-four (24) inches above the highest sprinkler or other type of water emitting device.
   c. Shall contain either a vacuum relief or combination air and vacuum relief valve at the apex of the pipe loop; AND if the water pump is portable and the apex is a straight, horizontal section of pipe, the pipe shall be level.
   d. The chemical injection port shall be located downstream of the apex of the pipe loop and at least six (6) inches below the bottom side of the pipe at the loop apex.
e. Shall not be allowed when pumping from a groundwater source. (11-1-90)

04. Inspection Port. (11-1-90)
   a. Shall be located on the pipeline between the irrigation pump and the irrigation pipeline check valve directly above the low pressure drain. (11-1-90)
   b. Shall have a minimum diameter opening of four inches from which the check valves and low pressure drain shall be visible. (11-1-90)
   c. Shall be quick coupling. (11-1-90)

05. Irrigation Line Check Valve. (11-1-90)
   a. Shall consist of at least a single check valve. (11-1-90)
   b. Shall be located in the pipeline between the irrigation pump and the point of chemical injection into the irrigation pipeline, and downstream from a vacuum relief valve and automatic low pressure drain. (11-1-90)
   c. Shall be of heavy duty construction with all materials resistant to corrosion or protected to resist corrosion. (11-1-90)
   d. Shall be spring-loaded with a chemically resistant and resilient seal that provides a watertight seal against reverse flow. (11-1-90)
   e. The check valve or valve assembly shall be labeled with the following information: (11-1-90)
      i. Manufacturer's name and model. (11-1-90)
      ii. Working pressure in pounds per square inch (psi). (11-1-90)
      iii. Maximum flow rate in gallons per minute. (11-1-90)
      iv. Direction of flow. (11-1-90)
   f. Shall not consist of metal to metal seal surfaces. (11-1-90)
   g. Shall be rated at a pressure equal to or greater than the system working pressure. (11-1-90)
   h. Shall be positioned and oriented according to manufacturer specifications to ensure proper functioning. (11-1-90)

06. Irrigation Line Pressure Switch. A low pressure switch shall be installed in the irrigation pipeline. (11-1-90)

07. Reduced Pressure Zone Backflow Preventer (RPZ). (11-1-90)
   a. Shall be located on the irrigation pipeline between the water supply pump and the point of chemical injection, and downstream from any domestic water supply diversion point. (11-1-90)
   b. Shall consist of two (2) independently acting spring-loaded check valves separated by a spring-loaded differential pressure relief valve. This device shall be installed as a unit between two (2) tightly closing shut off valves. During normal operation the pressure between the two (2) check valves is maintained at a lower pressure than the supply pressure. If either check valve should leak, the differential pressure relief valve shall maintain a pressure differential of not less than two (2) psi between the supply pressure and the zone between the two (2) check valves by discharging water to the atmosphere. (11-1-90)
c. Shall pass a performance test conducted by the University of Southern California Engineering Center or other department-approved testing facility; or meet the American Water Works Association (AWWA) C-509 standard or an equivalent, department-approved test. (11-1-90)

08. Solenoid Operated Valve. (11-1-90)
   a. Shall normally be closed. (11-1-90)
   b. Shall be located on the intake side of the injection pump. (11-1-90)
   c. Shall only open when there is adequate pressure in the irrigation line to insure uniform chemical distribution. (11-1-90)

09. Vacuum Relief Valve. (11-1-90)
   a. Shall be located on top of the horizontal irrigation pipeline on the upstream side of the check valve. (11-1-90)

   b. Shall have a total (individually or combined) orifice size of at least three-fourths (3/4) inch diameter for a four (4) inch pipe, a one (1) inch diameter for a five (5) to eight (8) inch pipe, a two (2) inch diameter for a nine (9) to eighteen (18) inch pipe, and a three (3) inch diameter for a nineteen (19) inch and greater pipe. (11-1-90)

400. IRIGATION LINE CHECK VALVE MODEL CERTIFICATION.
The manufacturer of the valve assembly shall provide verification to the director that the valve model has been tested and certified by an independent laboratory as meeting the following leakage test criteria:

01. Check Valve. A check valve shall withstand for one minute without leakage at joints or at the valve seat an internal hydrostatic pressure of two(2) times the rate of working pressure of the valve. (7-1-96)

02. Leakage. A check valve shall withstand for sixteen (16) hours without leakage at the valve seat an internal hydrostatic pressure equivalent to the head of a column of water five (5) feet (1.5m) high retained within the downstream portion of the valve body. No leakage shall occur as evidenced by wetting of paper placed beneath the valve assembly. This test is to be conducted with the valve in both the horizontal and vertical position if intended for such use. (7-1-96)

417. Variances.
Upon receipt of a verified application from the owner or occupant of the property affected stating fully the grounds of the application and the facts relied upon, and upon the department's own further investigation if deemed necessary by the director or his designee, that certain antipollution devices otherwise required by the chemigation rules and regulations are not necessary or that consequences inconsistent with the general purposes of the chemigation act may result from the application of the chemigation rules and regulations, the Department may grant variances with such conditions and safeguards as it determines are necessary to prevent contamination or pollution of the waters of this state. Issuance of variances shall not relieve the recipient from compliance with all other responsibilities under the chemigation act and rules. Such variances may be granted upon receipt of a verified application from the owner or occupant of the property affected. The application will state fully the grounds of the application and the facts relied upon. Upon the Department's further investigation, if certain antipollution devices otherwise required by these rules or the chemigation act, are not necessary or consequences inconsistent with the rules or act, such variances may be
Persons who, on or before the effective date of these regulations, November 1, 1990, installed antipollution devices which complied with the Environmental Protection Agency Standards or the Department of Agriculture's interim chemigation regulations shall not be required to change their chemigation equipment to comply with these regulations. However, all chemigation equipment modifications made after the effective date of these regulations, November 1, 1990 shall comply with the equipment requirements.
EFFECTIVE DATE: This rule will become final and effective at the conclusion of the regular or special legislative session at which the rule is submitted for review. This pending rule may be rejected, amended or modified by concurrent resolution of the legislature.

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 25-203 and 25-207, 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 temporary and proposed rule and the text of the pending rule with an explanation of the reasons for any changes: This rule amendment confers a benefit to the cattle industry by strengthening the trichomoniasis eradication and control program through required trichomoniasis tagging of all bulls, including virgin bulls. The rule amendments were proposed by the Trichomoniasis Task Force in September 1994 and were agreed to by the Idaho Cattle Association in November 1994.

The original text was published in the January 3, 1996, Idaho Administrative Bulletin, Volume 96-1, pages 11-14. The pending rule has been amended to include the effective date.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this proposed rule, contact Dr. Bob Hillman or Dr. Bill Kearley at (208) 332-8540.

DATED this 4th day of June, 1996.

Patrick A. Takasugi, Director
Idaho Department of Agriculture
PO. Box 790
Boise, Idaho 83701-0790
(208) 332-8500/FAX 334-4623

IDAPA 02
TITLE 04
Chapter 03

RULES GOVERNING ANIMAL INDUSTRY

There are no substantive changes from the proposed rule text

The original text was published in the Idaho Administrative Bulletin, Volume 96-1, January 3, 1996 Pages 11 through 14

This rule has been adopted as Final by the Agency and is now pending review by the 1997 Idaho State Legislature for final adoption
IDAPA 02 - IDAHO DEPARTMENT OF AGRICULTURE
02.04.03 - RULES GOVERNING ANIMAL INDUSTRY
DOCKET NO. 02-0403-9602
NOTICE OF PENDING RULE

EFFECTIVE DATE: This rule will become final and effective at the conclusion of the regular or special legislative session at which the rule is submitted for review. This pending rule may be rejected, amended or modified by concurrent resolution of the legislature.

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 25-207, 25-210, and 25-[3704]3504, 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 temporary and proposed rule and the text of the pending rule with an explanation of the reasons for any changes: The rule will govern domestic cervidae farming by providing for disease prevention and control, licensing and inspection, and will detail import requirements for domestic cervidae coming into Idaho. The rule will confer a public health benefit by providing for the prevention of brucellosis and tuberculosis in cervidae. Both of these diseases affect humans and animals and both diseases have been eradicated from other Idaho livestock.

IDAPA 02.04.03.365.02 imposes fees and assessments. This portion of the rule shall not become final and effective unless affirmatively approved by concurrent resolution of the legislature.

The original text was published in the January 3, 1996, Idaho Administrative Bulletin, Volume 96-1, pages 15-22. The pending rule has been amended to include the effective date.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this proposed rule, contact Dr. Bob Hillman or Dr. Bill Kearley at (208) 332-8540.

DATED this 4th day of June, 1996.

Patrick A. Takasugi, Director
Idaho Department of Agriculture
P.O. Box 790
Boise, Idaho 83701-0790
(208) 332-8500/FAX (208) 334-4623

IDAPA 02
TITLE 04
Chapter 03

RULES GOVERNING ANIMAL INDUSTRY

There are no substantive changes from the proposed rule text

The original text was published in the Idaho Administrative Bulletin, Volume 96-1, January 3, 1996
Pages 15 through 22

This rule has been adopted as Final by the Agency and is now pending review by the 1997 Idaho State Legislature for final adoption

August 7, 1996 Page 36 Vol No. 96-8
NOTICE OF PENDING RULE

EFFECTIVE DATE: This rule will become final and effective at the conclusion of the regular or special legislative session at which the rule is submitted for review. This pending rule may be rejected, amended or modified by concurrent resolution of the legislature.

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 title 37, chapter 4, 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 temporary and proposed rule and the text of the pending rule with an explanation of the reasons for any changes: This rule will carry out the intent of the Idaho Dairy Waste Initiative Memorandum of Understanding between the Idaho Dairymen’s Association, Division of Environmental Quality, Environmental Protection Agency and the Idaho Department of Agriculture to improve Idaho water quality by initiating a dairy waste inspection program on Idaho dairy farms. This rule will protect the public health, safety, and welfare of Idaho, and preserve the integrity of the Idaho dairy industry. The adoption of this rule establishes design, location and inspection criteria for dairy waste systems on Idaho dairy farms. The rule also establishes penalty provisions.

The original text was published in the December 6, 1995, Idaho Administrative Bulletin, Volume 95-12, pages 7-11. The pending rule has been amended to include the effective date.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this proposed rule, contact Marv Patten at (208) 332-8550.

DATED this 6th day of June, 1996.

Patrick A. Takasugi, Director
Idaho Department of Agriculture
P.O. Box 790
Boise, Idaho 83701-0790
(208) 332-8500/FAX (208) 334-4623

IDAPA 02
TITLE 04
Chapter 14

RULES GOVERNING DAIRY WASTE

There are no substantive changes from the proposed rule text

The original text was published in the Idaho Administrative Bulletin, Volume 95-12, December 6, 1995
Pages 7 through 11

This rule has been adopted as Final by the Agency
and is now pending review by the 1997 Idaho State Legislature
for final adoption
IDAPA 02 - IDAHO DEPARTMENT OF AGRICULTURE
02.06.01 - RULES GOVERNING THE PURE SEED LAW
DOCKET NO. 02-0601-9601
NOTICE OF PROPOSED RULES

EFFECTIVE DATE: This rule will become final and effective at the conclusion of the regular or special legislative session at which the rule is submitted for review. This proposed rule may be rejected, amended or modified by concurrent resolution of the legislature.

AUTHORITY: In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has proposed rule-making. The action is authorized pursuant to Section 22-418(4), Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rule-making will be held as follows: Public hearing(s) concerning this rule-making will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than August 21, 1996. The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is a statement in nontechnical language of the substance of the temporary and proposed rule: The rules will include the seed service testing fees for purity, germination, tetrazolium and special tests according to Section 22-418(4), Idaho Code.

IDAPA 02.06.01. imposes fees and assessments. This portion of the rule shall not become final and effective unless affirmatively approved by concurrent resolution of the legislature.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENT: For assistance on technical questions concerning the proposed amendments, contact Dr. Roger Vega at (208) 332-8620 or Mr. Richard Lawson at (208) 332-8630.

Anyone may submit written comments regarding the proposed amendments. All written comments and data concerning the rules must be directed to the undersigned and must be postmarked or delivered on or before August 28, 1996.

Dated this 26th day of June, 1996

Patrick A. Takasugi, Director
Idaho Department of Agriculture
P.O. Box 790
Boise, Idaho 83701-0790
(208) 332-8500/FAX (208) 334-4623

TEXT OF DOCKET NO. 02-0601-9601

001. TITLE AND SCOPE.
The title of this chapter is Rules of Governing the Pure Seed Law. This chapter has the following scope: These rules shall govern procedures for sale or distribution of seed in Idaho. These rules will also establish seed service testing fees for purity, germination, tetrazolium and special tests. The official citation of this chapter is IDAPA 02.06.01.000 et. seq. For example, this section's citation is IDAPA 02.06.01.001.

(BREAK IN CONTINUITY OF SECTIONS)
003. **ADMINISTRATIVE APPEAL.**
There is no provision for administrative appeals before the Department of Agriculture under this chapter. Hearing and appeal rights are pursuant to Title 67, Chapter 52, Idaho Code.

**(BREAK IN CONTINUITY OF SECTIONS)**

500. **SERVICE TESTING FEES.**

01. Table 1. Purity, Germination and Tetrazolium Fees.

<table>
<thead>
<tr>
<th>Kind of Seeds</th>
<th>Purity* $/Unit</th>
<th>Germination** $/Unit</th>
<th>Tetrazolium $/Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alfalfa</td>
<td>14.50</td>
<td>12.75</td>
<td>22.00</td>
</tr>
<tr>
<td>Alkali grass</td>
<td>17.50</td>
<td>11.00</td>
<td>22.00</td>
</tr>
<tr>
<td>Asparagus</td>
<td>14.50</td>
<td>12.75</td>
<td>22.00</td>
</tr>
<tr>
<td>Beans:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Field and Garden</td>
<td>12.00</td>
<td>12.75</td>
<td>20.00</td>
</tr>
<tr>
<td>Lima</td>
<td>11.50</td>
<td>17.00</td>
<td>20.00</td>
</tr>
<tr>
<td>Beets</td>
<td>18.00</td>
<td>20.00</td>
<td>27.00</td>
</tr>
<tr>
<td>Bentgrass and Red top</td>
<td>32.00</td>
<td>15.00</td>
<td>24.00</td>
</tr>
<tr>
<td>Bermuda grass</td>
<td>21.00</td>
<td>14.00</td>
<td>22.00</td>
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<td>Blue Gama</td>
<td>26.00</td>
<td>17.00</td>
<td>22.00</td>
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<td>Bluegrass</td>
<td>22.50</td>
<td>15.00</td>
<td>22.00</td>
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<tr>
<td>Brassica (Except Radish)</td>
<td>33.00</td>
<td>15.00</td>
<td>24.00</td>
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<td>Bromegrass</td>
<td>23.50</td>
<td>12.75</td>
<td>22.00</td>
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<tr>
<td>Canary grass</td>
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<td>22.00</td>
</tr>
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<td>Cantaloupe</td>
<td>14.00</td>
<td>12.00</td>
<td>22.00</td>
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<tr>
<td>Carrot</td>
<td>14.50</td>
<td>13.00</td>
<td>22.00</td>
</tr>
<tr>
<td>Celery</td>
<td>16.50</td>
<td>12.50</td>
<td>22.00</td>
</tr>
<tr>
<td>Cereals (Except Oats)</td>
<td>15.00</td>
<td>12.50</td>
<td>22.00</td>
</tr>
<tr>
<td>Clovers:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Red Clover</td>
<td>15.50</td>
<td>12.75</td>
<td>22.00</td>
</tr>
<tr>
<td>Other Clovers</td>
<td>15.00</td>
<td>13.00</td>
<td>22.00</td>
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<tr>
<td>Corn</td>
<td>14.50</td>
<td>12.50</td>
<td>18.00</td>
</tr>
<tr>
<td>Cucumbers</td>
<td>14.00</td>
<td>12.00</td>
<td>22.00</td>
</tr>
<tr>
<td>Eggplant</td>
<td>14.00</td>
<td>12.00</td>
<td>22.00</td>
</tr>
<tr>
<td>Kind of Seeds:</td>
<td>Purity* $/Unit</td>
<td>Germination** $/Unit</td>
<td>Tetrazolium $/Unit</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>----------------</td>
<td>----------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Endive</td>
<td>14.00</td>
<td>12.50</td>
<td>22.00</td>
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<td>Fescue</td>
<td>22.00</td>
<td>12.75</td>
<td>22.00</td>
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<td>Flax</td>
<td>21.00</td>
<td>14.00</td>
<td>22.00</td>
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<tr>
<td>Flowers</td>
<td>16.00</td>
<td>16.00</td>
<td>25.00</td>
</tr>
<tr>
<td>Green Needlegrass</td>
<td>18.00</td>
<td>16.00</td>
<td>22.00</td>
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<tr>
<td>Indian Ricegrass</td>
<td>17.50</td>
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<td>Leek</td>
<td>17.00</td>
<td>15.00</td>
<td>22.00</td>
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<tr>
<td>Lentil</td>
<td>14.00</td>
<td>12.75</td>
<td>22.00</td>
</tr>
<tr>
<td>Lettuce</td>
<td>14.50</td>
<td>12.50</td>
<td>22.00</td>
</tr>
<tr>
<td>Little/Small Burnet</td>
<td>15.00</td>
<td>14.00</td>
<td>22.00</td>
</tr>
<tr>
<td>Meadow Foxtail</td>
<td>26.00</td>
<td>13.50</td>
<td>22.00</td>
</tr>
<tr>
<td>New Zealand Spinach</td>
<td>14.00</td>
<td>21.00</td>
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<tr>
<td>Oats</td>
<td>16.50</td>
<td>12.50</td>
<td>22.00</td>
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<tr>
<td>Oatgrass</td>
<td>17.50</td>
<td>11.00</td>
<td>25.00</td>
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<tr>
<td>Okra</td>
<td>26.00</td>
<td>14.00</td>
<td>22.00</td>
</tr>
<tr>
<td>Onion</td>
<td>14.50</td>
<td>12.75</td>
<td>22.00</td>
</tr>
<tr>
<td>Orchardgrass</td>
<td>25.50</td>
<td>14.00</td>
<td>22.00</td>
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<tr>
<td>Parsley</td>
<td>14.50</td>
<td>12.50</td>
<td>22.00</td>
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<tr>
<td>Parsnip</td>
<td>14.50</td>
<td>12.50</td>
<td>22.00</td>
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<tr>
<td>Peas:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Field and Garden</td>
<td>14.00</td>
<td>13.00</td>
<td>20.00</td>
</tr>
<tr>
<td>Chickpeas</td>
<td>12.00</td>
<td>16.50</td>
<td>20.00</td>
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<tr>
<td>Pepper</td>
<td>14.50</td>
<td>13.00</td>
<td>22.00</td>
</tr>
<tr>
<td>Pumpkin</td>
<td>14.00</td>
<td>12.50</td>
<td>22.00</td>
</tr>
<tr>
<td>Radish</td>
<td>14.50</td>
<td>12.75</td>
<td>22.00</td>
</tr>
<tr>
<td>Ryegrass</td>
<td>22.00</td>
<td>12.00</td>
<td>22.00</td>
</tr>
<tr>
<td>Sagebrush</td>
<td>35.00/Hour</td>
<td>15.50</td>
<td>25.00</td>
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<tr>
<td>Sainfoin</td>
<td>14.50</td>
<td>13.00</td>
<td>22.00</td>
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<tr>
<td>Saltbush</td>
<td>16.00</td>
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<td>25.00</td>
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<tr>
<td>Cut Test</td>
<td></td>
<td>20.00</td>
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<tr>
<td>Squash</td>
<td>14.00</td>
<td>12.50</td>
<td>22.00</td>
</tr>
</tbody>
</table>
*All samples submitted for purity should contain a minimum of three thousand (3,000) seeds.
**All samples submitted for germination should contain a minimum of eight hundred (800) seeds.
***With Fluorescence

02. **Table 2. Special Testing Fees.**

<table>
<thead>
<tr>
<th>Kind of Seeds</th>
<th>Purity* $/Unit</th>
<th>Germination** $/Unit</th>
<th>Tetrazolium $/Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sudangrass/Sorghum</td>
<td>17.00</td>
<td>14.00</td>
<td>22.00</td>
</tr>
<tr>
<td>Sunflower</td>
<td>21.50</td>
<td>12.50</td>
<td>22.00</td>
</tr>
<tr>
<td>Swiss Chard</td>
<td>18.00</td>
<td>20.00</td>
<td>27.00</td>
</tr>
<tr>
<td>Timothy</td>
<td>17.00</td>
<td>12.00</td>
<td>22.00</td>
</tr>
<tr>
<td>Tomato</td>
<td>14.50</td>
<td>12.00</td>
<td>22.00</td>
</tr>
<tr>
<td>Trees/Shrubs</td>
<td>14.50</td>
<td>15.50</td>
<td>25.00</td>
</tr>
<tr>
<td>Trefoil</td>
<td>15.00</td>
<td>13.00</td>
<td>22.00</td>
</tr>
<tr>
<td>Vetches</td>
<td>15.00</td>
<td>12.75</td>
<td>22.00</td>
</tr>
<tr>
<td>Watermelon</td>
<td>14.00</td>
<td>12.50</td>
<td>22.00</td>
</tr>
<tr>
<td>Wheatgrasses</td>
<td>34.00</td>
<td>15.00</td>
<td>22.00</td>
</tr>
<tr>
<td>Wild rye</td>
<td>21.00</td>
<td>12.00</td>
<td>22.00</td>
</tr>
<tr>
<td>Winterfat</td>
<td>35.00/ Hour</td>
<td>17.50</td>
<td>22.00</td>
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<table>
<thead>
<tr>
<th>Test Procedures</th>
<th>Fees $/Unit</th>
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<tr>
<td>All States Noxious</td>
<td>10.50</td>
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<tr>
<td>Canada:</td>
<td></td>
</tr>
<tr>
<td>Purity</td>
<td>11.50 Added to purity fee</td>
</tr>
<tr>
<td>Germination</td>
<td>2.00 Added to germination fee</td>
</tr>
<tr>
<td>Cold Test</td>
<td>21.00</td>
</tr>
<tr>
<td>Crop Check Only</td>
<td>22.00</td>
</tr>
<tr>
<td>Crop &amp; Weed Check</td>
<td>22.00</td>
</tr>
<tr>
<td>Dodder Check</td>
<td>12.00</td>
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<tr>
<td>Dormancy Percentage</td>
<td>Dormant % found x germination fee</td>
</tr>
<tr>
<td>E.C. Norms</td>
<td>18.00</td>
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<tr>
<td>Ergot/Sclerotinia Check</td>
<td>11.00</td>
</tr>
<tr>
<td>Foreign Material</td>
<td>10.50</td>
</tr>
<tr>
<td>Test Procedures:</td>
<td>Fees</td>
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<tr>
<td>----------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td></td>
<td>$/Unit</td>
</tr>
<tr>
<td>Fungus/Smut</td>
<td>16.00</td>
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<tr>
<td>Grading (beans)</td>
<td>16.00</td>
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<tr>
<td>Hay Pellet Germination</td>
<td>16.00</td>
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<tr>
<td>Identification</td>
<td>3.00</td>
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<tr>
<td>Inert Check Only</td>
<td>10.50</td>
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<tr>
<td>Inventory Germinations (For Carryover Seed Only)</td>
<td>20% Discount of listed germination fee; Available only for the months of March through July.</td>
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<tr>
<td>ISTA:</td>
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<tr>
<td>Purity</td>
<td>11.50 Added to purity fee</td>
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<tr>
<td>Germination</td>
<td>2.00 Added to germination fee</td>
</tr>
<tr>
<td>Mixtures:</td>
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</tr>
<tr>
<td>Purity</td>
<td>11.00 Added per kind exceeding 5%</td>
</tr>
<tr>
<td>Germination</td>
<td>11.00 Added per kind exceeding 5%</td>
</tr>
<tr>
<td>Tetrazolium</td>
<td>16.00 Added per kind exceeding 5%</td>
</tr>
<tr>
<td>Moisture Test</td>
<td>12.50</td>
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<tr>
<td>1,000 Seed Count</td>
<td>11.00</td>
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<tr>
<td>Pest &amp; Disease Check</td>
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</tr>
<tr>
<td>Quarantine (Poa annua &amp; Poa trivialis)</td>
<td>26.50</td>
</tr>
<tr>
<td>Rumex Check</td>
<td>10.50</td>
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<tr>
<td>Sod Check (Phone Report Only)</td>
<td>25.00</td>
</tr>
<tr>
<td>Sod Quality:</td>
<td></td>
</tr>
<tr>
<td>Bentgrass</td>
<td>60.00</td>
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<tr>
<td>Bermudagrass</td>
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<tr>
<td>Bluegrass</td>
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<tr>
<td>Fescue</td>
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<tr>
<td>Ryegrass</td>
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<td>Sodium Hydroxide</td>
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<tr>
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<tr>
<td>Soil Germination</td>
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<tr>
<td>Sprout Check</td>
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<td>Undesirable Grass Species</td>
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<td>Weed Check Only</td>
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### Table 3. Miscellaneous Fees

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<tr>
<th>Type of Service</th>
<th>Fees</th>
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<tr>
<td>FAX</td>
<td>2.50 per sheet</td>
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<tr>
<td>Hourly Charge for Analysis</td>
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<tr>
<td>Preparation Time</td>
<td>35.00/Hour: When necessary on germination and tetrazolium samples</td>
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<td>Reports:</td>
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<tr>
<td>Copies</td>
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<tr>
<td>Merge Records</td>
<td>3.50</td>
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<tr>
<td>Retyped</td>
<td>4.00</td>
</tr>
<tr>
<td>Revised</td>
<td>6.00</td>
</tr>
<tr>
<td>Rush Service</td>
<td>18.00 Not offered on mixtures or species with hourly purity fees</td>
</tr>
</tbody>
</table>

500501. -- 999. (RESERVED)
IDAPA 02 - IDAHO DEPARTMENT OF AGRICULTURE
02.06.13 - RULES GOVERNING RAPESEED PRODUCTION AND
ESTABLISHMENT OF RAPESEED DISTRICTS IN THE STATE OF IDAHO
DOCKET NO. 02-0613-9501
NOTICE OF PENDING RULE

EFFECTIVE DATE: This rule will become final and effective at the conclusion of the regular or special legislative
session at which the rule is submitted for review. This pending rule may be rejected, amended or modified by
concurrent resolution of the legislature.

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 title 22, chapter 1, section 108, 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 temporary and proposed rule and the text of the
pending rule with an explanation of the reasons for any changes. The amendment to the rules allows farmers in
Rapeseed Production District III (all land south of the Clearwater River and North of the Salmon River to plant the
winter edible type of rapeseed. The rule amendment will confer benefits to the rapeseed/canola industry. The
amendment was requested by farmers in Idaho and Lewis counties.

The original text was published in the December 6, 1995, Idaho Administrative Bulletin, Volume 95-12, pages 12-13.
The pending rule has been amended to include the effective date.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this proposed
rule, contact Dr. Roger R. Vega or Michael E. Cooper at (208) 332-8620.

DATED this 4th day of June, 1996.

Patrick A. Takasugi, Director
Idaho Department of Agriculture
P.O. Box 790
Boise, Idaho 83701-0790
(208) 332-8500/FAX (208) 334-4623

IDAPA 02
TITLE 06
Chapter 13

RULES GOVERNING RAPESEED PRODUCTION AND ESTABLISHMENT
OF RAPESEED DISTRICTS IN THE STATE OF IDAHO

There are no substantive changes
from the proposed rule text

The original text was published in the Idaho
Administrative Bulletin, Volume 95-12, December 6, 1995
Pages 12 through 13

This rule has been adopted as Final by the Agency
and is now pending review by the
1997 Idaho State Legislature
for final adoption
EFFECTIVE DATE: This rule will become final and effective at the conclusion of the regular or special legislative session at which the rule is submitted for review. This pending rule may be rejected, amended or modified by concurrent resolution of the legislature.

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 title 22, chapters 1, 7 and 23, Idaho Code, sections 22-103(22), 22-107, 22-702 and 22-2302(5).

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 temporary and proposed rule and the text of the pending rule with an explanation of the reasons for any changes: This rule confers benefits to the nursery industry by establishing a voluntary virus-free certification program for nursery stock to allow the Idaho nursery industry to export this certified virus-free nursery stock to other domestic and foreign markets requiring the same. The rule establishes isolation distances for nursery stock entered into the program from other plants; procedures for the inspection, sampling and testing of nursery stock entered into the program; procedures for maintaining the identity of nursery stock entered into the program; and a schedule of fees for participation in the program.

IDAPA 02.06.34.500 imposes a fee for participants in the voluntary program. This portion of the rule shall not become final and effective unless affirmatively approved by concurrent resolution of the legislature.

The original text was published in the December 6, 1995, Idaho Administrative Bulletin, Volume 95-12, pages 14-22. The pending rule has been amended to include the effective date.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this proposed rule, contact Dr. Roger R. Vega or Michael E. Cooper at (208) 332-8620.

DATED this 4th day of June, 1996.

Patrick A. Takasugi, Director
Idaho Department of Agriculture
P.O. Box 790
Boise, Idaho 83701-0790
(208) 332-8500/FAX (208) 334-4623

IDAPA 02
TITLE 06
Chapter 34

RULES GOVERNING VIRUS-FREE CERTIFICATION OF NURSERY STOCK

There are no substantive changes from the proposed rule text

The original text was published in the Idaho Administrative Bulletin, Volume 95-12, December 6, 1995
Pages 14 through 22

This rule has been adopted as Final by the Agency and is now pending review by the 1997 Idaho State Legislature
EFFECTIVE DATE: This rule will become final and effective at the conclusion of the regular or special legislative session at which the rule is submitted for review. This pending rule may be rejected, amended or modified by concurrent resolution of the legislature.

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 title 22, chapter 20, 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 temporary and proposed rule and the text of the pending rule with an explanation of the reasons for any changes: The rule prohibits the planting of rough bluegrass, **Poa triflalis**, for seed production in eighteen counties in Idaho. The seed of the crop known as rough bluegrass is a noxious weed pursuant to section 22-2003, Idaho Code, and is injurious to Kentucky bluegrass seed production. A rough bluegrass quarantine confers benefits by preventing the introduction of rough bluegrass into major Kentucky bluegrass seed production areas in Idaho.

The original text was published in the January 3, 1996, Idaho Administrative Bulletin, Volume 96-1, pages 23-26. The pending rule has been amended to include the effective date.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this proposed rule, contact Dr. Roger R. Vega at (208) 332-8620 or Richard Lawson at (208) 332-8630.

DATED this 4th day of June, 1996.

Patrick A. Takasugi, Director
Idaho Department of Agriculture
P.O. Box 790
Boise, Idaho 83701-0790
(208) 332-8500/FAX 334-4623

There are no substantive changes from the proposed rule text

The original text was published in the Idaho Administrative Bulletin, Volume 96-1, January 3, 1996
Pages 23 through 26

This rule has been adopted as Final by the Agency and is now pending review by the 1997 Idaho State Legislature for final adoption
EFFECTIVE DATE: These temporary rules are effective June 1, 1996 and July 1, 1996.

AUTHORITY: In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has proposed rulemaking. The action is authorized pursuant to Section 54-1006, Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rulemaking will be held as follows:

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 August 22, 1996.

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 at the address below.

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

The current rule relating to 07.01.04.014.05 regarding limited energy electrical licensing will be modified to exclude communication circuits. IDAPA 07.01.04.014.07, which exempted certain provisions of IDAPA 07.01.04.014.05 would be rescinded. The areas previously exempted by IDAPA 07.01.04.014.07 were either communication circuits or are exempted by the language of the proposed rule.

Regulation by the Electrical Bureau to rule 07.01.014.04 is no longer relevant as electrical installations are no longer made by mobile home dealers. All such work is performed at a manufacturing site.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning this proposed rule, contact Gary L. Malmen, Bureau Chief, Division of Building Safety, 277 N. 6th Street, Suite 100, P.O. Box 83720, Boise, Idaho 83720, (208) 334-2183.

Anyone may submit written comments regarding this rule. All written comments and data concerning the proposed rules must be directed to the undersigned and must be postmarked or delivered on or before August 29, 1996.

DATED this 12th day of June, 1996.

Craig G. Bledsoe
Department of Labor & Industrial Services
277 N. 6th, Suite 100
P.O. Box 83720
Boise, ID 83720-4801
(208) 334-3950/fax (208) 334-2683

TEXT OF DOCKET NO. 07-0104-9601

001. TITLE AND SCOPE.
These rules shall be cited as IDAPA 07, Title 01, Chapter 04, Rules Governing Electrical Specialty Licensing, Department of Labor and Industrial Services, Division of Building Safety. These rules set out the special types of electrical installations for which a specialty license is required; the minimum experience requirements for such license; and describe the procedure for securing such license.
014. ELECTRICAL SPECIALTIES REQUIRING A SPECIAL LICENSE.
The following shall be considered as electrical specialties, the practice of which shall require a special license:

01. Elevator, Dumbwaiter, Escalator, or Moving-Walk Electrical. Any person qualifying for and having in his possession a current elevator electrical license may install, maintain, repair, and replace equipment, controls, and wiring beyond the disconnect switch in the machine room of the elevator and pertaining directly to the operation and control thereof when located in the elevator shaft and machine room. He shall be employed by a licensed elevator electrical contractor and his installation shall be limited to this category. The holder of such specialty license may not countersign a contractor's license application as supervising journeyman except for work within his specialty.

02. Sign Electrical. Any person qualifying for and having in his possession a current sign electrical license may install, maintain, repair, and replace equipment, controls, and wiring on the secondary side of sign disconnecting means; providing the disconnecting means is located on the sign or within a distance of two feet and in sight therefrom. He shall be employed by a licensed sign electrical contractor whose installations shall be limited to this category. The holder of such specialty license may not countersign a contractor's license application as supervising journeyman except for work within his specialty.

03. Creation of Manufacturing or Assembling Equipment Specialty Contractor and Specialty Electrician.

a. Effective July 1, 1994, the category of licensed specialty manufacturing or assembling equipment contractor is created. Effective July 1, 1994, any person qualifying for and having in his possession a current license in the category of specialty manufacturing or assembling equipment electrician must be employed by a licensed specialty manufacturing or assembling equipment contractor in order to work in this category. The holder of a specialty license in this category may not countersign a contractor's license application as supervising journeyman except for work within this specialty.

b. Any person licensed pursuant to Subsection 014.03.a. may install, maintain, repair, and replace equipment, controls, and accessory wiring, integral to the specific equipment, on the load side of the equipment disconnecting means. Electrical service and feeder are to be installed by others. The licensee may also install circuitry in modules or fabricated enclosures for the purpose of connecting the necessary components which individually bear a label from a nationally recognized testing laboratory when such equipment is designed and manufactured for a specific job installation. All wiring completed shall meet all requirements of Title 54, Chapter 10, Idaho Code, all rules promulgated pursuant thereto, and the most current edition of the National Electrical Code.

04. Mobile Home Dealer Electrician. Any person qualified by examination or having in his possession a current license in this category, employed by a mobile home and recreational vehicle dealer, may exchange standard appliances, i.e., dishwashers, disposals, coolers, etc., and make repairs to the existing internal wiring system but does not include installation of new wiring, circuit, and extensions to existing circuits, or hookups to the power source. This license shall be limited to mobile homes and recreational vehicles owned by or in the possession of the dealer by whom employed.

05. Limited Energy Electrical License.

a. Any person who installs, maintains, replaces, or repairs electrical wiring and electrical products of the types in compliance with the National Electrical Code, Articles 90, 110, 300, 400, 650, 720, 725, 760, 770, 800, and 820, and equipment for limited energy systems, such as, but not limited to, fire and security alarm systems, class 2 and class 3 signaling circuits, landscape sprinkler control, key card operators, nurse call stations, motor and electrical apparatus control, etc., is required to have a valid limited energy electrical license and shall be employed by a licensed limited energy specialty electrical contractor or unlimited electrical contractor. The holder of such a specialty license may not countersign a contractor's license application as supervising journeyman except for work within his specialty.
b. A limited energy electrician shall countersign contractor applications and sign all permits for limited energy electrical installations. Such licenses shall be limited to installations covered by the above referenced sections of the National Electrical Code, such as: electric or electronic organs, landscape sprinkler control, security, power limited fire alarms, audio-visual, sound and intercom, data processing, and non-utility owned communications systems. No license of any type is required for the installation of communication circuits, as defined herein. No license of any type is required for limited energy systems in one (1) and two (2) family dwellings, however, these installations must comply with the National Electrical Code.

(9-17-85)(6-1-96)

c. Communication circuits, wires and apparatus that are considered exempt by Idaho Code Section 54-1016 shall include telephone, telegraph, outside wiring for fire alarm and security alarm systems used for communication purposes, and similar central station systems; telephone systems not connected to a central station but using similar types of equipment, methods of installation, and maintenance such as PBX systems; audio-visual, sound, public address, intercom, data processing, radio, television, master antenna television, community antenna television and similar systems. This exemption does not include signaling circuits from sensing and control devices such as smoke detectors, limit switches, flow indicators, temperature sensors, photoelectric sensors, etc. or notification devices such as nurse call stations.

(9-17-85)(6-1-96)

(9-17-85)(6-1-96)

065. Irrigation Sprinkler Electrical. Any person qualifying for and having in his possession, an irrigation system electrical license may install, maintain, repair and replace equipment, controls and wiring beyond the disconnect switch supplying power to the electric irrigation machine. The irrigation machine is considered to include the hardware, motors and controls of the irrigation machine and underground conductors connecting the control centers on the irrigation machine to the load side of the disconnecting device. Disconnect device to be installed by others. All such installations performed by individuals under this section shall be done in accordance with the applicable provisions of the National Electrical Code. He shall be employed by a licensed electrical contractor whose license is contingent upon the granting of a specialty electrical license to an employee and whose installations shall be limited to this category. The holder of a specialty license may not countersign a contractor's license application as supervising specialty journeyman except for work in his specialty.

(1-1-92)

07. Limited Energy Systems. No license of any type is required for the installation of limited energy systems not exceeding one hundred (100) V A in Class II and Class III as defined in Article 725 of the approved National Electrical Code for temperature control and intercommunication audio systems in one and two family dwellings, doorbells, sound and sound recording systems in residential occupancies, single station smoke or ionization detection systems in one and two family dwellings, radio and television antenna systems, closed circuit TV systems in buildings three (3) stories or less in height except where interconnected with an installation system covered in IDAPA 07.01.04, master antenna television and community antenna television systems in buildings of three (3) stories or less in height and radio and television antenna systems. Such installations shall be subjected to inspection and shall comply with the appropriate articles of the National Electrical Code.

(1-14-87)

086. Well Driller and Water Pump Installer Electrical Licenses. All such installations performed by individuals under this section shall be done in accordance with the applicable provisions of the approved National Electrical Code. He shall be employed by a licensed well driller and water pump installer electrical contractor whose installations shall be limited to this category. The holder of such specialty license may not countersign a contractor's license application as supervising specialty journeyman except for work in his specialty. Any person currently licensed in this category may perform the following types of installations:

(1-14-87)

a. Single or three phase well pumps: Install all electrical equipment, wires, and accessories from the pump motor up to the load side, including fuses, of the disconnecting device. Disconnecting device installed by others.

(1-14-87)

b. Temporarily connect into a power source to test the installations, provided that all test wiring is removed before the installer leaves the site.

(9-17-85)

c. Maintain, repair, and replace all electrical equipment, wires, and accessories for the pump motor up to and including the load side, including fuses, of the disconnecting device on existing single or three phase installations. Disconnecting device installed by others.

(1-14-87)
097. Refrigeration, Heating, and Air-Conditioning Electrical Installer. All such installation, maintenance, and repair performed by individuals under this section shall be done in accordance with applicable provisions of the National Electrical Code. He shall be employed by a licensed electrical contractor whose license shall be covered by this category. The holder of such specialty license may not countersign a contractor's license application as a supervising specialty journeyman except for work in his specialty. Any person currently licensed in this category may perform the following types of installations, which installations shall be limited to factory-assembled, packaged units:

(9-17-85)

a. Heating Units (single phase): Install, repair, and maintain all electrical equipment, wires, and accessories from the unit up to the load side, including fuses, of the disconnecting device. Disconnecting device to be installed by others.

b. Refrigeration, Air-Conditioning Equipment and Heat Pumps (single phase): Install, repair, and maintain all electrical equipment, wires, and accessories from the unit up to the load side, including fuses, of the disconnecting device. Disconnecting device to be installed by others.

(9-17-85)

c. Refrigeration, Air-Conditioning and Heating Systems (three-phase): Install, maintain, and repair all electrical equipment and accessories up to the load side, including fuses, of the disconnecting device. Disconnecting device to be installed by others.

(9-17-85)

015. APPLICATIONS FOR SPECIALTY LICENSES.
Applications for any of the above specialty licenses may be obtained from the Electrical Division Bureau, Department of Labor and Industrial Services Division of Building Safety. The forms shall be returned with the fifteen dollar ($15) application fee, as provided by Section 54-1014, Idaho Code, with proof of the required two (2) years of experience in the field of specialty, and all applications shall be signed and notarized. Upon receiving a passing grade, the applicant may remit the twenty-five dollar ($25) license fee for issuance of the license.

(7-9-84)(7-1-96)T
**AUTHORITY:** 1994 Idaho Sess. Laws ch. 448, sec. 1, as amended by 1996 Idaho Sess. Laws ch. 8, sec. 1 reads as follows:

“All rules for the public schools of the state board of education, IDAPA 08.02, chapters 01 through 08, that were in effect as of April 1, 1994, that are not otherwise repealed by the state board of education or the legislature, shall be null and void effective April 1, 1997...”

**DESCRIPTIVE SUMMARY:** By act of the Idaho legislature, the following chapters of Title 02, Administrative Rules of the State Board of Education, will be null and void as of April 1, 1997:

- IDAPA 08.02.01 - School Organization and Operation
- IDAPA 08.02.02 - School District Fiscal Affairs
- IDAPA 08.02.03 - District Personnel and Certification
- IDAPA 08.02.04 - School Facilities
- IDAPA 08.02.05 - Instructional Programs and Textbooks
- IDAPA 08.02.06 - Special Programs
- IDAPA 08.02.07 - Transportation
- IDAPA 08.02.08 - Miscellaneous Items

By separate notice, the State Board of Education has proposed new rules to replace the repealed title.

**PUBLIC HEARING SCHEDULE:** No public hearings will be scheduled. The State Board of Education has no discretion as to the repeal of these rules, which are being repealed pursuant to 1996 Idaho Sess. Laws ch. 8, sec. 1.

**ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS:** For assistance on technical questions concerning the repeal of these chapters, contact Dr. Darrell K. Loosle, Chief Deputy Superintendent of Public Instruction, at (208) 332-6800.

Written comments regarding this repeal will not be accepted.

DATED this 26th day of June, 1996.

Dr. Darrell K. Loosle
Chief Deputy State Superintendent
Idaho Department of Education
P.O. Box 83720
Boise, Idaho 83720-0027
(208) 332-6800
FAX (208) 334-2228

______________

**THIS CHAPTER IS BEING REPEALED IN ITS ENTIRETY.**

It is being replaced by Docket No. 08-0201-9602 as published in this Bulletin immediately following this notice
ACTION: The proposed action, under Docket No. 08-0201-9602, concerns the proposed amendment of rules governing the Public Schools of Idaho - Administration.

AUTHORITY: In compliance with Section 33-105, Idaho Code, notice is hereby given that this agency has proposed rule making.

PUBLIC HEARING SCHEDULE: The State Board of Education invites public comment on the proposed rules for the public schools of Idaho.

All interested persons may submit oral testimony at one of the public hearings listed in the following schedule:

- **September 4, 1996**, Joe R. Williams Building
  East Conference Room
  700 West State Street
  Boise, Idaho

- **September 5, 1996**, Albertson College of Idaho
  South Dining Room
  2112 Cleveland Boulevard
  Caldwell, Idaho

- **September 12, 1996**, College of Southern Idaho
  Shields Meeting Room #115
  315 Falls Avenue
  Twin Falls, Idaho

- **September 17, 1996**, Coeur d’Alene Inn
  Hayden Room
  414 West Appleway Avenue
  Coeur d’Alene, Idaho

- **September 18, 1996**, Lewiston Parks & Recreation, Community Center
  Multipurpose Room
  1424 Main Street
  Lewiston, Idaho

- **September 24, 1996**, Stardust Motor Lodge
  Russet Meeting Room
  700 Lindsay Boulevard
  Idaho Falls, Idaho

- **September 25, 1996**, Idaho State University
  1065 South 8th Street
  Pond Student Union Building #14
  North Fork Room
  Pocatello, Idaho

All hearings will run from 4:00 p.m. to 8:00 p.m. local time. Each oral comment should be accompanied by a written summary of the speaker’s main points and a citation to the proposed rule(s) to which the comment refers. All oral testimony will be considered by the Board. Copies of the proposed rules will be available at each hearing site.

The hearing sites will be accessible to the physically disabled. Interpreters for persons with hearing impairments and brailled or taped information for persons with visual impairments can be provided upon five days notice. For arrangements contact the undersigned at (208) 332-6800.

BRIEF DESCRIPTION OF INTENDED ACTION: The following is a statement in nontechnical language of the substance of the proposed rules.

In 1994, the Idaho legislature passed House Bill 867 which repealed the State Board of Education Rules for Public Schools, as of April 1, 1996. The 1996 legislature delayed the repeal of the existing rules until April 1, 1997.
The State Board of Education appointed a committee to draft rules for Idaho’s public schools. That committee completed its work in May, 1996. The State Board of Education submits the completed draft for public comment pursuant to Idaho Code section 33-105, contemplating final State Board action on or after October 17, 1996.

Under the Constitution and laws of the state of Idaho, the State Board of Education exercises general supervision and control of Idaho's public elementary and secondary schools. The State Board Rules for the Public Schools of Idaho regulate the administration, uniformity, and thoroughness of all K-12 public education in Idaho. The rules are authorized by, and consistent with, the Idaho Constitution and Idaho Code.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rules, contact the undersigned at (208) 332-6800.

Written comments are encouraged. All written comments and data concerning the proposed rules must be directed to the undersigned and must be postmarked or delivered on or before September 30, 1996. Comments should be typed, if possible, and should clearly identify the proposed rule(s) to which they refer. All written comments will be considered by the State Board of Education. Anyone may submit written comments regarding the proposed rules.

Any person who desires a draft copy of the State Board of Education Rules for the Public Schools of Idaho and its supporting manuals should contact the undersigned.

DATED this 26th day of June, 1996.

Dr. Darrell K. Loosle
Chief Deputy State Superintendent
Idaho Department of Education
P.O. Box 83720
Boise, Idaho 83720-0027
(208) 332-6800
FAX (208) 334-2228
IDAPA 08 - STATE BOARD OF EDUCATION
08.02.02 - SCHOOL DISTRICT FISCAL AFFAIRS
DOCKET NO. 08-0202-9601
NOTICE OF PROPOSED RULE-MAKING

AUTHORITY: 1994 Idaho Sess. Laws ch. 448, sec. 1, as amended by 1996 Idaho Sess. Laws ch. 8, sec. 1 reads as follows:

“All rules for the public schools of the state board of education, IDAPA 08.02, chapters 01 through 08, that were in effect as of April 1, 1994, that are not otherwise repealed by the state board of education or the legislature, shall be null and void effective April 1, 1997...”

DESCRIPTIVE SUMMARY: By act of the Idaho legislature, the following chapters of Title 02, Administrative Rules of the State Board of Education, will be null and void as of April 1, 1997:

IDAPA 08.02.01 - School Organization and Operation
IDAPA 08.02.02 - School District Fiscal Affairs
IDAPA 08.02.03 - District Personnel and Certification
IDAPA 08.02.04 - School Facilities
IDAPA 08.02.05 - Instructional Programs and Textbooks
IDAPA 08.02.06 - Special Programs
IDAPA 08.02.07 - Transportation
IDAPA 08.02.08 - Miscellaneous Items

By separate notice, the State Board of Education has proposed new rules to replace the repealed title.

PUBLIC HEARING SCHEDULE: No public hearings will be scheduled. The State Board of Education has no discretion as to the repeal of these rules, which are being repealed pursuant to 1996 Idaho Sess. Laws ch. 8, sec. 1.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the repeal of these chapters, contact Dr. Darrell K. Loosle, Chief Deputy Superintendent of Public Instruction, at (208) 332-6800.

Written comments regarding this repeal will not be accepted.

DATED this 26th day of June, 1996.

Dr. Darrell K. Loosle
Chief Deputy State Superintendent
Idaho Department of Education
P. O. Box 83720
Boise, Idaho 83720-0027
(208) 332-6800
FAX (208) 334-2228

THIS CHAPTER IS BEING REPEALED IN ITS ENTIRETY.

It is being replaced by Docket No. 08-0202-9602
as published in this Bulletin immediately following this notice
ACTION: The proposed action, under Docket No. 08-0202-9602, concerns the proposed amendment of rules governing the Public Schools of Idaho - Uniformity.

AUTHORITY: In compliance with Section 33-105, Idaho Code, notice is hereby given that this agency has proposed rule making.

PUBLIC HEARING SCHEDULE: The State Board of Education invites public comment on the proposed rules for the public schools of Idaho.

All interested persons may submit oral testimony at one of the public hearings listed in the following schedule:

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<td>September 4,</td>
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<td>September 18,</td>
<td>Lewiston Parks &amp; Recreation, Community Center</td>
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<td>Multipurpose Room</td>
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<td>September 25,</td>
<td>Idaho State University</td>
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<td>1996,</td>
<td>Pond Student Union Building #14</td>
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<td>North Fork Room</td>
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All hearings will run from 4:00 p.m. to 8:00 p.m. local time. Each oral comment should be accompanied by a written summary of the speaker’s main points and a citation to the proposed rule(s) to which the comment refers. All oral testimony will be considered by the Board. Copies of the proposed rules will be available at each hearing site.

The hearing sites will be accessible to the physically disabled. Interpreters for persons with hearing impairments and brailled or taped information for persons with visual impairments can be provided upon five days notice. For arrangements contact the undersigned at (208) 332-6800.

BRIEF DESCRIPTION OF INTENDED ACTION: The following is a statement in nontechnical language of the substance of the proposed rules.

In 1994, the Idaho legislature passed House Bill 867 which repealed the State Board of Education Rules for Public Schools, as of April 1, 1996. The 1996 legislature delayed the repeal of the existing rules until April 1, 1997.
The State Board of Education appointed a committee to draft rules for Idaho’s public schools. That committee completed its work in May, 1996. The State Board of Education submits the completed draft for public comment pursuant to Idaho Code section 33-105, contemplating final State Board action on or after October 17, 1996.

Under the Constitution and laws of the state of Idaho, the State Board of Education exercises general supervision and control of Idaho's public elementary and secondary schools. The State Board Rules for the Public Schools of Idaho regulate the administration, uniformity, and thoroughness of all K-12 public education in Idaho. The rules are authorized by, and consistent with, the Idaho Constitution and Idaho Code.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rules, contact the undersigned at (208) 332-6800.

Written comments are encouraged. All written comments and data concerning the proposed rules must be directed to the undersigned and must be postmarked or delivered on or before September 30, 1996. Comments should be typed, if possible, and should clearly identify the proposed rule(s) to which they refer. All written comments will be considered by the State Board of Education. Anyone may submit written comments regarding the proposed rules.

Any person who desires a draft copy of the State Board of Education Rules for the Public Schools of Idaho and its supporting manuals should contact the undersigned.

DATED this 26th day of June, 1996.

Dr. Darrell K. Loosle
Chief Deputy State Superintendent
Idaho Department of Education
P.O. Box 83720
Boise, Idaho 83720-0027
(208) 332-6800
FAX (208) 334-2228
AUTHORITY: 1994 Idaho Sess. Laws ch. 448, sec. 1, as amended by 1996 Idaho Sess. Laws ch. 8, sec. 1 reads as follows:

“All rules for the public schools of the state board of education, IDAPA 08.02, chapters 01 through 08, that were in effect as of April 1, 1994, that are not otherwise repealed by the state board of education or the legislature, shall be null and void effective April 1, 1997...”

DESCRIPTIVE SUMMARY: By act of the Idaho legislature, the following chapters of Title 02, Administrative Rules of the State Board of Education, will be null and void as of April 1, 1997:

- IDAPA 08.02.01 - School Organization and Operation
- IDAPA 08.02.02 - School District Fiscal Affairs
- IDAPA 08.02.03 - District Personnel and Certification
- IDAPA 08.02.04 - School Facilities
- IDAPA 08.02.05 - Instructional Programs and Textbooks
- IDAPA 08.02.06 - Special Programs
- IDAPA 08.02.07 - Transportation
- IDAPA 08.02.08 - Miscellaneous Items

By separate notice, the State Board of Education has proposed new rules to replace the repealed title.

PUBLIC HEARING SCHEDULE: No public hearings will be scheduled. The State Board of Education has no discretion as to the repeal of these rules, which are being repealed pursuant to 1996 Idaho Sess. Laws ch. 8, sec. 1.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the repeal of these chapters, contact Dr. Darrell K. Loosle, Chief Deputy Superintendent of Public Instruction, at (208) 332-6800.

Written comments regarding this repeal will not be accepted.

DATED this 26th day of June, 1996.

Dr. Darrell K. Loosle
Chief Deputy State Superintendent
Idaho Department of Education
P.O. Box 83720
Boise, Idaho 83720-0027
(208) 332-6800
FAX (208) 334-2228

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THIS CHAPTER IS BEING REPEALED IN ITS ENTIRETY.

It is being replaced by Docket No. 08-0203-9602 as published in this Bulletin immediately following this notice.
IDAPA 08 - STATE BOARD OF EDUCATION
08.02.03 - STATE BOARD RULES GOVERNING PUBLIC SCHOOLS OF IDAHO - THOROUGHNESS
DOCKET NO. 08-0203-9602
NOTICE OF PROPOSED RULES

ACTION: The proposed action, under Docket No. 08-0203-9602, concerns the proposed amendment of rules governing the Public Schools of Idaho - Thoroughness.

AUTHORITY: In compliance with Section 33-105, Idaho Code, notice is hereby given that this agency has proposed rule making.

PUBLIC HEARING SCHEDULE: The State Board of Education invites public comment on the proposed rules for the public schools of Idaho.

All interested persons may submit oral testimony at one of the public hearings listed in the following schedule:

- **September 4, 1996**, Joe R. Williams Building
  East Conference Room
  700 West State Street
  Boise, Idaho

- **September 5, 1996**, Albertson College of Idaho
  South Dining Room
  2112 Cleveland Boulevard
  Caldwell, Idaho

- **September 12, 1996**, College of Southern Idaho
  Shields Meeting Room #115
  315 Falls Avenue
  Twin Falls, Idaho

- **September 17, 1996**, Coeur d’Alene Inn
  Hayden Room
  414 West Appleway Avenue
  Coeur d’Alene, Idaho

- **September 18, 1996**, Lewiston Parks & Recreation, Community Center
  Multipurpose Room
  1424 Main Street
  Lewiston, Idaho

- **September 24, 1996**, Stardust Motor Lodge
  Russet Meeting Room
  700 Lindsay Boulevard
  Idaho Falls, Idaho

- **September 25, 1996**, Idaho State University
  1065 South 8th Street
  Pond Student Union Building #14
  North Fork Room
  Pocatello, Idaho

All hearings will run from 4:00 p.m. to 8:00 p.m. local time. Each oral comment should be accompanied by a written summary of the speaker’s main points and a citation to the proposed rule(s) to which the comment refers. All oral testimony will be considered by the Board. Copies of the proposed rules will be available at each hearing site.

The hearing sites will be accessible to the physically disabled. Interpreters for persons with hearing impairments and brailled or taped information for persons with visual impairments can be provided upon five days notice. For arrangements contact the undersigned at (208) 332-6800.

BRIEF DESCRIPTION OF INTENDED ACTION: The following is a statement in nontechnical language of the substance of the proposed rules.

In 1994, the Idaho legislature passed House Bill 867 which repealed the State Board of Education Rules for Public Schools, as of April 1, 1996. The 1996 legislature delayed the repeal of the existing rules until April 1, 1997.
The State Board of Education appointed a committee to draft rules for Idaho's public schools. That committee completed its work in May, 1996. The State Board of Education submits the completed draft for public comment pursuant to Idaho Code section 33-105, contemplating final State Board action on or after October 17, 1996.

Under the Constitution and laws of the state of Idaho, the State Board of Education exercises general supervision and control of Idaho's public elementary and secondary schools. The State Board Rules for the Public Schools of Idaho regulate the administration, uniformity, and thoroughness of all K-12 public education in Idaho. The rules are authorized by, and consistent with, the Idaho Constitution and Idaho Code.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rules, contact the undersigned at (208) 332-6800. Written comments are encouraged. All written comments and data concerning the proposed rules must be directed to the undersigned and must be postmarked or delivered on or before September 30, 1996. Comments should be typed, if possible, and should clearly identify the proposed rule(s) to which they refer. All written comments will be considered by the State Board of Education. Anyone may submit written comments regarding the proposed rules.

Any person who desires a draft copy of the State Board of Education Rules for the Public Schools of Idaho and its supporting manuals should contact the undersigned.

DATED this 26th day of June, 1996.

Dr. Darrell K. Loosle
Chief Deputy State Superintendent
Idaho Department of Education
P.O. Box 83720
Boise, Idaho 83720-0027
(208) 332-6800
FAX (208) 334-2228
AUTHORITY: 1994 Idaho Sess. Laws ch. 448, sec. 1, as amended by 1996 Idaho Sess. Laws ch. 8, sec. 1 reads as follows:

“All rules for the public schools of the state board of education, IDAPA 08.02, chapters 01 through 08, that were in effect as of April 1, 1994, that are not otherwise repealed by the state board of education or the legislature, shall be null and void effective April 1, 1997...”

DESCRIPTIVE SUMMARY: By act of the Idaho legislature, the following chapters of Title 02, Administrative Rules of the State Board of Education, will be null and void as of April 1, 1997:

   IDAPA 08.02.01 - School Organization and Operation
   IDAPA 08.02.02 - School District Fiscal Affairs
   IDAPA 08.02.03 - District Personnel and Certification
   IDAPA 08.02.04 - School Facilities
   IDAPA 08.02.05 - Instructional Programs and Textbooks
   IDAPA 08.02.06 - Special Programs
   IDAPA 08.02.07 - Transportation
   IDAPA 08.02.08 - Miscellaneous Items

By separate notice, the State Board of Education has proposed new rules to replace the repealed title.

PUBLIC HEARING SCHEDULE: No public hearings will be scheduled. The State Board of Education has no discretion as to the repeal of these rules, which are being repealed pursuant to 1996 Idaho Sess. Laws ch. 8, sec. 1.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the repeal of these chapters, contact Dr. Darrell K. Loosle, Chief Deputy Superintendent of Public Instruction, at (208) 332-6800.

Written comments regarding this repeal will not be accepted.

DATED this 26th day of June, 1996.

Dr. Darrell K. Loosle
Chief Deputy State Superintendent
Idaho Department of Education
P.O. Box 83720
Boise, Idaho 83720-0027
(208) 332-6800
FAX (208) 334-2228

THIS CHAPTER IS REPEALED IN ITS ENTIRETY.
AUTHORITY: 1994 Idaho Sess. Laws ch. 448, sec. 1, as amended by 1996 Idaho Sess. Laws ch. 8, sec. 1 reads as follows:

“All rules for the public schools of the state board of education, IDAPA 08.02, chapters 01 through 08, that were in effect as of April 1, 1994, that are not otherwise repealed by the state board of education or the legislature, shall be null and void effective April 1, 1997...”

DESCRIPTIVE SUMMARY: By act of the Idaho legislature, the following chapters of Title 02, Administrative Rules of the State Board of Education, will be null and void as of April 1, 1997:

- IDAPA 08.02.01 - School Organization and Operation
- IDAPA 08.02.02 - School District Fiscal Affairs
- IDAPA 08.02.03 - District Personnel and Certification
- IDAPA 08.02.04 - School Facilities
- IDAPA 08.02.05 - Instructional Programs and Textbooks
- IDAPA 08.02.06 - Special Programs
- IDAPA 08.02.07 - Transportation
- IDAPA 08.02.08 - Miscellaneous Items

By separate notice, the State Board of Education has proposed new rules to replace the repealed title.

PUBLIC HEARING SCHEDULE: No public hearings will be scheduled. The State Board of Education has no discretion as to the repeal of these rules, which are being repealed pursuant to 1996 Idaho Sess. Laws ch. 8, sec. 1.

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Written comments regarding this repeal will not be accepted.

DATED this 26th day of June, 1996.

Dr. Darrell K. Loosle
Chief Deputy State Superintendent
Idaho Department of Education
P.O. Box 83720
Boise, Idaho 83720-0027
(208) 332-6800
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THIS CHAPTER IS BEING REPEALED IN ITS ENTIRETY.
IDAPA 08 - STATE BOARD OF EDUCATION
08.02.07 - TRANSPORTATION
DOCKET NO. 08-0207-9601
NOTICE OF PROPOSED RULE-MAKING

AUTHORITY: 1994 Idaho Sess. Laws ch. 448, sec. 1, as amended by 1996 Idaho Sess. Laws ch. 8, sec. 1 reads as follows:

“All rules for the public schools of the state board of education, IDAPA 08.02, chapters 01 through 08, that were in effect as of April 1, 1994, that are not otherwise repealed by the state board of education or the legislature, shall be null and void effective April 1, 1997...”

DESCRIPTIVE SUMMARY: By act of the Idaho legislature, the following chapters of Title 02, Administrative Rules of the State Board of Education, will be null and void as of April 1, 1997:

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- IDAPA 08.02.07 - Transportation
- IDAPA 08.02.08 - Miscellaneous Items

By separate notice, the State Board of Education has proposed new rules to replace the repealed title.

PUBLIC HEARING SCHEDULE: No public hearings will be scheduled. The State Board of Education has no discretion as to the repeal of these rules, which are being repealed pursuant to 1996 Idaho Sess. Laws ch. 8, sec. 1.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the repeal of these chapters, contact Dr. Darrell K. Loosle, Chief Deputy Superintendent of Public Instruction, at (208) 332-6800.

Written comments regarding this repeal will not be accepted.

DATED this 26th day of June, 1996.

Dr. Darrell K. Loosle
Chief Deputy State Superintendent
Idaho Department of Education
P.O. Box 83720
Boise, Idaho 83720-0027
(208) 332-6800
FAX (208) 334-2228

THIS RULE IS BEING REPEALED IN ITS ENTIRETY.
IDAPA 08 - STATE BOARD OF EDUCATION
08.02.08 - MISCELLANEOUS ITEMS
DOCKET NO. 08-0208-9601

NOTICE OF PROPOSED RULE-MAKING

AUTHORITY: 1994 Idaho Sess. Laws ch. 448, sec. 1, as amended by 1996 Idaho Sess. Laws ch. 8, sec. 1 reads as follows:

“All rules for the public schools of the state board of education, IDAPA 08.02, chapters 01 through 08, that were in effect as of April 1, 1994, that are not otherwise repealed by the state board of education or the legislature, shall be null and void effective April 1, 1997...”

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- IDAPA 08.02.07 - Transportation
- IDAPA 08.02.08 - Miscellaneous Items

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PUBLIC HEARING SCHEDULE: No public hearings will be scheduled. The State Board of Education has no discretion as to the repeal of these rules, which are being repealed pursuant to 1996 Idaho Sess. Laws ch. 8, sec. 1.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the repeal of these chapters, contact Dr. Darrell K. Loosle, Chief Deputy Superintendent of Public Instruction, at (208) 332-6800.

Written comments regarding this repeal will not be accepted.

DATED this 26th day of June, 1996.

Dr. Darrell K. Loosle
Chief Deputy State Superintendent
Idaho Department of Education
P.O. Box 83720
Boise, Idaho 83720-0027
(208) 332-6800
FAX (208) 334-2228

THIS CHAPTER IS BEING REPEALED IN ITS ENTIRETY.
NOTICE OF TEMPORARY AND PROPOSED RULES

EFFECTIVE DATE: These temporary rules are effective May 20, 1996.

ACTION: The action, under Docket No.13-0111-9601 concerns the proposed rules governing the Idaho Fish and Game Commission, IDAPA 13, Title 01 Chapter 11, Rules Governing Fish in the state of Idaho.

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 rule-making. The action is authorized pursuant to §36-104(b), Idaho Code. The temporary rule is effective May 20, 1996.

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

To correct an error in Rule 13.01.11.240.20 by inserting the word kokanee under the Redfish Lake section of the Salmon Region Exceptions.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning this proposed rule, contact Sharon Kiefer, 600 South Walnut, Boise, Idaho 83707, (208) 334-3791. Anyone may submit comments to the above no later than August 28, 1996.

DATED this 26th day of June 1996.

W. Dallas Burkhalter, Deputy Attorney General
P.O. Box 25, Boise, ID 83707
(208) 334-3715/FAX (208) 334-2148

TEXT OF DOCKET NO. 13-0111-9605

340. SALMON REGION EXCEPTIONS.

01. Special Seasons.
   a. All ponds, lakes, and reservoirs have no length restrictions, and are open to fishing all year except as listed below for the Salmon Region.
   
   b. Hatchery rainbow trout (missing an adipose fin) less than 20 inches in length may be harvested under statewide possession limits and rules. Wild rainbow trout (with an adipose fin) greater than 14 inches may be harvested in the Salmon River upstream from North Fork and in the Lemhi and Pahsimeroi rivers.
   
   c. Cutthroat may not be harvested in Salmon Region mainstem rivers (East Fork, Lemhi, Middle Fork, North Fork, Pahsimeroi, Salmon, Yankee Fork, and West Fork of Yankee Fork). All cutthroat caught from a river must be released. Cutthroat may be harvested in Salmon Region creeks and lakes (see exceptions).

02. Salmon Region Exceptions Table.
<table>
<thead>
<tr>
<th>Water</th>
<th>Species</th>
<th>Open Season Dates</th>
<th>Possession Limits</th>
<th>Special Rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALTURAS LAKE CREEK and tributaries, upstream from Alturas Lake</td>
<td></td>
<td>Saturday of Memorial Day Weekend-Aug 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAMAS CREEK (Middle Fork Salmon River tributary-Lemhi County)</td>
<td></td>
<td></td>
<td></td>
<td>CATCH-AND-RELEASE.</td>
</tr>
<tr>
<td>-- Mainstem</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-- All tributaries</td>
<td>TROUT</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELK LAKE (an alpine lake in the Knapp Creek Drainage)</td>
<td></td>
<td></td>
<td></td>
<td>CATCH-AND-RELEASE.</td>
</tr>
<tr>
<td>FISHHOOK CREEK (tributary to Redfish Lake)</td>
<td></td>
<td>Saturday of Memorial Day Weekend-Aug 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LAKE CREEK and its tributaries (Lemhi County)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-- Upstream from the posted boundary at Williams Lake</td>
<td></td>
<td>Jul 1-Nov 30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEMHI RIVER</td>
<td>RAINBOW (with adipose fin)</td>
<td></td>
<td>NONE under 14&quot;.</td>
<td></td>
</tr>
<tr>
<td>LOON CREEK (tributary to Middle Fork Salmon River)</td>
<td></td>
<td></td>
<td></td>
<td>CATCH-AND-RELEASE.</td>
</tr>
<tr>
<td>-- Mainstem</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-- All tributaries</td>
<td>TROUT</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MARSH CREEK and all tributaries</td>
<td></td>
<td></td>
<td></td>
<td>CATCH-AND-RELEASE.</td>
</tr>
<tr>
<td>PAHSIMEROI RIVER</td>
<td>RAINBOW (with adipose fin)</td>
<td></td>
<td>NONE under 14&quot;.</td>
<td></td>
</tr>
<tr>
<td>REDFISH LAKE</td>
<td>KOKANEE</td>
<td>Jan 1-Aug 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SALMON RIVER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOTE: Rainbow trout longer than 20’ are considered steelhead and may be kept ONLY during open steelhead harvest season.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-- Tributaries from the mouth of the Little Salmon River upstream to and including the Horse Creek drainage EXCEPT Crooked Creek, Little Salmon and South Fork Salmon rivers</td>
<td>TROUT</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-- Mainstem from Horse Creek upstream to North Fork Salmon River</td>
<td>ALL SPECIES</td>
<td>Saturday of Memorial Day Weekend-Aug 31</td>
<td>See Steelhead Rules.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CUTTHROAT</td>
<td>0</td>
<td>CLOSED TO HARVEST.</td>
<td></td>
</tr>
<tr>
<td>Water</td>
<td>Species</td>
<td>Open Season Dates</td>
<td>Possession Limits</td>
<td>Special Rules</td>
</tr>
<tr>
<td>-------</td>
<td>---------</td>
<td>-------------------</td>
<td>-------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>-- Mainstem from North Fork upstream to headwaters, except 100 yards upstream and downstream from the Sawtooth Fish Hatchery salmon weir and trap.</td>
<td>RAINBOW (with adipose fin)</td>
<td>OPEN ALL YEAR</td>
<td>NONE under 14”.</td>
<td>See Steelhead Rules.</td>
</tr>
<tr>
<td></td>
<td>CUTTHROAT</td>
<td>CLOSED TO FISHING</td>
<td>0</td>
<td>CLOSED TO HARVEST</td>
</tr>
<tr>
<td>-- 100 yards upstream and downstream from the Sawtooth Hatchery salmon weir and trap</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SALMON RIVER, EAST FORK</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-- 100 yards upstream and downstream from salmon weir and trap</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SALMON RIVER, MIDDLE FORK MAINSTEM</td>
<td>WHITEFISH</td>
<td>CLOSED TO FISHING</td>
<td></td>
<td>May be taken ONLY during seasons open for other species.</td>
</tr>
<tr>
<td>-- From its mouth to Roaring Creek (approximately 4 miles)</td>
<td>Saturday of Memorial Day Weekend-Aug 31</td>
<td></td>
<td></td>
<td>CATCH-AND-RELEASE.</td>
</tr>
<tr>
<td>-- From Roaring Creek upstream to Boundary Creek</td>
<td></td>
<td></td>
<td></td>
<td>CATCH-AND-RELEASE.</td>
</tr>
<tr>
<td>-- From Boundary Creek upstream to Dagger Creek</td>
<td>CLOSED TO FISHING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-- From Dagger Creek upstream to the confluence of Bear Valley and Marsh creeks</td>
<td>TROUT</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SALMON RIVER, MIDDLE FORK TRIBUTARIES, EXCEPT tributaries to Camas and Loon creeks (See each listed separately)</td>
<td></td>
<td></td>
<td></td>
<td>CATCH-AND-RELEASE</td>
</tr>
<tr>
<td>VALLEY CREEK</td>
<td></td>
<td></td>
<td></td>
<td>CATCH-AND-RELEASE</td>
</tr>
<tr>
<td>-- From Valley Creek Road Bridge in Stanley upstream</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VALLEY CREEK LAKES 1 &amp; 2 (alpine lakes in the Valley Creek drainage)</td>
<td></td>
<td></td>
<td></td>
<td>CATCH-AND-RELEASE.</td>
</tr>
<tr>
<td>YELLOWBELLY LAKE and inlet upstream to McDonald Lake</td>
<td></td>
<td></td>
<td></td>
<td>CATCH-AND-RELEASE.</td>
</tr>
</tbody>
</table>

August 7, 1996 Page 67 Vol No. 96-8
EFFECTIVE DATE: The temporary rule is effective July 1, 1996. The pending rule becomes final and effective on July 1, 1997 unless the rule is approved, rejected, amended or modified by concurrent resolution in accordance with Sections 67-5224 and 67-5291, Idaho Code. If the pending rule is approved, amended or modified by concurrent resolution, the rule becomes final and effective upon adoption of the concurrent resolution or upon the date specified in the concurrent resolution.

AUTHORITY: In compliance with Sections 67-5224 and 67-5226, Idaho Code, notice is hereby given that this agency has adopted a pending/temporary rule. The action is authorized by Sections 39-105 and 39-107, Idaho Code.

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

The rule was adopted by the Department because the rule responds to the needs of the regulated community while protecting the public health and environment. In addition, the rule maintains consistency with federal programs.

IDAPA 16.01.01 Sections 008, 577, and 751 have been adopted as initially proposed in the Idaho Administrative Bulletin, Volume 95-12, December 6, 1995, pp. 60 through 96 and, therefore, have not been republished with this Notice.

IDAPA 16.01.01 Sections 006, 107, 202, 579, and 581 have been modified in accordance with Idaho Code Section 67-5227 and, therefore, have been republished with this Notice.

The Idaho Department of Health and Welfare, Division of Environmental Quality's Rulemaking and Public Comment Summary, which contains a complete consideration of the issues raised by the public, is included in the rulemaking record maintained by the Division of Environmental Quality, 1410 N. Hilton, Boise, Idaho 83706.

TEMPORARY RULE JUSTIFICATION: Pursuant to Sections 67-5226(1)(b) and 67-5226(1)(c), Idaho Code, the Governor has found that temporary adoption of the rule is appropriate for the following reasons: (1) the rule complies with deadlines in amendments to federal programs, and (2) the rule confers a benefit to those who petitioned the Department to incorporate by reference EPA's definition of volatile organic compounds (VOCs), thereby eliminating acetone and volatile methyl siloxanes from DEQ's definition of VOC.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this rule, contact Tim Teater at (208)373-0502.

DATED this 7th day of August, 1996.

Paula Junae Saul
Environmental Quality Section
Attorney General's Office
1410 N. Hilton
Boise, Idaho 83706-1255

There are substantive changes from the proposed rule text
006. GENERAL DEFINITIONS.

01. (RESERVED). (3-7-95)


03. Actual Emissions. The emission rate, in mass per unit time, of an air pollutant from a stationary source or emissions unit, averaged over the two (2) year period which is representative of normal operation and which precedes a particular date or the date on which an application for a permit was filed. Actual emissions shall be calculated using actual operating hours, production rates, and types of materials processed, stored, or combusted during this time period, except that:

   a. The Department may allow the use of a different time period upon a determination that it is more representative of normal operation; (5-1-94)

   b. The Department may consider emission rates specifically allowed in a permit to construct or operating permit to be equivalent to actual emissions if the State Implementation Plan demonstration of attainment and/or maintenance is explicitly based on the permitted emissions; and (5-1-94)

   c. For any stationary source or emissions unit which has not yet begun normal operations, actual emissions shall be considered to be those allowed in the applicable permit to construct or operating permit. (5-1-94)

04. Air Pollutant/Air Contaminant. Any substance, including but not limited to, dust, fume, gas, mist, odor, smoke, vapor, pollen, soot, carbon or particulate matter or any combination thereof, regulated under the Act, 42 U.S.C. Sections 7401 through 7671q, these rules or any federal air quality regulation. (5-1-94)

05. Air Quality. The specific measurement in the ambient air of a particular air pollutant at any given time. (5-1-94)

06. Air Quality Criterion. The information used as guidelines for decisions when establishing air quality goals and air quality standards. (5-1-94)

07. Ambient Air. That portion of the atmosphere, external to buildings, to which the general public has access. (5-1-94)

08. Ambient Air Quality Violation. Any single ambient concentration of any air pollutant that exceeds any national, state or local ambient air quality standard at any point in an area outside the source property line.
09. Atmospheric Stagnation Advisory. An air pollution alert declared by the Department when air pollutant impacts have been observed and/or meteorological conditions are conducive to additional air pollutant buildup. (5-1-94)

10. Attainment Area. Any area which is designated, pursuant to 42 U.S.C. Section 7407(d), as having ambient concentrations equal to or less than national primary or secondary ambient air quality standards for a particular air pollutant or air pollutants. (5-1-94)

11. Baseline (Area, Concentration, Date). See Section 579. (5-1-94)

12. Best Available Control Technology (BACT). An emission standard (including a visible emissions standard) based on the maximum control of emissions achievable through application of production processes or available methods, systems, and techniques (including fuel cleaning or treatment or innovative fuel combination techniques) for control of such contaminants. BACT shall be determined on a case-by-case basis, taking into account energy, environmental and economic impacts, and other costs, and shall be at least as stringent as any applicable Sections of 40 CFR Part 60, 40 CFR Part 61 and 40 CFR Part 63. If an emissions standard is infeasible, a design, equipment, work practice, operational standard or combination thereof, may be prescribed as BACT. (5-1-94)

13. Board. Idaho Board of Health and Welfare. (5-1-94)

14. Breakdown. An unplanned and unforeseeable failure of any air pollution control equipment or emissions unit, including process equipment, which may cause excess emissions where such failure is not intentional or the result of negligence or improper maintenance. (5-1-94)

15. BTU. British thermal unit. (5-1-94)

16. Clean Air Act. The federal Clean Air Act, 42 U.S.C. Sections 7401 through 7671q. (5-1-94)

17. Collection Efficiency. The overall performance of the air cleaning device in terms of ratio of materials collected to total input to the collector unless specific size fractions of the contaminant are stated or required. (5-1-94)

18. Commence Construction or Modification. To engage in a continuous program of construction or modification, or to engage in a program of planned grading, dredging, or landfilling, specifically designed for the stationary source or facility in preparation of the fabrication, erection, or installation of the building components of the stationary source or facility. For the purpose of this definition, delays or interruptions resulting from natural disasters, strikes, litigation, and other matters beyond the control of the owner, shall be disregarded in determining whether a construction or a modification program has commenced and/or is continuous. (5-1-94)

19. Complete. A determination made by the Department that all information needed to process a permit application has been submitted for review. (5-1-94)

20. Construction. Fabrication, erection, installation, or modification of a stationary source or facility. (5-1-94)

21. Control Equipment. Any method, process or equipment which removes, reduces or renders less noxious, air pollutants discharged into the atmosphere. (5-1-94)

22. Controlled Emission. An emission which has been treated by control equipment to remove all or part of an air pollutant before release to the atmosphere. (5-1-94)

23. Criteria Air Pollutant. Any of the following: PM-10; total suspended particulates (TSP); sulfur oxides; ozone, nitrogen dioxide; carbon monoxide; fluorides; lead. (5-1-94) (7-1-96)

24. Department. The Department of Health and Welfare. (5-1-94)
25. Designated Facility. Any of the following facilities:

a. Fossil-fuel fired steam electric plants of more than two hundred fifty (250) million BTU’s per hour heat input; (5-1-94)

b. Coal cleaning plants (thermal dryers); (5-1-94)

c. Kraft pulp mills; (5-1-94)

d. Portland cement plants; (5-1-94)

e. Primary zinc smelters; (5-1-94)

f. Iron and steel mill plants; (5-1-94)

g. Primary aluminum ore reduction plants; (5-1-94)

h. Primary copper smelters; (5-1-94)

i. Municipal incinerators capable of charging more than two hundred and fifty (250) tons of refuse per day; (5-1-94)

j. Hydrofluoric, sulfuric, and nitric acid plants; (5-1-94)

k. Petroleum refineries; (5-1-94)

l. Lime plants; (5-1-94)

m. Phosphate rock processing plants; (5-1-94)

n. Coke oven batteries; (5-1-94)

o. Sulfur recovery plants; (5-1-94)

p. Carbon black plants (furnace process); (5-1-94)

q. Primary lead smelters; (5-1-94)

r. Fuel conversion plants; (5-1-94)

s. Sintering plants; (5-1-94)

t. Secondary metal production facilities; (5-1-94)

u. Chemical process plants; (5-1-94)

v. Fossil-fuel boilers (or combination thereof) of more than two hundred and fifty (250) million BTU’s per hour heat input; (5-1-94)

w. Petroleum storage and transfer facilities with a capacity exceeding three hundred thousand (300,000) barrels; (5-1-94)

x. Taconite ore processing facilities; (5-1-94)

y. Glass fiber processing plants; and (5-1-94)
z. Charcoal production facilities. (5-1-94)

26. Director. The Director of the Department of Health and Welfare or his designee. (5-1-94)

27. Effective Dose Equivalent. The sum of the products of absorbed dose and appropriate factors to account for differences in biological effectiveness due to the quality of radiation and its distribution in the body of reference man. The unit of the effective dose equivalent is the rem. It is generally calculated as an annual dose. (5-1-94)

28. Emission. Any controlled or uncontrolled release or discharge into the outdoor atmosphere of any air pollutants or combination thereof. Emission also includes any release or discharge of any air pollutant from a stack, vent, or other means into the outdoor atmosphere that originates from an emission unit. (5-1-94)

29. Emission Standard. A permit or regulatory requirement established by the Department, or a requirement contained in 40 CFR Part 60, 40 CFR Part 61, 40 CFR Part 63 or the State Implementation Plan (SIP), which limits the quantity, rate, or concentration of emissions of air pollutants on a continuous basis, including any requirements which limit opacity, prescribe equipment, set fuel specifications, or prescribe operation or maintenance procedures to assure continuous emission control. (5-1-94)

30. Emission Standard Violation. Any emission rate that exceeds the applicable source-specific emission standard or any action or inaction that contravenes any source-specific opacity limit, equipment requirement, fuel specification or required operation or maintenance procedures. (5-1-94)

31. Emissions Unit. An identifiable piece of process equipment or other part of a facility which emits or may emit any air pollutant. This definition does not alter or affect the term "unit" for the purposes of 42 U.S.C. Sections 7651 through 7651o. (5-1-94)

32. EPA. The United States Environmental Protection Agency and its Administrator or designee. (5-1-94)

33. Environmental Remediation Source. A stationary source that functions to remediate or recover any release, spill, leak, discharge or disposal of any petroleum product or petroleum substance, any hazardous waste or hazardous substance from any soil, ground water or surface water, and shall have an operational life no greater than five (5) years from the inception of any operations to the cessation of actual operations. Nothing in this definition shall be construed so as to actually limit remediation projects to five years or less of total operation. (5-1-95)

34. Existing Stationary Source or Facility. Any stationary source or facility that exists, is installed, or is under construction on the original effective date of any applicable provision of this chapter. (5-1-94)

35. Facility. All of the combined sources which emit air pollutants, belong to the same industrial grouping (using the Major Groups as described in the Standard Industrial Classification Manual), are located on one or more contiguous or adjacent properties, and are owned or operated by the same person or by persons under common control. (5-1-94)

36. Federal Class I Area. Any federal land that is classified or reclassified "Class I" pursuant to Section 580. (5-1-94)

37. Federal Land Manager. The Secretary of the federal department with authority over any federal lands in the United States. (5-1-94)

38. Fire Hazard. The presence or accumulation of combustible material of such nature and in sufficient quantity that its continued existence constitutes an imminent and substantial danger to life, property, public welfare or adjacent lands. (5-1-94)

39. Fuel-Burning Equipment. Any furnace, boiler, apparatus, stack and all appurtenances thereto, used in the process of burning fuel for the primary purpose of producing heat or power by indirect heat transfer. (5-1-94)
40. **Fugitive Dust.** Fugitive emissions composed of particulate matter. (5-1-94)

41. **Fugitive Emissions.** Those emissions which could not reasonably pass through a stack, chimney, vent, or other functionally equivalent opening. (5-1-94)

42. **Garbage.** Any waste consisting of putrescible animal and vegetable materials resulting from the handling, preparation, cooking and consumption of food including, but not limited to, waste materials from households, markets, storage facilities, handling and sale of produce and other food products. (5-1-94)

43. **Grain Elevator.** Any plant or installation at which grain is unloaded, handled, cleaned, dried, stored, or loaded. (5-1-94)

44. **Grain Storage Elevator.** Any grain elevator located at any wheat flour mill, wet corn mill, dry corn mill (human consumption), rice mill, or soybean extraction plant which has a permanent grain storage capacity of 35,200 cubic meters (ca. 1 million bushels). (5-1-94)

45. **Grain Terminal Elevator.** Any grain elevator which has a permanent storage capacity of more than 88,100 cubic meters (ca. 2.5 million bushels), except those located at animal food manufacturers, pet food manufacturers, cereal manufacturers, breweries, and livestock feedlots. (5-1-94)

46. **Hazardous Air Pollutant (HAP).** Any air pollutant which is regulated at its emitting source by 42 U.S.C. Section 7412, 40 CFR Part 61 or 40 CFR Part 63. (5-1-94)

47. **Hazardous Waste.** Any waste or combination of wastes of a solid, liquid, semisolid, or contained gaseous form which, because of its quantity, concentration or characteristics (physical, chemical or biological) may:

   a. Cause or significantly contribute to an increase in deaths or an increase in serious, irreversible, or incapacitating reversible illnesses; or (5-1-94)

   b. Pose a substantial threat to human health or to the environment if improperly treated, stored, disposed of, or managed. Such wastes include, but are not limited to, materials which are toxic, corrosive, ignitable, or reactive, or materials which may have mutagenic, teratogenic, or carcinogenic properties; provided that such wastes do not include solid or dissolved material in domestic sewage, or solid or dissolved materials in irrigation return flows or industrial discharges which are allowed under a national pollution discharge elimination system permit, or source, special nuclear, or by-product material as defined by 42 U.S.C. Sections 2014(e),(z) or (aa). (5-1-94)

48. **Hot-Mix Asphalt Plant.** Those facilities conveying proportioned quantities or batch loading of cold aggregate to a drier, and heating, drying, screening, classifying, measuring and mixing the aggregate and asphalt for the purpose of paving, construction, industrial, residential or commercial use. (5-1-94)

49. **Incinerator.** Any source consisting of a furnace and all appurtenances thereto designed for the destruction of refuse by burning. "Open Burning" is not considered incineration. For purposes of these rules, the destruction of any combustible liquid or gaseous material by burning in a flare stack shall be considered incineration. (5-1-94)

50. **Indian Governing Body.** The governing body of any tribe, band, or group of Indians subject to the jurisdiction of the United States and recognized by the United States as possessing power of self-government. (5-1-94)

51. **Indian Reservation.** Any federally recognized reservation established by treaty, agreement, executive order, or act of Congress. (5-1-94)

52. **Kraft Pulping.** Any pulping process which uses, for a cooking liquor, an alkaline sulfide solution containing sodium hydroxide and sodium sulfide. (5-1-94)
53. **Lowest Achievable Emission Rate (LAER).** The rate of emissions based on the most stringent of the following:
   a. The most stringent emission standard which has been demonstrated in practice by similar stationary sources, facilities, or operations; (5-1-94)
   b. The most stringent emission standard in any state implementation plan for similar stationary sources, facilities or operations, unless the owner or operator of the proposed facility demonstrates that such standards are not achievable; or (5-1-94)
   c. Any applicable provision in 40 CFR Part 60. (5-1-94)

54. **Major Facility.**
   a. Any facility which has actual or allowable emissions of one hundred (100) tons per year or more of any air pollutant. (5-1-94)
   b. Fugitive dust shall be included in the determination of emissions only for designated facilities and those source categories regulated under 40 CFR Part 60, 40 CFR Part 61, or 40 CFR Part 63. (5-1-94)

55. **Major Modification.**
   a. Any modification of a major facility that would result in a significant net emission increase of any air pollutant; or (5-1-94)
   b. Any modification of a facility that would result in a potential emissions increase of any air pollutant of one hundred (100) tons per year or more; (5-1-94)
   c. Fugitive dust shall be included in the determination of emissions only for designated facilities and those source categories regulated under 40 CFR Part 60, 40 CFR Part 61 or 40 CFR Part 63. (5-1-94)

56. **Member of the Public.** For purposes of Section 006.88.a.xx., a person located at any off-site point where there is a residence, school, business or office. (11-20-95)

57. **Modification.** Any physical change in, or change in the method of operation of, a stationary source or facility which increases the amount of any air pollutant to which an emission or ambient air quality standard applies emitted by such stationary source or facility or which results in the emission of any air pollutant to which an emission or ambient air quality standard applies not previously emitted except that routine maintenance, repair and replacement shall not be considered physical changes, and the following shall not be considered a change in the method of operation:
   a. An increase in the production rate if such increase does not exceed the operating design capacity of the affected stationary source, and if a more restrictive production rate is not specified in a permit; (5-1-94)
   b. An increase in hours of operation if more restrictive hours of operation are not specified in a permit; (5-1-94)
   c. Use of an alternative fuel or raw material if prior to January 6, 1975 and the date any emission or ambient air quality standard becomes applicable to such stationary source, the affected stationary source is specifically designed to accommodate such alternative use and is not specifically prohibited in a permit. (5-1-94)

58. **Monitoring.** Sampling and analysis, in a continuous or noncontinuous sequence, using techniques which will adequately measure emission levels and/or ambient air concentrations of air pollutants. (5-1-94)

59. **Multiple Chamber Incinerator.** Any article, machine, equipment, contrivance, structure or part of a structure used to dispose of combustible refuse by burning, consisting of three (3) or more refractory lined combustion furnaces in series physically separated by refractory walls, interconnected by gas passage ports or ducts.
and employing adequate parameters necessary for maximum combustion of the material to be burned. (5-1-94)

60. New Stationary Source or Facility. (5-1-94)
   a. Any stationary source or facility, the construction or modification of which is commenced after the
      original effective date of any applicable provision of this chapter; or (5-1-94)
   b. The restart of a nonoperating facility shall be considered a new stationary source or facility if: (5-1-94)
      i. The restart involves a modification to the facility; or (5-1-94)
      ii. After the facility has been in a nonoperating status for a period of two (2) years, and the Department
          receives an application for a Permit to Construct in the area affected by the existing nonoperating facility, the
          Department will, within five (5) working days of receipt of the application notify the nonoperating facility of receipt
          of the application for a Permit to Construct. Upon receipt of this Departmental notification, the nonoperating facility
          will comply with the following restart schedule or be considered a new stationary source or facility when it does
          restart: Within thirty (30) working days after receipt of the Department’s notification of the application for a Permit to
          Construct, the nonoperating facility shall provide the Department with a schedule detailing the restart of the facility.
          The restart must begin within sixty (60) days of the date the Department receives the restart schedule. (5-1-94)

61. Nonattainment Area. Any area which is designated, pursuant to 42 U.S.C. Section 7407(d), as not
    meeting (or contributes to ambient air quality in a nearby area that does not meet) the national primary or secondary
    ambient air quality standard for the pollutant. (5-1-94)

62. Noncondensibles. Gases and vapors from processes that are not condensed at standard temperature
    and pressure unless otherwise specified. (5-1-94)

63. Odor. The sensation resulting from stimulation of the human sense of smell. (5-1-94)

64. Opacity. A state which renders material partially or wholly impervious to rays of light and causes
    obstruction of an observer's view, expressed as percent. (5-1-94)

65. Open Burning. The burning of any matter in such a manner that the products of combustion
    resulting from the burning are emitted directly into the ambient air without passing through a stack, duct or chimney. (5-1-94)

66. Operating Permit. A permit issued by the Director pursuant to Sections 300 through 387 and/or 400
    through 461. (5-1-94)

67. Particulate Matter. Any material, except water in uncombined form, that exists as a liquid or a solid
    at standard conditions. (5-1-94)

68. Particulate Matter Emissions. All particulate matter emitted to the ambient air as measured by an
    applicable reference method, or any equivalent or alternative method; specified in the Procedures Manual for Air
    Pollution Control. (5-1-94)

69. Permit to Construct. A permit issued by the Director pursuant to Sections 200 through 225. (5-1-94)

70. Person. Any individual, association, corporation, firm, partnership or any federal, state or local
    governmental entity. (5-1-94)

71. PM-10. All particulate matter in the ambient air with an aerodynamic diameter less than or equal to
    a nominal ten (10) micrometers as measured by a reference method based on Appendix J of 40 CFR Part 50 and
    designated in accordance with 40 CFR Part 53 or by an equivalent method designated in accordance with 40 CFR Part
    53. (5-1-94)
72. PM-10 Emissions. All particulate matter, including condensable particulates, with an aerodynamic diameter less than or equal to a nominal ten (10) micrometers emitted to the ambient air as measured by an applicable reference method, or an equivalent or alternative method, specified in the Procedures Manual for Air Pollution Control. (5-1-94)

73. Potential to Emit/Potential Emissions. The maximum capacity of a facility to emit an air pollutant under its physical and operational design. Any physical or operational limitation on the capacity of the source to emit an air pollutant, provided the limitation or its effect on emissions is state and federally enforceable, shall be treated as part of its design. Limitations may include, but are not limited to, air pollution control equipment, restrictions on hours of operation and restrictions on the type or amount of material combusted, stored or processed. This definition does not alter or affect the term "capacity factor" as defined in 42 U.S.C. Sections 7651 through 76510. (5-1-94)

74. Portable Equipment. Equipment which is designed to be dismantled and transported from one job site to another job site. (5-1-94)

75. PPM (parts per million). Parts of a gaseous contaminant per million parts of gas by volume. (5-1-94)

76. Prescribed Fire Management Burning. The controlled application of fire to wildland fuels in either their natural or modified state under such conditions of weather, fuel moisture, soil moisture, etc., as will allow the fire to be confined to a predetermined area and at the same time produce the intensity of heat and rate of spread required to accomplish planned objectives, including:
   a. Fire hazard reduction; (5-1-94)
   b. The control of pests, insects, or diseases; (5-1-94)
   c. The promotion of range forage improvements; (5-1-94)
   d. The perpetuation of natural ecosystems; (5-1-94)
   e. The disposal of woody debris resulting from a logging operation, the clearing of rights of way, a land clearing operation, or a driftwood collection system; (5-1-94)
   f. The preparation of planting and seeding sites for forest regeneration; and (5-1-94)
   g. Other accepted natural resource management purposes. (5-1-94)

77. Primary Ambient Air Quality Standard. That ambient air quality which, allowing an adequate margin of safety, is requisite to protect the public health. (5-1-94)

78. Process or Process Equipment. Any equipment, device or contrivance for changing any materials whatever or for storage or handling of any materials, and all appurtenances thereto, including ducts, stack, etc., the use of which may cause any discharge of an air pollutant into the ambient air but not including that equipment specifically defined as fuel-burning equipment or refuse-burning equipment. (5-1-94)

79. Process Weight. The total weight of all materials introduced into any source operation which may cause any emissions of particulate matter. Process weight includes solid fuels charged, but does not include liquid and gaseous fuels charged or combustion air. Water which occurs naturally in the feed material shall be considered part of the process weight. (5-1-94)

80. Process Weight Rate. The rate established as follows:
   a. For continuous or long-run steady-state source operations, the total process weight for the entire period of continuous operation or for a typical portion thereof, divided by the number of hours of such period or portion thereof; (5-1-94)
b. For cyclical or batch source operations, the total process weight for a period that covers a complete operation or an integral number of cycles, divided by the hours of actual process operation during such a period. Where the nature of any process or operation or the design of any equipment is such as to permit more than one interpretation of this definition, the interpretation that results in the minimum value for allowable emission shall apply. (5-1-94)

81. Radionuclide. A type of atom which spontaneously undergoes radioactive decay. (5-1-94)

82. Responsible Official. One of the following:

a. For a corporation: a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit and either:

i. The facilities employ more than two hundred fifty (250) persons or have gross annual sales or expenditures exceeding twenty-five million dollars ($25) (in second quarter 1980 dollars); or (5-1-94)

ii. The delegation of authority to such representative is approved in advance by the Department. (5-1-94)

b. For a partnership or sole proprietorship: a general partner or the proprietor, respectively. (5-1-94)

c. For a municipality, State, Federal, or other public agency: either a principal executive officer or ranking elected official. For the purposes of Section 122, a principal executive officer of a Federal agency includes the chief executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., a Regional Administrator of EPA). (5-1-94)

d. For Phase II sources:

i. The designated representative in so far as actions, standards, requirements, or prohibitions under 42 U.S.C. Sections 7651 through 7651o or the regulations promulgated thereunder are concerned; and (5-1-94)

ii. The designated representative for any other purposes under 40 CFR Part 70. (5-1-94)

83. Safety Measure. Any shutdown (and related startup) or bypass of control equipment, process equipment or normal processes undertaken to prevent imminent injury or death to employees or severe damage to equipment which may cause excess emissions where such measure is not necessitated by negligence or improper maintenance. (11-20-95)

84. Salvage Operation. Any source consisting of any business, trade or industry engaged in whole or in part in salvaging or reclaiming any product or material, such as, but not limited to, reprocessing of used motor oils, metals, chemicals, shipping containers, or drums, and specifically including automobile graveyards and junkyards. (5-1-94)

85. Scheduled Maintenance. Planned upkeep, repair activities and preventative maintenance on any air pollution control equipment or emissions unit, including process equipment, and including shutdown and startup of such equipment. (11-20-95)

86. Secondary Ambient Air Quality Standard. That ambient air quality which is requisite to protect the public welfare from any known or anticipated adverse effects associated with the presence of air pollutants in the ambient air. (5-1-94)

87. Shutdown. The normal and customary time period required to cease operations of air pollution control equipment or an emissions unit beginning with the initiation of procedures to terminate normal operation and
continuing until the termination is completed. (5-1-94)

88. Significant. A rate of air pollutant emissions that would equal or exceed any of the following: (5-1-94)

a. Air pollutant emissions and rate: (5-1-94)
   i. Carbon monoxide, one hundred (100) tons per year; (5-1-94)
   ii. Nitrogen oxides, forty (40) tons per year; (5-1-94)
   iii. Sulfur dioxide, forty (40) tons per year; (5-1-94)
   iv. Particulate matter, twenty-five (25) tons per year; (5-1-94)
   v. Ozone, forty (40) tons per year of volatile organic compounds as a measure of ozone; (5-1-94)
   vi. Lead, six-tenths (0.6) of a ton per year; (5-1-94)
   vii. Asbestos, seven-thousandths (0.007) of a ton per year; (5-1-94)
   viii. Beryllium, four ten-thousandths (0.0004) of a ton per year; (5-1-94)
   ix. Mercury, one-tenth (0.1) of a ton per year; (5-1-94)
   x. Vinyl chloride, one (1) ton per year; (5-1-94)
   xi. Fluorides, three (3) tons per year; (5-1-94)
   xii. Sulfuric acid mist, seven (7) tons per year; (5-1-94)
   xiii. Hydrogen sulfide (H2S), ten (10) tons per year; (5-1-94)
   xiv. Total reduced sulfur (including H2S), ten (10) tons per year; (5-1-94)
   xv. Reduced sulfur compounds (including H2S), ten (10) tons per year; (5-1-94)
   xvi. PM-10, fifteen (15) tons per year; (5-1-94)
   xvii. Municipal waste combustor organics (measured as total tetra-through octa-chlorinated dibenzo-p-dioxins and dibenzofurans), thirty-five ten-millionths (0.0000035) tons per year; (5-1-94)
   xviii. Municipal waste combustor metals (measured as particulate matter), 15 tons per year; (5-1-94)
   xix. Municipal waste combustor acid gases (measured as sulfur dioxide and hydrogen chloride), forty (40) tons per year; (5-1-94)
   xx. Radionuclides, a quantity of emissions, from source categories regulated by 40 CFR Part 61, Subpart H, that have been determined in accordance with 40 CFR Part 61, Appendix D and by Department approved methods, that would cause any member of the public to receive an annual effective dose equivalent of at least 0.1 mrem per year, if total facility-wide emissions contribute an effective dose equivalent of less than three (3) mrem per year; or any radionuclide emission rate, if total facility-wide radionuclide emissions contribute an effective dose equivalent of greater than or equal to three (3) mrem per year; (5-1-95)

b. In reference to a net emissions increase or the potential of a source or facility to emit an air pollutant not listed in (a) above and not a toxic air pollutant, any emission rate; or (5-1-94)
89. Significant Contribution. Any increase in ambient concentrations which would exceed the following:

a. Sulfur dioxide:
   i. One (1.0) microgram per cubic meter, annual average;
   ii. Five (5) micrograms per cubic meter, twenty-four (24) hour average;
   iii. Twenty-five (25) micrograms per cubic meter, three (3) hour average;

b. Total suspended particulates:
   i. One (1.0) microgram per cubic meter, annual average;
   ii. Five (5) micrograms per cubic meter, twenty-four (24) hour average;

b. Nitrogen dioxide, one (1.0) microgram per cubic meter, annual average;

c. Carbon monoxide:
   i. One-half (0.5) milligrams per cubic meter, eight (8) hour average;
   ii. Two (2) milligrams per cubic meter, one (1) hour average;

d. PM-10:
   i. One (1.0) microgram per cubic meter, annual average;
   ii. Five (5.0) micrograms per cubic meter, twenty-four (24) hour average.

90. Small Fire. A fire in which the material to be burned is not more than four (4) feet in diameter nor more than three (3) feet high.

91. Smoke. Small gas-borne particles resulting from incomplete combustion, consisting predominantly, but not exclusively, of carbon and other combustible material.

92. Smoke Management Plan. A document issued by the Director to implement Sections 606 through 616, Categories of Allowable Burning.

93. Smoke Management Program. A program whereby meteorological information, fuel conditions, fire behavior, smoke movement and atmospheric dispersal conditions are used as a basis for scheduling the location, amount and timing of open burning operations so as to minimize the impact of such burning on identified smoke sensitive areas.

94. Source. A stationary source.

95. Source Operation. The last operation preceding the emission of air pollutants, when this operation:
   a. Results in the separation of the air pollutants from the process materials or in the conversion of the process materials into air pollutants, as in the case of fuel combustion; and
b. Is not an air cleaning device. (5-1-94)

96. Stack. Any point in a source arranged to conduct emissions to the ambient air, including a chimney, flue, conduit, or duct but not including flares. (5-1-94)

97. Standard Conditions. Except as specified in Section 576.02, for ambient air quality standards, a dry gas temperature of 20°C (68°F) and a gas pressure of 760 millimeters of mercury (14.7 pounds per square inch) absolute. (5-1-94)

98. Startup. The normal and customary time period required to bring air pollution control equipment or an emissions unit, including process equipment, from a nonoperational status into normal operation. (5-1-94)

99. Stationary Source. Any building, structure, emissions unit, or installation which emits or may emit any air pollutant. (5-1-94)

100. Tier I Source. Any of the following:

a. Any source located at any major facility; (5-1-94)

b. Any source, including an area source, subject to a standard, limitation, or other requirement under 42 U.S.C. Section 7411 or 40 CFR Part 60; (5-1-94)

c. Any source, including an area source, subject to a standard or other requirement under 42 U.S.C. Section 7412, 40 CFR Part 61 or 40 CFR Part 63, except that a source is not required to obtain a permit solely because it is subject to requirements under 42 U.S.C. Section 7412(r); (5-1-94)

d. Any Phase II source; and (5-1-94)

e. Any source in a source category designated by the Department. (5-1-94)

101. Time Intervals. Where applicable, time intervals are defined as follows:

a. "Annual" means calendar year; (5-1-94)

b. "Year" means calendar year; (5-1-94)

c. "Month" means calendar month; (5-1-94)

d. "Week" means calendar week; (5-1-94)

e. "Twenty-four (24) hour concentration" means twenty-four (24) hour average concentration starting at midnight and continuing until the following midnight; (5-1-94)

f. "Eight (8) hour concentration" means running eight (8) hour average concentration starting at each clock hour; (5-1-94)

g. "Three (3) hour concentration" means running three (3) hour average concentration starting at each clock hour; and (5-1-94)

h. "One (1) hour concentration" means one (1) hour average concentration starting at each clock hour. (5-1-94)

102. Total Suspended Particulates. All particulate matter in the ambient air as measured by the method described in Appendix B of 40 CFR Part 50. (5-1-94)

103. Toxic Air Pollutant. An air pollutant that has been determined by the Department to be by its nature, toxic to human or animal life or vegetation and listed in Section 585 or 586. (5-1-94)
1043. Toxic Air Pollutant Carcinogenic Increments. Those ambient air quality increments based on the probability of developing excess cancers over a seventy (70) year lifetime exposure to one microgram per cubic meter (1 ug/m³) of a given carcinogen and expressed in terms of a screening emission level or an acceptable ambient concentration for a carcinogenic toxic air pollutant. They are listed in Section 586. (5-1-94)

1054. Toxic Air Pollutant Non-carcinogenic Increments. Those ambient air quality increments based on occupational exposure limits for airborne toxic chemicals expressed in terms of a screening emission level or an acceptable ambient concentration for a non-carcinogenic toxic air pollutant. They are listed in Section 585. (5-1-94)

1065. Toxic Substance. Any air pollutant that is determined by the Department to be by its nature, toxic to human or animal life or vegetation. (5-1-94)

1076. Trade Waste. Any solid, liquid or gaseous material resulting from the construction or demolition of any structure, or the operation of any business, trade or industry including, but not limited to, wood product industry waste such as sawdust, bark, peelings, chips, shavings and cull wood. (5-1-94)

1087. TRS (Total Reduced Sulfur). Hydrogen sulfide, mercaptans, dimethyl sulfide, dimethyl disulfide and any other organic sulfide present. (5-1-94)

1098. Unclassifiable Area. An area which, because of a lack of adequate data, is unable to be classified pursuant to 42 U.S.C. Section 7407(d) as either an attainment or a nonattainment area. (5-1-94)

1109. Uncontrolled Emission. An emission which has not been treated by control equipment. (5-1-94)

1110. Upset. An unplanned and unforeseeable disruption in the normal operations of any air pollution control equipment or emissions unit, including process equipment, which may cause excess emissions where such disruption is not intentional or the result of negligence or improper maintenance. (5-1-94)

1121. Wigwam Burner. Wood waste burning devices commonly called teepee burners, silos, truncated cones, and other such burners commonly used by the wood product industry for the disposal by burning of wood wastes. (5-1-94)

1132. Wood Stove Curtailment Advisory. An air pollution alert issued through local authorities and/or the Department to limit wood stove emissions during air pollution episodes. (5-1-94)

1140. Wood Stove Curtailment Advisory. An air pollution alert issued through local authorities and/or the Department to limit wood stove emissions during air pollution episodes. (5-1-94)

(BREAK IN CONTINUITY OF SECTIONS)

107. INCORPORATIONS BY REFERENCE.

01. General. Unless expressly provided otherwise, any reference in these rules to any document identified in Subsection 107.03 shall constitute the full incorporation into these rules of that document for the purposes of the reference, including any notes and appendices therein. The term "documents" includes codes, standards or rules which have been adopted by an agency of the state or of the United States or by any nationally recognized organization or association. (5-1-94)

02. Availability of Referenced Material. Copies of the documents incorporated by reference into these rules are available at the following locations: (5-1-94)


   b. All documents herein incorporated by reference:

   i. Central Office, Division of Environmental Quality, Department of Health and Welfare, 1410 N.
ii. State Law Library, 451 W. State Street, P.O. Box 83720, Boise, Idaho 83720-0051, (208) 334-3316.

03. Documents Incorporated by Reference. The following documents are incorporated by reference into these rules:


k. IDAPA 16.05.03, Rules of the Department of Health and Welfare, Title 05, Chapter 03, "Rules Governing Contested Cases and Declaratory Rulings," (1994).


o. Procedures Manual for Air Pollution Control, Idaho Air Quality Bureau, Division of Environment, Department of Health and Welfare, September 1986.


r. Requirements for Preparation, Adoption, and Submittal of Implementation Plans, Protection of
Visibility, Identification of Integral Vistas, SubSection a, 40 CFR Part 51.304(a), revised as of April 1, 1995

s. Approval and Promulgation of Implementation Plans, 40 CFR Part 52, revised as of April 1, 1994

  t. Ambient Air Monitoring Reference and Equivalent Methods, 40 CFR Part 53, revised as of April 1, 1994

u. Ambient Air Quality Surveillance, Quality Assurance Requirements for Prevention of Significant Deterioration (PSD Air Monitoring), 40 CFR Part 58, Appendix B, revised as of April 1, 1994

v. Standards of Performance for New Stationary Sources, 40 CFR Part 60, revised as of April 1, 1994

w. National Emission Standards for Hazardous Air Pollutants, 40 CFR Part 61, revised as of April 1, 1994

x. National Emission Standards for Hazardous Air Pollutants for Source Categories, 40 CFR Part 63, revised as of April 1, 1994

y. Permits, 40 CFR Part 72, revised as of April 1, 1994

z. Sulfur Dioxide Allowance System, 40 CFR Part 73, revised as of April 1, 1994

aa. Protection of Stratospheric Ozone, 40 CFR Part 82, revised as of April 1, 1994

bb. Clean Air Act, 42 U.S.C. Sections 7401 through 7671g (1993). See Appendix A, shown at the end of this chapter.


(September 8, 1994) (to be codified at 40 CFR Part 63).

(December 14, 1994) (to be codified at 40 CFR Part 63).  (7-1-96)

ll. National Emission Standards for Gasoline Distribution (Stage I) Facilities, Corrections. 60 Fed.
Reg. 7627 (February 8, 1995) (to be codified at 40 CFR Part 63) and 60 Fed. Reg. 32,912-13 (June 26, 1995) (to be
codified at 40 CFR Part 63).  (7-1-96)

61,801-20 (December 2, 1994) (to be codified at 40 CFR Part 63).  (7-1-96)

Reg. 29,484-85 (June 5, 1995) (to be codified at 40 CFR Part 63).  (7-1-96)

oo. National Emission Standards for Emissions from Epoxy Resins Production and Non-Nylon

64,580-612 (December 13, 1994) (to be codified at 40 CFR Part 63).  (7-1-96)

Source Categories: Organic Hazardous Air Pollutants from the Synthetic Organic Chemical Manufacturing Industry
and Other Processes Subject to the Negotiated Regulation for Equipment Leaks, as amended. 60 Fed. Reg. 18020-30
(April 10, 1995) (to be codified at 40 CFR Part 63).  (7-1-96)

(BREAK IN CONTINUITY OF SECTIONS)

202. APPLICATION PROCEDURES.
Application for a permit to construct must be made using forms furnished by the Department, or by other means
prescribed by the Department. The application shall be certified by the responsible official in accordance with Section
123 and shall be accompanied by all information necessary to perform any analysis or make any determination
required under Sections 200 through 225.  (5-1-94)

01. Required Information. Depending upon the proposed size and location of the new or modified
stationary source or facility, the application for a permit to construct shall include all of the information required by
one or more of the following provisions:
(5-1-94)

a. For any new or modified stationary source or facility:
(5-1-94)

i. Site information, plans, descriptions, specifications, and drawings showing the design of the
stationary source, facility, or modification, the nature and amount of emissions (including secondary emissions), and
the manner in which it will be operated and controlled.  (5-1-94)

ii. A schedule for construction of the stationary source, facility, or modification.  (5-1-94)

b. For any new major facility or major modification in a nonattainment area which would be major for
the nonattainment air pollutant(s):
(5-1-94)

i. A description of the system of continuous emission control proposed for the new major facility or
major modification, emission estimates, and other information as necessary to determine that the lowest achievable
emission rate would be applied.  (5-1-94)

ii. A description of the emission offsets proposed for the new major facility or major modification,
including information on the stationary sources or facilities providing the offsets, emission estimates, and other
information necessary to determine that a net air quality benefit would result.  

iii. Certification that all other facilities in Idaho, owned or operated by (or under common ownership of) the proposed new major facility or major modification, are in compliance with all local, state or federal requirements or are on a schedule for compliance with such.  

iv. An analysis of alternative sites, sizes, production processes, and environmental control techniques which demonstrates that the benefits of the proposed major facility or major modification significantly outweigh the environmental and social costs imposed as a result of its location, construction, or modification.  

v. An analysis of the impairment to visibility of any federal Class I area, Class I area designated by the Department, or integral vista of any mandatory federal Class I area that the new major facility or major modification would impact (including the monitoring of visibility in any Class I area near the new major facility or major modification, if requested by the Department), except for those new major facilities and major modifications exempted by Subsection 204.04.  

c. For any new major facility or major modification in an attainment or unclassifiable area for any air pollutant, except for those new major facilities and major modifications exempted under Subsections 205.04.a. and 205.04.b.  

i. A description of the system of continuous emission control proposed for the new major facility or major modification, emission estimates, and other information as necessary to determine that the best available control technology would be applied.  

ii. An analysis of the effect on air quality by the new major facility or major modification, including meteorological and topographical data necessary to estimate such effects.  

iii. An analysis of the effect on air quality projected for the area as a result of general commercial, residential, industrial, and other growth associated with the new major facility or major modification.  

iv. A description of the nature, extent, and air quality effects of any or all general commercial, residential, industrial, and other growth which has occurred since August 7, 1977, in the area the new major facility or major modification would affect.  

v. An analysis of the impairment to visibility, soils, and vegetation that would occur as a result of the new major facility or major modification and general commercial, residential, industrial, and other growth associated with establishment of the new major facility or major modification. The owner or operator need not provide an analysis of the impact on vegetation or soils having no significant commercial or recreational value.  

vi. An analysis of the impairment to visibility of any federal Class I area, Class I area designated by the Department, or integral vista of any mandatory federal Class I area that the new major facility or major modification would affect.  

vii. An analysis of the existing ambient air quality in the area that the new major facility or major modification would affect for each air pollutant that a new major facility would emit in significant amounts or for which a major modification would result in a significant net emissions increase.  

viii. No analysis is needed Ambient analyses as specified in Sections 202.01.c.vii., ix., x., and xii. may not be required if the projected increases in ambient concentrations or existing ambient concentrations of a particular air pollutant in any area that the new major facility or major modification would affect are less than the following amounts, or the air pollutant is not listed herein: carbon monoxide - five hundred and seventy-five (575) micrograms per cubic meter, eight (8) hour average; nitrogen dioxide - fourteen (14) micrograms per cubic meter, annual average; PM-10 - ten (10) micrograms per cubic meter, twenty-four (24) hour average; total suspended particulates - ten (10) micrograms per cubic meter, twenty-four (24) hour average; sulfur dioxide - thirteen (13) micrograms per cubic meter, twenty-four (24) hour average; ozone - any net increase of one hundred (100) tons per year or more of volatile organic compounds, as a measure of ozone; lead - one-tenth (0.1) of a microgram per cubic meter, calendar quarterly average; mercury - twenty-five hundredths (0.25) of a microgram per cubic meter, twenty-four (24) hour average;
beryllium - one-thousandth (0.001) of a microgram per cubic meter, twenty-four (24) hour average; fluorides - twenty-five hundredths (0.25) of a microgram per cubic meter, twenty-four (24) hour average; vinyl chloride - fifteen (15) micrograms per cubic meter, twenty-four (24) hour average; hydrogen sulfide - two-tenths (0.2) of a microgram per cubic meter, one (1) hour average. (5-1-94)

ix. For any air pollutant which has an ambient air quality standard, the analysis shall include continuous air monitoring data, gathered over the year preceding the submittal of the application, unless the Department determines that a complete and adequate analysis can be accomplished with monitoring data gathered over a period shorter than one (1) year, but not less than four (4) months, which is adequate for determining whether the emissions of that air pollutant would cause or contribute to a violation of the ambient air quality standard or any PSD increment. (5-1-94)

x. For any air pollutant which does not have an ambient air quality standard, the analysis shall contain such air quality monitoring data that the Department determines is necessary to assess ambient air quality for that air pollutant in any area that the emissions of that air pollutant would affect. (5-1-94)

xi. If requested by the Department, monitoring of visibility in any Class I area the proposed new major facility or major modification would affect. (5-1-94)

xii. Operation of monitoring stations shall meet the requirements of Appendix B to 40 CFR Part 58 or such other requirements as extensive as those set forth in Appendix B as may be approved by the Department. (5-1-94)

02. Estimates of Ambient Concentrations. All estimates of ambient concentrations shall be based on the applicable air quality models, data bases, and other requirements specified in the U.S. Environmental Protection Agency's "Guideline on Air Quality Models (Revised 2-92)" (EPA 450/2-78-027R, July 1986), including Supplement A and B (July 1987). (5-1-94)

a. Where an air quality model specified in the "Guideline on Air Quality Models (Revised)", including "Supplement A" and "Supplement B" is inappropriate, the model may be modified or another model substituted, subject to written approval of the Administrator of the U.S. Environmental Protection Agency and public comment pursuant to Subsection 209.01.c.; provided that modifications and substitutions of models used for toxic air pollutants will be reviewed by the Department. (5-1-94)

b. Methods like those outlined in the U.S. Environmental Protection Agency's "Interim Procedures for Evaluating Air Quality Models (Revised)" (September 1984) should be used to determine the comparability of air quality models. (5-1-94)

03. Additional Information. Any additional information, plans, specifications, evidence or documents that the Department may require to make the determinations required under Sections 200 through 225 shall be furnished upon request. (5-1-94)

(BREAK IN CONTINUITY OF SECTIONS)

579. BASELINES FOR PREVENTION OF SIGNIFICANT DETERIORATION.

01. Baseline Date(s). (5-1-94)

a. Major Source Baseline Date. January 6, 1975 in the case of particulate matter and sulfur dioxide; February 8, 1988 in the case of nitrogen dioxide. (5-1-94)

b. Minor Source Baseline Date. The earliest date after August 7, 1977 in the case of particulate matter and sulfur dioxide, and after February 8, 1988 in the case of nitrogen dioxide, that a major facility or major modification subject to PSD submits a complete application. A minor source baseline date is established for total suspended particulates, particulate matter, sulfur dioxide, or nitrogen dioxide if the area in which the new major
facility or major modification would construct is designated attainment or unclassifiable under 42 U.S.C. Section 7407(d), and there would be a significant increase of the particular air pollutant. 

02. Baseline Area. Any intrastate area designated as attainment or unclassifiable under 42 U.S.C. Section 7407(d), in which the major facility or major modification establishing the minor source baseline date would construct or would have an air quality impact equal to or greater than a one (1) microgram per cubic meter (annual average) of the air pollutant for which the minor source baseline date is established. (5-1-94)

03. Baseline Concentration. The ambient concentration for a particular air pollutant which exists in the applicable baseline area on the applicable minor source baseline date. (5-1-94)

   a. The baseline concentration shall represent: (5-1-94)

   i. The actual emissions from sources in existence on the applicable minor source baseline date; and (5-1-94)

   ii. The allowable emissions of major facilities and major modifications which commenced construction before the applicable major source baseline date, but were not in operation by the applicable minor source baseline date. (5-1-94)

   b. The baseline concentration shall not include the actual emissions of new major facilities and major modifications which commenced construction on or after the applicable major source baseline date. (5-1-94)

(BREAK IN CONTINUITY OF SECTIONS)

581. PREVENTION OF SIGNIFICANT DETERIORATION (PSD) INCREASES.
The purpose of Section 581 is to establish the allowable degree of deterioration for the areas within the State which have air quality better than the ambient standards. (5-1-94)

01. Class I, II and III Areas. In any area designated as Class I, II, or III, increases in any ambient concentration over the baseline concentration shall be limited to the following:

<table>
<thead>
<tr>
<th>CLASS AREAS</th>
<th>Maximum Allowable Increase (Micrograms per cubic meter)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLASS I AREAS</td>
<td></td>
</tr>
<tr>
<td>Total Suspended Particles PM-10:</td>
<td></td>
</tr>
<tr>
<td>Annual geometric mean</td>
<td>54</td>
</tr>
<tr>
<td>Maximum twenty-four (24) hour average</td>
<td>406</td>
</tr>
<tr>
<td>Sulfur dioxide:</td>
<td></td>
</tr>
<tr>
<td>Annual arithmetic mean</td>
<td>2</td>
</tr>
<tr>
<td>Maximum twenty-four (24) hour average</td>
<td>5</td>
</tr>
<tr>
<td>Maximum three (3) hour average</td>
<td>25</td>
</tr>
<tr>
<td>Nitrogen dioxide:</td>
<td></td>
</tr>
<tr>
<td>Annual arithmetic mean</td>
<td>2.5</td>
</tr>
<tr>
<td>CLASS II AREAS</td>
<td></td>
</tr>
<tr>
<td>Total Suspended Particles PM-10:</td>
<td></td>
</tr>
<tr>
<td>Annual geometric mean</td>
<td>190</td>
</tr>
<tr>
<td>Maximum twenty-four (24) hour average</td>
<td>2730</td>
</tr>
</tbody>
</table>
02. Exceedances. For any period other than an annual period, the applicable maximum allowable increase may be exceeded during one (1) such period per year at any one (1) location.

03. Exclusions. The following concentrations shall be excluded in determining compliance with the maximum allowable increases:

a. Concentrations attributable to the increase in emissions from facilities which have converted from the use of petroleum products, natural gas, or both by reason of an order in effect under the Energy Supply and Environmental Coordination Act of 1974 (or any superseding legislation) or by reason of a natural gas curtailment plan in effect pursuant to the Federal Power Act, over the emissions from such facilities before the effective date of such order or plan; this shall not apply more than five (5) years after the effective date of such order or plan; (5-1-94)

b. Concentrations of total suspended particulates attributable to the increase in emissions from construction or other temporary emission-related activities of new or modified facilities; (5-1-94)

c. The increase in concentrations attributable to new facilities outside the United States over the concentrations attributable to existing facilities which are included in the baseline concentration; and (5-1-94)

d. Concentrations attributable to the temporary increase in emissions of sulfur dioxide, nitrogen dioxide, or particulate matter from facilities which are affected by a revision to the SIP approved by the U.S. Environmental Protection Agency; this exclusion shall not exceed two (2) years unless a longer time is approved by the U.S. Environmental Protection Agency, is not renewable, and applies only to revisions which:

i. Would not affect air pollutant concentrations in a Class I area or an area where an applicable increment is known to be violated and would not cause or contribute to a violation of an ambient air quality standard; and (5-1-94)

ii. Require limitations to be in effect at the end of the approved time period which would ensure that the emissions from facilities affected by the revision would not exceed those concentrations occurring before the revision was approved. (5-1-94)

### CLASS AREAS

<table>
<thead>
<tr>
<th></th>
<th>Maximum Allowable Increase (Micrograms per cubic meter)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sulfur dioxide:</td>
<td></td>
</tr>
<tr>
<td>Annual arithmetic mean</td>
<td>20</td>
</tr>
<tr>
<td>Maximum twenty-four (24) hour average</td>
<td>91</td>
</tr>
<tr>
<td>Maximum three (3) hour average</td>
<td>512</td>
</tr>
<tr>
<td>Nitrogen dioxide:</td>
<td></td>
</tr>
<tr>
<td>Annual arithmetic mean</td>
<td>25</td>
</tr>
</tbody>
</table>

### CLASS III AREAS

<table>
<thead>
<tr>
<th>Total Suspended Particulates PM-10</th>
<th>Maximum Allowable Increase (Micrograms per cubic meter)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual arithmetic mean</td>
<td>2734</td>
</tr>
<tr>
<td>Maximum twenty-four (24) hour average</td>
<td>2560</td>
</tr>
</tbody>
</table>

| Sulfur dioxide:                  |                                                       |
| Annual arithmetic mean           | 40                                                    |
| Maximum twenty-four (24) hour average | 182                                                   |
| Maximum three (3) hour average    | 700                                                   |
| Nitrogen dioxide:                |                                                       |
| Annual arithmetic mean           | 50                                                    |

(5-1-94)(7-1-96)
EFFECTIVE DATE: The amendments to the temporary rule are effective July 1, 1996. The pending rule becomes final and effective on July 1, 1997 unless the rule is approved, rejected, amended or modified by concurrent resolution in accordance with Sections 67-5224 and 67-5291, Idaho Code. If the pending rule is approved, amended or modified by concurrent resolution, the rule becomes final and effective upon adoption of the concurrent resolution or upon the date specified in the concurrent resolution.

AUTHORITY: In compliance with Sections 67-5224 and 67-5226, Idaho Code, notice is hereby given that this agency has adopted a pending rule and amended a temporary rule. The action is authorized by Sections 9-810, 39-105, 39-107, and 39-4405, Idaho Code.

DESCRIPTIVE SUMMARY: The following is a concise explanatory statement of the reasons for adopting the pending rule and amending the existing 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 pending rules and amendments to the temporary rules were adopted by the Board of Health and Welfare (Board) because the rules respond to the needs of the regulated community while protecting the public health and environment.

In November 1995, the Board adopted the Environmental Audit Protection Rules, IDAPA 16.01.10, as temporary (November 1995 temporary rules). The November 1995 temporary rules were effective upon adoption. The rules were published as “temporary and proposed” in the January 1996 issue of the Idaho Administrative Bulletin under Docket No. 16-0110-9601. Since that time, the Department of Health and Welfare (Department) received extensive comments from the public concerning the proposed rules and worked with the rules in practice. In response, the Department revised the proposed rules in accordance with Section 67-5227, Idaho Code, before adoption of the pending rules. Rather than keep the November 1995 temporary rules in place for another year while the pending rules await legislative approval, the Board amended the temporary rules with the same revisions which have been made to the proposed rules.

IDAPA 16.01.10 Sections 002, 010, 011, 012, 013, 015, 016, 017, and 018 have been modified in accordance with Idaho Code Section 67-5227. The text of the rule has been republished in its entirety with this notice.

The Idaho Department of Health and Welfare, Division of Environmental Quality's Rulemaking and Public Comment Summary, which contains a complete consideration of the issues raised by the public, is included in the rulemaking record maintained by the Division of Environmental Quality, 1410 N. Hilton, Boise, Idaho 83706.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning this rulemaking, contact Tim Teater at (208)373-0502.

DATED this 7th day of August, 1996.

Paula Junae Saul
Environmental Quality Section
Attorney General's Office
1410 N. Hilton
Boise, Idaho 83706-1255
16.01.10 - ENVIRONMENTAL AUDIT PROTECTION RULES

000. LEGAL AUTHORITY.
The Idaho Legislature has given the Idaho Department of Health and Welfare the authority to promulgate these rules in Section 9-810, Idaho Code. The Idaho Legislature has given the Board of Health and Welfare the authority to adopt this chapter in Sections 39-105, 39-107, and 39-4405, Idaho Code. (11-17-95)

001. TITLE AND SCOPE.
These rules shall be cited as IDAPA 16.01.10, Rules of the Idaho Department of Health and Welfare, Title 01, Chapter 10, "Environmental Audit Protection Rules." These rules implement the Environmental Audit Protection Act, Sections 9-801 et seq., Idaho Code. These rules are intended to encourage owners and operators of facilities and other persons conducting activities regulated under applicable environmental laws to conduct voluntary internal environmental audits of their activities, operations, compliance programs and management systems and to assess and improve compliance with applicable environmental laws while protecting confidentiality of communications relating to voluntary internal environmental audits. These rules are not intended to protect those who willfully violate environmental laws. (11-17-95)

002. WRITTEN INTERPRETATIONS.
As described in Section 67-5201(16)(b)(iv), Idaho Code, the Department of Health and Welfare may have written statements which pertain to the interpretation of the rules of this chapter, or to the documentation of compliance with the rules of this chapter. If available, such written statements can be inspected and copied at cost at the Division of Environmental Quality, Department of Health and Welfare, 1410 N. Hilton, Boise, Idaho 83706. (11-17-95) (7-1-96)

003. ADMINISTRATIVE APPEALS.
Persons may be entitled to appeal final agency actions authorized under this chapter pursuant to IDAPA 16.05.03, Rules of the Department of Health and Welfare, Title 05, Chapter 03, Rules Governing Contested Case Proceedings and Declaratory Rulings. (11-17-95)

004. CATCHLINES.
Catchlines within this chapter are not to be used in the interpretation of the rules. (11-17-95)

005. -- 009. (RESERVED).

010. DEFINITIONS.

01. Certification. For purposes of Section 016, a responsible official of the owner or operator shall certify in writing, based on information and belief formed after a reasonable inquiry, that all necessary and reasonable steps have been taken to achieve compliance, including, where appropriate, a statement that the approved compliance plan has been implemented in accordance with the terms, conditions and timetable set forth therein. The certification statement should be accompanied by any documentation which can be used by the environmental agency to verify that compliance has been achieved. (11-17-95) (7-1-96)

02. Compliance Plan. A document which may be included in the Environmental Audit Report that describes the activities to be performed to correct a potential violation and to maintain compliance into the future. (11-17-95) (7-1-96)

a. A compliance plan shall include: (11-17-95)
i. The activities to be taken to achieve and maintain compliance; (11-17-95)

ii. The timetable needed to complete compliance plan activities; and (11-17-95)

iii. An explanation supporting the timetable. (11-17-95)

03. Department. The Idaho Department of Health and Welfare, Division of Environmental Quality. (11-17-95)

04. Document. A source from which information can be obtained or translated including, but not limited to, writings, drawings, graphs, charts, photographs, phone records, and other data compilations, including electronic. (11-17-95)

05. Environmental Agency. Any department or division of the State, local government, or health board with the authority to enforce any state environmental law. (11-17-95)

06. Environmental Audit. A voluntary internal evaluation done pursuant to a plan or protocol that is designed to identify and prevent noncompliance and to improve compliance with environmental laws. (11-17-95)

a. An environmental audit may be conducted by an owner or operator, an owner's or operator's employees, or by an independent contractor. (11-17-95)

b. An environmental audit may include:

i. One (1) or more facilities; (11-17-95)

ii. Any activity at one (1) or more facilities; (11-17-95)

iii. Impacts on one (1) or more environmental media at a facility or facilities; or (11-17-95)

iv. Management systems related to a facility, an activity or an impact on environmental media. (11-17-95)

c. An environmental audit is not voluntary for purposes of immunity if it is initiated as a result of:

i. The commencement of a federal or state inspection, investigation or information request; (11-17-95)

ii. Notice of a citizen suit; (11-17-95)

iii. The filing of a legal complaint by a third party; or (11-17-95)

iv. The owner's or operator's knowledge that the discovery of the violation by a regulatory agency or third party is imminent. (11-17-95)

07. Environmental Audit Plan or Protocol. A document outlining an owner's or operator's intent to perform a systematic, scheduled, and objective environmental audit. The environmental audit plan or protocol shall be prepared prior to the time the audit is conducted and shall be submitted to the environmental agency as part of the environmental audit report. An environmental audit plan or protocol may include or be a part of a corporate environmental policy or memoranda or other documents describing portions or all of the audit and shall include:

a. The inclusive dates and times of commencement date of the audit and the projected date of completion; (11-17-95)

b. The specific equipment, processes, and facilities to be audited; (11-17-95)
c. The audit procedures and protocols; and

 d. The purpose of the audit; and

 e. Any circumstances identified which may constitute a violation of environmental law.

 08. Environmental Audit Report. A set of documents, each labeled "Environmental Audit Report" (or a substantially equivalent label) and prepared as a result of an environmental audit. The environmental audit report may include a compliance plan, field notes, records of observations, findings, opinions, suggestions, implementation plans, conclusions, drafts, memoranda, drawings, photographs, computer-generated or electronically recorded information, maps, data, charts, graphs, and surveys, provided such supporting information is collected or developed for the primary purpose and in the course of an environmental audit. An environmental audit report may include memoranda and documents analyzing portions or all of the environmental audit report, and shall contain:

 a. The inclusive dates and times of the audit; and

 b. A description of any circumstances identified which may constitute a violation of environmental law and a specific citation to the environmental law which may have been violated.

 09. Environmental Law. Any federal, state, or local law, regulation, rule, ordinance, or permit terms and conditions designed to protect or enhance the quality of land, water, or air for the protection of human health, wildlife, other biota, or the environment.

 10. In Camera Review. A hearing or review in a courtroom, hearing room, or chambers to which the general public is not admitted. After such hearing or review, the content of the oral or other evidence, and statements of judge, hearing officer and counsel, shall be held in confidence by those participating in or present at the hearing or review, and any transcript of the hearing or review shall be sealed and not considered a public record until or unless its contents are disclosed by a court having jurisdiction over the matter.

 11. Owner or Operator. A person subject to an environmental law.

 12. Person. Any individual, firm, association, partnership, joint stock company, trust, estate, local governmental entity, public or private corporation, state or federal governmental department, agency, or any other legal entity which is recognized by the law as the subject of rights and duties, but does not include any state or federal governmental entity or its contractors and/or subcontractors in the performance, management, or operation of governmental activities, programs, functions, facilities or sites.

 011. PROHIBITION AGAINST COMPELLED DISCLOSURE. Notwithstanding any other provision of law to the contrary, no State of Idaho public official, employee or environmental agency shall require to be disclosed an environmental audit report or any part thereof, prepared by or on behalf of any person, except from the State of Idaho or any political subdivision.

 012. REQUIRED DISCLOSURES.

 01. Disclosures Required to be Made. Nothing in these rules shall be construed to prohibit a request for information, investigation or disclosure of information required to be disclosed pursuant to a federal and state law, rule or regulation. Documents, communications, data, reports and other information which must be collected, developed and reported pursuant to a federal and state law, rule and regulation must be disclosed in accordance with the applicable law, rule or regulation.

 02. Permitted Activities. Disclosure of an environmental audit report or any part thereof regarding permitted activities may, at the discretion of the environmental agency, be treated as a voluntary disclosure for purposes of the Environmental Audit Protection Act and these rules.
013. EXCEPTIONS TO THE PROHIBITION AGAINST COMPELLED DISCLOSURE.

01. Express Waiver. A State of Idaho public official, employee or environmental agency may compel disclosure of an environmental audit report to the extent that the protections of the Environmental Audit Protection Act, and these rules have been expressly waived by the owner or operator of a facility. The waiver shall apply only to the portions of the environmental audit report which are specifically waived.

02. Fraudulent or Improper Purpose. The prohibition against compelled disclosure does not apply if the environmental agency or court after an in camera review determines that:

a. Protection for the audit report is for a fraudulent purpose; or

b. The material is not an appropriate subject for an environmental audit.

03. Burden of Proof. A party seeking disclosure of an environmental audit report has the burden of proving the disclosure is appropriate. The existence of a written environmental compliance policy or adoption of a plan of action to meet applicable environmental laws shall constitute prima facie evidence that an environmental audit report was designed to prevent noncompliance and improve compliance with environmental laws and that the environmental audit is protected from disclosure. A party seeking disclosure under Subsection 013.02.a. has the burden of proving that the privilege is asserted for a fraudulent purpose.

014. EXISTING EVIDENTIARY PRIVILEGES RETAINED.

Nothing in these rules is intended to be inconsistent with the Idaho Rules of Evidence or in any way limit, waive or abrogate the scope or nature of any statutory or common law privilege, including the work-product doctrine and the attorney-client privilege.

015. IMMUNITY FOR VOLUNTARY DISCLOSURE ARISING FROM ENVIRONMENTAL AUDIT.

01. Immunity. Any person that makes a voluntary disclosure of an environmental audit report, or relevant portions thereof, which identifies circumstances which may constitute a violation of any state environmental law to the appropriate environmental agency, shall be immune from state prosecution, suit or administrative action for any civil or criminal penalties, or incarceration for such violations, subject to Section 016.

02. Presumption of Voluntary Disclosure. A disclosure is rebuttably presumed voluntary if:

a. The disclosure is made to the environmental regulatory agency having regulatory authority by the owner and operator in a timely manner, after completion of the environmental audit; receipt of the environmental audit report; (11-17-95)T

b. The disclosure arises out of an environmental audit; and (11-17-95)T

c. The owner or operator making the disclosure immediately initiates appropriate efforts to achieve compliance, pursues compliance with due diligence, and expeditiously achieves compliance within a reasonable period after the completion of the environmental audit, as set forth in Section 016 herein. (11-17-95)T

03. For Purposes of Subsection 015.02.a. of the Rule:

a. "Receipt of the environmental audit report" shall mean the time when the violation is discovered by the environmental audit; (7-1-96)T

b. "Timely manner" shall mean within sixty (60) days after the date when the violation is discovered by the environmental audit; and (7-1-96)T

c. Disclosure of an environmental audit report at the time of an inspection by an environmental agency which may discover any violation identified in the environmental audit report, or after an environmental agency obtains knowledge of the violation from a source independent of the environmental audit report, is not
044. Limitations on Immunity. Immunity from administrative, civil or criminal penalties or incarceration or other type of enforcement action in this section does not apply if a person has been found by a court to have committed serious violations that constitute a pattern of continuous or repeated violations of environmental laws, regulations, permit conditions, settlement agreements, consent orders, and were due to separate distinctive events giving rise to the violations within the three (3) year period prior to date of disclosure. Such a pattern of continuous repeated violations may also be demonstrated by multiple settlement agreements related to substantially the same alleged violations concerning serious instances of noncompliance with environmental laws that occurred within the three (3) year period immediately prior to the date of the voluntary disclosure. 

045. Compliance. Except as specifically provided, this section does not affect any authority of an environmental agency to require compliance through a consent order or action in district court or to abate an imminent hazard, associated with the information disclosed in any voluntary disclosure of an environmental violation.

016. COMPLIANCE TIMETABLES.

01. Timetable to Achieve Compliance. The immunity described in Section 9-809, Idaho Code, and Section 015 shall apply if:

a. Compliance is achieved within sixty (60) days after the completion of violation is discovered by the environmental audit, and compliance is certified by the owner or operator; or

b. Compliance cannot be achieved and certified within sixty (60) days after the violation is discovered, compliance is achieved within the timetable set forth in an approved compliance plan; or

c. An environmental audit report shows noncompliance to be failure to obtain a permit, or other governmental permission, a permit application or equivalent document is submitted to the environmental agency within sixty (60) days after the violation is discovered. If an owner or operator is unable to submit a permit application within sixty (60) days after completion of an environmental audit the violation is discovered, compliance is achieved within the timetable set forth in an approved compliance plan; or

d. The environmental agency and the owner or operator enter into a written agreement, administrative consent order or judicial consent decree. A consent order may be appropriate in circumstances where remedial measures are complex or a lengthy schedule for obtaining and maintaining compliance is required. If a consent order is entered into under this Subsection, the consent order shall incorporate and reference a compliance plan submitted, reviewed and approved pursuant to Subsections 010.08 and 016.02.

02. Submittal, Approval, and Review of Compliance Plan. If an owner or operator submits a compliance plan under Subsection 016.021.b., or 016.021.c., or 016.01.d., the environmental agency shall approve or disapprove the plan within thirty (30) days of the submittal or within a timetable agreed upon by the owner or operator and the environmental agency. The compliance plan shall be submitted within sixty (60) days after the violation is discovered by the environmental audit. Within thirty (30) days of the environmental agency’s receipt of the environmental audit report containing the proposed compliance plan, the Department shall notify the owner or operator in writing that the compliance plan is either approved or disapproved. If the environmental agency disapproves the proposed compliance plan, the letter of disapproval shall include a description of all necessary revisions and modifications. If revision or modification is required by the environmental agency, the owner or operator shall submit a revised or modified compliance plan to the environmental agency within twenty-one (21) days of the owner or operator’s receipt of the environmental agency’s notification of disapproval. The owner or operator shall continue to revise or modify the compliance plan and the above described review process shall be repeated until the compliance plan is approved by the environmental agency. To obtain the protections of the Environmental Audit Protection Act and these rules, the owner or operator shall obtain approval of the compliance plan no later than one hundred and twenty (120) days after the original submittal of the environmental audit report to the environmental agency, unless the environmental agency agrees otherwise. The following factors shall be considered by the environmental agency in reviewing the compliance plan for approval or disapproval:
a. The nature of the noncompliance; (11-17-95)

b. The environmental and health consequences of the noncompliance; (11-17-95)

c. The suitability of the timetable to achieve compliance; and (11-17-95)

d. The adequacy of the compliance activities. (11-17-95)

03. Modification of Approved Compliance Plan. Once approved, a compliance plan may be modified only upon written approval from the environmental agency. (11-17-95)

04. Certification of Compliance. No later than ten (10) days after compliance has been achieved, the owner or operator shall submit to the environmental agency a certification as defined in Subsection 010.01. (7-1-96)

05. Acknowledgment of Compliance. Once the environmental agency has verified that the owner or operator has achieved compliance in accordance with Subsection 016.01, the environmental agency shall acknowledge that fact in writing and the immunity described in Section 9-809, Idaho Code, and Section 015 shall apply. (7-1-96)

017. SUBMITTALS TREATMENT OF ENVIRONMENTAL AUDIT REPORTS AND CONFIDENTIAL BUSINESS INFORMATION.

01. Definition. Confidential business information is any information which is claimed to pertain to the interests of any business, which was developed or acquired by that business, and which is disclosed to the environmental agency. A voluntarily prepared environmental audit report and voluntary disclosures of information voluntarily submitted to an environmental agency which are claimed to be confidential business information are exempt from public disclosure pursuant to Section 9-340, Idaho Code provided the report is prepared and submitted in accordance with the requirements of the Environmental Audit Protection Act and these rules. A claim for treatment as confidential business information exists if:

a. The person making the submittal has shown that it has taken, and will maintain, reasonable measures to protect the confidentiality of the information; (11-17-95)

b. The information is not, and has not been, reasonably attainable without the consent of the person making the submittal by other persons through legitimate means; (11-17-95)

c. No environmental law requires disclosure of the information; and (11-17-95)

d. The person making the submittal has shown that disclosure of the information is likely to cause substantial harm to that person’s competitive position. (11-17-95)

02. Exempt From Disclosure. Any information environmental audit report, or part of an environmental audit report submitted to an environmental agency which is claimed to be confidential business information must be: (1) clearly identified and labeled at the time of submittal by a cover sheet or other suitable form of notice employing language such as Environmental Audit Report, Confidential Business Information or a substantially equivalent label, and (2) submitted along with a claim for protection as confidential business information. Claims of confidentiality for the name and address of any permit applicant or permittee will be denied. (11-17-95)

03. Person Submitting Information. Any person submitting information on an environmental audit report may assert a claim of business confidentiality covering all or part of that information. If no such claim accompanies the information when submitted to the environmental agency, the information is not exempt from public disclosure. (11-17-95)

018. ENVIRONMENTAL AGENCY PROCEDURES FOR PROTECTING ENVIRONMENTAL AUDIT REPORTS SUBMITTED AS CONFIDENTIAL BUSINESS INFORMATION.
01. Secured Files. The environmental agency shall secure all qualifying environmental audit reports submitted as confidential business information in locked cabinets or rooms. Access to confidential business information shall be prohibited except to state officials acting in their official capacity. (11-17-95)

02. Return of Environmental Audit Information. The environmental agency shall return any confidential environmental audit report one (1) year after date of receipt or upon correction of the condition reported upon the request of the owner or operator. (11-17-95)

03. Imminent and Substantial Endangerment. In the event the Governor of the State of Idaho determines that circumstances exist which constitute an imminent and substantial danger to the public health or the environment, the Governor may disclose such confidential business information, excluding trade secrets as defined in Idaho Code Section 9-340, contained in the environmental audit as may be necessary to assure protection of the public health or environment. (11-17-95)

019. -- 999. (RESERVED).
AUTHORITY: In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has proposed rulemaking. The action is authorized by Sections 39-105, 39-107, 39-120, and 39-126, Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this proposed rulemaking will be held as follows:

   Wednesday, August 21, 1996, 7:00 p.m., Division of Environmental Quality,  
   Conference Center, 1410 N. Hilton, Boise, Idaho.

The hearing site will be accessible to the physically disabled. Interpreters for persons with hearing impairments and brailled or taped information for persons with visual impairments can be provided upon five days' notice. For arrangements, contact the undersigned at (208)373-0418.

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


The rule establishes minimum requirements for the protection of ground water through ground water quality standards and an aquifer categorization system. The rule contains numerical and narrative standards which apply to all ground water of the state. The numerical standards are based on Maximum Contaminant Levels established under the Safe Drinking Water Act. The rule also establishes three aquifer categories, Sensitive Resource, General Resource, and Other Resource. These aquifer categories allow for different levels of management and the variance from some of the standards for the Sensitive Resource and Other Resource categories. The rule also contains a process for changing aquifer categories. Finally, the rule addresses ground water contamination.

The adoption of this rule will also necessitate changes to those sections of the Water Quality Standards and Wastewater Treatment Requirements, IDAPA 16.01.02, which establish ground water quality standards.

Negotiated rulemaking has been conducted. The Notice of Negotiated Rulemaking was published in the Idaho Administrative Bulletin, Volume 95-11, November 1, 1995, p. 61. The negotiated rulemaking process included the assistance of an advisory committee.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rulemaking, contact Susan Burke at (208)373-0502.

Anyone can submit written comment regarding this proposed rule. All written comments must be received by the undersigned on or before September 6, 1996.

DATED this 7th day of August, 1996.

Paula Junae Saul  
Environmental Quality Section  
Attorney General’s Office  
1410 N. Hilton  
Boise, Idaho 83706-1255  
Fax No. (208)373-0481
000. LEGAL AUTHORITY.
The Idaho Legislature has given the Board of Health and Welfare authority to promulgate the Ground Water Quality Rule pursuant to Sections 39-105, 39-107, 39-120, and 39-126, Idaho Code. The authority to formulate and adopt rules as are necessary and feasible to protect the environment and health of the citizens of the state is vested in the Director and Board pursuant to Sections 39-105 and 39-107, Idaho Code. Under Section 39-120, Idaho Code, the Board is authorized to adopt, by rule, ambient ground water quality standards. Under Section 39-126, Idaho Code, all state agencies shall incorporate the Ground Water Quality Plan, adopted by the legislature, in the administration of their programs and are granted authority to promulgate rules to protect ground water quality as necessary to administer such programs.

000. TITLE AND SCOPE.

01. Title. This rule shall be cited as IDAPA 16.01.11, Rules of the Department of Health and Welfare, Title 01, Chapter 11, “Ground Water Quality Rule.”

02. Scope. Under Section 39-120, Idaho Code, the Department of Health and Welfare is designated as the primary agency to coordinate and administer ground water quality protection programs for the state. This rule establishes minimum requirements for protection of ground water quality through standards and an aquifer categorization process. The requirements of this rule shall serve as a basis for the administration of programs which address ground water quality. This rule does not in and of itself create a permit program.

002. ADMINISTRATIVE APPEALS.
Persons may be entitled to appeal final agency actions authorized under this chapter pursuant to IDAPA 16.05.03, Rules of the Department of Health and Welfare, Title 05, Chapter 03, Rules Governing Contested Case Proceedings and Declaratory Rulings.

003. WRITTEN INTERPRETATIONS.
The Department of Health and Welfare may have written statements which pertain to the interpretation of the rules of this chapter. If available, such written statements can be inspected and copied, at cost, at the Division of Environmental Quality, Department of Health and Welfare, 1410 North Hilton, Boise, ID 83706-1255.

004. CONFLICT WITH THE IDAHO WATER QUALITY STANDARDS AND WASTEWATER TREATMENT REQUIREMENTS.
The Idaho Water Quality Standards and Wastewater Treatment Requirements, IDAPA 16, Title 01, Chapter 02, contain provisions establishing ground water quality standards. To the extent a conflict exists between this rule and the ground water quality standards in IDAPA 16.01.02.299 of the Water Quality Standards and Wastewater Treatment Requirements, this rule shall prevail.

005. (RESERVED).

006. POLICIES.
It is the intent of the Department to implement, through this rule, the following policies from the Protection and Prevention Sections of the Idaho Ground Water Quality Plan, adopted by the legislature, 1992 Session Law, Chapter 310, Page 922. These policies are:
01. Ground Water Quality Protection. It is the policy of the state of Idaho to maintain and protect the existing high quality of the state’s ground water.

02. Existing and Projected Future Beneficial Uses. The policy of the state of Idaho is that existing and projected future beneficial uses of ground water shall be maintained and protected, and degradation that would impair existing and projected future beneficial uses of ground water and interconnected surface water shall not be allowed.

03. Categorization of Ground Water. The policy of the state of Idaho is to provide differential protection for the state’s ground water resources. A ground water categorization system should be established for aquifers or portions of aquifers. The categorization system should be based on vulnerability of the ground water, existing and projected future beneficial uses of the ground water, existing quality of the ground water, and social and economic considerations.

04. Ground Water Quality Standards. The policy of the state of Idaho is to establish ground water quality standards for biological, radiological, and chemical constituents.

05. Prevention of Ground Water Contamination. The policy of the state of Idaho is to prevent contamination of ground water from all regulated and nonregulated sources of contamination to the maximum extent practical.

007. DEFINITIONS.

01. Agricultural Chemical. Any pesticide, nutrient or fertilizer used for the benefit of agricultural production or pest management.

02. Aquifer. A geological unit of permeable saturated material capable of yielding economically significant quantities of water to wells and springs.

03. Beneficial Uses. Those uses of ground water in Idaho including, but not limited to, domestic water supplies, industrial water supplies, agricultural water supplies, aquacultural water supplies, and mining. A beneficial use is defined as actual current or projected future uses of ground water.

04. Best Available Method. Any system, process, or method which is available to the public for commercial or private use to minimize the impact of point or nonpoint sources of contamination to ground water quality.

05. Best Management Practice. A practice or combination of practices determined to be the most effective and practical means of preventing or reducing contamination to ground water and interconnected surface water from nonpoint and point sources to achieve water quality goals and protect the beneficial uses of the water.

06. Best Practical Method. Any system, process, or method that is established and in routine use which could be used to minimize the impact of point or nonpoint sources of contamination on ground water quality.

07. Board. The Idaho Board of Health and Welfare.

08. Cleanup. The removal, treatment or isolation of a contaminant from ground water through the directed efforts of humans or the removal or treatment of a contaminant in ground water through management practice or the construction of barriers, trenches and other similar facilities for prevention of contamination, as well as the use of natural processes such as ground water recharge, natural decay and chemical or biological decomposition.

09. Constituent. Any chemical, ion, radionuclide, synthetic organic compound, microorganism, waste or other substance occurring in ground water.

10. Contaminant. Any chemical, ion, radionuclide, synthetic organic compound, microorganism, waste...
or other substance which does not occur naturally in ground water or which naturally occurs at a lower concentration.

11. Contamination. The direct or indirect introduction into ground water of any contaminant caused in whole or in part by human activities.

12. Crop Root Zone. The zone that extends from the surface of the soil to the depth of the deepest crop root and is specific to a species of plant, group of plants, or crop.

13. Degradation. The lowering of ground water quality as measured in a statistically significant and reproducible manner.


15. Ground Water. Any water of the state which occurs beneath the surface of the earth in a saturated geological formation of rock or soil.

16. Ground Water Quality Standard. Values, either numeric or narrative, assigned to any constituent for the purpose of establishing minimum levels of protection.

17. Highly Vulnerable Ground Water. Ground water characterized by a relatively high potential for contaminants to enter and/or be transported within the flow system. Determinations of ground water vulnerability will include consideration of land use practices and aquifer characteristics.

18. Irreplaceable Source. A ground water source serving a beneficial use(s) where the reliable delivery of comparable quality and quantity of water from an alternative source in the region would be economically infeasible or precluded by institutional constraints.

19. Natural Background Level. The level of any constituent in the ground water within a specified area as determined by representative measurements of the ground water quality unaffected by human activities.

20. Person. Any individual, association, partnership, firm, joint stock company, joint venture, trust, estate, political subdivision, public or private corporation, state or federal governmental department, agency or instrumentality, or any legal entity which is recognized by law as the subject of rights and duties.

21. Practical Quantitation Level. The lowest concentration of a constituent that can be reliably quantified among laboratories within specified limits of precision and accuracy during routine laboratory operating conditions. Specified limits of precision and accuracy are the criteria listed in the calibration specifications or quality control specifications of an analytical method.

22. Projected Future Beneficial Uses. Various uses of ground water, such as drinking water, aquaculture, industrial, mining or agriculture, that are practical and achievable in the future based on hydrogeologic conditions, water quality, future land use activities and social/economic conditions.

23. Recharge Area. An area in which water infiltrates into the soil or geological formation from, including but not limited to precipitation, irrigation practices and seepage from creeks, streams, and lakes, and percolates to one or more aquifers.

24. Remediation. Any action taken (1) to control the source of contamination, (2) to reduce the level of contamination, (3) to mitigate the effects of contaminants, and/or (4) to minimize contaminant movement. Remediation includes providing alternate drinking water sources when needed.

25. Sensitive Ecological System. A habitat or ecosystem containing or supporting one or more of the following: threatened or endangered species; Idaho Department of Fish and Game species of special concern; other rare species; or species or assemblages of species of unique ecological or historical significance.

26. Site Background Level. The ground water quality at the hydraulically upgradient site boundary.
011. INCORPORATION BY REFERENCE.
Codes, standards and regulations may be incorporated by reference in this rule pursuant to Section 67-5229, Idaho Code. Such incorporation by reference shall constitute full adoption by reference, including any notes or appendices therein, unless expressly provided otherwise in this rule. Codes, standards or regulations adopted by reference throughout this rule are available in the following locations:

01. Division of Environmental Quality. Division of Environmental Quality, 1410 N. Hilton, Boise, ID 83706-1255.

02. Law Library. State Law Library, 451 W. State Street, P.O. Box 83720, Boise, ID 83720-0051.


012. -- 149. (RESERVED).

150. IMPLEMENTATION.
This rule establishes minimum requirements to maintain and protect ground water quality. This rule applies to all activities with the potential to degrade ground water quality.

01. Ground Water Quality Standards. The numerical and narrative standards in Sections 200 and 301 identify minimum levels of protection for ground water quality and shall be used as a basis for:

a. Evaluating or comparing ground water quality when developing or modifying best available methods, best management practices, or best practical methods;

b. Identifying permit conditions;

c. Establishing cleanup levels; and

d. Determining appropriate actions when ground water quality standards are exceeded.

02. Aquifer Categorization. Aquifers of the state shall be categorized based on vulnerability of the ground water, existing and projected future beneficial uses of the ground water, existing water quality, and social and economic considerations. There shall be three aquifer categories, Sensitive Resource, General Resource, and Other Resource, to provide different levels of protection. The level of protection required for each category and application of standards to these categories are shown in Table I.
a. All aquifers where there are activities with the potential to degrade ground water quality are categorized in Section 300. Those aquifers where no activities with the potential to degrade ground water quality are occurring will remain uncategorized until such activities are commenced. If no action is taken to categorize an aquifer when an activity(ies) with the potential to degrade ground water quality is initiated, the aquifer will automatically be categorized as General Resource.

b. Categorization should be considered when an activity with the potential to degrade ground water quality is proposed over an aquifer or portion of an aquifer which presently has no such activities and, based on the criteria in Section 350, the aquifer may be most appropriately categorized as Sensitive Resource or Other Resource.

c. Recategorization should be considered when information on vulnerability of the ground water, existing and projected future beneficial uses of the ground water, existing quality of the ground water, and social and economic considerations, in conjunction with one or more of the criteria in Section 350, demonstrates that the aquifer or portion of an aquifer may be more appropriate in another category.

03. Ground Water-Surface Water Interconnection. The beneficial uses of interconnected surface water shall be recognized when evaluating ground water quality protection. The implementation of water quality programs shall ensure that the quality of ground water that discharges to surface water does not impair the identified beneficial uses of the surface water and that surface water infiltration does not impair beneficial uses of ground water.

04. Interagency Coordination. The Department will coordinate with other federal, state, and local agencies to pursue interagency agreements when necessary to ensure implementation of this rule for activities which have the potential to degrade ground water quality.

151. -- 199. (RESERVED).

200. GROUND WATER QUALITY STANDARDS. The following numerical and narrative standards apply to all ground water of the state and shall not be exceeded unless otherwise allowed in this rule.

01. Numerical Ground Water Quality Standards.

a. The Primary Constituent Standards are based on protection of human health and are identified in Table II.
## Table II. Primary Constituent Standards

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<thead>
<tr>
<th>Chemical Abstract Service Number</th>
<th>Constituent</th>
<th>Standard (mg/l unless otherwise specified)</th>
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</thead>
<tbody>
<tr>
<td>7440-36-0</td>
<td>Antimony</td>
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<td>7440-38-2</td>
<td>Arsenic</td>
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<td>1332-21-4</td>
<td>Asbestos</td>
<td>7 million fibers/l longer than 10 um</td>
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<td>7440-39-3</td>
<td>Barium</td>
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<td>7440-41-7</td>
<td>Beryllium</td>
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</tr>
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<td>7440-43-9</td>
<td>Cadmium</td>
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<td>7440-50-8</td>
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<td>Lead</td>
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<td>7439-97-6</td>
<td>Mercury</td>
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</tr>
<tr>
<td>*</td>
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</tr>
<tr>
<td>*</td>
<td>Nitrite (as N)</td>
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</tr>
<tr>
<td>*</td>
<td>Nitrate and Nitrite (both as N)</td>
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<td>Bromodichloromethane (THM)</td>
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<td>Dichlorobenzene m-</td>
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<td>95-50-1</td>
<td>Dichlorobenzene o-</td>
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<td>1,4(para)-Dichlorobenzene or Dichlorobenzene p-</td>
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<td>107-06-2</td>
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<td>1,1-Dichloroethylene</td>
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<td>trans-1, 2-Dichloroethylene</td>
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<td>75-09-2</td>
<td>Dichloromethane</td>
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<td>1,2-Dichloropropane</td>
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</tr>
<tr>
<td>108-90-7</td>
<td>Monochlorobenzene</td>
<td>0.1</td>
</tr>
<tr>
<td>23135-22-0</td>
<td>Oxamyl (Vydate)</td>
<td>0.2</td>
</tr>
<tr>
<td>87-86-5</td>
<td>Pentachlorophenol</td>
<td>0.001</td>
</tr>
<tr>
<td>1918-02-1</td>
<td>Picloram</td>
<td>0.5</td>
</tr>
<tr>
<td>1336-36-3</td>
<td>Polychlorinated biphenyls (PCBs)</td>
<td>0.0005</td>
</tr>
<tr>
<td>122-34-9</td>
<td>Simazine</td>
<td>0.004</td>
</tr>
</tbody>
</table>
### Table II. Primary Constituent Standards

<table>
<thead>
<tr>
<th>Chemical Abstract Service Number</th>
<th>Constituent</th>
<th>Standard (mg/l unless otherwise specified)</th>
</tr>
</thead>
<tbody>
<tr>
<td>100-42-5</td>
<td>Styrene</td>
<td>0.1</td>
</tr>
<tr>
<td>1746-01-6</td>
<td>2,3,7,8-TCDD (Dioxin)</td>
<td>3.0 x 10^-8</td>
</tr>
<tr>
<td>127-18-4</td>
<td>Tetrachloroethylene</td>
<td>0.005</td>
</tr>
<tr>
<td>108-88-3</td>
<td>Toluene</td>
<td>1</td>
</tr>
<tr>
<td>*</td>
<td>Total Trihalomethanes [the sum of the concentrations of bromodichloromethane, dibromochloromethane, tribromomethane (bromoform), and trichloromethane (chloroform)]</td>
<td>0.1</td>
</tr>
<tr>
<td>8001-35-2</td>
<td>Toxaphene</td>
<td>0.003</td>
</tr>
<tr>
<td>93-72-1</td>
<td>2,4,5-TP (Silvex)</td>
<td>0.05</td>
</tr>
<tr>
<td>120-82-1</td>
<td>1,2,4-Trichlorobenzene</td>
<td>0.07</td>
</tr>
<tr>
<td>71-55-6</td>
<td>1,1,1-Trichloroethane</td>
<td>0.2</td>
</tr>
<tr>
<td>79-00-5</td>
<td>1,1,2-Trichloroethane</td>
<td>0.005</td>
</tr>
<tr>
<td>79-01-6</td>
<td>Trichloroethylene</td>
<td>0.005</td>
</tr>
<tr>
<td>75-01-4</td>
<td>Vinyl Chloride</td>
<td>0.002</td>
</tr>
<tr>
<td>1330-20-7</td>
<td>Xylenes (total)</td>
<td>10</td>
</tr>
<tr>
<td>*</td>
<td>Gross alpha particle activity (including radium -226, but excluding radon and uranium)</td>
<td>15 pCi/l</td>
</tr>
<tr>
<td>*</td>
<td>Combined beta/photon emitters</td>
<td>4 millirems/year effective dose equivalent</td>
</tr>
<tr>
<td>*</td>
<td>Combined Radium -226 and radium 228</td>
<td>5 pCi/l</td>
</tr>
<tr>
<td>*</td>
<td>Strontium 90</td>
<td>8 pCi/l</td>
</tr>
<tr>
<td>*</td>
<td>Tritium</td>
<td>20,000 pCi/l</td>
</tr>
<tr>
<td>*</td>
<td>Total Coliform</td>
<td>1 colony forming unit/100 ml</td>
</tr>
</tbody>
</table>

* No Chemical Abstract Service Number exists for this constituent.

b. The Secondary Constituent Standards are generally based on aesthetic qualities and are identified in Table III.
c. The numerical standards for additional radioactive materials are:

i. Radioactive materials or radioactivity in ground water shall not exceed the values listed in the Code of Federal Regulations, Title 10, Chapter 1, Part 20, Appendix B, Table 2, Effluent Concentrations, Column 2, revised as of July 1, 1995. If a radioactive material or radioactivity also has a standard listed in Subsection 200.01.a., Table II, the more stringent standard shall apply.

ii. Radioactive materials or radioactivity shall not exceed concentrations required to meet the standards set forth in the Code of Federal Regulations, Title 10, Chapter 1, Part 20, revised as of July 1, 1995, for maximum exposure of critical human organs in the case of foodstuffs harvested from these waters for human consumption.

d. Sample preservation and analytical procedures to determine compliance with the standards identified in Subsection 200.01 shall be in accordance with the following:

i. Environmental Protection Agency, Code of Federal Regulations, Title 40, Parts 141 and 143, revised as of July 1995; or

ii. Another method approved by the Department.

02. Narrative Ground Water Quality Standards. Contaminant concentrations, alone or in combination with other contaminants or properties, shall not cause the ground water to be hazardous, deleterious, carcinogenic, mutagenic, teratogenic, or toxic. Determinations of specific numerical levels when applying this standard shall be based on:

<table>
<thead>
<tr>
<th>Constituent</th>
<th>Standard (mg/l unless otherwise specified)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aluminum</td>
<td>0.2</td>
</tr>
<tr>
<td>Chloride</td>
<td>250</td>
</tr>
<tr>
<td>Color</td>
<td>15 Color Units</td>
</tr>
<tr>
<td>Foaming Agents</td>
<td>0.5</td>
</tr>
<tr>
<td>Iron</td>
<td>0.3</td>
</tr>
<tr>
<td>Manganese</td>
<td>0.05</td>
</tr>
<tr>
<td>Odor</td>
<td>3.0 Threshold Odor Number</td>
</tr>
<tr>
<td>pH</td>
<td>6.5 to 8.5 (no units apply)</td>
</tr>
<tr>
<td>Silver</td>
<td>0.1</td>
</tr>
<tr>
<td>Sulfate</td>
<td>250</td>
</tr>
<tr>
<td>Total Dissolved Solids</td>
<td>500</td>
</tr>
<tr>
<td>Zinc</td>
<td>5</td>
</tr>
</tbody>
</table>
a. Best scientific information currently available on adverse effects of the contaminant(s); ( )

b. Protection of a beneficial use; or ( )

c. Practical quantitation levels for the contaminant(s), if they exceed the levels identified in Subsection 200.02.a. or Subsection 200.02.b. ( )

03. Natural Background Level. If the natural background level of a constituent exceeds the standard in this section, the natural background level shall be used as the standard. ( )

201. -- 299. (RESERVED).

300. CATEGORIZED AQUIFERS OF THE STATE.
Aquifers or portions of aquifers in the state are categorized as follows: ( )

01. Sensitive Resource. ( )

a. Spokane Valley - Rathdrum Prairie Aquifer. ( )

i. In addition to the ground water quality standards in Section 200, the following narrative standard applies: the aquifer shall not be degraded, as it relates to beneficial uses, as a result of point source or nonpoint source activity unless it is demonstrated by the person proposing the activity that such change is justifiable as a result of necessary economic or social development. ( )

02. General Resource. All aquifers or portions of aquifers where there are activities with the potential to degrade ground water quality of the aquifer, unless otherwise listed in Subsection 300.01. or Subsection 300.03. Once an activity with the potential to degrade the ground water quality of an uncategorized aquifer or portion of an aquifer is initiated, the uncategorized aquifer shall automatically become General Resource unless petitioned into the Sensitive Resource or Other Resource category. ( )

03. Other Resource. ( )

301. MANAGEMENT OF ACTIVITIES WITH THE POTENTIAL TO DEGRADE AQUIFERS.

01. Sensitive Resource Category Aquifers. ( )

a. Activities with the potential to degrade Sensitive Resource aquifers shall be managed in a manner which maintains or improves existing ground water quality through the use of best management practices and best available methods. ( )

b. The numerical and narrative standards in Section 200 shall apply to aquifers or portions of aquifers categorized as Sensitive Resource. In addition, stricter numerical and narrative standards, for specified constituents, may be adopted on a case by case basis and listed in Section 300. ( )

02. General Resource Category Aquifers. ( )

a. Activities with the potential to degrade General Resource aquifers shall be managed in a manner which maintains or improves existing ground water quality through the use of best management practices and best practical methods to the maximum extent practical. ( )

b. Numerical and narrative standards in Section 200 shall apply to aquifers or portions of aquifers designated as General Resource. ( )

03. Other Resource Category Aquifers. ( )

a. Activities with the potential to degrade Other Resource aquifers shall be managed in a manner which maintains existing ground water quality, except for those identified constituents which may have a less
stringent standard, through the use of best management practices and best practical methods to the maximum extent practical.

b. Numerical and narrative standards identified in Section 200 shall apply to aquifers or portions of aquifers designated as Other Resource. In addition, less strict numerical and narrative standards, for specified constituents, may be adopted on a case by case basis and listed in Section 300.

302. -- 349. (RESERVED).

350. PROCEDURES FOR CATEGORIZING OR RECATEGORIZING AN AQUIFER.
The following process shall be used for categorizing or recategorizing an aquifer.

01. Criteria for Aquifer Categories. The following criteria shall be considered when a petition to categorize or recategorize aquifers or portions of aquifers is submitted to the Board:

a. For Sensitive Resource aquifers:

i. The ground water in an aquifer or portion of an aquifer is of a better quality than the ground water quality standards in Section 200 and maintenance of this quality is needed to protect an identified beneficial use(s);

ii. The ground water in an aquifer or portion of an aquifer is considered highly vulnerable;

iii. The ground water in an aquifer or portion of an aquifer represents an irreplaceable source for the identified beneficial use(s);

iv. The ground water quality in an aquifer or portion of an aquifer has been degraded and there is a need for additional protection measures to maintain or improve the water quality or prevent impairment of a beneficial use;

v. The ground water within an aquifer or portion of an aquifer is shown to be hydrologically interconnected with surface water and additional protection is needed to maintain the quality of either surface or ground water, or a sensitive ecological system. Hydrologic interconnections can include either natural or induced ground water recharge or discharge areas;

vi. The ground water within an aquifer or portion of an aquifer demonstrates other criteria which justify the need for additional protection.

b. For General Resource aquifers:

i. An activity with the potential to degrade ground water quality is initiated over an aquifer or portion of an aquifer which presently has no such activities;

ii. The ground water in an aquifer or portion of an aquifer is currently being used for drinking water or another beneficial use which requires similar protection;

iii. The ground water in an aquifer or portion of an aquifer has a projected future beneficial use of drinking water or another beneficial use which requires similar protection.

c. For Other Resource aquifers:

i. The ground water quality within an aquifer or portion of an aquifer does not meet one or more of the ground water quality standards in Section 200; and allowing the ground water quality to remain at this level does not impair existing or projected future beneficial uses within the aquifer or portion of an aquifer;

ii. The projected ground water quality within an aquifer or portion of an aquifer will not meet one or more of the ground water quality standards in Section 200 as a result of activities over or within the aquifer or portion
of an aquifer; and allowing the proposed degradation will not impair existing or projected future beneficial uses;

iii. Human caused conditions or sources of contamination have resulted in ground water quality standards in Section 200 being exceeded, and the contamination cannot be remedied for economical or technical reasons, or remediation would cause more environmental damage to correct than to leave in place; or

iv. The ground water within an aquifer or portion of an aquifer demonstrates other criteria which justify the need for categorization as an Other Resource.

02. Petition Process. The Department or any other person may petition the Board to initiate rulemaking to categorize or recategorize an aquifer or portion of an aquifer pursuant to IDAPA 16.05.03 Rules of the Department of Health and Welfare, Title 05, Chapter 03, Rules Governing Contested Cases and Declaratory Hearings. In addition to the information required in a rulemaking Petition pursuant to IDAPA 16.05.03, the following information shall be submitted in writing by the Petitioner for the identified aquifer or portion of an aquifer:

a. Current category, if applicable;

b. Proposed category and an explanation of how one or more of the criteria in Subsection 350.01 are met;

c. An explanation of why the categorization or recategorization is being proposed;

d. Location, description and areal extent;

e. General location and description of existing and projected future ground water beneficial uses;

f. Documentation of the existing ground water quality;

g. Documentation of aquifer characteristics, where available, including, but not limited to:

i. Depth to ground water;

ii. Thickness of the water bearing section;

iii. Direction and rate of ground water flow;

iv. Known recharge and discharge areas; and

v. Geology of the area;

h. Identification of any proposed standards, for specified constituents, which would be stricter or less strict than the ground water quality standards in Section 200, or any standards to be applied in addition to those in Section 200; and a rationale for the proposed standards.

03. Preliminary Department Review. Prior to submission of a petition to the Board to categorize or recategorize an aquifer, any person may seek a preliminary review of the petition from the Department. The Department shall respond to the petitioner with comments within forty-five (45) days.

351. -- 399. (RESERVED).

400. GROUND WATER CONTAMINATION.

01. Releases Degrading Ground Water Quality. No person shall cause or allow the release, spilling, leaking, emission, discharge, escape, leaching, or disposal of a contaminant into the environment in a manner that:
a. Causes a ground water quality standard to be exceeded; ( )
b. Injures a beneficial use of ground water; or ( )
c. Is not in accordance with a permit, consent order or generally accepted management practice. ( )

02. Prevention Measures.

a. When a numerical standard is not exceeded, but degradation of ground water quality is detected and deemed significant by the Department, the Department shall take one or more of the following actions: ( )

   i. Require a modification of regulated activities to prevent continued degradation; ( )

   ii. Coordinate with the appropriate agencies and responsible persons to develop and implement prevention measures for activities not regulated by the Department; ( )

   iii. Allow limited degradation of ground water quality for the constituents identified in Section 200.01.a. and c., if it can be demonstrated that:

       (1) Best management practices, best available methods or best practical methods, as appropriate for the aquifer category, are being applied; and ( )

       (2) The degradation is justifiable based on necessary and widespread social and economic considerations; or ( )

   iv. Allow degradation of ground water quality up to the standards in Subsection 200.01.b., if it can be demonstrated that:

       (1) Best management practices are being applied; and ( )

       (2) The degradation will not adversely impact a beneficial use. ( )

b. The following criteria shall be considered when determining the significance of degradation:

   i. Site specific hydrogeologic conditions; ( )

   ii. Water quality, including seasonal variations; ( )

   iii. Existing and projected future beneficial uses; ( )

   iv. Related public health issues; and ( )

v. Whether the degradation involves a primary or secondary constituent in Section 200. ( )

03. Contamination Exceeding a Ground Water Quality Standard. The discovery of any contamination exceeding a ground water standard that poses a threat to existing or projected future beneficial uses of ground water shall require appropriate actions, as determined by the Department, to prevent further contamination. These actions may consist of investigation and evaluation, or enforcement actions if necessary to stop further contamination or clean up existing contamination, as required under the Environmental Protection and Health Act, Section 39-108, Idaho Code. ( )

04. Agricultural Chemicals. Agricultural chemicals found in intermittently saturated soils within the crop root zone will not be considered ground water contaminants as long as the chemicals remain within the crop root zone, and have been applied in a manner consistent with all appropriate regulatory requirements. ( )
05. Site-Specific Ground Water Quality Levels. The Department may allow site-specific ground water quality levels, for any aquifer category, that vary from a standard(s) in Section 200 or Section 300, based on consideration of effects to human health and the environment, for:

   a. Remediation conducted under the Department’s oversight; ( )

   b. Permits issued by the Department; ( )

   c. Situations where the site background level varies from the ground water quality standard; or ( )

   d. Other situations authorized by the Department in writing. ( )

401. -- 999. (RESERVED).
EFFECTIVE DATE: These temporary rules are effective July 1, 1996.

AUTHORITY: In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted temporary rules, and proposed regular rule-making procedures have been initiated. The action is authorized pursuant to Section(s) 39-145, Idaho Code.

PUBLIC HEARING SCHEDULE: Pursuant to Section 67-5222(2), Idaho Code, public hearing(s) concerning this rule-making will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than August 21, 1996.

DESCRIPTIVE SUMMARY: The following is the required finding and a concise statement of the supporting reasons for temporary rule-making and a statement in nontechnical language of the substance of the proposed rule:

Temporary rules have been adopted in accordance with Section 67-5226, Idaho Code and are necessary in order to protect the public health, safety, or welfare.

Neighboring sections of Idaho Code related to Emergency Medical Services (EMS) and the responsibilities of the EMS Bureau were modified through legislation introduced during the 1996 session. The legislation merged the Board of Medicine section of Idaho Code pertaining to EMS with the Board of Health and Welfare and the EMS Bureau. This modification streamlined the authority over the rules of ambulances, other EMS services, and certification of EMS personnel under a single board. Effective July 1, 1996, the Board of Medicine will have regulatory authority over the medical scope of practice of EMS personnel and medical direction standards; the Board of Health and Welfare will govern all other state EMS processes.

Proposed rule changes align the existing rules governing EMS with these legislative revisions as well as the deletion of archaic equipment requirements and other out-dated regulatory processes. Proposed rules include provisions for the Statewide EMS Advisory Committee, EMS training programs, ambulance service standards, certification of personnel, and discipline.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the temporary or proposed rule, contact Dia Gainor at (208) 334-4000.

Anyone can submit written comments regarding this rule. All written comments and data concerning the rule must be directed to the undersigned and must be postmarked on or before August 28, 1996.

DATED this 7th day of August, 1996.

STACI WELSH
Administrative Procedures Coordinator
DHW - Division of Legal Services
450 West State Street, 10th Floor
PO Box 83720
Boise, Idaho 83720-0036
(208) 334-5564 phone, (208) 334-5548 fax

TEXT OF DOCKET NO. 16-0203-9601

000. LEGAL AUTHORITY.
The Idaho Board of Health and Welfare is authorized under Section 39-145, Idaho Code, to adopt rules concerning
the administration of the Idaho Emergency Medical Services Act, hereinafter referred to as "this Act." The Board of Health & Welfare has adopted the July 1, 1996, Minimum Equipment Standards for Licensed EMS Services, Version 2.0, as its standard on required EMS equipment, and hereby incorporates the Standards by reference. Copies of the Standards may be obtained from the EMS Bureau, 3092 Elder Street, P.O. Box 83720, Boise, Idaho 83720-0036.

001. TITLE AND SCOPE.

01. Scope. These rules include criteria for training programs, certification of personnel, for licensure of ambulances, determination of acts which may be performed by basic life-support personnel, services and non-transport services, licensure of ambulances and non-transport vehicles, establishment of fees for training, inspections, and certifications, and appropriate requirements for recertification of personnel and equipment and other necessary and proper matters.

02. Title. These rules shall be cited in full as IDAPA 16, Title 02, Chapter 03, Idaho Department of Health and Welfare Rules, Title 2, Chapter 3, “Rules Governing Emergency Medical Services.”

002. WRITTEN INTERPRETATIONS.

In accordance with Section 67-5201 (16) (b) (iv), Idaho Code, this bureau has an EMS Standards Manual, which contains policy and interpretation of the rules of this Chapter, or to the documentation of compliance with the rules of this Chapter. Copies of the Manual may be obtained from the EMS Bureau, 3092 Elder Street, P.O. Box 83720, Boise, Idaho 83720-0036.

003. ADMINISTRATIVE APPEALS.

All contested cases shall be governed by the provisions of IDAPA 16, Title 05, Chapter 03, Rules Governing Contested Case Proceedings and Declaratory Rulings.

004. DEFINITIONS AND ABBREVIATIONS.

For the purposes of these rules, the following terms and abbreviations will be used, as defined below:


02. Ambulance. Any privately or publicly owned ground motor vehicle, nautical vessel, fixed wing aircraft or rotary wing aircraft used for, or intended to be used for, the transportation of sick or injured persons who may need medical attention during transport, that is specifically designed or constructed, and is intended to be used for and is maintained or operated for the transportation of patients, including dual purpose police patrol cars and funeral coaches or hearses which otherwise comply with the provisions of this Act.

03. BLS. Basic Life-Support.


05. Board. The Idaho State Board of Health and Welfare.

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

07. Certified Basic Life-Support Personnel. Individuals who have completed training and successfully passed examinations for training and skills proficiency in one (1) or several levels of basic life-support activity as prescribed and certified by the Department of Health and Welfare. These several levels of Basic Life-Support services include: emergency medical services.

08. CIM. “Crash Injury Management” (hereafter CIM). An individual certified by the EMS Bureau of...
the Idaho Department of Health and Welfare as an emergency care officer on the basis of successful completion of a forty (40) hour CIM course and subsequent continuing training. (11-19-76)

b. QRU—“Quick Response Unit” (hereafter QRU). An individual certified by the EMS Bureau of the Idaho Department of Health and Welfare as a QRU crew member on the basis of successful completion of a fifty (50) hour QRU course and subsequent required continuing training. (11-19-76)

c. EMT—"Emergency Medical Technician" (hereafter EMT). An individual certified by the EMS Bureau of the Idaho Department of Health and Welfare on the basis of successful completion of:

i. An eighty-one (81) hour EMT course; and (11-19-76)

ii. Subsequent required continuing training. (11-19-76)

d. EMT-A—"Emergency Medical Technician—Ambulance" (hereafter EMT-A). An individual certified by the EMS Bureau of the Idaho Department of Health and Welfare on the basis of successful completion of:

i. An eighty-one (81) hour EMT course; and (11-19-76)

ii. At least fifty (50) hours of supervised in-field ambulance experience; and (11-19-76)

iii. Subsequent required continuing training. (11-19-76)

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

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

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


10. EMS Standards Manual. A manual published by the EMS Bureau detailing policy information including EMS education, training, certification, licensure, and data collection. (7-1-96)


12. Emergency Medical Technician—Basic(EMT-B). An individual certified by the EMS Bureau of the Idaho Department of Health and Welfare on the basis of successful completion of a basic EMT training program, examination, subsequent required continuing training, and recertification. (7-1-96)

13. Emergency Medical Technician-Paramedic (EMT-P). An individual certified by the EMS Bureau of the Idaho Department of Health and Welfare on the basis of successful completion of a paramedic training program, examination, subsequent required continuing training, and recertification. (7-1-96)

14. First Responder. An individual certified by the EMS Bureau of the Idaho Department of Health and Welfare on the basis of successful completion of a first responder training program, examination, subsequent required continuing training, and recertification. (7-1-96)

15. Licensed EMS Services. Ambulance services and non-transport services licensed by the EMS Bureau to function in Idaho. (7-1-96)
16. National Registry of Emergency Medical Technicians (NREMT). An independent, non-governmental, not for profit organization which prepares validated examinations for the state’s use in evaluating candidates for certification. (7-1-96)

17. Non-transport. A vehicle design or organizational configuration which brings EMS personnel or equipment to a location, but does not move any sick or injured person from that location. (7-1-96)

10. Nurse. A person licensed by the State Board of Nursing to practice nursing in Idaho. (11-19-76)

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

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

005. -- 099. (RESERVED).

003100. STATEWIDE EMS ADVISORY COMMITTEE. The Director will appoint a Statewide EMS Advisory Committee to provide counsel to the Department in administering the EMS Act relative to establishing training and examination standards, certifying basic life support personnel, advising on basic and advanced life support projects, and other administrative duties of the Act. The Committee members will have a normal tenure of three (3) years after which time they may be excused or reappointed. However, in order to afford continuity, initial appointments will be made to one-third (1/3) of the membership for two (2) years, one-third (1/3) for three (3) years, and one-third (1/3) of the membership for four (4) years. The Committee chairman will be selected by the State Health Officer. (4-8-94)(7-1-96)

01. Membership. The Statewide EMS Advisory Committee will be constituted as follows: (7-1-80)
   a. One (1) representative recommended by the State Board of Medicine; and (4-8-94)
   b. One (1) representative recommended by the Idaho Chapter of ACEP; and (4-8-94)
   c. One (1) representative recommended by the Committee on Trauma of the Idaho Chapter of the American College of Surgeons; and (4-8-94)
   d. One (1) representative recommended by the State Board of Nursing; and (4-8-94)
   e. One (1) representative recommended by the Idaho Medical Association; and (4-8-94)
   f. One (1) representative recommended by the Idaho Hospital Association; and (4-8-94)
   g. One (1) representative of local government recommended by the Idaho Association of Counties; and (4-8-94)
   h. One (1) representative of a career third service EMS/Ambulance organization; and (4-8-94)
   i. One (1) representative of a volunteer third service EMS/Ambulance organization; and (4-8-94)
   j. One (1) representative of a third service non-transport EMS organization; and (4-8-94)
   k. One (1) representative of a fire department based EMS/Ambulance recommended by the Idaho Fire Chiefs Association; and (4-8-94)
   l. One (1) representative of a fire department based non-transport EMS organization; and (4-8-94)
   m. One (1) representative of an air medical EMS organization; and (7-1-96)
One (1) Emergency Medical Technician-Basic who represents the interests of Idaho providers certified at that level; and

One (1) Advanced Emergency Medical Technician — Intermediate Ambulance who represents the interests of Idaho providers certified at that level; and

One (1) Emergency Medical Technician-Paramedic who represents the interests of Idaho providers certified at that level; and

One (1) representative who is an administrative county EMS director; and

One (1) EMS instructor who represents the interests of Idaho EMS educators and evaluators; and

One (1) consumer.

Responsibilities. The EMS Advisory Committee will meet at least annually or as needed for the purposes of:

a. Reviewing policies and procedures for provision of emergency medical services and recommending same to the Division;

b. Reviewing EMS training curricula, training standards, and examination processes and recommending same to the Division;

c. Reviewing EMS trainee candidate selection policy and trainee candidate performance requirements and recommending to the Division certification of standards for EMS personnel;

d. Reviewing and making recommendations for disciplinary action regarding EMS personnel who have not complied with EMS policies;

e. Reviewing and making recommendations on the licensing of ambulance services in Idaho.

f. Reviewing and making recommendations on the licensing of non-transport services in Idaho.

004101 -- 0199. (RESERVED).

4200. EMS TRAINING PROGRAMS.

01. Qualification for Certification. EMS training programs must meet all standards requirements of the Department in accordance with the standards listed in Section 201 of these rules. In order for the EMS Bureau to verify compliance, the course coordinator must submit an application to the EMS Bureau before the course begins. The EMS Training Program may be approved by the EMS Bureau only if all requirements are met. The EMS Training Program must be approved in order for trainee candidates to qualify for access to a certification by the Department examination.

02. STANDARDS. All basic life support training programs must be conducted in accordance with the BLS manual and, at a minimum following criteria:

01. Course Coordinator. Each EMS training program must have a designated course coordinator who shall have overall responsibility for management of the course and specific duties, including:

a. Documentation of candidate qualifications, attendance, skill proficiency, and clinical sessions;
b. Advance scheduling and prior orientation of all other instructors and guest lecturers to the knowledge and skills objectives of the session being taught; (7-1-96)

c. Coordination of access for candidates into health care facilities and licensed EMS services in accordance with the curriculum of the course; (7-1-96)

d. Acquisition of equipment for all skills objectives within the curriculum being taught. (7-1-96)

a02. Instructor Qualifications. The course director(s), course coordinator(s), and course instructor(s) conducting EMS training courses must meet the appropriate qualifications established by the Department in Sections 225 through 229 of these rules. Emergency Medical Technician (EMT, EMT-A) training courses must be conducted under the direction of a physician and coordinated by a qualified individual meeting the course coordinator standards of the Department. (7-1-80)

b. Candidate selection for basic life-support training courses is to be approved by an EMS training course committee officially recognized by the Department. (7-1-80)

c03. Physician Oversight. AEMT-A and EMT-P training courses must be conducted under the direction of a physician. (7-1-96)

c04. Curriculum and Equipment. Basic life-support (T) training courses must use course curricula, textbooks, training aids, and other related training materials approved by the Department. State Health Officer and have access to equipment related to all skills objectives within the curricula. (7-1-80)

d. Training course fees must be as approved by the Department. (7-1-80)

e02. CERTIFICATION EXAMINATIONS.
Certification Examinations shall be administered to basic life-support trainees who are to be approved by the Department. State Health Officer and conducted by individuals deemed qualified by the Department to administer such examinations who are certified or licensed at or above the skill level being examined, or by registered nurses, or by licensed physicians. (7-1-80)

f. Basic life-support trainees will be certified by the Department on the basis of successful completion of all training program requirements and must meet continuing education and refresher training standards of the Department in order to maintain certification. (7-1-80)

g. The decision for selection of EMS instructors and communications personnel will be made by the Department's EMS Bureau Chief, after careful consideration of qualifications, including training and experience. (12-31-91)

h. The Department will reimburse EMS instructors and communications personnel who are under contract at rates established annually by the Director. Such annual rates must be established in writing on or before June 30 for the following fiscal year and must provide three (3) different rates of pay for the three (3) different levels of instructors and communications personnel. (7-1-80)

203. MONITORING OF INSTRUCTOR PERFORMANCE.
The EMS Bureau shall monitor instructor performance for all EMS training programs, including candidates' performance on National Registry and other standardized examinations, surveys of candidate satisfaction, and results of other evaluation instruments. Summary findings shall be made available to licensed EMS services and other organizations sponsoring EMS training programs. (7-1-96)

204. INSPECTION.
Representatives of the EMS Bureau are authorized to enter the training facility at reasonable times, for the purpose of assuring that the training program meets or exceeds the provisions of these rules and the EMS Standards Manual. (7-1-96)
205. CONSISTENCY WITH SCOPE OF PRACTICE.
All curricula approved for use in Idaho or used as the basis for certification by a candidate trained elsewhere must be consistent with the scope of practice established by the Board of Medicine for the level of certification requested by the candidate. (7-1-96)

206. CONSISTENCY WITH NATIONAL STANDARDS.
The EMS Bureau shall consider the National Standard Curriculum and the National EMS Education & Practice Blueprint as models for design or adaptation of EMS training program content and EMS certification levels. (7-1-96)

207. (RESERVED).

225. QUALIFICATIONS OF FIRST RESPONDER COURSE INSTRUCTORS.
First Responder Course Instructors must be approved by the EMS Bureau, based on being certified for at least two (2) years at or above the level of the session of the curriculum being taught. (7-1-96)

226. QUALIFICATIONS OF EMT-BASIC COURSE INSTRUCTORS.
EMT-Basic course instructors must be approved by the EMS Bureau, based on the following requirements: (7-1-96)
01. Application. Submission of an application to the EMS Bureau; (7-1-96)
02. Adult Instructional Methodology. Completion of Division of Vocational Education/Idaho Emergency Services Training’s sixteen (16) hour “EMS Instructor Training” course or equivalent; (7-1-96)
03. Orientation to the Curriculum. Completion of the Division of Vocational Education/Idaho Emergency Services Training’s original twenty-four (24) hour “EMT Basic Instructor Orientation” course or completion of a twenty-four (24) hour provider “EMT-Basic Transitional Course” plus Division of Vocational Education/Idaho Emergency Services Training’s instructor-specific eight (8) hours “EMT Instructor Orientation” course; or equivalent; and (7-1-96)
04. Certification. Certification at or above the level of curriculum being taught, for at least two (2) years. Licensed individuals and other health care providers must also be certified at the EMT level. (7-1-96)

227. PRIMARY OR LEAD EMT-B INSTRUCTORS.
Primary or lead instructors shall be approved as EMT-Basic Course Instructors, shall personally instruct at least seventy-five percent (75%) of the didactic training of the course, and shall instruct or oversee the skills training in the curriculum. (7-1-96)

228. EMT-BASIC SKILLS INSTRUCTORS.
EMT-Basic skills instructors shall be approved as EMT-Basic Course Instructors and shall personally instruct the psychomotor portions of the curriculum. (7-1-96)

229. ADVANCED EMT AND EMT-PARAMEDIC INSTRUCTORS.
AEMT-A and EMT-P Instructors must be approved by the EMS Bureau based on having credentials, education or experience that correspond to the knowledge and skills objectives being taught. (7-1-96)

300. AMBULANCE SERVICE STANDARDS.
In order to qualify for licensing as an ambulance service, the standards contained in pursuant to Section 39-144, Idaho Code, the applicant shall demonstrate compliance with must be met, including the following additional detailed items: (7-1-80)
01. New Ambulances Vehicles. All new ambulance vehicles purchased after July 1, 1977, must meet one (1) of the following conditions to be licensed: (7-1-80)
- Specifications for ambulances.
a. The vehicle meets or exceeds any federal, industry, or trade specifications or standards for that type of vehicle. (7-1-96)

b. The vehicle has been uniquely configured or modified to meet specialized needs and has been inspected and approved by the EMS Bureau. (7-1-96)

02. Required Equipment. Each ambulance must be equipped with the following equipment:

a. Medical care supplies and devices as specified in the Minimum Equipment Standards for Licensed EMS Services. Exceptions to the minimum equipment requirements may be granted by the EMS Bureau upon inspection, when the circumstances and available alternatives assure that appropriate patient care will be provided for all foreseeable incidents. Portable suction apparatus with wide bore tubing and rigid pharyngeal suction tip. The suction unit must provide at least twelve (12) inches Hg vacuum; (7-1-80)

b. Hand-operated bag-mask ventilation unit with adult, child and infant size masks. Clear masks are preferable. Valves must operate in cold weather, and unit must be capable of use with oxygen supply; and (11-19-76)

c. Oropharyngeal airways in adult, child and infant sizes; and (11-19-76)

d. Mouth-to-mouth artificial ventilation airways for adults and children; and (11-19-76)

e. Portable oxygen equipment with adequate tubing and semi-open, valveless, transparent masks in adult, child and infant sizes; and (11-19-76)

f. Hinged half ring lower extremity traction splint (ring nine (9) inches in diameter, overall length of splint forty-three (43) inches) with commercial limb support slings, padded ankle hitch and traction strap; and (11-19-76)

g. Two (2) or more padded boards, four and one half (4 1/2) feet long by three (3) inches wide, and two (2) or more similarly padded boards, three (3) feet long, of material comparable to four-ply wood for coaptation splinting of leg or thigh; and (11-19-76)

h. Two (2) or more fifteen (15) inch by three (3) inch padded wooden splints for fractures of the forearm (by local option, similar splints of cardboard, plastic wire ladder or canvas slotted lace on can be carried in place of the above thirty-six (36) and fifteen (15) inch boards); and (7-1-80)

i. Uncomplicated inflatable splints in addition to those required by Subsection 300.02.h. or as substitute for the short boards; and (12-31-91)

j. Short and long spine boards with accessories; and (11-19-76)

k. Sterile obstetrical kit; and (11-19-76)

l. Poison kit; and (11-19-76)

m. Blood pressure manometer, cuff and stethoscope; and (11-19-76)

n. Mobile radio on 155.340 MHZ and 155.280 MHZ frequencies with encoding capabilities to allow access to the Idaho EMS radio communications system; and (11-19-76)

c. Safety equipment and personal protective supplies for certified personnel and other vehicle occupants as specified in the Minimum Equipment Standards, including materials to provide for body substance isolation and protection from exposure to communicable diseases pursuant to Section 39-145, Idaho Code. (7-1-96)

e. Installed oxygen equipment, including oxygen tank with a capacity of at least one thousand two hundred (1,200) liters, liter flow meter, and humidifier units with the capability to administer oxygen simultaneously
to a minimum of two (2) patients; and

p. Installed suction unit of manifold vacuum and/or electric motor type with wide bore tubing, rigid pharyngeal suction tip, and reservoir capable of providing a minimum of twelve (12) inches Hg vacuum. (7-1-80)

03. Required Supplies. Each ambulance must be equipped with the following supplies. (7-1-80)

a. Mouth gags, either commercial or made of three (3) tongue blades taped together and padded; and (11-19-76)

b. A minimum of one (1) liter of saline solution (preferably sterile) for wound and eye irrigation, chemical burn irrigation, and dilution of ingested toxic agents; and (7-1-80)

c. Universal dressings, approximately ten (10) inches by thirty-six (36) inches, compactly folded and packaged in convenient sizes; and (11-19-76)

d. Sterile gauze pads, four (4) inches by four (4) inches; and (11-19-76)

e. Soft roller self-adhering type bandages, six (6) inches by five (5) yards; and (11-19-76)

f. Roll of aluminum foil, eighteen (18) inches by twenty-five (25) feet, sterilized and wrapped; and (11-19-76)

g. Two (2) rolls of plain adhesive tape, three (3) inches wide; and (11-19-76)

h. Two (2) sterile burn sheets; and (11-19-76)

i. Triangular bandages; and (11-19-76)

j. Large size safety pins; and (11-19-76)

k. Shears for bandages. (11-19-76)

03. Ambulance Personnel. The ambulance service shall demonstrate that a sufficient number of personnel are affiliated with the service to accomplish a twenty-four (24) hour a day, seven (7) day a week response capability in accordance with Section 39-144 (3), Idaho Code. The service shall describe its anticipated staffing patterns per vehicle and shift on the application supplied by the EMS Bureau. The annual inspection by the EMS Bureau shall include a review of the ambulance service personnel staffing configuration. (7-1-96)

04. Records to be Maintained. The ambulance service must maintain records of each ambulance run on in a forms approved by the Department of EMS Bureau that includes at least the following information: (7-1-80)

a. Name of ambulance service; and (11-19-76)

b. Date of run response; and (11-19-76)

c. Time call received; and (11-19-76)

d. Time en route to scene; and (7-1-96)

d. Time arrival at scene; and (11-19-76)

f. Time service departed scene; and (7-1-96)

e. Time arrival at hospital; and (11-19-76)
f. Location of incident; and (11-19-76)

g. Description of illness/injury; and (11-19-76)

h. Description of patient management; and (11-19-76)

i. Patient destination; and (11-19-76)

j. Ambulance unit identification; and (11-19-76)

k. Identification and certification level of each ambulance personnel crew member on run and certification of the response; and (11-19-76)(7-1-96)

l. Response outcome. (7-1-96)

05. Communications. Ambulance service dispatch shall be in accordance with Section 39-144 (4), Idaho Code. The application for licensure shall describe the radio, telephonic, or other electronic means by which patient care instructions from an authorized medical source will be obtained. The annual inspection by the EMS Bureau shall include a review of the ambulance service dispatch and communications configuration. (7-1-96)

06. Medical Control Plan. The ambulance service shall describe the extent and type of supervision by a licensed physician that is available to certified personnel. The annual inspection by the EMS Bureau shall include a review of the ambulance service medical control configuration. (7-1-96)

07. Medical Treatment Protocols. The ambulance service shall submit a complete copy of the medical treatment protocols and written standing orders under which its certified personnel will function with the application for licensure. (7-1-96)

08. Training Facility Access. The applicant shall describe the arrangements which will provide access to clinical and didactic training locations, in the initial application for service licensure. (7-1-96)

09. Geographic Coverage Description. Each application for initial licensure shall contain a specific description of the Idaho jurisdiction(s) that the ambulance service will serve using known geopolitical boundaries or geographic coordinates. (7-1-96)

10. Local Governmental Authorization. The applicant for initial and subsequent ambulance licensure shall document compliance with all local ordinances and ambulance district requirements for every jurisdiction that will be served by the applicant. (7-1-96)

11. Required Application. The applicant shall submit a completed application to the EMS Bureau to be considered for licensure. The most current standardized form shall be available from the EMS Bureau. An additional application may be required prior to subsequent annual inspection by the EMS Bureau. (7-1-96)

0512. Inspection. Representatives of the Department of Health and Welfare are authorized to enter the applicant’s facility or other location as designated by the applicant at reasonable times, for the purpose of inspecting the ambulance services’ vehicle(s) and equipment, ambulance run response records, and other necessary items to determine eligibility for licensing by the state of Idaho in relation to the minimum standards in Section 39-144, Idaho Code. (42-31-91)(7-1-96)

0613. License. Ambulance services must be licensed on an annual basis by the Department of Health and Welfare. (7-1-80)(7-1-96)

301. NON-TRANSPORT SERVICE STANDARDS.

In order to qualify for licensing as a non-transport service pursuant to Section 39-144, Idaho Code, the applicant shall demonstrate compliance with the following:

01. Vehicles. All vehicles must meet one (1) of the following conditions to be licensed: (7-1-96)
a. The vehicle meets or exceeds standards for that type vehicle, including federal, industry, or trade specifications, as recognized and approved by the EMS Bureau. (7-1-96)

b. The vehicle has been uniquely configured or modified to meet specialized needs and has been inspected and approved by the EMS Bureau. (7-1-96)

02. Required Equipment for Non-transport Services. Certified personnel shall have access to required equipment. The equipment shall be stored on a dedicated response vehicle, or in the possession of certified personnel. The application for licensure as a non-transport service shall include a description of the following: (7-1-96)

a. Medical care supplies and devices as specified in the Minimum Equipment Standards for Licensed EMS Services. Exceptions to the minimum equipment requirements may be granted by the EMS Bureau upon inspection, when the circumstances and available alternatives assure that appropriate patient care will be provided for all foreseeable incidents. (7-1-96)

b. Mobile or portable radio(s) on 155.340 MHZ and 155.280 MHZ frequencies with encoding capabilities to allow access to the Idaho EMS radio communications system; and (7-1-96)

c. Safety equipment and personal protective supplies for certified personnel and other vehicle occupants as specified in the Minimum Equipment Standards for Licensed EMS Services, including materials to provide for body substance isolation and protection from exposure to communicable diseases pursuant to Section 39-145, Idaho Code. (7-1-96)

03. Non-transport Service Personnel. The non-transport service shall demonstrate that a sufficient number of certified personnel are affiliated with the service to accomplish a twenty four (24) hour a day, seven (7) day a week response capability. Exceptions to this requirement may be granted by the EMS Bureau when strict compliance with the requirement would cause undue hardship on the community being served, or would result in abandonment of the service. The annual inspection by the EMS Bureau shall include a review of the personnel staffing configuration. (7-1-96)

04. Records to be Maintained. The non-transport service must maintain records of each EMS response in a form approved by the EMS Bureau that include at least the following information: (7-1-96)

a. Identification of non-transport service; and (7-1-96)

b. Date of response; and (7-1-96)

c. Time call received; and (7-1-96)

d. Time en route to scene; and (7-1-96)

e. Time arrival at scene; and (7-1-96)

f. Time service departed scene; and (7-1-96)

g. Location of incident; and (7-1-96)

h. Description of illness/injury; and (7-1-96)

i. Description of patient management; and (7-1-96)

j. Patient destination; and (7-1-96)

k. Identification of non-transport service personnel on response and certification; and (7-1-96)

l. Response outcome. (7-1-96)
05. Communications. The application for licensure shall describe the radio, telephonic, or other electronic means by which patient care instructions from an authorized medical source will be obtained. The annual inspection by the EMS Bureau shall include a review of the non-transport service dispatch and communications configuration. (7-1-96)T

06. Medical Control Plan. The non-transport service shall describe the extent and type of supervision by a licensed physician that is available to certified personnel. The annual inspection by the EMS Bureau shall include a review of the non-transport service medical control configuration. (7-1-96)T

07. Medical Treatment Protocols. The non-transport service shall submit a complete copy of the medical treatment protocols and written standing orders under which its certified personnel will function with the initial application for licensure. (7-1-96)T

08. Training Facility Access. The applicant shall describe the arrangements which will provide access to clinical and didactic training locations, in the initial application for service licensure. (7-1-96)T

09. Geographic Coverage Description. Each application for initial licensure shall contain a specific description of the Idaho jurisdiction(s) that the non-transport service will serve using known geopolitical boundaries or geographic coordinates. (7-1-96)T

10. Local Governmental Authorization. The applicant for initial and subsequent licensure shall document compliance with all local ordinances and ambulance district requirements for every jurisdiction that will be served by the applicant. (7-1-96)T

11. Required Application. The applicant shall submit a completed application to the EMS Bureau to be considered for licensure. The most current standardized form shall be available from the EMS Bureau. An additional application may be required prior to subsequent annual inspection by the EMS Bureau. (7-1-96)T

12. Inspection. Representatives of the Department are authorized to enter the applicant’s facility or other location as designated by the applicant at reasonable times, for the purpose of inspecting the non-transport services’ vehicle(s) and equipment, non-transport response records, and other necessary items to determine eligibility for licensing by the state of Idaho. (7-1-96)T

13. Non-Transport Service Minimum Standards Waiver. The controlling authority providing non-transport services may petition the EMS Bureau for waiver of the non-transport service standards of these rules, if compliance with the service standards would cause undue hardship on the community being served. (7-1-96)T

14. License. Non-transport services must be licensed on an annual basis by the EMS Bureau. (7-1-96)T

3042. -- 399. (RESERVED).

(BREAK IN CONTINUITY OF SECTIONS)

401. -- 999499. (RESERVED).

500. CERTIFICATION.
In order to practice or represent himself as a First Responder, EMT-B, AEMT-A, or EMT-P, an individual must maintain current certification issued by the EMS Bureau. (7-1-96)T

501. INITIAL CERTIFICATION.
Upon successful completion of an EMS training program, a candidate who obtains a passing score on the National Registry examination corresponding to the level of certification being sought may apply for certification to the EMS Bureau. In addition, candidates must satisfy the following requirements: (7-1-96)T
01. Affiliation Required. Candidates for certification at the EMT-B, AEMT-A, and EMT-P levels must have current affiliation with a licensed EMS service; (7-1-96)

02. Required Identification. Candidates for certification at any level must have an Idaho driver’s license, an Idaho identification card which is issued by a county driver’s license examining station, or identification card issued by the Armed Forces of the United States; and (7-1-96)

03. Criminal Background Check. A criminal background check shall be conducted for all applicants for initial certification in accordance with the standards and procedures established in IDAPA 16, Title 05, Chapter 06, Rules Governing Mandatory Criminal History Checks. (7-1-96)

04. Fee for Initial Certification. The fee for initial certification for AEMT-A and EMT-P shall be thirty five dollars ($35). (7-1-96)

502. -- 509. (RESERVED).

510. CERTIFICATION DURATION AND RECERTIFICATION.
All certification is for the following specified intervals of time, during which time required continuing education, refresher courses and other proficiency assurances shall be completed in order to renew the certification. (7-1-96)

01. First Responder Certification. A First Responder shall be issued certification for three (3) years. The duration of initial certification may be up to forty two (42) months from the date of examination. Continuing education and refresher course shall be conducted in accordance with the EMS Standards Manual in effect at the beginning of the certification interval. (7-1-96)

02. EMT-B Certification. An EMT-B shall be issued certification for three (3) years. The duration of initial certification may be up to forty two (42) months from the date of examination. Continuing education, refresher course, and proficiency assurance documentation shall be conducted in accordance with the EMS Standards Manual in effect at the beginning of the certification interval. (7-1-96)

03. AEMT-A Certification. An AEMT-A shall be issued certification for two (2) years. The duration of initial certification may be up to thirty (30) months from the date of examination. Continuing education, refresher course, and proficiency assurance documentation shall be conducted in accordance with the EMS Standards Manual in effect at the beginning of the certification interval. The fee for recertification shall be twenty five dollars ($25). (7-1-96)

04. EMT-P Certification. An EMT-P shall be issued certification for two (2) years. The duration of initial certification may be up to thirty (30) months from the date of examination. Continuing education, refresher course, and proficiency assurance documentation shall be conducted in accordance with the EMS Standards Manual in effect at the beginning of the certification interval. The fee for recertification shall be twenty five dollars ($25). (7-1-96)

05. Required Documentation. Documentation of recertification requirements is due to the EMS Bureau prior to the certification expiration date. Failure to submit complete documentation of requirements by the certification expiration date renders the certification invalid and the candidate shall not practice or represent himself as certified personnel. (7-1-96)

511. LAPSED CERTIFICATION.
After the expiration date of certification issued by the EMS Bureau, the certification shall no longer be valid unless required recertification documentation has been submitted. No grace periods or extensions to an expiration date may be granted. (7-1-96)

01. Reinstatement of Certification. An individual may submit recertification documentation up to a maximum of two (2) years following the certification expiration date. In order for certification to be reinstated individuals must meet the requirements for initial certification. Continuing education proportionate to the amount of time since the last recertification must be documented. (7-1-96)
02. Re-entry. An individual whose certification has been expired for more than two (2) years must obtain NREMT registration and submit proof of current NREMT registration with an application for certification. All other requirements for initial certification must be met. (7-1-96)

512. SURRENDER OF CERTIFICATION. An individual who possesses current certification may relinquish that certification at any time by submitting a letter of intent to the EMS Bureau. This action may not prevent investigative or disciplinary action against the individual, which may take place thereafter. (7-1-96)

513. REVERSION. An individual who possesses current certification may relinquish that certification and receive a certification at a lower level with the same expiration date as the original certification. The individual must meet all requirements for initial certification. This action may not prevent investigative or disciplinary action against the individual which may take place thereafter. (7-1-96)

514. RECIPROCITY. An individual who has successfully completed an EMS training program approved by another state, U.S. Territory, or branch of the U.S. Armed Services may apply for EMS certification if the individual satisfies the criteria for initial certification and has current NREMT registration or state EMS certification at or above the level of certification being sought. (7-1-96)

515. -- 599. (RESERVED).

600. WHO MAY REPORT A DISCIPLINARY VIOLATION. Any person who knows of a violation of any law or rule by the holder of an emergency medical services certificate issued pursuant to these rules may report the violation to the EMS Bureau. (7-1-96)

601. PRELIMINARY INVESTIGATION. The EMS Bureau shall make a preliminary investigation of all the facts and circumstances surrounding the reported facts and events and shall make a report of such facts to the Emergency Medical Services Advisory Committee Disciplinary Subcommittee for a recommendation of appropriate action. The subject of the investigation shall be given an opportunity to respond in writing, or at the option of the EMS Bureau, in person, to the reported violation. (7-1-96)

602. CONFIDENTIALITY OF INVESTIGATION. Preliminary investigations and papers in connection with them shall be confidential until a notice of certificate action is issued. (7-1-96)

603. NOTICE OF CERTIFICATE ACTION. The Bureau Chief shall notify the certificate holder of any intended license action, or shall notify the certificate holder that no action will be taken. If the certificate holder fails to file an administrative appeal, the intended license action shall become effective without further notice. (7-1-96)

604. -- 996. (RESERVED).

996. ADMINISTRATIVE PROVISIONS. Contested case appeals shall be governed by Idaho Department of Health and Welfare Rules, Title 5, Chapter 3, Subsections 000, et seq., "Rules Governing Contested Cases and Declaratory Rulings." (12-31-91)

997. CONFIDENTIALITY OF RECORDS. Any disclosure of information obtained by the Department is subject to the restrictions contained in Idaho Department of Health and Welfare Rules, Title 05, Chapter 01, "Rules Governing the Protection and Disclosure of Department Records." (12-31-91)

998. -- 999. (RESERVED).
998. **INCLUSIVE GENDER AND NUMBER.**
For the purposes of these rules, words used in the masculine gender include the feminine, or vice versa, where appropriate.  

999. **SEVERABILITY.**
The rules contained in Idaho Department of Health and Welfare Rules, Title 2, Chapter 3, are severable. If any rule, or part thereof, or the application of such rule to any person or circumstance, is declared invalid, that invalidity does not affect the validity of any remaining portion of this chapter.
NOTICE OF TEMPORARY AND PROPOSED RULES

EFFECTIVE DATE: These temporary rules are effective September 30, 1996.

AUTHORITY: In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted temporary rules, and proposed regular rule-making procedures have been initiated. The action is authorized pursuant to Title 27, Chapter 3, Sections 301 through 310, Idaho Code.

PUBLIC HEARING SCHEDULE: Pursuant to Section 67-5222(2), Idaho Code, public hearing(s) concerning this rule-making will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than August 21, 1996.

DESCRIPTIVE SUMMARY: The following is the required finding and a concise statement of the supporting reasons for temporary rule-making and a statement in nontechnical language of the substance of the proposed rule:

Temporary rules have been adopted in accordance with Section 67-5226, Idaho Code and are necessary in order to be in compliance with deadline in amendments to governing law or federal programs.

Senate bill 1364, passed by the 1996 Idaho legislature, transferred crematory licensing and inspection responsibilities from the Department of Health and Welfare, Division of Health to the Bureau of Occupational Licenses and Idaho Board of Morticians. Therefore, these rules are being repealed in their entirety.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the temporary or proposed rule, contact Jane S. Smith at (208) 334-5976.

Anyone can submit written comments regarding this rule. All written comments and data concerning the rule must be directed to the undersigned and must be postmarked on or before August 28, 1996.

DATED this 7th day of August, 1996.

STACI WELSH
Administrative Procedures Coordinator
DHW - Division of Legal Services
450 West State Street, 10th Floor
PO Box 83720
Boise, Idaho 83720-0036
(208) 334-5564 phone, (208) 334-5548 fax

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THIS CHAPTER IS REPEALED IN ITS ENTIRETY.
NOTICE OF TEMPORARY AND PROPOSED RULES

EFFECTIVE DATE: These temporary rules are effective August 1, 1996.

AUTHORITY: In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted temporary rules, and proposed regular rule-making procedures have been initiated. The action is authorized pursuant to Section(s) 39-1605, Idaho Code.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rule-making will be held as follows:

- August 20, 1996, at 7:00 p.m., in the Holiday Inn Express, 2209 E. Sherman, Coeur d'Alene, Idaho.
- August 21, 1996, at 7:00 p.m., Boise State University, Student Union Building, Farnsworth Room, 1910 University Drive, Boise, Idaho.
- August 22, 1996, at 7:00 p.m., in the Quality Inn, Teton South Room, 1555 Pocatello Creek Rd., Pocatello, Idaho.

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

DESCRIPTIVE SUMMARY: The following is the required finding and a concise statement of the supporting reasons for temporary rule-making and a statement in nontechnical language of the substance of the proposed rule:

Temporary rules have been adopted in accordance with Section 67-5226, Idaho Code and are necessary in order to confer a benefit.

It is proposed that Section 940.01 (pertaining to inspection frequency) be changed to eliminate inspections for low-risk food establishments except as required for preoperational inspections, change of license holder or ownership, upon the receipt of a consumer complaint or for the purposes of an investigation.

This rule change would allow for district health departments to focus inspection efforts on higher risk food establishments.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the temporary or proposed rule, contact Donald R. Brothers at (208) 334-5938. Anyone can submit written comments regarding this rule. All written comments and data concerning the rule must be directed to the undersigned and must be postmarked on or before September 6, 1996.

DATED this 7th day of August, 1996.

STACI WELSH
Administrative Procedures Coordinator
DHW - Division of Legal Services
450 West State Street, 10th Floor
PO Box 83720
Boise, Idaho 83720-0036
(208) 334-5564 phone, (208) 334-5548 fax
940. INSPECTIONS.

01. Frequency. An unannounced complete regular inspection of a food establishment is to be performed at least once every twelve (12) months, unless otherwise designated. Additional inspections shall be performed as follows (as based on the risk type identified in Appendix A; based upon assessments of potential risks of foodborne illness including a history of critical violations and numerous or repeat noncritical violations of these rules; the hazards associated with the particular foods being processed, prepared, stored or served; the methods and extent of food processing, preparation, storage and service; and the number and demographic characteristics of the food's consumers. Such inspections shall be unannounced:

a. Medium-risk and high-risk food establishments shall be inspected at least once every twelve (12) months, unless otherwise designated in Subsection 940.02; and

b. Low-risk food establishments will not have regular inspections, except as required for preoperational inspections, change of license holder or ownership, upon the receipt of a consumer complaint or for the purposes of an investigation.

02. Additional and Other Inspections. Additional inspections shall be performed based upon assessments of potential risks of foodborne illness including a history of critical violations and numerous or repeat noncritical violations of these rules; the hazards associated with the particular foods being processed, prepared, stored or served; the methods and extent of food processing, preparation, storage and service; and the number and demographic characteristics of the food's consumers. Preoperational inspections, follow-up inspections, enforcement inspections, HACCP inspections and other investigations are to be conducted in accordance with the applicable provisions of these rules. Such inspection shall be unannounced, except as determined necessary by the regulatory authority for specific purposes in compliance with these rules.

03. Access. The regulatory authority representative, upon presentation of proper credentials, shall be permitted warrantless access to the premises of any food establishment during hours of operation unannounced in order to determine if it is in compliance with these rules. Failure to grant access is justifiable cause for the food establishment's operating license to be revoked pursuant to Subsection 960.01.b.

04. Degree of Compliance Determination. The regulatory authority representative is to determine the degree of compliance by examining the food, including sampling as necessary; and by inspecting the equipment, the utensils, the facilities; the operations including storage, processing, preparation, cooking, holding, serving, cooling, cleaning and pest control; the employee's health and practices; HACCP records as applicable; the records related to foods processed or purchased and other records required by the regulatory authority; and confirm that employees with supervisory duties and food workers have satisfactorily complied with training requirements.

05. Inspection Report Forms. Only inspection report forms approved by the responsible program agency are to be used to report the findings of food establishment inspections.

06. Regular Inspection Report. The regular inspection report form shall be completed as follows:

a. All remarks shall be referenced by the specific section number of these rules that have been violated; and

b. Remarks shall list the violations and shall specify a reasonable period of time for the correction of the violations as provided in Section 950; and

c. The inspection score shall consist of the total number of critical violations (a score of zero (0) being a perfect score), except that a score shall not be provided when:

i. The inspection is a follow-up inspection or an enforcement inspection subsequent to a regular
inspection and the only purpose of the inspection is to determine whether the violations have been corrected, in which case only those areas alleged to be in violation need be inspected; or (6-30-95)

ii. The regulatory authority has received a complaint about an alleged violation or violations, in which case the inspection need only cover the alleged violation(s); or (6-30-95)

iii. The inspection is to fulfill a specific purpose other than a routine inspection as determined by the regulatory authority. (6-30-95)

07. Follow-up Inspections. On-site follow-up inspections shall be conducted according to the following schedule: (6-30-95)

a. Following a regular inspection which revealed the number of critical or noncritical violations exceed the maximum number identified in the food establishment risk criteria of Appendix A of these rules; and (6-30-95)

b. An on-site follow-up inspection may not be required should the number of critical or noncritical violations not exceed the maximum number identified in the food establishment risk criteria of Appendix A and the regulatory authority chooses to accept a written report of correction from the license holder. When requested, it shall be the duty of the license holder to submit the written report, stating that specified violations have been corrected, to the regulatory authority within five (5) days after the correction date identified on the inspection report. (6-30-95)

08. Enforcement Inspections. Should a follow-up inspection reveal that critical or noncritical violations identified on the previous regular inspection have not been corrected or should a regular inspection reveal that critical or noncritical violations identified on the previous regular inspection have not been corrected or still exist, an enforcement inspection shall be made and the following subsections shall apply: (6-30-95)

a. The license holder shall receive written notice on the inspection form that an enforcement inspection shall be made on a specific date, which shall be within fifteen (15) days of the current regular or follow-up inspection and should the violations not be corrected at that time, regulatory action will be initiated to revoke or suspend the license issued to the food establishment in accordance with Section 960 of these rules; and (6-30-95)

b. The food establishment shall pay for such enforcement inspection(s) at the current Department/Director's designee rate and the monies collected shall be deposited to the Idaho General Fund. Such Department/Director's designee rate shall be posted in a conspicuous place in the offices of the responsible program agency and Director's designee; and (6-30-95)

c. Should additional enforcement inspections be necessary to correct such violations identified in Subsection 940.08., Subsection 940.08.b. shall apply to each and every enforcement inspection made. (6-30-95)

09. HACCP Inspections. A HACCP inspection shall be made by the regulatory authority in lieu of a regular complete inspection as a result of a contractual agreement between the license holder and the regulatory authority for such inspections. The following shall apply to HACCP inspections: (6-30-95)

a. The license holder of the food establishment agrees to do the following: (6-30-95)

i. Prepare and follow, at all times, a HACCP plan, according to formal procedures identified in Appendix B of these rules, for each of the potentially hazardous foods processed, prepared or sold by the food establishment; and (6-30-95)

ii. Make, according to the license holder's own designated schedule, two (2) regular inspections annually, using forms provided by the responsible program agency, and making necessary corrections of violations found; and (6-30-95)

iii. Maintaining a file of such license holder inspections and HACCP records as identified in Appendix B of the rules in the food establishment and such file shall be made available to the regulatory authority upon request for inspection. (6-30-95)
b. The regulatory authority agrees to make a HACCP inspection which will consist of the following: (6-30-95)

i. Verify that the food establishment is following the approved HACCP plan for a potentially hazardous food being processed, prepared or sold at the time of the inspection; and (6-30-95)

ii. Review the license holder inspections and HACCP records on file. (6-30-95)

c. Should the HACCP inspection reveal noncompliance with the contractual agreement, a complete regular inspection shall be immediately conducted. (6-30-95)

10. Completed Inspection Report. A copy of the completed inspection report form shall be given to the license holder or person in charge at the conclusion of the inspection, except on a regular or follow-up inspection which requires an enforcement inspection, a copy of the report shall be mailed to the license holder if he is not present at time of the inspection. (6-30-95)

11. Inspection Report Public Record. Any completed inspection report is to be treated as a public document and shall be made available for public disclosure to any person who requests it according to law. (6-30-95)

12. Qualified Inspectors. Inspections of food establishments for regulatory purposes shall be made by Idaho licensed environmental health specialists or persons having appropriate professional training and who are authorized agents of the regulatory authority. (6-30-95)
IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.02.22 - RULES GOVERNING SERVICES TO ADULT VICTIMS OF CYSTIC FIBROSIS

DOCKET NO. 16-0222-9601

NOTICE OF TEMPORARY AND PROPOSED RULES

EFFECTIVE DATE: These temporary rules are effective July 1, 1996.

AUTHORITY: In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted temporary rules, and proposed regular rule-making procedures have been initiated. The action is authorized pursuant to Section(s) 39-105 and 39-147, Idaho Code.

PUBLIC HEARING SCHEDULE: Pursuant to Section 67-5222(2), Idaho Code, public hearing(s) concerning this rule-making will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than August 21, 1996.

DESCRIPTIVE SUMMARY: The following is the required finding and a concise statement of the supporting reasons for temporary rule-making and a statement in nontechnical language of the substance of the proposed rule:

Temporary rules have been adopted in accordance with Section 67-5226, Idaho Code and are necessary in order to confer a benefit.

The current rules contain outdated and obsolete financial eligibility criteria and refer to the Children's Special Health Program as the Crippled Children's Service Program. Under this docket number, the chapter is being repealed in its entirety. A new chapter has been rewritten under docket number 16-0226-9601, Health and Welfare Rules Governing the Idaho Children's Special Health Program. The chapter includes cystic fibrosis victims under the same financial eligibility criteria as all recipients of services from the Children's Special Health Program.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the temporary or proposed rule, contact Brett Harrell at (208) 334-5962.

Anyone can submit written comments regarding this rule. All written comments and data concerning the rule must be directed to the undersigned and must be postmarked on or before August 28, 1996.

DATED this 7th day of August, 1996.

STACI WELSH
Administrative Procedures Coordinator
DHW - Division of Legal Services
450 West State Street, 10th Floor
PO Box 83720
Boise, Idaho 83720-0036
(208) 334-5564 phone, (208) 334-5548 fax

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THIS CHAPTER IS BEING REPEALED IN ITS ENTIRETY

It is being replaced by Docket No. 16-0226-9601

as published in this Bulletin immediately following this notice
EFFECTIVE DATE: These temporary rules are effective July 1, 1996.

AUTHORITY: In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted temporary rules, and proposed regular rulemaking procedures have been initiated. The action is authorized pursuant to Section(s) 39-105 and 39-147, Idaho Code.

PUBLIC HEARING SCHEDULE: Pursuant to Section 67-5222(2), Idaho Code, public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than August 21, 1996.

DESCRIPTIVE SUMMARY: The following is the required finding and a concise statement of the supporting reasons for temporary rulemaking and a statement in nontechnical language of the substance of the proposed rule:

Temporary rules have been adopted in accordance with Section 67-5226, Idaho Code and are necessary in order to confer a benefit.

The Idaho Department of Health and Welfare is adopting rules for the administration of benefits provided to families eligible for the Children's Special Health Program (CSHP). These rules reflect the administration and operation of the CSHP. These rules specifically address the description of services to be provided, medical programs and related diagnostic eligibility, recipient eligibility, the application process, and payments to providers

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the temporary or proposed rule, contact Brett Harrell at (208) 334-5962.

Anyone can submit written comments regarding this rule. All written comments and data concerning the rule must be directed to the undersigned and must be postmarked on or before August 28, 1996.

DATED this 7th day of August, 1996.

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Administrative Procedures Coordinator
DHW - Division of Legal Services
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TEXT OF DOCKET NO. 16-0226-9601

IDAPA 16
TITLE 02
Chapter 26

RULES GOVERNING THE IDAHO CHILDREN'S SPECIAL HEALTH PROGRAM

000. LEGAL AUTHORITY.
Section 39-105, Idaho Code directs the Department of Health and Welfare to establish rules as may be necessary to
deal with problems related to personal health. The Children's Special Health Program provides medical and rehabilitative services to persons age birth to eighteen (18) years who meet the diagnostic eligibility criteria defined in Sections 101 through 108 of these rules. Section 39-147, Idaho Code mandates that the Children's Special Health Program also establish a program of services to persons age twenty-one (21) years and older who have cystic fibrosis. The Omnibus Budget Reconciliation Act (OBRA) of 1989 requires that thirty percent (30%) of the Maternal and Child Health Block Grant to each state be committed to programs for children with special health care needs.

001. TITLE AND SCOPE.
These rules apply to the administration of the Idaho Children's Special Health Program and are to be cited as IDAPA 16, Title 02, Chapter 26, Rules Governing the Idaho Children's Special Health Program.

002. WRITTEN INTERPRETATION.
In accordance with Section 67-5201(16)(b)(iv), Idaho Code, this agency has written statements that pertain to the interpretation of the rules of this chapter, or to the documentation of compliance with the rules of this chapter. These documents are available for public inspection and copying at cost in the main office and each regional or district office of this agency.

003. ADMINISTRATIVE APPEALS.
All contested cases shall be governed by the provisions of IDAPA 16, Title 05, Chapter 03, Rules Governing Contested Case Proceedings and Declaratory Rulings.

004. DEFINITIONS.
For the purposes of these rules, the following terms are used:

01. Applicant. A person under age eighteen (18) or persons of any age with cystic fibrosis seeking services provided by CSHP.

02. Children's Special Health Program (CSHP). The program section within the Idaho Department of Health and Welfare, Division of Health, which is responsible for the administration of services leading to the identification, diagnosis, and aftercare of children with special health care needs.

03. Client. A person under age eighteen (18) with a chronic physically disabling condition which meets one of the diagnostic categories of CSHP or persons of any age with cystic fibrosis for which he is receiving or has applied to receive services from CSHP.

04. Department. The Idaho Department of Health and Welfare.

05. Diagnosis. The act of identifying a disease from its signs or symptoms.

06. Division. The Division of Health, a division of the Idaho Department of Health and Welfare, and where CSHP is housed administratively.

005. -- 049. (RESERVED).

050. SERVICES.
The scope of activities provided by CSHP contractors such as diagnosis, case management and treatment. The types of services for which reimbursement is made are related directly to program fiscal resources. Funds available for CSHP are limited in amount. Changes in the scope of services and in rates of reimbursement may be made by administrative decision should budgetary reductions or cost overruns occur.

051. DIAGNOSTIC/CONSULTATIVE SERVICES.
Clinical examination of a CSHP client to confirm or determine the extent of their condition and recommend treatment options. Physician specialists under contract to CSHP may continue to serve in consultative roles to clients' primary care physicians following clinical examination.
052. **TREATMENT SERVICES.**
Following the diagnostic process, individuals may be closed to further service as having "no eligible condition found". Program-eligible clients are accepted for continuing service coordination under CSHP. Care is provided through clinics where treatment schedules are planned and periodic review of cases are conducted. An individual client's treatment plan may cover a variety of related services.

053. **FOLLOW UP AND CASE MANAGEMENT.**
CSHP will contract with public health nurses and other district health department program staff to follow-up on CSHP clients receiving treatment through the program to assure that a treatment plan is outlined. These staff shall also implement timely scheduling of medical habilitative and rehabilitative services.

054. **HOSPITAL IN-PATIENT SERVICES.**
If diagnostic evaluation requires hospitalization, a maximum of three (3) days inpatient care may be authorized. No inpatient hospital services are paid for emergency, acute or chronic medical care.

055. **RESERVED.**

100. **DIAGNOSTIC CATEGORIES.**
CSHP will serve clients in eight (8) general diagnostic categories: Cardiac, Cleft Lip and Palate, Craniofacial, Cystic Fibrosis, Neurological, Orthopedic, Phenylketonuria (PKU) and Plastic/Burn. These categories are explained further in Sections 101 through 108 of these rules.

101. **CARDIAC.**

01. **Eligible Conditions.** Eligible conditions include congenital heart disease or defects, acquired heart disease and dysrhythmia.

02. **Excluded Conditions.** The following conditions are excluded from care under CSHP: patent ductus arteriosus (PDA) in premature neonates, inpatient care for non-diagnostic and non-surgical admissions. Acute care, despite its potential relationship to an underlying covered condition.

03. **Spending Limit.** Services provided to eligible patients under the Cardiac Program are subject to a per patient, annual spending limit of twenty five thousand dollars ($25,000) for each fiscal year, July 1 through June 30.

102. **CLEFT LIP AND PALATE.**

01. **Eligible Conditions.** Eligible conditions include cleft lip, cleft palate, cleft palate with cleft lip, cleft nose, Pierre Robin syndrome, choanal atresia, palatal incompetence, severe malocclusions resulting from disease or trauma, severe structural deformities involving the growth and development of the mandible or maxilla.

02. **Excluded Conditions.** The following conditions are specifically excluded from care under the CSHP Cleft Lip/Palate Program: isolated hyper/hyponasality, non-cleft-related malocclusions, mild familial malocclusions.

03. **Spending Limits.** Services provided to eligible patients under the CSHP Cleft Lip and Palate program are subject to a per patient, annual spending limit of fifteen thousand dollars ($15,000) for each fiscal year, July 1 through June 30.

103. **CRANIOFACIAL.**

01. **Eligible Conditions.** Eligible conditions include congenital anomalies of the skull and face, acrocephalosyndactyly, craniosynostosis, Crouzon's Disease, hyperterlorism (severe), platybasia, hemifacial microsomia, including associated microtia.

02. **Excluded Conditions.** The following conditions are excluded from care under the Idaho CSHP Craniofacial Program: isolated microtia, temporal mandibular joint disease (TMJ), simple hemangioma not affecting
other organ systems. (7-1-96)

03. Spending Limits. Services provided to eligible patients under the CSHP Craniofacial Program are subject to a per patient, annual spending limit of eighteen thousand dollars ($18,000) for each fiscal year, July 1 through June 30. (7-1-96)

104. CYSTIC FIBROSIS.

01. Eligible Conditions. In addition to cystic fibrosis, services are also provided under this program to clients twenty-one (21) years of age and under who have Kartagener's Syndrome or immotile cilia. (7-1-96)

02. Services Provided. Services available include Physician's office visits or clinic visits, laboratory, x-ray and other tests ordered by physician, medications and drugs prescribed in connection with treatment of cystic fibrosis, transportation to out-of-state medical centers based on physician referral, and home therapy equipment prescribed by the physician. Genetic counseling clinics are available throughout the state and cystic fibrosis patients and their families are encouraged to make use of this service. (7-1-96)

03. Excluded Services. Inpatient hospital care is not paid for under the CSHP Cystic Fibrosis Program, consistent with CSHP policy of not paying acute care. (7-1-96)

04. Spending Limit. Services provided to eligible patients under the CSHP Cystic Fibrosis Program are subject to a per patient, annual spending limit of eighteen thousand dollars ($18,000) for each fiscal year, July 1 through June 30. (7-1-96)

105. NEUROLOGIC.

01. Eligible Conditions. Eligible conditions include cerebral palsy, seizures/epilepsy, metabolic and storage diseases, central nervous system (CNS) degenerative disorders, congenital CNS anomalies, chronic encephalopathy and CNS injury (near drowning, birth asphyxia), neurocutaneous and neuromuscular syndromes, chronic residua of CNS infections, neuromuscular disorders, attention deficit hyperactive disorder (ADHD) (limited to two (2) visits per year after diagnosis), Tourette's Syndrome, rehabilitation services associated with tumors, infections, trauma and cerebral vascular disease (CVD). (7-1-96)

02. Excluded Conditions. The following conditions are excluded from care under the CSHP Neurologic Program: speech problems without associated CSHP eligibility, primary mental retardation, autism, acute head and spinal cord injuries, primary psychiatric and emotional disorders, headache, and night terrors. (7-1-96)

03. Excluded Services. Services for eligible patients under the CSHP Neurologic Program are subject to a per patient, annual spending limit of twelve thousand dollars ($12,000) for each fiscal year, July 1 through June 30. (7-1-96)

106. ORTHOPEDIC.

01. Eligible Conditions. Eligible conditions include juvenile rheumatoid arthritis (JRA), developmental dysplasia of the hip, cerebral palsy, neuromuscular dystrophies and atrophies, spinal column defects and deformities causing functional impairment, congenital anomalies of the extremities causing functional impairment, chronic conditions resulting from trauma, limb deficiencies and length discrepancies, chronic infections and inflammations of bones and joints, congenital developmental hip conditions, skeletal dysplasia and other forms of dwarfism, fractures associated with bracing or other long-term care, rehabilitation services associated with tumors and malignancies, metatarsus varus and adductus, polydactyly. (7-1-96)

02. Excluded Conditions. The following conditions are excluded from care: simple fractures and other trauma without handicapping residual, acute infections of bone or joint, simple flat feet (painless), acute care for amputations, acute care for fractures or other injuries, benign genu valgum (knock knee), benign genu varum (bow legs), tibial torsion/femoral version, growth hormone therapy for short stature. (7-1-96)

03. Spending Limits. Services provided to eligible patients under the CSHP Orthopedic Program are
107. PHENYLKETONURIA (PKU).
Under this program eligible patients are provided treatment services which include nutritional assessment, dietary counseling and provision of formula. Persons over eighteen (18) years of age with PKU may purchase formula from CSHP at CSHP’s cost.

108. PLASTIC/BURN.

   01. Eligible Conditions. Eligible conditions include hemangioma and lymphangioma depending on severity, location and effect on function; cystic hygroma; and hemifacial microsomia, including associated microtia.

   02. Excluded Conditions. The following conditions are excluded from care under the Idaho CSHP Plastic/Burn program: acute burn care, cosmetic surgery, hemangioma, including port wine stain, not affecting physical function.

   03. Spending Limit. Services provided to eligible patients under the CSHP Plastic/Burn Program are subject to a per patient, annual spending limit of fifteen thousand dollars ($15,000) for each fiscal year, July 1 through June 30.

109. SUPPLEMENTAL SECURITY INCOME (SSI).
The state CSHP office receives copies of all SSI determinations made in the state and forwards them to the Idaho District Health Department nearest the family. District staff then contact the family to offer CSHP services if appropriate.

110. -- 149. (RESERVED).

150. PROGRAM ELIGIBILITY.
Eligibility for participation in CSHP is based on age, diagnosis, legal residence and financial criteria. Eligibility criteria is explained further in Sections 151 through 157 of these rules.

151. AGE.
Applications may be accepted on persons up to age eighteen (18), or any age for persons with cystic fibrosis or phenylketonuria (PKU). CSHP will pay for no services after the patient’s 18th birthday unless the person is receiving active inpatient treatment at the time of the birthday. In that case CSHP will pay for services until discharge if they fall within the guidelines described in Section 054 of these rules.

152. DIAGNOSIS.
Eligible persons are those born with or who acquire physical disabilities or special health care needs as defined under the various programs in Sections 101 through 108 and who require long-term multi-disciplinary care to improve their ability to function.

153. RESIDENCE.
Applicants must be legal residents of the state of Idaho to receive services from CSHP. Legal residents of neighboring states are not eligible for services. Non-citizens who are legal residents of Idaho are eligible to receive services but undocumented aliens are not.

154. FINANCIAL.
All persons who meet the age, diagnostic and residency requirements are eligible to receive CSHP services, regardless of income. Families whose taxable income falls at or below one hundred eighty-five percent (185%) of the federal poverty level will be provided CSHP services at no cost. Those families with income above one hundred eighty-five percent (185%) of the federal poverty level will share in the costs of treatment as determined by the CSHP sliding scale (see Section 157). Families with incomes great enough to have a financial participation percentage will be billed through CSHP for their share of costs. Payment arrangements can be made through the District Health Department CSHP Coordinator for those families facing significant costs.
155. **INCOME.**
Income for a family is defined as "adjusted taxable income" from the family's most recent tax return. Financial eligibility is redetermined annually and may be redetermined more often if family circumstances change during the year. (7-1-96)T

156. **FAMILY SIZE.**
Family is defined as a "group of related or non-related individuals who are not residents of an institution, but who are living together as one (1) economic unit". Family size is the number of individuals included in that unit. (7-1-96)T

157. **SLIDING SCALE.**
A sliding scale is used to determine the family's percentage of financial participation. Families with incomes below one hundred eight-five percent (185%) of federal poverty guidelines will receive CSHP services at no cost; incomes between one hundred eighty-five percent (185%) and one hundred ninety-nine percent (199%) will be responsible for ten percent (10%) of costs up to a one thousand, eight hundred dollar ($1,800) maximum; incomes between two hundred percent (200%) and two hundred twenty-four percent (224%) will be responsible for twenty percent (20%) of costs up to a three thousand, six hundred dollar ($3,600) maximum; incomes between two hundred twenty-five percent (225%) and two hundred forty-nine percent (249%) will be responsible for thirty percent (30%) of costs up to a five thousand, four hundred dollar ($5,400) maximum; incomes between two hundred fifty percent (250%) and two hundred seventy-four percent (274%) will be responsible for fifty percent (50%) of costs up to a nine thousand dollar ($9,000) maximum; incomes between two hundred seventy-five percent (275%) and two hundred ninety-nine percent (299%) will be responsible for seventy-five percent (75%) of costs up to a thirteen thousand, five hundred dollar ($13,500) maximum; and incomes of three hundred percent (300%) and above will be responsible for one hundred percent (100%) of costs up to an eighteen thousand dollar ($18,000) maximum. Each percentage category includes an annual maximum for which a family would be responsible in any given year. The percentage amount applies to all costs incurred for services provided to their child up to the annual maximum indicated. (7-1-96)T

158. **APPLICATION FOR OTHER RESOURCES.**
CSHP applicants are required to apply for benefits from other programs for which they may be eligible and which would reduce the costs to CSHP. The use of all available other resources is required in order to supplement program dollars to the greatest degree possible. For new applicants and during redetermination there will be a review for possible eligibility for other programs and appropriate referrals shall be made. Families who refuse to obtain benefits for which they are eligible or do not complete the application process will be closed to the program. (7-1-96)T

159. -- 199. (RESERVED).

200. **APPLICATIONS.**
An application for services from CSHP shall, at a minimum, consist of a completed Application Form. A copy of the family's most recent tax return will also be required in order to determine financial eligibility. Idaho Health Districts may require additional forms such as a Request for Services, Consent for the Release of Information and/or Authorization to Release Information. Applications are processed by Idaho District Health Department staff. Applicants are notified as to their acceptance or denial by the Idaho District Health Department staff. (7-1-96)T

201. -- 249. (RESERVED).

250. **PAYMENTS TO PROVIDERS.**
CSHP payments are made on the basis of fee schedules or set allowances; where applicable, Idaho Medicaid rates are used. (7-1-96)T

251. **PRIOR AUTHORIZATION.**
To qualify for payment by CSHP, services other than diagnostic/consultative and follow-up/case management must be preauthorized by the CSHP Health District Coordinator or designee. A CSHP Authorization Memo, obtained from the District CSHP Coordinator, must be issued for any service authorized under CSHP. (7-1-96)T

252. **MAXIMUM ON HOSPITAL IN-PATIENT PAYMENTS.**
There is a twelve thousand dollar ($12,000) maximum payment, per hospitalization, for inpatient hospital expenses, exclusive of surgeon, anesthesiologist or other physician costs related to the hospitalization. These costs are applied...
toward the annual program cap. (7-1-96)

253. BILLING THIRD PARTIES FIRST.
Providers must bill all other sources of direct third party payment before submitting their claims to CSHP for payment. Private insurance must be billed and benefits, or the denial of benefits, ascertained before the CSHP will consider payment. Typically either an Explanation of Benefits (EOB) from the third party payor or a letter stating that the service is not covered will be required before CSHP payment will be made. (7-1-96)

254. THIRD PARTY PAYMENTS IN EXCESS OF CSHP LIMITS.
CSHP will not reimburse providers for services rendered when the amount received by the provider from the third party payor is equal to or exceeds the level of reimbursement allowed by CSHP for those particular services. (7-1-96)

255. MEDICAID ELIGIBILITY.
Any person who may be eligible for Medicaid is required to apply before CSHP services are authorized. CSHP is always last payor to Medicaid. (7-1-96)

256. OUT-OF-STATE-CARE.
CSHP will not pay for care out-of-state that is available in-state. Any exceptions to this rule will be determined by the state office of the CSHP. All out-of-state care must be preauthorized through a CSHP clinic or other regular program mechanism. (7-1-96)

257. DURABLE MEDICAL EQUIPMENT.
The CSHP will always be payor of last resort for all durable medical equipment provided to clients. (7-1-96)

258. 299. (RESERVED).

300. ADVISORY GROUP.
The Medical Advisory Committee of CSHP provides recommendations to the Division of Health. (7-1-96)

01. Recommendations. The Medical Advisory Committee provides recommendations regarding the following:

a. Future focus and responsibilities of CSHP; (7-1-96)
b. Diagnostic conditions to be covered under the medical benefits aspects of the program; (7-1-96)
c. Scope of services to be covered under each condition; (7-1-96)
d. Definition of clinic categories; (7-1-96)
e. Medical eligibility criteria for clinical attendance; (7-1-96)
f. Clinical standards and staffing requirements for clinic operation; (7-1-96)
g. Policies for medical personnel staffing clinics; (7-1-96)
h. Criteria for medical provider appointment to CSHP clinics; (7-1-96)
i. Provider application forms. (7-1-96)

02. Appointment. Members of the Medical Advisory Committee are appointed by the Administrator of the Division of Health. The Medical Advisory Committee may appoint subcommittees which can function as work groups and report to the Committee with recommendations. (7-1-96)

301. 349. (RESERVED).
350. PROGRAM EXCLUSIONS.
The following is a list of additional conditions, services and items not covered or paid for by CSHP: (7-1-96)

01. Excluded Conditions, Services and Items. (7-1-96)
   a. Acute care, such as hospitalization for congestive heart failure or complications of cystic fibrosis. (7-1-96)
   b. Ambulance/air ambulance charges. (7-1-96)
   c. Behavior problems. (7-1-96)
   d. Brain tumors. (7-1-96)
   e. Biofeedback equipment. (7-1-96)
   f. Routine dental care. (7-1-96)
   g. Congenital defects of the gastrointestinal or genitourinary tracts. (7-1-96)
   h. Cancer care. (7-1-96)
   i. Cosmetic surgery. (7-1-96)
   j. Diabetes care. (7-1-96)
   k. Prescription medicine - except those prescribed for eligible cystic fibrosis patients. (7-1-96)
   l. Educational services. (7-1-96)
   m. Eye care except as related to an eligible condition such as cerebral palsy or juvenile rheumatoid arthritis. (7-1-96)
   n. Eyeglasses. (7-1-96)
   o. Fractures. (7-1-96)
   p. Growth Hormone. (7-1-96)
   q. Hearing problems, except as related to cleft lip and palate. (7-1-96)
   r. Hernias. (7-1-96)
   s. Home health/home nursing services. (7-1-96)
   t. Infectious diseases. (7-1-96)
   u. Legal services. (7-1-96)
   v. Minor foot and leg deformities: flat feet, bow legs, knock knees, pigeon toes, tibial torsion and mild femoral anteversion. (7-1-96)
   w. Neonatal intensive care in the newborn period. (7-1-96)
   x. Orthoptics - visual training therapy. (7-1-96)
   y. Routine pediatric care. (7-1-96)
z. Prematurity. (7-1-96)

aa. Pseudohermaphroditism. (7-1-96)

bb. Psychological or psychiatric care or counseling. (7-1-96)

c. Respiratory or pulmonary problems except as related to cystic fibrosis. (7-1-96)

d. Respite care. (7-1-96)

e. Shoes (corrective or orthopedic). (7-1-96)

ff. Sleep Apnea Monitors. (7-1-96)

g. Spinal disc lesions. (7-1-96)

hh. Transplants. (7-1-96)

ii. Transportation to in-town clinics or other regular services. (7-1-96)

02. Individual Consideration. Conditions not specifically identified within these rules as included or excluded by CSHP will be considered on a case by case basis that includes review by the Medical Authorization Review Subcommittee of the CSHP Medical Advisory Committee. (7-1-96)

351. -- 996. (RESERVED).

997. CONFIDENTIALITY OF RECORDS.
Any disclosure of information obtained by the Department is subject to the restrictions contained in Idaho Department of Health and Welfare Rules, Title 05, Chapter 01, Rules Governing the Protection and Disclosure of Department Records. (7-1-96)

998. -- 999. (RESERVED).
EFFECTIVE DATE: The amendments to the temporary rule are effective July 1, 1995. These rules have been adopted by the agency and are now pending review by the 1997 Idaho State Legislature for final adoption. The pending rule becomes final and effective on July 1, 1997, unless the rule is approved, rejected, amended or modified by concurrent resolution in accordance with Section 67-5224 and 67-5291, Idaho Code. If the pending rule is approved, amended or modified by concurrent resolution, the rule becomes final and effective upon adoption of the concurrent resolution or upon the date specified in the concurrent resolution.

AUTHORITY: In compliance with Section 67-5224 and 67-5226, Idaho Code, notice is hereby given that this agency has adopted a pending rule and amended a temporary rule. The action is authorized pursuant to Section(s) 32-1003, 56-203B, and 56-209b, Idaho Code.

DESCRIPTIVE SUMMARY: The following is a concise explanatory statement of the reasons for adopting the pending rule and amending the existing 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 proposed rules have been amended to include notice to a parent of his or her right to request a hearing to contest the Department's calculation of the monthly assessment amount. The appropriate procedure for requesting a hearing is also included. This change is necessary in order to confer hearing rights to affected parent's which was omitted in the rule. These amendments are being made pursuant to Section 67-5227, Idaho Code.

This docket is being reprinted in its entirety. The original text of the proposed rules was published in the July 5, 1995 Administrative Bulletin, Volume 95-7, pages 127 through 133.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the pending rule, contact Marj Sanderson at (208) 334-5923.

DATED this 7th day of August, 1996.

Staci Welsh
Administrative Procedures Coordinator
DHW - Legal Services Division
450 West State Street - 10th Floor
PO Box 83720
Boise, Idaho 83720-0036
(208) 334-5564 phone; (208) 334-5548 fax

TEXT OF DOCKET NO. 16-0309-9502

031. MEDICAID COST RECOVERY FROM PARENTS.
The Department intends to recover from a child's parent, all or part of the cost of Medicaid services to the child in a Nursing Facility (NF), in an Intermediate Care Facility for the Mentally Retarded (ICF/MR), in a Personal Care Services (PCS) provider’s home under twenty-four (24) hour care, or under Home Care for Certain Disabled Children (HCCDC). The child must be under eighteen (18). Recovery is from the child's natural or adoptive parent. Recovery is made under Sections 32-1003, 56-203B, and 56-209b, Idaho Code. Upon application for Medicaid, the applicant assigns to the State of Idaho his rights to recover payments for his medical expenses from any liable third party, including a parent. Recovery will not be made for a child receiving adoption assistance under Title IVE of the Social Security Act, or under the State Adoption Assistance Program. The Examiner must tell the parent(s) of a child
applying for Medicaid help with NF, ICF/MR, twenty-four (24) hour care in a PCS provider’s home, or HCCDC, that he may be required to share in the cost of Medicaid services for the child. No eligible child will be denied Medicaid services if a responsible parent fails to pay the assessment. Medicaid payments to providers will not be reduced if the parent fails to pay.

01. Parent Gross Assessment Income. Parent gross assessment income is the parents' adjusted gross income as reported on the last calendar year's state income tax form 40 (Total Adjusted Income) or 40EZ (Adjusted Gross Income). Parents who did not reside in Idaho for the entire year must use the federal income tax form 1040 or 1040A (Adjusted Gross Income).

   a. Parents living together and filing separately must use their combined income from both individuals’ tax returns. Where the child’s parent lives with the child’s stepparent, the amount on the line entitled "Total Adjusted Income" or "Adjusted Gross Income" on either tax form must be adjusted by subtracting the stepparent's income.

   b. Parents who have not yet filed a tax return must provide an estimated adjusted gross income amount. The tax return must be provided to the Department when filed.

   c. Parents who claim this year's income is substantially different from their previous adjusted gross federal or state income must provide proof of their actual income.

   d. Parents whose adjusted gross income includes a substantial proportion of non-liquid earnings may petition for an adjustment to their gross assessment income. Such adjustment may be granted following a contested case hearing, at which the burden shall be upon the parent to show by clear and convincing evidence that it would be manifestly unfair to assess the full amount of the adjusted gross income. Any present adjustment to the gross assessment income shall include the recapture of any deferred amount at a time when the non-liquid portion of the parent’s earnings are or become subject to liquidation. The amount to be recaptured may be required to be secured by an appropriate instrument.

02. Step-parent Income. Where the parent's spouse is the child's stepparent, the parent's community property interest in the stepparent's income is not income to the parent for calculating the parent's assessment income (AI).

03. Two (2) Parent Assessment. Where the child's parents are living apart, each parent is separately assessed. The assessment of each parent is lowered, if necessary, so the total assessment for the child is not more than the Medicaid payments made for the child during the assessment year.

04. Family Size. Family size includes the child's natural, step, or adoptive parents if living in the home. Family size also includes natural and adoptive siblings if living in the same home. Family size does not include the child’s step siblings. The Medicaid child under HCCDC is included if living in the home and is counted twice in the calculation of the family size.

05. Annual Assessment Calculation. The annual assessment is based on the AI and family size. Calculate the annual assessment following the steps in Subsections 031.05.a. through 05.d. The Third Party Recovery (TPR) unit calculates the assessment based on information provided by the parent.

   a. Step 1. From the parent's AI, deduct all payments for court-ordered child support.

   b. Step 2. From the AI, subtract two hundred percent (200%) of the Federal Poverty Guideline (FPG) for the family size. The FPG is published annually in the Federal Register by the federal Office of Management and Budget. The annual FPG change takes effect the following July for calculating the assessment.

   c. Step 3. Multiply the result from Step 2, up to fifty thousand dollars ($50,000), by ten percent (10%), between fifty thousand dollars ($50,000) and sixty thousand dollars ($60,000) by twelve percent (12%), between sixty thousand dollars ($60,000) and seventy-five thousand dollars ($75,000) by fourteen percent (14%), and multiply the remainder over seventy-five thousand dollars ($75,000) by fifteen percent (15%).
d. Step 4. Add together the results of each calculation in Step 3. Add the total to the amount calculated in Step 2. This is the annual assessment. (7-6-94)

e. Step 5. From the amount in Step 4, deduct the annual amount paid for health insurance premiums if this insurance covers the Medicaid child. (7-6-94)

06. Monthly Assessment Amount. The monthly assessment is determined by dividing the annual assessment calculated in Subsection 031.05 by twelve (12). Where the child is living in a nursing facility or ICF/MR and is not receiving Supplemental Security Income (SSI) or other income, his thirty dollar ($30) personal needs allowance is deducted from the monthly assessment. (7-6-94)

07. Initial Assessment. The parent(s) will be identified by the Field Office when a child applies for or receives Medicaid help in the cost of NF or ICF/MR care or applies for HCCDC Medicaid or twenty-four (24) hour care in a PCS provider’s home. The Field Office will provide this information to the TPR unit. (7-1-95)

08. TPR Contact. The TPR unit will notify the parent(s), in writing, of their legal responsibility to share in the cost of NF, ICF/MR, HCCDC, or other Medicaid services for the child. The notice will be sent within thirty (30) days of the date the child's Medicaid application is approved. Income and expense reporting forms will be provided to the parent(s). The parent can provide his IRS income tax forms for the previous year in place of an income report. (7-1-95)

09. Noncooperation. A monthly assessment equal to the average Medicaid reimbursement rate for the child's level of care, as published by the Department for the previous year, is used if a parent fails to provide income information; provides false or misleading statements; misrepresents, conceals or withholds facts to avoid financial responsibility. (7-6-94)

10. Notice of Assessment Amount and Hearing Rights. The TPR unit sends the parent(s) a written notice of the assessment amount within ten (10) days of the date the assessment is calculated, and notice of the parent's right to a hearing in accordance with Subsection 031.20 of these rules. The notice shall include the following information:

a. The notice shall inform the parent of the amount calculated as the monthly assessment. (7-1-95)

b. The notice shall inform the parent that he or she may request a hearing to contest the Department's calculation of the assessment amount. The notice shall include information that a pre-hearing conference may be scheduled prior to a hearing. The notice shall include the time limits and instructions for requesting a hearing. (7-1-95)

c. The notice shall inform the parent that if he or she does not request a hearing within the time limits, TPR Unit will be used. (7-1-95)

d. The notice shall inform the parent that only a parent who owes an assessment amount may request a hearing. (7-1-95)

11. Assessment Year. The first assessment year is the twelve (12) month period beginning with the effective month of the child’s eligibility for Medicaid. Subsequent assessment years are twelve (12) month periods beginning the same calendar month as the first assessment year began. (7-1-95)

12. Assessment Limit. The total assessment for an assessment year will not exceed the Medicaid payments made for the child for the assessment year. (7-6-94)

13. Interim Adjustments. The assessment amount can be adjusted up to four (4) times during an assessment year, if the parent asks for recalculation, based on lower AI. The parent must prove his AI is lower than income used for the yearly assessment. Recalculation is not automatic when the assessment formula changes in January. (7-6-94)
14. Annual Adjustment. The AI is recalculated yearly in the same month as the initial assessment. The assessment is adjusted, if necessary. The parent must be sent a notice of the adjusted assessment. The parent can request an adjustment of the yearly assessment. The parent must provide a copy of his federal or state tax filing for that calendar year or other proof of annual income. The annual income is compared to the parent's AI for that tax year. If the AI is less than the AI used to calculate the assessment, the assessment is adjusted.  

15. Annual Reconciliation. The parent's assessment and the Medicaid cost excluding services provided by school districts or developmental disability centers for the child are reconciled at assessment year end. If the parent paid more than the Medicaid cost for the child, a credit is issued. If the child is no longer a Medicaid recipient, a refund is issued. Where a parent has more than one (1) child whose Medicaid costs are subject to recovery, the monthly assessment will be divided by the number of children whose costs are subject to recovery. Each child's prorated share of the assessment is then compared to the Medicaid costs for that child to determine whether a refund will be issued. No reconciliation is required where the difference between the projected AI and actual income for the tax year is a minimum of three thousand dollars ($3,000) or ten percent (10%) of annual AI, whichever is more.  

16. Annual Support Deduction Reconciliation. Where the parent paid more child support than was deducted, he is entitled to a credit or refund, if he so chooses. If the child is no longer a recipient of NF, ICF/MR, twenty-four (24) hour care in a PCS provider’s home or HCCDC Medicaid, the parent is entitled to a refund of the amount he overpaid.  

17. Payment Schedule. The parent may pay his annual assessment in four (4) payments yearly, for services already paid or projected to be paid by Medicaid. The parent may negotiate a different payment schedule with the TPR Unit.  

18. Enforcement. Failure of a responsible parent to pay the assessment will be referred to the Office of the Attorney General for initiation of collection proceedings and appropriate legal action, including civil suit, garnishment, attachment, and any other legal process to accomplish the purpose of Sections 32-1003, 56-203B and 56-209b, Idaho Code. Collection will be enforced by the Bureau of Child Support Services (BCSS).  

19. Out-of-State Parents. Responsible parents living out-of-state will be contacted and assessed to the same extent as Idaho residents. The Department may enter into reciprocity of enforcement agreements with states with similar provisions.  

20. Administrative Appeals. Hearings to contest the Department’s calculation of the assessment amount shall be governed by the hearing provisions of IDAPA 16, Title 05, Chapter 03, Rules Governing Contested Case Proceedings and Declaratory Rulings.
IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE
16.03.09 - RULES GOVERNING MEDICAL ASSISTANCE
DOCKET NO. 16-0309-9508
NOTICE OF PENDING RULE

EFFECTIVE DATE: These rules have been adopted by the agency and are now pending review by the 1997 Idaho State Legislature for final adoption. The pending rule becomes final and effective on July 1, 1997, unless the rule is approved, rejected, amended or modified by concurrent resolution in accordance with Section 67-5442 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) 56-202(b) and 56-203(g), Idaho Code.

DESCRIPTIVE SUMMARY: The pending rules are being adopted as proposed. The original text of the proposed rules was published in the December 6, 1995 Administrative Bulletin, Volume 95-12, pages 112 through 114.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the pending rule, contact Beldon Ragsdale at (208) 334-5795.

DATED this 7th day of August, 1996.

Staci Welsh
Administrative Procedures Coordinator
DHW - Legal Services Division
450 West State Street - 10th Floor
PO Box 83720
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(208) 334-5564 phone; (208) 334-5548 fax

IDAPA 16
TITLE 03
Chapter 09

RULES GOVERNING MEDICAL ASSISTANCE

There are no substantive changes from the proposed rule text.

The original text was published in the Idaho Administrative Bulletin, Volume 95-12, December 6, 1995 Pages 112 through 114

This rule has been adopted as Final by the Agency and is now pending review by the 1997 Idaho State Legislature for final adoption
NOTICE OF PENDING RULE

EFFECTIVE DATE: These rules have been adopted by the agency and are now pending review by the 1997 Idaho State Legislature for final adoption. The pending rule becomes final and effective on July 1, 1997, unless the rule is approved, 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) 56-202(b) and 56-203(g), Idaho Code.

DESCRIPTIVE SUMMARY: The pending rules are being adopted as proposed. The original text of the proposed rules was published in the January 3, 1996 Administrative Bulletin, Volume 96-1, pages 218 through 225.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the pending rule, contact Jack Weinberg at (208) 334-5795.

DATED this 7th day of August, 1996.

Staci Welsh
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450 West State Street - 10th Floor
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(208) 334-5564 phone; (208) 334-5548 fax
EFFECTIVE DATE: The amendments to the temporary rule are effective January 3, 1996. These rules have been adopted by the agency and are now pending review by the 1997 Idaho State Legislature for final adoption. The pending rule becomes final and effective on July 1, 1997, unless the rule is approved, rejected, amended or modified by concurrent resolution in accordance with Section 67-5224 and 67-5291, Idaho Code. If the pending rule is approved, amended or modified by concurrent resolution, the rule becomes final and effective upon adoption of the concurrent resolution or upon the date specified in the concurrent resolution.

AUTHORITY: In compliance with Section 67-5224 and 67-5226, Idaho Code, notice is hereby given that this agency has adopted a pending rule and amended a temporary rule. The action is authorized pursuant to Section(s) 56-202(b) and 56-203(g), Idaho Code.

DESCRIPTIVE SUMMARY: The following is a concise explanatory statement of the reasons for adopting the pending rule and amending the existing 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 proposed rules have been amended in response to public comment. The rules are being amended to allow flexibility to providers to bill for services to meet costs of operation. The rules, prior to being amended, were limiting the providers who could bill for some services. The rules are being amended pursuant to Section 67-5227, Idaho Code.

Only the sections that have changes are printed in this bulletin. The original text of the proposed rules was published in the January 3, 1996 Administrative Bulletin, Volume 96-1, pages 226 through 237.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the pending rule, contact Robbie Charlton at (208) 334-5795.

DATED this 7th day of August, 1996.

Staci Welsh
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(208) 334-5564 phone; (208) 334-5548 fax
071. PAYMENT FOR MEDICAL PROCEDURES PROVIDED BY CERTIFIED REGISTERED NURSE ANESTHETISTS, NURSE PRACTITIONERS, NURSE MIDWIVES, AND PHYSICIAN ASSISTANTS.
The Medicaid Program will pay for services provided by certified registered nurse anesthetists (CRNA), nurse practitioners (NP), nurse midwives (NM), and physician assistants (PA), as defined in Subsections 003.11, 003.38, 003.37 and 003.48 and under the following provisions: (1-3-96)

01. Identification of Services. The required services shall be covered under the legal scope of practice as identified by the appropriate State rules of the CRNA, NP, NM, or PA. (1-3-96)

02. Deliverance of Services. The services shall be delivered under physician supervision as required by each program. (11-10-81)

03. Billing of Services. Billing for the services shall be as provided by the CRNA, NP, NM, or PA, and not represented as a physician service. (1-3-96)

04. Payments Made Directly to CRNA. Payments under the fee schedule shall be made directly to the CRNA under the individual provider number assigned to the CRNA. Hospitals, physicians and ambulatory surgical centers who employ or contract with the CRNA may no longer bill for the services of the CRNA under the hospital or physician provider numbers for dates of service on or after January 3, 1996. Rural hospitals that qualify for a Medicare exception and employ or contract CRNA's may be reimbursed on a reasonable cost basis. (1-3-96)

05. Reimbursement Limits. The Department shall establish reimbursement limits for each service to be delivered by the CRNA, NP, NM, or PA. Such services shall be reimbursed as either the billed charge or reimbursement limit established by the Department, whichever is less. (11-10-81)
NOTICE OF PENDING RULE

EFFECTIVE DATE: These rules have been adopted by the agency and are now pending review by the 1997 Idaho State Legislature for final adoption. The pending rule becomes final and effective on July 1, 1997, 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) 56-202(b) and 56-203(g), Idaho Code.

DESCRIPTIVE SUMMARY: The pending rules are being adopted as proposed. The original text of the proposed rules was published in the March 6, 1996 Administrative Bulletin, Volume 96-3, pages 1 through 3.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the pending rule, contact Robbie Charlton at (208) 334-5795.

DATED this 7th day of August, 1996.

Staci Welsh
Administrative Procedures Coordinator
DHW - Legal Services Division
450 West State Street - 10th Floor
PO Box 83720
Boise, Idaho 83720-0036
(208) 334-5564 phone; (208) 334-5548 fax
NOTICE OF PENDING RULE

EFFECTIVE DATE: These rules have been adopted by the agency and are now pending review by the 1997 Idaho State Legislature for final adoption. The pending rule becomes final and effective on July 1, 1997, 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) 56-202(b) and 56-203(g), Idaho Code.

DESCRIPTIVE SUMMARY: The pending rules are being adopted as proposed. The original text of the proposed rules was published in the January 3, 1996 Administrative Bulletin, Volume 96-1, pages 241 through 245.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the pending rule, contact Robbie Charlton at (208) 334-5795.

DATED this 7th day of August, 1996.

Staci Welsh
Administrative Procedures Coordinator
DHW - Legal Services Division
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PO Box 83720
Boise, Idaho 83720-0036
(208) 334-5564 phone; (208) 334-5548 fax

RULES GOVERNING MEDICAL ASSISTANCE

There are no substantive changes from the proposed rule text.

The original text was published in the Idaho Administrative Bulletin, Volume 96-1, January 3, 1996 Pages 241 through 245.

This rule has been adopted as Final by the Agency and is now pending review by the 1997 Idaho State Legislature for final adoption.
NOTICE OF PENDING RULE

EFFECTIVE DATE: These rules have been adopted by the agency and are now pending review by the 1997 Idaho State Legislature for final adoption. The pending rule becomes final and effective on July 1, 1997, unless the rule is approved, 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) 56-202(b) and 56-203(g), Idaho Code.

DESCRIPTIVE SUMMARY: The pending rules are being adopted as proposed. The original text of the proposed rules was published in the January 3, 1996 Administrative Bulletin, Volume 96-1, pages 246 through 267.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the pending rule, contact Jack Weinberg at (208) 334-5795.

DATED this 7th day of August, 1996.

Staci Welsh
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IDAPA 16
TITLE 03
Chapter 09

RULES GOVERNING MEDICAL ASSISTANCE

There are no substantive changes from the proposed rule text.

The original text was published in the Idaho Administrative Bulletin, Volume 96-1, January 3, 1996 Pages 246 through 267.

This rule has been adopted as Final by the Agency and is now pending review by the 1997 Idaho State Legislature for final adoption.
EFFECTIVE DATE: These rules have been adopted by the agency and are now pending review by the 1997 Idaho State Legislature for final adoption. The pending rule becomes final and effective on July 1, 1997, 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) 56-202(b) and 56-203(g), Idaho Code.

DESCRIPTIVE SUMMARY: The pending rules are being adopted as proposed. The original text of the proposed rules was published in the January 3, 1996 Administrative Bulletin, Volume 96-1, pages 268 through 269.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the pending rule, contact Robbie Charlton or Cindy Taylor at (208) 334-5795.

DATED this 7th day of August, 1996.

Staci Welsh
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________________________________________________________________________

IDAPA 16
TITLE 03
Chapter 09

RULES GOVERNING MEDICAL ASSISTANCE

There are no substantive changes from the proposed rule text.

The original text was published in the Idaho Administrative Bulletin, Volume 96-1, January 3, 1996 Pages 268 through 269.

This rule has been adopted as Final by the Agency and is now pending review by the 1997 Idaho State Legislature for final adoption.
EFFECTIVE DATE: These rules have been adopted by the agency and are now pending review by the 1997 Idaho State Legislature for final adoption. The pending rule becomes final and effective on July 1, 1997, 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) 56-202(b), 56-203(g) and 56-203(i), Idaho Code.

DESCRIPTIVE SUMMARY: The pending rules are being adopted as proposed. The original text of the proposed rules was published in the May 1, 1996 Administrative Bulletin, Volume 96-5, pages 66 through 76.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the pending rule, contact Beldon Ragsdale at (208) 334-5795.

DATED this 7th day of August, 1996.

Staci Welsh
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IDAPA 16
TITLE 03
Chapter 09

RULES GOVERNING MEDICAL ASSISTANCE

There are no substantive changes from the proposed rule text.

The original text was published in the Idaho Administrative Bulletin, Volume 96-5, May 1, 1996 Pages 66 through 76.

This rule has been adopted as Final by the Agency and is now pending review by the 1997 Idaho State Legislature for final adoption.
EFFECTIVE DATE: These temporary rules are effective May 1, 1996.

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

PUBLIC HEARING SCHEDULE: Pursuant to Section 67-5222(2), Idaho Code, public hearing(s) concerning this rule-making will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than July 17, 1996.

DESCRIPTIVE SUMMARY: The following is the required finding and a concise statement of the supporting reasons for temporary rule-making and a statement in nontechnical language of the substance of the proposed rule:

Temporary rules have been adopted in accordance with Section 67-5226, Idaho Code and are necessary in order to protect the public health, safety, or welfare.

This amendment to the Rules Governing Medical Assistance sets forth revised Department policy with regard to individuals and entities that should be denied the ability to enter into provider agreements with the Department of Health and Welfare. Currently, the Department's rules are inadequate to exclude certain individuals or entities, who although not excluded from program participation under IDAPA 16.03.09.190.05, have demonstrated an increased risk of program abuse. The Department should not be required to engage in business with such individuals. This includes individuals associated with entities that have previously been excluded or suspended, as well as individuals who have refused or otherwise avoided repaying the Department for any claims previously found to have been paid incorrectly.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the temporary or proposed rule, contact Roberta Charlton at (208) 334-5795.

Anyone can submit written comments regarding this rule. All written comments and data concerning the rule must be directed to the undersigned and must be postmarked on or before August 29, 1996.

DATED this 3rd day of July, 1996.

STACI WELSH
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TEXT OF DOCKET NO. 16-0309-9608

040. AGREEMENTS WITH PROVIDERS.

01. In General. The Department will enter into written agreements with each provider or group of providers of supplies or services under the Program. Agreements may contain any terms or conditions deemed appropriate by the Department. Each agreement will contain, among others, the following terms and conditions requiring the provider:

(3-2-94)
a. To retain for a minimum of three (3) years any records necessary for a determination of the services the provider furnishes to recipients; and (11-10-81)

b. To furnish to the Bureau, the Secretary of the U.S. Department of Health and Human Services, the Fraud Investigation Bureau, or the Department of Law Enforcement any information requested regarding payments claimed by the provider for services; and (11-10-81)

c. To furnish to the Bureau, the Secretary of the U.S. Department of Health and Human Services, the Fraud Investigation Bureau, or the Department of Law Enforcement, information requested on business transactions as follows: (11-10-81)

i. Ownership of any subcontractor with whom the provider has had business transactions of more than twenty-five thousand dollars ($25,000) during a twelve (12) month period ending on the date of request; and (11-10-81)

ii. Any significant business transactions between the provider and any wholly owned supplier, or between the provider and any subcontractor during the five (5) year period ending on the date of request. (11-10-81)

02. Federal Disclosure Requirements. To comply with the disclosure requirements in 42 CFR 455, Subpart B, each provider, other than an individual practitioner or a group of practitioners, must disclose to the Department: (11-10-81)

a. The full name and address of each individual who has either direct or indirect ownership interest in the disclosing entity or in any subcontractor of five percent (5%) or more prior to entering into an agreement or at the time of survey and certification; and (11-10-81)

b. Whether any person named in the disclosure is related to another person named in the disclosure as a spouse, parent, or sibling. (11-10-81)

03. Termination of Provider Agreements. Provider agreements may be terminated with or without cause. (3-2-94)

a. The Department may, in its discretion, terminate a provider's agreement for cause based on its conduct or the conduct of its employees or agents, when the provider fails to comply with any term or provision of the provider agreement. Other action may also be taken, based on the conduct of the provider as provided in Section 190, and notice of termination shall be given as provided therein. Terminations for cause may be appealed as a contested case pursuant to the Rules Governing Contested Case Proceedings and Declaratory Ruling, IDAPA 16.05.03.000, et seq. (3-2-94)

b. Due to the need to respond quickly to state and federal mandates, as well as the changing needs of the state plan, the Department may terminate provider agreements without cause by giving written notice to the provider as set forth in the agreement. If an agreement does not provide a notice period, it shall be twenty-eight (28) days. Terminations without cause may result from, but are not limited to, elimination or change of programs or requirements, or the provider's inability to continue providing services due to the actions of another agency or board. Terminations without cause are not subject to contested case proceedings since the action will either affect a class of providers, or will result from the discretionary act of another regulatory body. (3-2-94)

04. Hospital Agreements. In addition to the provider enrollment agreement, each claim submitted by a hospital constitutes an agreement by which the hospital agrees to accept and abide by the Department's rules. Only a Medicare certified hospital, licensed by the state in which it operates, may enroll in the Idaho Medicaid program. Hospitals not participating as a Medicaid swing-bed provider, which are licensed for long-term care or as a specialty hospital which provides a nursing home level of care, will be reimbursed as a nursing facility. Hospitals not eligible for enrollment which render emergency care will be paid rates established in Idaho Department of Health and Welfare Rules, Title 03, Chapter 10, Section 456, "Rules Governing Medicaid Provider Reimbursement." (3-22-93)

05. Denial of Provider Agreement. The Department may deny provider status by refusing a request to
enter into a provider agreement, refusing to extend an existing agreement, or refusing to enter into additional agreements with any individual or entity, that:

   a. Fails to meet the qualifications required by rule or by any applicable licensing board;  

   b. Has previously been, or was a managing employee, or had an ownership interest, as defined in 42 C.F.R § 455.101 (10-1-93), in any entity which was previously found by the Department to have engaged in fraudulent conduct, or abusive conduct related to the Medicaid program or has demonstrated an inability to comply with the requirements related to the provider status for which application is made, including, but not limited to submitting false claims or violating provisions of any provider agreement;  

   c. Has failed, or was a managing employee, or had an ownership interest, as defined in 42 C.F.R § 455.101 (10-1-93), in any entity that failed to repay the Department for any overpayments, or to repay claims previously found by the Department to have been paid improperly, whether the failure resulted from refusal, bankruptcy, or otherwise, unless prohibited by law; or  

   d. Employs as a managing employee, contracts for any management services, shares any ownership interests, or would be considered a related party to any individual or entity identified in Subsections 040.05.a. through 040.05.c. of this rule.
NOTICE OF PENDING RULE AND AMENDMENTS TO TEMPORARY RULE

EFFECTIVE DATE: The amendments to the temporary rule are effective July 6, 1995. These rules have been adopted by the agency and are now pending review by the 1997 Idaho State Legislature for final adoption. The pending rule becomes final and effective on July 1, 1997, unless the rule is approved, rejected, amended or modified by concurrent resolution in accordance with Section 67-5224 and 67-5291, Idaho Code. If the pending rule is approved, amended or modified by concurrent resolution, the rule becomes final and effective upon adoption of the concurrent resolution or upon the date specified in the concurrent resolution.

AUTHORITY: In compliance with Section 67-5224 and 67-5226, Idaho Code, notice is hereby given that this agency has adopted a pending rule and amended a temporary rule. The action is authorized pursuant to Section(s) 56-202(b) and 56-203(g), Idaho Code.

DESCRIPTIVE SUMMARY: The following is a concise explanatory statement of the reasons for adopting the pending rule and amending the existing 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 rule has been amended in response to industry negotiations under litigation. This docket was proposed in an attempt to assure any significant increases in payments to hospitals would be included in any federal calculation establishing limits on state Medicaid funding through block grants. Changes reflect the current status of negotiations with the Idaho Hospital Association over compliance with Boren Amendment issues. Other minor clerical corrections to the rules were also made. The above listed changes are being amended pursuant to Section 67-5227, Idaho Code. In order to comply with negotiated agreements, the Department amended the temporary rules with the same revisions that have been made to the proposed rules.

Only the sections that have changes are printed in this bulletin. The original text of the proposed rules was published in the December 6, 1996 Administrative Bulletin, Volume 95-12, pages 116 through 133.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the pending rule, contact Beldon Ragsdale at (208) 334-5795.

DATED this 7th day of August, 1996.

Staci Welsh
Administrative Procedures Coordinator
DHW - Legal Services Division
450 West State Street - 10th Floor
PO Box 83720
Boise, Idaho 83720-0036
(208) 334-5564 phone; (208) 334-5548 fax
IDAPA 16  
TITLE 03  
Chapter 10

RULES GOVERNING MEDICAID PROVIDER REIMBURSEMENT

There are substantive changes  
from the proposed rule text.

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

The complete original text was published in the  
Idaho Administrative Bulletin, Volume 95-12, December 6, 1995  
Pages 116 through 133.

This rule has been adopted as Final by the Agency  
and is now pending review by the  
1997 Idaho State Legislature  
for final adoption.

TEXT OF DOCKET NO. 16-0310-9502

451.   DEFINITIONS.

In determining hospital reimbursement on the basis either of Customary Charges or of the Reasonable Cost of  
inpatient services under Medicaid guidelines, whichever is less, the following will apply:  
(7-6-95)T

01.   Allowable Costs. The Current Year's Title XIX apportionment of a hospital's Allowable Costs  
determined at final or interim settlement consist of those costs permitted by the principles of reimbursement  
contained in the Medicare Health Insurance Manual Parts I and II (HIM-15-I & II) and do not include costs already  
having payment limited by Medicaid rate file or any other Medicaid charge limitation.  
(7-6-95)T

02.   Apportioned Costs. Apportioned Costs consist of the share of a hospital's total Allowable Costs  
attributed to Medicaid program recipients and other patients so that the share borne by the program is based upon  
actual services received by program recipients, as set forth in the applicable Title XVIII principles of cost  
reimbursement as specified in Health Insurance Manual (HIM-15) and in compliance with Medicaid reimbursement  
rules.  
(7-6-95)T

03.   Base Year. For services rendered prior to July 1, 1987, the Base Year is the most recent provider  
fiscal year in which a finalized Medicare cost report has been issued by the Intermediary. Providers with fiscal years  
which begin in the Base Year may not be exempt from the rules governing the Title XIX cost limitations in effect any  
time in the Current Year. The per admission costs related to the Base Year will be adjusted by the volume adjustment  
formula using the Current Year's total admissions under the rules in effect prior to the rules enacted July 1, 1987. The  
admissions and related services provided after the effective date of these rules during the Current Year will be  
governed by these rules.  
(7-6-95)T

04.   Capital Costs. For the purposes of hospital reimbursement, Capital Costs are those allowable costs  
considered in the final settlement that represent the cost to each hospital for its reasonable property related and  
financing expense, and property taxes.  
(7-6-95)T

05.   Case-Mix Index. The Case-Mix Index for a hospital is the average weight of values assigned to a  
range of diagnostic related groups, including but not limited to, those used in the Medicare system or adjoining states
and applied to Medicaid discharges included in a hospital's fiscal year end settlement. The index will measure the relative resources required to treat Medicaid inpatients. The Case-Mix Index of the Current Year will be divided by the index of the principal year to assess the percent change between the years.

06. Charity Care. Charity Care is care provided to individuals who have no source of payment, third-party or personal resources.

07. Children's Hospital. A Children's Hospital is a Medicare certified hospital as set forth in 42 CFR Section 412.23(d).

08. Cost Report. A Cost Report is the complete Medicare cost reporting form HCFA 2552, or its successor, as completed in full and accepted by the Intermediary for Medicare cost settlement and audit.

09. Current Year. Any hospital cost reporting period for which Reasonable Cost is being determined will be termed the Current Year.

10. Customary Charges. Customary Charges reflect the regular rates for inpatient or outpatient services charged to patient(s) liable for payment for their services on a charge basis. Implicit in the use of charges as the basis for comparability (or for apportionment under certain apportionment methods) is the objective that services are related to the cost of services billed to the Title XIX program. No more than one hundred percent (100%) of covered charges will be reimbursed for the separate Operating Costs for either total inpatient services or total outpatient services at the time of final cost settlement for any fiscal year with the exception set forth in Subsection 453.02.

11. Disproportionate Share Hospital (DSH) Allotment Amount. The DSH Allotment Amount determined by Health Care Financing Administration which is eligible for federal matching funds in any federal fiscal period for disproportionate share payments.

12. Disproportionate Share Hospital (DSH) Survey. The DSH Survey is an annual data request from the Department to the hospitals to obtain the information necessary to compute DSH pursuant to Subsection 454.01.

13. Disproportionate Share Threshold. The Disproportionate Share Threshold shall be:

   a. The arithmetic mean plus one (1) standard deviation of the Medicaid Utilization Rates of all Idaho Hospitals; or

   b. A Low Income Revenue Rate exceeding twenty-five percent (25%).

14. Excluded Units. Excluded Units are distinct units in hospitals which are certified by Medicare according to 42 CFR Sections 412.25, 412.27 and 412.29 for exclusion from the Medicare prospective payment system.

15. Hospital Inflation Index. For purposes of determining the rate of increases of historical and forecasted Title XIX Inpatient Operating Cost Limits, and interim rates, the DRI, Data Resources Incorporated, Type Hospital Market Basket quarterly moving average, or its successor, is the Hospital Inflation Index.

16. Low Income Revenue Rate. The Low Income Revenue Rate is the sum of the following fractions, expressed as a percentage, calculated as follows:

   a. Total Medicaid inpatient revenues paid to the hospital, plus the amount of the cash subsidies received directly from state and local governments in a cost reporting period, divided by the total amount of revenues and cash subsidies of the hospital for inpatient services in the same cost reporting period; plus

   b. The total amount of the hospital's charges for inpatient hospital services attributable to charity care in the same cost reporting period, divided by the total amount of the hospital's charges for inpatient services in the hospital in the same period. The total inpatient charges attributed to charity care shall not include contractual
allowances and discounts and reduction in charges given to Medicare, Medicaid, other third-party payors, or cash for patient services received directly from state and local governments county assistance programs. (10-1-95)T

17. Medicaid Inpatient Day. For purposes of DSH payments, an inpatient day is defined as a Medicaid inpatient day in a hospital for which there is also no Medicare inpatient day counted. (10-1-95)T

18. Medicaid Utilization Rate (MUR). The MUR for each hospital will be computed using the Department’s record of paid inpatient days for the calendar year divided by the total inpatient days for the same calendar year as reported in the DSH Survey. In this paragraph, the term “inpatient days” includes Medicaid swing-bed days, Administratively necessary days, newborn days, days in specialized wards, days provided at an inappropriate level of care, and Medicaid inpatient days from other states. In this paragraph, “Medicaid inpatient days” includes paid days not counted in prior DSH Threshold computations. (10-1-95)T

19. Obstetricians. For purposes of an adjustment for hospitals serving a disproportionate share of low income patients, and in the case of a hospital located in a rural area, as defined by the federal Executive Office of Management and Budget, the term “obstetrician” includes any physician with staff privileges at the hospital to perform nonemergency obstetric procedures. (7-1-88)

20. Operating Costs. For the purposes of hospital reimbursement, Operating Costs are the allowable costs included in the cost centers established in the finalized Medicare Cost Report to accumulate costs applicable to providing routine and ancillary services to patients for the purposes of cost assignment and allocation in the step-down process. (10-1-95)T

21. Other Allowable Costs. Other Allowable Costs are those Reasonable Costs recognized under the Medicaid Reasonable Cost principles for services not subject to Medicaid limitations of coverage or reimbursement limits. Costs which are not reimbursed as Operating Costs, but recognized by Medicare principles as Allowable Costs will be included in the total Reasonable Costs. Other Allowable Costs include, but are not necessarily limited to, physician’s component which was combined-billed, Capital Costs, ambulance costs, excess costs, carry-forwards and medical education costs. (10-1-95)T

22. Principal Year. The Principal Year is the period from which the Title XIX Inpatient Operating Cost Limit is derived. (7-6-95)T

a. For services rendered from July 1, 1987 through July 5, 1995, the Principal Year shall be the provider’s fiscal year ending in calendar year 1984 in which a finalized Medicare Cost Report or its equivalent is prepared for Title XIX cost settlement. (7-6-95)T

b. For inpatient services rendered after July 5, 1995, through June 30, 1998, the Principal Year shall be the provider’s fiscal year ending in calendar year 1992 in which a finalized Medicare Cost Report, or its equivalent, is prepared for Title XIX cost settlement. (7-6-95)T

c. For inpatient services rendered after June 30, 1998, the Principal Year shall be the provider’s fiscal year ending in calendar year 1995 in which a finalized Medicare Cost Report or its equivalent is prepared for Title XIX cost settlement. (7-6-95)T

23. Public Hospital. For purposes of Subsection 453.02, a Public Hospital is a hospital operated by a federal, state, county, city, or other local government agency or instrumentality. (7-6-95)T

24. Reasonable Costs. Except as otherwise provided in Section 453, Reasonable Costs include all necessary and ordinary costs incurred in rendering the services related to patient care which a prudent and cost-conscious hospital would pay for a given item or service which do not exceed the Title XIX cost limit. (7-6-95)T

25. Reimbursement Floor Percentage. The percentage of allowable Medicaid costs guaranteed to hospitals with more than forty (40) licensed and Medicare certified inpatient beds during the following state fiscal years is as follows: (7-6-95)T

a. State Fiscal Year Ending June 30, 1996 - eighty percent (80%); (7-6-95)T

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b. State Fiscal Year Ending June 30, 1997 - eighty-one percent (81%); (7-6-95)T

c. State Fiscal Year Ending June 30, 1998 - eighty-two percent (82%); (7-6-95)T

d. State Fiscal Year Ending June 30, 1999 - eighty-three percent (83%); (7-6-95)T

e. State Fiscal Year Ending June 30, 2000 - eighty-four percent (84%); (7-6-95)T

f. State Fiscal Year Ending June 30, 2001 - eighty-five percent (85%). (7-6-95)T

26. TEFRA. TEFRA is the Tax Equity and Fiscal Responsibility Act of 1982, Public Law 97-248. (7-6-95)T

27. Uninsured Patient Costs. For the purposes of determining the additional costs beyond uncompensated Medicaid costs that may be reimbursed as a DSH payment without exceeding the state Allotment Amount, only inpatient costs of uninsured patients will be considered. An inpatient with insurance but no benefit covered for the particular medically necessary service, procedure or treatment provided is an uninsured patient. (10-1-95)T

28. Upper Payment Limit. The Upper Payment Limit for hospital services shall be as defined in the Code of Federal Regulations. (7-6-95)T

452. TITLE XIX INPATIENT OPERATING COST LIMITS.

In the determination of Reasonable Costs, a separate Title XIX cost limit for the services rendered under the approved state plan will be in effect during the Current Year. Payments will meet the costs of an economically and efficiently operated facility when by the Title XIX cost limit, in effect during the same Current Year, is applied. (7-6-95)T

01. Title XIX Cost Limits for Dates of Service Prior to a Current Year. The reimbursable Reasonable Costs for services rendered prior to the beginning of the Principal Year, but included as prior period claims in a subsequent period's Cost Report, will be subject to the same operating cost limits as the claims under settlement. (7-6-95)T

02. Application of the Title XIX Cost Limit After Effective Date of Rules. In the determination of a hospital's Reasonable Costs for inpatient services rendered after the effective date of a Principal Year, a Hospital Inflation Index, computed for each hospital's fiscal year end, will be applied to the Operating Costs, excluding Capital Costs and Other Allowable Costs as defined for the Principal Year and adjusted on a per diem basis for each subsequent year under the Hospital Inflation Index. (7-6-95)T

a. Each inpatient routine service cost center, as reported in the finalized Principal Year end Medicare Cost Report, will be segregated in the Title XIX cost limit calculation and assigned a share of total Title XIX inpatient ancillary costs. The prorated ancillary costs shall be determined by the ratio of each Title XIX routine cost center's reported costs to total Title XIX inpatient routine service costs in the Principal Year. (7-6-95)T

b. Each routine cost center's total Title XIX routine service costs plus the assigned share of Title XIX inpatient ancillary costs of the Principal Year will be divided by the related Title XIX patient days to identify the total costs per diem in the Principal Year. (7-6-95)T

i. The related inpatient routine service cost center's per diem capital and graduate medical education costs plus the prorated share of inpatient ancillary capital costs will be subtracted from the per diem amount identified in Subsection 452.02.b. to identify each inpatient routine service cost center per diem cost limit in the Principal Year. (7-6-95)T

ii. If a provider did not have any Title XIX inpatient utilization or render any Title XIX inpatient services in an individual inpatient routine service cost center in the fiscal year serving as the Principal Year, the Principal Year for only those routine cost centers without utilization in the provider's Principal Year will be

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appropriately calculated using the information available in the next subsequent year in which Title XIX utilization occurred.

(7-6-95)T

c. Claims with dates of admission prior to July 1, 1987, which include services on July 1, 1987, and thereafter for that admission, will be reimbursed under the rules in effect prior to July 1, 1987.

(7-6-95)T

d. Each routine cost center's cost per diem for the Principal Year will be multiplied by the Hospital Inflation Index for each subsequent fiscal year.

(7-6-95)T

e. The sum of the per diem cost limits for the Title XIX inpatient routine service cost centers of a hospital during the Principal Year, as adjusted by the Hospital Inflation Index, will be the Title XIX cost limit for Operating Costs in the Current Year.

(7-6-95)T

i. At the date of final settlement, reimbursement of the Title XIX Current Year inpatient routine cost centers plus the assigned ancillary costs will be limited to the total per diem Operating Costs as adjusted for each subsequent fiscal year after the Principal Year through the Current Year by the Hospital Inflation Cost Index.

(7-6-95)T

ii. Providers will be notified of the estimated inflation index periodically or Hospital Inflation Index (HCFA Market Basket Index) prior to final settlement only upon written request.

(7-6-95)T

467. INTERIM REIMBURSEMENT RATES.
The interim reimbursement rates are reasonable and adequate to meet the necessary costs which must be incurred by economically and efficiently operated providers which provide services in conformity with applicable state and federal laws, rules, and quality and safety standards.

(10-1-95)T

01. Annual Adjustments. Interim rates will be adjusted at least annually based on the best information available to the Department.

(7-1-87)

a. For hospitals with more than forty (40) beds, the interim rate will reflect the Title XIX Inpatient Operating Cost Limits used to set inpatient rates and the Reimbursement Floor Percentage.

(7-6-95)T

b. For hospitals with forty (40) or fewer beds, the interim rates will reflect one hundred percent (100%) of the Medicaid reasonable costs by determining the Medicaid cost-to-charge ratio from the most recent Medicare Cost Report submitted to the Department.

(7-6-95)T

02. Retrospective Adjustments. Interim rates will not be adjusted retrospectively upon request for rate review by the provider.

(7-1-87)

03. Basis for Adjustments. The Department may make an adjustment based on the Medicare Cost Report as submitted and accepted by the Intermediary after the provider's reporting year to bring interim payments made during the period into agreement with the tentative reimbursable amount due the provider at final settlement.

(7-6-95)T (10-1-95)T

04. Unadjusted Rate. The Title XIX interim reimbursement rate on file is synonymous with the term unadjusted rate used by other payors.
EFFECTIVE DATE: These temporary rules are effective July 1, 1996.

AUTHORITY: In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted temporary rules, and proposed regular rule-making procedures have been initiated. The action is authorized pursuant to Section(s) 39-3305, Idaho Code.

PUBLIC HEARING SCHEDULE: Pursuant to Section 67-5222(2), Idaho Code, public hearing(s) concerning this rule-making will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than August 21, 1996.

DESCRIPTIVE SUMMARY: The following is the required finding and a concise statement of the supporting reasons for temporary rule-making and a statement in nontechnical language of the substance of the proposed rule:

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

During the 1996 legislative session, House Bill 742 was adopted with an effective date of July 1, 1996, amending the Board and Care Act, Section 39-3300, Idaho Code, and the Residential Care for the Elderly Act, Section 39-3500, Idaho Code.

Under this docket, IDAPA 16, Title 03, Chapter 19, Rules for Adult Foster Care Homes in Idaho, is being repealed in its entirety. This chapter will be rewritten and combined (under docket no. 16-0322-9603) with IDAPA 16, Title 03, Chapters 21 and 22, to form a new chapter entitled Rules for Residential Care Facilities in Idaho.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the temporary or proposed rule, contact John Hathaway at (208) 334-6626.

Anyone can submit written comments regarding this rule. All written comments and data concerning the rule must be directed to the undersigned and must be postmarked on or before September 26, 1996.

DATED this 7th day of August, 1996.

STACI WELSH
Administrative Procedures Coordinator
DHW - Division of Legal Services
450 West State Street, 10th Floor
PO Box 83720
Boise, Idaho 83720-0036
(208) 334-5564 phone, (208) 334-5548 fax

THE CHAPTER IS BEING REPEALED IN ITS ENTIRETY.

It is being replaced by Docket No. 16-0322-9603 published in this Bulletin
EFFECTIVE DATE: These temporary rules are effective July 1, 1996.

AUTHORITY: In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted temporary rules, and proposed regular rule-making procedures have been initiated. The action is authorized pursuant to Section(s) 39-3305, Idaho Code.

PUBLIC HEARING SCHEDULE: Pursuant to Section 67-5222(2), Idaho Code, public hearing(s) concerning this rule-making will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than August 21, 1996.

DESCRIPTIVE SUMMARY: The following is the required finding and a concise statement of the supporting reasons for temporary rule-making and a statement in nontechnical language of the substance of the proposed rule:

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

During the 1996 legislative session, House Bill 742 was adopted with an effective date of July 1, 1996, amending the Board and Care Act, Section 39-3300, Idaho Code, and the Residential Care for the Elderly Act, Section 39-3500, Idaho Code.

Under this docket, IDAPA 16, Title 03, Chapter 21, Rules for Residential Care Facilities in Idaho, is being repealed in its entirety. This chapter will be rewritten and combined (under docket no. 16-0322-9603) with IDAPA 16, Title 03, Chapters 19 and 22, to form a new chapter.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the temporary or proposed rule, contact John Hathaway at (208) 334-6626.

Anyone can submit written comments regarding this rule. All written comments and data concerning the rule must be directed to the undersigned and must be postmarked on or before September 26, 1996.

DATED this 7th day of August, 1996.

STACI WELSH
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THIS CHAPTER IS BEING REPEALED IN ITS ENTIRETY.

It is being replaced by Docket No. 16-0322-9603
as published in this Bulletin
IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE
16.03.22 - RULES FOR RESIDENTIAL CARE FACILITIES FOR THE ELDERLY IN IDAHO
DOCKET NO. 16-0322-9602
NOTICE OF TEMPORARY AND PROPOSED RULES

EFFECTIVE DATE: These temporary rules are effective July 1, 1996.

AUTHORITY: In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted temporary rules, and proposed regular rule-making procedures have been initiated. The action is authorized pursuant to Section(s) 39-3505, Idaho Code.

PUBLIC HEARING SCHEDULE: Pursuant to Section 67-5222(2), Idaho Code, public hearing(s) concerning this rule-making will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than August 21, 1996.

DESCRIPTIVE SUMMARY: The following is the required finding and a concise statement of the supporting reasons for temporary rule-making and a statement in nontechnical language of the substance of the proposed rule:

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

During the 1996 legislative session, House Bill 742 was adopted with an effective date of July 1, 1996, amending the Board and Care Act, Section 39-3300, Idaho Code, and the Residential Care for the Elderly Act, Section 39-3500, Idaho Code.

Under this docket, IDAPA 16, Title 03, Chapter 22, Rules for Residential Care Facilities for the Elderly in Idaho, is being repealed in its entirety. This chapter will be rewritten and combined (under docket no. 16-0322-9603) with IDAPA 16, Title 03, Chapters 19 and 21, to form a new chapter entitled Rules for Residential Care Facilities in Idaho.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the temporary or proposed rule, contact John Hathaway at (208) 334-6626. Anyone can submit written comments regarding this rule. All written comments and data concerning the rule must be directed to the undersigned and must be postmarked on or before September 26, 1996.

DATED this 7th day of August, 1996.

STACI WELSH
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THIS CHAPTER IS BEING REPEALED IN ITS ENTIRETY.

It is being replaced by Docket No. 16-0322-9603 as published in this Bulletin immediately following this notice.
EFFECTIVE DATE: These temporary rules are effective July 1, 1996.

AUTHORITY: In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted temporary rules, and proposed regular rule-making procedures have been initiated. The action is authorized pursuant to Section(s) 39-3300 and 39-3500, Idaho Code, and House Bill 742 adopted by the 1996 Idaho Legislature.

PUBLIC HEARING SCHEDULE: Public hearing(s) concerning this rule-making will be held as follows:

- September 16, 1996, at 7:00 p.m., Littletree Inn
  888 N. Holmes, Teton Room, Idaho Falls, Idaho;

- September 18, 1996, at 7:00 p.m., Sacajawea Motor Inn
  1824 Main Street, Locksaw Room, Lewiston, Idaho;

- September 19, 1996, at 7:00 p.m., Boise State University
  1910 University Drive, Student Union Building, Hatch Room C, Boise, Idaho.

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

DESCRIPTIVE SUMMARY: The following is the required finding and a concise statement of the supporting reasons for temporary rule-making and a statement in nontechnical language of the substance of the proposed rule:

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

Under Docket No. 16-0322-9603, existing Chapters 03.19, 03.21, and 03.22 will be combined with the requirements of House Bill 742, as signed into law on July 1, 1996, to form one combined Chapter governing both residential care and adult foster care homes. The rules contain a core section for both residential care facilities and adult foster care homes. The rules then branch into specialty areas for Residential Care Facilities for Individuals with a Mental Illness, or Developmental Disability, or Physical Disability; Residential Care Facilities for the Elderly to include specialized care units/facilities for Alzheimer/Dementia Residents; Adult Foster Care Homes for Individuals with a Mental Illness, Developmental Disability, or Physical Disability; Adult Foster Care Homes for the Elderly; Personal Care Service Homes; and Imposition of Enforcement Remedies for licensed facilities/Certified homes.

House Bill 742 amended Chapter 33, Title 39 (The Board and Care Act) and Chapter 35, Title 39, (Residential Care For The Elderly) Idaho Code. The intent of this legislation is to provide for requirements for a negotiated service agreement; uniform assessment criteria used to provide appropriate placement and cost-effective and appropriate funding when compared to other state programs relevant to the needs of the client being assessed; definition for the new requirements; additional levels of care and amounts of payment levels; the remaining balance of a discharged/deceased state client's fund is to be refunded to the Department; requirements for the licensed administrator; staff as to numbers and level of education; the residential care facility being viewed as the resident's primary residence; the allowance for issuing a waiver for the requirement that a facility over fifteen (15) beds assist the residents in the formation of a resident council; and that any individual providing care and housing commercially to the elderly general public shall at a minimum meet the requirements of this Chapter or other provision of law governing care and housing for the elderly if those provisions are more restrictive which includes personal care service homes.

With the addition of the above new sections, current sections will be deleted, i.e., requirements for plan of care, service coordinator, admission for both state clients and nonclients of the state, resident council, and qualifications for the administrator.
ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the temporary or proposed rule, contact John Hathaway at (208) 334-6626.

Anyone can submit written comments regarding this rule. All written comments and data concerning the rule must be directed to the undersigned and must be postmarked on or before September 26, 1996.

DATED this 7th day of August, 1996.

STACI WELSH
Administrative Procedures Coordinator
DHW - Division of Legal Services
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TEXT OF DOCKET NO. 16-0322-9603

IDAPA 16
TITLE 03
Chapter 22

RULES FOR RESIDENTIAL CARE FACILITIES IN IDAHO

000. LICENSED FACILITIES/CERTIFIED HOMES -- LEGAL AUTHORITY.
Pursuant to Sections 39-3305, 39-3371, 39-3505, and 39-3561, Idaho Code, and House Bill 742 of the Fifty-Fourth (54th) Idaho Legislation Session 1996, the Idaho Board of Health and Welfare is authorized to adopt and enforce rules and standards designed to protect the health, safety, and individual resident's rights and to ensure the provision of adequate nutrition, supervision, meaningful life activities, and therapeutic recreational activities for residents being served in residential care facilities/adult foster care homes, for individuals with a mental illness, developmental disability, physical disability, or who are elderly. Providers who care for a mixed population shall comply with the rules that are the most restrictive based on the populations being served.

001. LICENSED FACILITIES/CERTIFIED HOMES -- TITLE AND SCOPE.
The purpose of a residential care facility/adult foster care home in Idaho is to provide a humane, safe, and home-like living arrangement for individuals with a mental illness, developmental disability, physical disability, or who are elderly who need some assistance with activities of daily living and personal care but do not require the level of care provided by nursing facilities or other institutions. The facilities and homes shall be operated and staffed by individuals who have the knowledge and experience required to provide safe and appropriate services to all residents of the facility or home. The administrators and sponsors shall protect the rights and provide appropriate services to meet the needs of the individual residents as determined by the uniform assessment instrument and the negotiated service agreement for both state clients and private pay residents. The state will encourage the development of facilities and homes tailored to the needs of individual populations which operate in integrated settings in communities where sufficient supportive services exist to provide the resident, if appropriate, an opportunity to work and be involved in recreation and education opportunities alongside people who do not have a mental illness, developmental disability, physical disability, or who are not elderly. The Department shall be responsible for monitoring and enforcing the provisions of this chapter. This responsibility includes, but is not limited to, performing prelicensure/precertification activities for applicants, monitoring the condition of the facility/home, administering a uniform assessment instrument for state clients, and the development of enforcement procedures when violations
occur. Nothing in this chapter is intended to reduce or eliminate any duty of the Department or any other public or private entity for provision of services for any resident. (7-1-96)

002. LICENSED FACILITIES/CERTIFIED HOMES -- WRITTEN INTERPRETATIONS.
In accordance with Section 67-5201(16)(b)(iv), Idaho Code, this agency has written statements which pertain to the interpretation of the rules of this chapter, or to the documentation of compliance with the rules of this chapter. These documents are available for public inspection and copying at cost in the main office and each regional or district office of this agency. (7-1-96)

003. LICENSED FACILITIES/CERTIFIED HOMES -- ADMINISTRATIVE APPEALS.
All contested cases shall be governed by the provision of IDAPA 16.05.03, Rules Governing Contested Case Proceedings and Declaratory Rulings. (7-1-96)

004. LICENSED FACILITIES/CERTIFIED HOMES -- EXEMPTIONS.
The provisions of these rules do not apply to any of the following: (7-1-96)

01. Health Facility. The provisions of these rules do not apply to any health facility as defined by Title 39, Chapter 13, Idaho Code. (7-1-96)

02. Alternate Living Arrangements. The provisions of these rules do not apply to any house, institution, hotel, congregate housing project, retirement home, or other similar place that is limited to providing one (1) or more of the following: housing, meals, transportation, housekeeping, or recreational and social activities, or that have residents independently accessing supportive services from an entity approved to provide such services in Idaho and holding no legal ownership or financial interest in the entity operating the facility/home. (7-1-96)

03. Relatives. The provisions of these rules do not apply to any arrangement for the receiving and care of persons by a relative. (7-1-96)

04. Similar Facility/Home. The provisions of these rules do not apply to any facility/home exempted by the Director. (7-1-96)

005. LICENSED FACILITIES/CERTIFIED HOMES -- WAIVERS OR VARIANCES.
Waivers or variances may be granted by the Department provided the following procedures are adhered to: (7-1-96)

01. Written Request. A written request for a waiver or variance must be sent to the licensing/certifying agency. The request must include, but is not limited to, the following: (7-1-96)

   a. Reference to the section of the rules for which the variance or waiver is requested; (7-1-96)

   b. Reasons that show good cause why the variance should be granted, the extenuating circumstances which caused the need for the waiver, any compensating factors or conditions that may have bearing on the waiver such as additional floor space or additional staffing; and (7-1-96)

   c. Written documentation that assures residents' health, or safety, or both shall not be jeopardized if the variance or waiver is granted. (7-1-96)

02. Temporary Waivers. A temporary waiver may be granted for up to one (1) year. (7-1-96)

03. Continuing Temporary Waivers. The appropriateness of continuing the waiver or variance shall be reviewed by the Department during the annual survey. If the facility administrator/home sponsor wish to continue the variance or waiver, an annual request, unless specified otherwise, must be submitted to the licensing/certifying agency in writing. (7-1-96)

04. Permanent Waiver/Variance. A permanent waiver/variance may be granted provided the provisions of Subsections 005.01.a. through 005.01.c. are met. (7-1-96)

05. Decision to Grant a Variance. The decision to grant a variance or waiver shall not be considered as
precedent or be given any force of effect in any other proceeding. (7-1-96)T

006. LICENSED FACILITIES/CERTIFIED HOMES -- SERVICES AVAILABLE.
Supportive services shall be provided according to the resident's individual negotiated service agreement. (7-1-96)T

007. LICENSED FACILITIES/CERTIFIED HOMES -- POLICY.
Many of the residents of facilities/homes are unable to assess situations or respond quickly to emergencies. The residents' safety is dependent upon properly designed and constructed buildings with provisions for the prevention and detection of fires to include alarm and extinguishment systems. For the residents' protection, trained staff who understand operating and maintenance procedures and a proper physical plant are essential. The residents' welfare is dependent upon care, attention, motivation, and advice delivered at the proper time by skilled people. Every person or organization operating a facility/home must take responsibility for the safety and well-being of those in their charge. (7-1-96)T

008. LICENSED FACILITIES/CERTIFIED HOMES -- INCORPORATION BY REFERENCE.
All documents referenced herein shall constitute the full adoption by reference of those documents as provided by Section 67-5203A, Idaho Code. (7-1-96)T

01. Documents Incorporated. The following documents are incorporated in these rules: (7-1-96)T
   e. Idaho Diet Manual Idaho Dietetic Association Current Edition (7-1-96)T
   f. Rules Governing Food Safety and Sanitation Standards For Food Establishments (UNICODE) Current Edition. (7-1-96)T

02. Availability of Documents. The incorporated documents are available for public review at the following locations: (7-1-96)T
   a. Administrative Procedure Section, Division of Legal Services, Department of Health and Welfare, 450 West State Street, 10th Floor, P.O. Box 83720, Boise Idaho, 83720-0036. (7-1-96)T
   b. Idaho Supreme Court Law Library, 451 West State Street, Boise, Idaho, 83720. (7-1-96)T

009. (RESERVED).
010. LICENSED FACILITIES/CERTIFIED HOMES -- DEFINITIONS.

01. Abuse. The non-accidental infliction of physical pain, injury, or mental injury. This definition is taken from the Adult Abuse, Neglect, and Exploitation Act. (7-1-96)T

02. Activities. All organized and directed social and rehabilitative services a facility/home provides or arranges. (7-1-96)T

03. Activities of Daily Living. The performance of basic self-care activities in meeting an individual's needs to sustain him in a daily living environment, including, but not limited to, bathing, washing, dressing, toileting, grooming, eating, continence, managing money, mobility, and associated tasks. (7-1-96)T

04. Adequate Care. Services provided to the resident as prescribed in his negotiated service agreement and within nationally accepted practices. (7-1-96)T

05. Administrator. The person responsible for the day-to-day administration of the residential care facility employed as a full-time administrator and licensed by the State of Idaho. The administrator and legal owner may not necessarily be the same individual. A full-time administrator shall devote no less than twenty (20) hours a week to the day-to-day administration of the facility. The Department will consider a waiver based on an approved plan of administration and operation by the facility. (7-1-96)T

06. Adult. A person who has attained the age of eighteen (18) years. (7-1-96)T

07. Adult Foster Care Family. All individuals related by blood or marriage, other than residents, residing in the adult foster care home. (7-1-96)T

08. Adult Foster Care Home. A family home in which an adult is placed to live who is not able to reside in his own home and who requires adult foster care, help in daily living, protection, security, and encouragement toward independence. An adult foster care home, with the exception of a 1501 home as defined in these rules, shall not serve more than two (2) adults. A home specifying that they will be providing care and supervision for elderly individuals shall be known as an Adult Foster Care Home for the Elderly. A homes specifying that they will be providing care and supervision for individuals with a mental illness, developmental disability, or physical disability shall be known as an Adult Foster Care Home for Individuals with mental illness, developmental disability, or physical disability. A home accepting a mixed population of both elderly residents and individuals with mental illness, developmental disability, or physical disability shall be known as a mixed home. In this chapter Adult Foster Care Homes shall be referred to as "home." (7-1-96)T

09. Advanced Directive. A written instruction, such as a living will or durable power of attorney for health care, recognized under State Law, whether statutory or as recognized by the courts of the State, and relates to the provision of medical care when the individual is unable to communicate. (7-1-96)T

10. Advocate. An authorized or designated representative of a program or organization operating under federal or state mandate to represent the interests of a population group served by a facility/home. (7-1-96)T

11. Alzheimer's Disease and Related Dementia. A progressive, degenerative, terminal disease that attacks the brain and results in impaired memory, thinking, and behavior. The person may experience memory loss, confusion, personality, and behavior changes, impaired judgment, difficulty finding words, finishing thoughts, following directions, and difficulty with other cognitive efforts. (7-1-96)T

12. Ambulatory Person. A person who, unaided by any other person, is physically and mentally capable of walking a normal path to safety, including the ascent and descent of stairs. (7-1-96)T

13. Assessment. The conclusion reached using uniform criteria developed by the Department and relevant councils for determining a person's need for care and services. (7-1-96)T

14. Basement. Any floor level below the first story in a building except that a floor level in a building having only one (1) floor level shall be classified as a basement. (7-1-96)T
15. Behavioral Management. A planned program which actively builds and develops new or alternative styles of independent functioning and promotes new behavior which results in the highest potential level of self-sufficiency. (7-1-96)

16. Board. The Idaho State Board of Health and Welfare. (7-1-96)

17. Board and Care Council. The interdisciplinary group appointed by the Director to advise the Department on matters of policy relating to facilities/homes for individuals with mental illness, developmental disability, physical disability, or a combination of these resident types. (7-1-96)

18. Care and Supervision. The provision by the provider of one (1) or more of the following services (7-1-96)

   a. Assisting the resident with activities of daily living; (7-1-96)
   b. Arranging for supportive services; (7-1-96)
   c. Being aware of the resident's general whereabouts; (7-1-96)
   d. Monitoring the activities of the resident while on the premises of the facility/home to ensure the resident's health, safety, and well-being; and, (7-1-96)
   e. Assisting residents with self-administration of medication. (7-1-96)

19. Certificate. A basic permit to operate an adult foster care home issued by the certifying agent of the Department to homes complying with this chapter. Certification is the equivalent of licensing. (7-1-96)

20. Certifying Agency. The unit of the Department, or its designee, that conducts inspections, surveys, and issues certificates based on the home's compliance with this chapter. (7-1-96)

21. Certifying Agent. A person representing the areas of social services, or mental health, or developmental disabilities, or elderly, acting under the authority of the Department to participate in the certification, inspection, and regulation of a home. (7-1-96)

22. Chemical Restraint. A psychopharmacologic drug that is used for discipline or convenience and not required to treat medical symptoms. (7-1-96)

23. Client. Any person who receives financial aid, or services, or both from an organized program of the Department. (7-1-96)

24. Complaint Investigation. A survey or visit to determine the validity of allegations of resident abuse, neglect, misappropriation of resident property, or of other noncompliance with applicable state requirements. (7-1-96)

25. Continuing. Personal assistance services required over an extended period of time. (7-1-96)

26. Deficiency. Any violation of laws or of these rules pertaining to residential care/adult foster care. (7-1-96)

27. Department. The Idaho Department of Health and Welfare. (7-1-96)

28. Developmental Disability. A disability which:

   a. Is attributable to an impairment, such as mental retardation, cerebral palsy, epilepsy, autism, or other conditions found to be closely related to or similar to one of these impairments that requires similar treatment or services, or is attributable to dyslexia resulting from such impairments; and, (7-1-96)
b. Has continued or can be expected to continue indefinitely; and,

(7-1-96)T

c. Constitutes a substantial handicap to such person’s ability to function normally in society; and,

(7-1-96)T

d. Has occurred and has been diagnosed prior to age twenty-two (22).

(7-1-96)T

29. Director. The Director of the Idaho Department of Health and Welfare or his designee.

(7-1-96)T

30. Elderly. A person fifty-five (55) years or older who does not have a primary diagnosis of mental illness, or developmental disability, or both, and who does not require active treatment.

(7-1-96)T

31. Exploitation. An action which may include, but is not limited to, the misuse of a vulnerable adult’s funds, property, or resources by another person for profit or advantage.

(7-1-96)T

32. Finding. A determination resulting from a survey or complaint investigation of the facility/home that a potential compliance issue is present, and could, or should have been prevented, or has not yet been identified by the facility/home, is not being corrected by proper action by the facility/home, or cannot be justified by special circumstances unique to the facility/home or the resident. A finding may or may not be cited as a deficiency based upon the scope and severity.

(7-1-96)T

33. Full Certificate. A one (1) year certificate issued by the certifying agency of the Department to an adult foster care home complying with this chapter.

(7-1-96)T

34. Full Time Equivalent (FTE). To determine full time equivalents, add the total number of hours worked by all employees in a week and divide by the number of hours in the standard work week of forty (40) hours. Express full time equivalents to the nearest quarter decimal.

(7-1-96)T

35. Functional Abilities. An assessment of the resident’s physical, mental, emotional, and social abilities to cope with the affairs and activities of daily living.

(7-1-96)T

36. Governmental Unit. The state, any county, municipality, or other political subdivision or any department, division, board, or other agency thereof.

(7-1-96)T

37. Grade. The lowest point of elevation of the finished surface of the ground, paving, or sidewalk within the area between the building and the property line or when the property line is more than five (5) feet from the building, between the building and a line five (5) feet from the building.

(7-1-96)T

38. Habilitation Record. A written record specifying training and habilitation goals and objectives in measurable terms that permits the progress of the resident toward skill attainment to be assessed, including specifying daily schedules for training and habilitation services.

(7-1-96)T

39. Hands On. Physical assistance to the resident beyond verbal prompting.

(7-1-96)T

40. Hourly Adult Care. Nonresident daily services and supervision provided by a residential care facility to individuals, who are in need of supervision outside of their personal residence for a portion of the day. Hourly adult care services may be provided within the scope of services for which the residential care facility is licensed to provide, up to fourteen (14) continuous hours.

(7-1-96)T

41. Immediate Jeopardy. The licensing agency has determined that residents are subject to an imminent or substantial danger.

(7-1-96)T

42. Initial Deficiency. The first time that a deficiency or deficiencies are recorded by a surveyor as the result of a survey or complaint investigation. Initial deficiency may be records of deficiencies that occurred prior to the date of the survey visit even if the deficiencies no longer exist at the time of the current survey.

(7-1-96)T
43. Legal Guardian/Conservator. A court-appointed and supervised individual to manage the person or finances or both of another who has been found to be incapable of handling his own affairs. Once appointed, the decision-making authority of the guardian may be revoked only by another court hearing. (7-1-96)

44. Level of Care. A categorical assessment of the resident's functional ability and the intensity (degree) of care required in the areas of activities of daily living, supervision, response to emergency situations, mobility, medications, and behavior management. (7-1-96)

45. Level I - Minimal Assistance. The resident requires room, board, and supervision and may require one (1) or more of the following: (7-1-96)
   a. Minimal assistance with activities of daily living and nonmedical personal assistance. (7-1-96)
   b. Minimal assistance with mobility, such that the resident is independently mobile. (7-1-96)
   c. Minimal assistance in an emergency, such that the resident is capable of self-preservation in an emergency. (7-1-96)
   d. Minimal assistance with medications, such that the resident does not require medication management or supervision. (7-1-96)
   e. Minimal behavior management substantiated by the resident's history. (7-1-96)

46. Level II - Moderate Assistance. The resident requires room, board, and supervision and may require one (1) or more of the following: (7-1-96)
   a. Moderate assistance with activities of daily living and nonmedical personal assistance. (7-1-96)
   b. Moderate assistance with mobility, but easily mobile with assistance. (7-1-96)
   c. Moderate assistance in an emergency, but resident is capable of self-preservation with assistance. (7-1-96)
   d. Moderate assistance with medications. (7-1-96)
   e. Moderate assistance with behavior management. (7-1-96)

47. Level III - Extensive Assistance. The resident requires room, board, supervision and requires staff up and awake on a twenty-four (24) basis and may require one (1) or more of the following: (7-1-96)
   a. Extensive assistance with activities of daily living. (7-1-96)
   b. Extensive personal assistance. (7-1-96)
   c. Extensive assistance with mobility and may be immobile without extensive assistance. (7-1-96)
   d. Extensive assistance in an emergency and may be incapable of self-preservation without assistance. (7-1-96)
   e. Extensive assistance with and monitoring of medications. (7-1-96)
   f. Extensive assistance with training or behavior management or both. (7-1-96)

48. License. A permit to operate a residential care facility. (7-1-96)

49. Licensee. The holder of a license to operate a residential care facility under this chapter. (7-1-96)
50. Licensed Environmental Health Specialist. A person trained and experienced in physical, biological, chemical, and social and sanitary sciences whose duties involve the control of these features of the environment and who is licensed by the Idaho State Bureau of Occupational Licenses. (7-1-96)

51. Licensed Nurse. A nurse licensed to practice in the state of Idaho. (7-1-96)

52. Licensing Agency. The unit of the Department of Health and Welfare that conducts inspections and surveys and issues licenses based on compliance with this chapter. (7-1-96)

53. Medication. Any substance or drug used to treat a disease, condition, or symptom, which may be taken orally, injected, or used externally and is available through prescription or over-the-counter. (7-1-96)

54. Medication Administration. Medication administration involves the issuance of a single dose to the individual as a result of an order by a physician or dentist which requires an ongoing assessment by a nurse of the resident’s reaction to a drug. (7-1-96)

55. Medication Assistance. The adult residential care provider/adult foster care home provider is responsible upon a physician’s or a dentist’s order for providing necessary assistance, if required, to the resident in taking his medication, including, reminding the resident to take medication, removing medication containers from storage, assisting with the removal of the cap, assisting with the removal of a medication from a container for residents with a disability which prevents independence in this act, and observing the resident taking the medication. (7-1-96)

56. Medication Dispensing. Medication dispensing is the issuance of a medication in its original container with a pharmacy prepared label that carries to the individual the instructions ordered by the prescriber as well as other vital information. (7-1-96)

57. Mentally Ill. Mentally ill means a person with one (1) or more of the following: (7-1-96)
   a. Who has a significant disorder of thought, mood perception, orientation or memory which impairs judgment, behavior, and capacity to recognize and adapt to reality; (7-1-96)
   b. Who has demonstrated over a period of time, marginal social adjustment which prevents him from living independently in the community; (7-1-96)
   c. Who has difficulties in social or personal adjustment associated with psychiatric disability, as demonstrated in reduced, lost or underdeveloped capacities relative to personal relationships, living arrangements, work, recreation, personal care, community living skills, or other primary aspects of daily living. (7-1-96)

58. Mixed Population. One (1) or more of the following populations: mentally ill, developmentally disabled, physically disabled, and elderly who are provided care and housing within a facility/home. (7-1-96)

59. Monitor. A representative of the Department visiting a facility/home for the purpose of verifying a facility’s/home’s correction of deficiencies, or to observe the orderly transfer of residents, during a facility’s/home’s closure. (7-1-96)

60. National Fire Protection Association (NFPA). The NFPA from whom copies of applicable fire safety standards referenced herein are available at cost. Requests should be addressed to NFPA, Publication Sales Department, Batterymarch Park, Quincy, Massachusetts 02269. (7-1-96)

61. Negotiated Service Agreement. The agreement reached by the resident or their representative, or both, and the facility/home, based on the assessment, physician’s orders, if any, admission records, if any, and desires of the resident, and which outlines services to be provided and the obligations of the facility/home and the resident. (7-1-96)

62. Owner. Any recognized legal entity, governmental unit, or person having legal ownership of the facility/home. (7-1-96)
63. Person. Any individual, firm, partnership, corporation, company, association, or joint stock association and the legal successor thereof. (7-1-96)

64. Personal Assistance. The provision by the staff of the facility/home of one (1) or more of the following services:
   a. Assisting the resident with activities of daily living. (7-1-96)
   b. Arranging for supportive services. (7-1-96)
   c. Being aware of the resident's general whereabouts and supervision as required in the resident's negotiated service agreement. (7-1-96)
   d. Monitoring the activities of the resident while on the premises of the facility/home to ensure the resident's health, safety, and well-being. (7-1-96)
   e. Assisting residents with self-administration of medication. (7-1-96)
   f. Personal care and assistance does not include nursing care. (7-1-96)

65. Personal Care Services. Services that involve personal and medically orientated tasks dealing with the physical requirements of the patient performed in the patient's home and accommodating the patient's needs for long-term maintenance or supportive care. (7-1-96)

66. PRN. A medication or treatment prescribed by a physician to an individual allowing the medication to be given as needed. (7-1-96)

67. Provisional Certificate. A certificate not to exceed six (6) months which may be granted to a home which is not in compliance with the rules governing adult foster care homes but has no deficiencies that would endanger the health or safety of the residents, pending the satisfactory correction of all deficiencies. (7-1-96)

68. Provisional License. A license not to exceed six (6) months which may be granted to a facility which is not in compliance with the rules governing residential care facilities but has no deficiencies that would endanger the health or safety of the residents, pending the satisfactory correction of all deficiencies. (7-1-96)

69. Psychosocial History. A combined summary of psychological and social histories of an individual designed to inform a care giver of a person's strengths, weaknesses, and potential problems. (7-1-96)

70. Qualified Mental Health Professional (QMHP). A qualified mental health professional (QMHP) is a person who has had additional educational preparation and at least one (1) year of experience in the psychiatric or mental health field, and is one (1) of the following:
   a. A licensed psychologist; or (7-1-96)
   b. A licensed social worker; or (7-1-96)
   c. A registered nurse; or (7-1-96)
   d. A registered occupational therapist; or (7-1-96)
   e. A therapeutic recreation specialist. (7-1-96)

71. Qualified Mental Retardation Professional (QMRP). A qualified mental retardation professional (QMRP) is a person who has at least one (1) year of experience working directly with persons with mental retardation or other developmental disabilities and is one (1) of the following: (7-1-96)
a. A licensed doctor of medicine or osteopathy; or 

b. A registered nurse; or 

c. An individual who holds at least a bachelor's degree in a human service field including, but not limited to, sociology, special education, rehabilitation counseling, and psychology and is licensed, certified, or registered to provide professional services by the state in which he practices. 

72. Repeat Deficiency. A deficiency which reoccurs within eighteen (18) months of its citing as an initial deficiency, and which is found at a follow-up visit, complaint investigation, subsequent survey, or otherwise. 

73. Repeated Noncompliance. A finding of substandard quality of care on three (3) consecutive surveys, or visits, or both. 

74. Representative of the Department. An employee of the Department or a designee of the Department. 

75. Resident, Adult Foster Care Home. An individual, eighteen (18) years of age or older, who requires room and board, supervision and one (1) or more of the following services: protection, assistance with decision-making and activities of daily living, and direction toward self-care skills. A resident includes all occupants of an adult foster care home other than the owner, provider, their immediate families, or employees. 

76. Resident, Boarding Home. An individual who lives and functions independently and is responsible for making his own decisions. 

77. Resident, Intermediate Care Facility for the Mentally Retarded. An individual, whose mental and physical conditions require health and rehabilitative (active treatment) services that are above the level of room and board. 

78. Resident, Nursing Facility. An individual with unstable health problems requiring twenty-four (24) hour supervision, i.e., daily professional and licensed nursing care and supervision, restorative and rehabilitative care, and assistance in meeting daily living needs. Medical supervision is provided on a regular, but not daily, basis. 

79. Resident, Residential Care Facility. An individual, eighteen (18) years of age or older, who is unable to live alone, requires supervision and one (1) or more of the following services: protection, assistance with decision-making and activities of daily living, and direction toward self-care skills. A resident includes all occupants of a residential care facility other than the owner, administrator, their immediate families, or employees. 

80. Resident, Retirement Center. An individual who lives and functions independently and is responsible for making his own decisions. 

81. Residential Care Facility. One (1) or more buildings constituting a facility or residence, however named, operated on either a profit or nonprofit basis, for the purpose of providing twenty-four (24) hour nonmedical care for three (3) or more persons, not related to the owner, eighteen (18) years of age or older, who need personal care or assistance and supervision essential for sustaining activities of daily living or for the protection of the individual. A facility specifying that they will be providing care and supervision for elderly individuals shall be known as a Residential Care Facility for the Elderly. A facility specifying that they will be providing care and supervision for individuals with mental illness, developmental disability, or physical disability shall be known as a Residential Care Facility for individuals with mental illness, developmental disability, or physical disability. A facility accepting a mixed population of both elderly residents and individuals with mental illness, developmental disability, or physical disability shall be known as a mixed facility. In this chapter Residential Care Facilities shall be referred to as "facility." Distinct segments of a facility may be licensed separately provided each segment meets all applicable rules. 

82. Residential Care Council For The Elderly. The interdisciplinary group appointed by the director to
advise the agency and legislature on matters of policy relating to residential care facilities serving individuals who are elderly. (7-1-96)

83. **Resurvey.** A follow-up visit to determine whether the deficiencies found in a survey, or a complaint investigation, or both have been corrected. (7-1-96)

84. **Room and Board.** Lodging and meals. (7-1-96)

85. **Scope.** The frequency, incidence, or extent of the occurrence of a deficiency in a facility/home. (7-1-96)

86. **Self-Administration of Medication.** The act of a resident taking a single dose of his own medication from a properly labeled container and placing it internally in, or externally on, his own body as a result of an order by a physician and/or dentist. (7-1-96)

87. **Self Preservation.** A resident's ongoing ability or need for assistance to execute actions necessary to safeguard against personal harm, injury, or accident. (7-1-96)

88. **Severity.** The seriousness of a deficiency, which means the degree of actual or potential negative impact on a resident (as measured by negative outcomes or rights violations) or the degree to which his highest practicable physical, mental, or psychosocial well-being has been compromised. (7-1-96)

89. **Sponsor.** The member of the adult foster care home family who has primary responsibility for the day-to-day care of the residents in the home and for compliance with the rules governing adult foster care homes. The adult family home certificate will be issued in the sponsor's name. (7-1-96)

90. **Story.** That portion of a building included between the upper surface of any floor and the upper surface of the floor next above, except that the topmost story shall be that portion of a building included between the upper surface of the topmost floor and the ceiling or floor above. If the finished floor level directly above a basement or unused under-floor space is more than six (6) feet above grade as defined herein for more than fifty percent (50%) of the total perimeter or is more than twelve (12) feet above grade as defined herein at any point, such basement or unused under-floor space shall be a story. (7-1-96)

91. **Story, First.** The lowest story in the building which qualifies as a story, as defined herein, except that a floor level in a building having only one (1) floor level shall be classified as a first story, provided such floor level is not more than four (4) feet below grade, as defined herein, for more than fifty percent (50%) of the total perimeter, or more than eight (8) feet below grade, as defined herein, at any point. (7-1-96)

92. **Subsequent Deficiency.** A violation or deficiency found on a resurvey or revisit. The deficiency must exist at the time of the resurvey or revisit. If a deficiency cited in an initial deficiency is found upon resurvey or revisit, a rebuttable presumption arises that the deficiency continued throughout the period of time between the initial survey or visit and the resurvey or revisit. (7-1-96)

93. **Substandard Quality of Care.** A finding by the licensing/certifying agency of one (1) or more deficiencies, the existence of which limit(s) the facility's/home's ability to deliver adequate care or services. (7-1-96)

94. **Substantial Compliance.** A facility/home is in substantial compliance with these rules when there are no deficiencies which endanger the health, safety, or welfare of the residents. (7-1-96)

95. **Supervision.** Administrative activity which provides protection, guidance, knowledge of the resident's whereabouts, and assistance with activities of daily living. The administrator/sponsor are responsible for providing appropriate supervision based on each resident's negotiated service agreement. (7-1-96)

96. **Supportive Services.** The specific services that are provided to the resident in the community and that are required by the negotiated service agreement or reasonably requested by the resident. (7-1-96)
97. Survey. An on-site review conducted by a surveyor utilizing review of a case-mix stratified sample of residential care/adult foster care residents to determine compliance in the areas of quality of care, rehabilitative care, resident rights, administrative services, dietary and nutrition services, activities, social participation, sanitation, infection control, and physical environment. Such surveys may include an exit interview in which the surveyor and the facility/home attempt to resolve any conflicts regarding findings by the surveyor. (7-1-96)

98. Surveyor. A person authorized by the Department to conduct surveys or complaint investigations to determine compliance with program requirements. (7-1-96)

99. Temporary Certificate. A certificate not to exceed six (6) months which shall be issued to an Adult Foster Care Home upon compliance with the initial application process. The purpose of the temporary certificate is to give the Department time to determine the home's ongoing capability to provide services and to meet rules. (7-1-96)

100. Temporary License. A license not to exceed six (6) months which shall be issued to a Residential Care Facility upon compliance with the initial application process. The purpose of the temporary license is to give the Department time to determine the facility's ongoing capability to provide services and to meet rules. (7-1-96)

101. Trust Account. Accounts maintained by the facility/home, separate from its own accounts, to deposit, hold, or disburse monies belonging to residents. The facility/home shall be the trustee of such accounts and the residents shall be the beneficiaries. (7-1-96)

102. Uniform Assessment Instrument. The purpose of a uniform assessment instrument is to gather information for the determination of a resident's care needs and service eligibility, and for planning and monitoring a resident's care. The instrument is a multidimensional questionnaire which assesses a resident's social skills, physical and mental health, and functional abilities. It provides a comprehensive look at a resident but includes only those elements that are necessary for the development of a negotiated service agreement and which assess a resident's actual performance and functioning levels. The instrument is carefully designed to provide a standardized way of conducting the resident interview to ensure that all residents have equitable access to care. The assessment shall be used to provide appropriate placement and funding for service needs. The assessment shall also be used to ensure funding is cost-effective and appropriate when compared to other state programs relevant to the needs of the resident being assessed. (7-1-96)

103. 1501 Home. A home as authorized by Section 39-3561(9) of the Idaho Code, to provide care and supervision for up to four (4) adults. Certification as a 1501 home is not transferable to another person or location other than as originally certified. Homes certified under this provision shall not be subject to the residential care administrator or facility licensing requirements of Title 54, Chapter 42, of the Idaho Code, and Title 39, Chapters 33 and 35 of the Idaho Code. With the exception of the limitation on numbers of residents, 1501 homes are subject to all rules regarding adult foster care in Idaho. (7-1-96)

011. -- 100. (RESERVED).

101. LICENSED FACILITIES/CERTIFIED HOMES -- GENERAL REQUIREMENTS FOR A LICENSE/CERTIFICATE.

01. Current Valid License/Certificate. After July 1, 1996, no person, firm, partnership, association or corporation within the state, and no state or local public agency shall operate, establish, manage, conduct, or maintain a facility/home for individuals with a mental illness, developmental disability, physical disability, the elderly, or mixed population, in the state without a current valid license/certification issued by the licensing/certifying agency of the Department. (7-1-96)

02. Application. Any person or governmental unit proposing to operate a facility/home for individuals with a mental illness, developmental disability, physical disability, the elderly, or a mixed population shall apply for a license/certificate to the licensing/certifying agency specifying the types of residents to be served and the level of care to be provided. (7-1-96)

03. Distinctive Name. Every facility/home for individuals with a mental illness, developmental disability, physical disability, the elderly, or a mixed population shall use a distinctive name in applying for a license/
certificate and the name shall not be changed without first notifying the licensing/certifying agency in writing at least thirty (30) days prior to the date that the proposed name change is to be effective.

04. General Condition of Licensure/Certification. As a general condition of licensure/certification, the following goods or services shall be provided to the client as part of the base charge:

  a. Appropriate, adequate supervision as outlined in the resident's negotiated service agreement; and

  b. Room and board; and

  c. Furnishing and equipment as outlined in Subsection 700, 05; and

  d. Staffing; and

  e. Negotiated service agreement development and implementation; and

  f. Reasonable provision for arrangement of transportation to community activities, recreational, religious activities, or a combination of activities.

05. Accessibility. The facility/home, for individuals with a mental illness, developmental disability, physical disability, the elderly, or a combination of resident types, and all buildings associated with its operation, as well as all records required under these rules, shall be accessible at all times to the licensing/certifying agency for the purposes of inspection, with or without prior notification.

06. Issuance to Person and Address. A license/certificate to provide residential care/adult foster care shall be issued specifically in the name of the applicant applying for a license/certificate, and only to the address of the facility/home stated in the application.

102. LICENSED FACILITIES/CERTIFIED HOMES -- APPLICATIONS.

01. Initial License/Certificate. For an initial license/certificate a facility/home for individuals with a mental illness, developmental disability, physical disability, the elderly, or a mixed population the owner/applicant shall apply for a license/certificate on forms provided by the licensing/certifying agency giving such information as the licensing/certifying agency shall require including, but not limited to:

  a. A written statement that the applicant has thoroughly read and reviewed this chapter and is prepared to comply with all provisions of the rules.

  b. Satisfactory evidence that the applicant is of reputable and responsible character to include a criminal record clearance as provided in Idaho Department of Health and Welfare Rules, Title 05, Chapter 06, Rules Governing Mandatory Criminal History Checks. If the applicant is unable to obtain an acceptable criminal record clearance, the licensing/certifying agency shall deny the application;

  c. A notarized set of fingerprints which may be obtained from the Idaho State Police or the local sheriff's office;

  d. A signed resume including a chronological employment history covering the last five (5) years;

  e. Four (4) character references, two (2) of which must be provided by professional licensed individuals, including addresses and telephone numbers. Character references may not include relatives;

  f. The applicant must provide a written statement that discloses any revocation or other disciplinary action taken or in the process of being taken, against a license and certificate held or previously held by the entities in Idaho as specified in Section 39-3345 or 39-3545 or both, Idaho Code, or any other jurisdiction, or that verifies that the applicant has never been involved in any such action;
g. A statement must be provided which indicates that the applicant has completed the Department approved orientation; (7-1-96)

h. If the owner/applicant is not the administrator/sponsor, then the administrator/sponsor shall meet the requirements of Subsection 102.01. through 102.01.g., 102.01.i., and 102.01.p.; (7-1-96)

i. If the owner/applicant is a firm, association, organization, partnership, business trust, corporation, or company, the administrator/sponsor or other members of the organization who will provide direct patient care or who will directly influence the facility/home shall provide like evidence as listed above. Each shareholder/investor holding ten percent (10%) or more interest in the firm shall be listed on the application; (7-1-96)

j. The applicant shall submit satisfactory evidence of liability insurance to cover claims against the owner, or administrator, or sponsor, or a combination; (7-1-96)

k. A statement from the local fire authority that the facility/home is located in a lawfully constituted fire district; (7-1-96)

l. The building shall be required to meet all applicable requirements of local, state, and national codes, including current electrical and plumbing requirements; (7-1-96)

m. A statement from a licensed electrician or the local/state electrical inspector that all wiring in the facility/home complies with applicable local codes. A copy shall be kept on file at the facility/home; (7-1-96)

n. If the facility/home is not utilizing an approved municipal water or sewage treatment, a statement from a local environmental health specialist indicating that the water supply and sewage disposal system meets the requirements of the Department shall be submitted to the licensing/certifying agency. The reports shall be kept on file at the facility/home; (7-1-96)

o. Completed application form signed by the residential care/adult foster care applicant; (7-1-96)

p. A complete set of operational policies and procedures which meets the requirements of the rules for residential care/adult foster care; (7-1-96)

q. Any other information that may be required by the Department for the proper administration and enforcement of the provisions of these rules; and (7-1-96)

r. Failure of the applicant to cooperate with the licensing/certifying agency in the completion of the application process shall result in the denial of the application. Failure to cooperate means that the information described in this section of the rules has not been provided, or not provided in the form requested by the licensing/certifying agency, or both. (7-1-96)

103. LICENSED FACILITIES/CERTIFIED HOMES -- CHANGE OF OWNERSHIP.

01. License/Certificate. Because licenses/certificates are not transferable from one (1) individual to another or from one (1) lessee to another or from one (1) location to another, when a change of ownership, lease, or location is contemplated, the facility/home must be relicensed/recertified and implement the same procedure as a facility/home that has never been licensed/certified. (7-1-96)

02. Application for Change of Ownership. The application for a change of ownership must be submitted to the licensing/certifying agency at least sixty (60) days prior to the proposed date of change. (7-1-96)

03. Change of Ownership for Facilities/Homes In Litigation. Because of the inherent close relationship between the lessee and the lessor, an application for change of ownership of a facility/home that is being leased from a person who is in litigation for failure to meet licensure/certification standards or who has had his license/certificate revoked, shall include evidence that there is a bonafide arms length agreement and relationship between the two (2) parties. See Subsection 111.02.h. (7-1-96)
104. -- 110. (RESERVED).

111. LICENSED FACILITIES/CERTIFIED HOMES -- DENIAL OF LICENSE/CERTIFICATE.

01. Endangerment of Resident's Health and Safety. The licensing/certifying agency may deny the issuance of a license/certificate when persuaded by a preponderance of the evidence that such conditions exist as to endanger the health or safety of any resident; (7-1-96)

02. Substantial Compliance with These Rules. The licensing/certifying agency may deny the issuance of a license/certificate when the facility/home is not in substantial compliance with these rules. Additional causes for denial of a license/certificate may include the following: (7-1-96)
   a. The applicant has willfully misrepresented or omitted information on the application or other documents pertinent to obtaining a license/certificate; or (7-1-96)
   b. The applicant has been guilty of fraud, gross negligence, abuse, assault, battery, or exploitation with respect to the operation of a health facility or residential care facility or adult foster care home; or (7-1-96)
   c. The applicant is actively affected in his performance by alcohol or the use of drugs classified as controlled substances; or (7-1-96)
   d. The applicant has been convicted of a criminal offense other than a minor traffic violation within the past five (5) years; or (7-1-96)
   e. The applicant has been denied or whose wrong doing has caused the revocation of the license/certificate of any health facility, residential care facility, or adult foster care home; or (7-1-96)
   f. The applicant has been convicted of operating any health facility or residential care facility without a license or adult foster care home without a certificate; or (7-1-96)
   g. The applicant is directly under the control or influence of any person who has been subject to the proceedings described in Subsection 111.02.c.; or (7-1-96)
   h. The applicant is directly under the control or influence of any person who has been convicted of a criminal offense other than a minor traffic violation in the past five (5) years. (7-1-96)

112. LICENSED FACILITIES/CERTIFIED HOMES -- EFFECT OF PREVIOUS REVOCATION OR DENIAL OF A LICENSE/CERTIFICATE.
The licensing/certifying agency is not required to review the application of an applicant who has had a license/certification denied until five (5) years have lapsed from the date of license/certification denial or appeal. (7-1-96)

113. -- 124. (RESERVED).

125. LICENSED FACILITIES/CERTIFIED HOMES -- LICENSE/CERTIFICATE REQUIREMENTS.

01. Person And Premise. Each license/certificate issued shall be only for the premises and persons named in the application and shall not be transferable or assignable; (7-1-96)

02. Number of Beds or Residents. Each license/certificate shall specify the maximum allowable number of beds or residents to be housed. All occupants other than the owner, administrator/sponsor, immediate family, or employees shall be included in the licensed/certified bed capacity; and (7-1-96)

03. Display of License/Certificate. The license/certificate shall be posted in the facility/home, clearly visible to the general public. (7-1-96)
126. LICENSED FACILITIES/CERTIFIED HOMES -- TYPE OF LICENSE/CERTIFICATE.

01. Temporary License/Certificate. Following completion of an acceptable application, the final inspection, approval of the building by the licensing/certifying agency, and after determining that the facility/home has the initial capability to provide services, the facility/home shall be issued a temporary license/certificate not to exceed six (6) months. Within the six (6) month period, the licensing/certifying agency shall conduct a full survey to determine the facility's/home's ongoing capability to provide services. A temporary license/certificate is issued to a new applicant to give the Department time to determine the facility's/home's ongoing capability to provide services.

a. The temporary license/certificate may be replaced with a full license/certificate when the licensing/certifying agency has completed a revisit to the facility/home prior to the expiration of the temporary license/certificate and has determined that the facility/home qualifies for a full license/certificate; or

b. Following a revisit by the licensing/certifying agency prior to the expiration of the temporary license/certificate, if the licensing/certifying agency determines that the facility/home is not in compliance with the provisions of this chapter, or applicable rules, or standards, the facility/home shall be denied a full license/certificate and the temporary license/certificate shall be revoked.

02. Full License/Certificate. A full license/certificate shall be valid for a period of time not to exceed twelve (12) months from the date of approval by the licensing/certifying agency. The license/certificate shall expire at the end of its stated period unless it is continued in effect by agreement with the licensing/certifying agency or by operation of law.

03. Provisional License/Certificate. Facilities/homes found to be in substantial compliance with these rules but fail to comply in every detail may be issued a provisional license/certificate when failure to comply will not adversely affect the health and safety of the residents. A license/certificate issued on the basis of substantial compliance is contingent upon the correction of deficiencies in accordance with an agreed upon plan.

a. Provisional licenses/certificates may be issued for up to six (6) months;

b. Provisional licenses/certificates are issued as a correctional measure only for facilities/homes who are fully licensed/certified at the time the provisional license/certificate is issued; and

c. A new facility/home holding a temporary license/certificate may not move from a temporary license/certificate to a provisional license/certificate.

127. -- 135. (RESERVED).

136. LICENSED FACILITIES/CERTIFIED HOMES -- STATE LICENSING/CERTIFYING TO SUPERSEDE LOCAL REGULATION.

These rules and standards shall supersede any program of any political subdivision of the state which licenses/certifies or sets standards for facilities/homes.

137 -- 149. (RESERVED).

150. LICENSED FACILITIES/CERTIFIED HOMES -- ENFORCEMENT PROCESS.

01. Remedies. If the Department finds that a facility/home does not or did not meet a rule governing residential care facilities/adult foster care homes, it may impose the following remedies, independently or in conjunction with others, subject to the provisions of these rules for notice and appeal.

a. Ban on all admissions, see Subsection 925;

b. Ban on admissions of residents with certain diagnosis, see Subsection 926;

c. Civil monetary penalties, see Subsection 927;
d. Appointment of temporary management, see Subsection 928; (7-1-96)T

e. Summariy suspend the license/certificate, or transfer residents, or both, see Subsection 929; (7-1-96)T

f. Issue a provisional license/certificate, see Subsection 930; (7-1-96)T

g. Revoke the facility's license/home's certificate, see Subsection 931. (7-1-96)T

02. Specifics for Remedies. Refer to Sections 900 through 971.05 for specifics regarding remedies. (7-1-96)T

151. -- 169. (RESERVED).

170. LICENSED FACILITIES/CERTIFIED HOMES -- UNLICENSED RESIDENTIAL CARE FACILITIES/UNCERTIFIED ADULT FOSTER CARE HOMES.

01. Unlicensed Facility/Uncertified Home. A building shall be considered an unlicensed residential care facility/uncertified adult foster care home if it is maintained and operated to provide residential care/adult foster care, unlicensed/uncertified and not exempt from licensure/certification and any one (1) of the following conditions exists:

a. The facility/home is, is held out as, or represented as providing care, supervision and services; (7-1-96)T

b. The facility/home accepts or retains residents who demonstrate the need for care, supervision, and services, as defined by these rules and standards. (7-1-96)T

02. Residents Residing in Unlicensed Facilities/Uncertified Homes. Upon discovery of an unlicensed facility/uncertified home, the Department shall refer residents to the appropriate placement or adult protective services agency if either of the following conditions exist:

a. There is an immediate threat to the resident's health and safety; (7-1-96)T

b. The facility/home does not cooperate with the licensing/certifying agency to apply for a license/certificate, meet licensing/certifying standards and obtain a valid license/certificate; (7-1-96)T

03. Operator of an Unlicensed Facility/Uncertified Home. A person found to be operating a facility without a license/home without a certificate shall be guilty of a misdemeanor punishable by imprisonment in a county jail not to exceed six (6)months, or by a fine not to exceed five thousand dollars ($5,000). (7-1-96)T

04. Prosecution of Violators. In the event the county attorney in the county where the alleged violation occurred fails or refuses to act within thirty (30) days of notification of the violation, the attorney general is authorized to prosecute violations under the provisions of this section. (7-1-96)T

05. Placement of Persons into an Unlicensed Facility/Uncertified Home. No person or public agency employee shall place, refer, or recommend placement of a person into a facility/home which is operating without a license/certificate. To do so shall constitute a misdemeanor. (7-1-96)T

171. -- 180. (RESERVED).

181. LICENSED FACILITIES/CERTIFIED HOMES -- INSPECTIONS.

01. Inspection of Facilities/Homes. The licensing/certifying agency shall cause to be made such inspections and investigations as it may deem necessary to determine compliance with this chapter and applicable rules and standards. (7-1-96)T
02. Unannounced. With the exception of initial surveys, all inspections and investigations shall be made unannounced and without prior notice. (7-1-96)

03. Inspection Services. The licensing/certifying agency may utilize the services of any legally qualified person or organization, either public or private, to examine and inspect any facility/home requesting a license/certificate. (7-1-96)

04. Access and Authority. An inspector shall have full access and authority to examine among other things, quality of care, services delivery, resident records, facility’s/homes’s records including any records or documents pertaining to any financial transactions between residents and the facility/home or any of its employees, resident accounts, physical premises, including the condition of buildings, grounds and equipment, food service, water supply, sanitation, maintenance, housekeeping practices, and any other areas necessary to determine compliance with applicable rules and standards. (7-1-96)

05. Interview Authority. An inspector shall have the authority to interview the license holder/certificate holder, administrator/sponsor, staff, residents, residents' families, or other legally responsible person. Interviews with residents shall be confidential and conducted privately unless otherwise specified by the resident; (7-1-96)

06. Inspection of Entire Facility/home. The inspector shall have full authority to inspect the entire facility/home, including personal living quarters of operators, administrator/sponsor, or staff living in the facility/home, to check for inappropriate storage of combustibles, faulty wiring, or other conditions that may have a direct impact on the compliance of the facility/home. (7-1-96)

07. Written Report. Following any investigation or inspection, the licensing/certifying agency shall provide within a reasonable period of time, a written report to the administrator of the facility/sponsor of the home. The report shall include the finding of the investigation or inspection. (7-1-96)

08. Statement of Deficiencies. If deficiencies are identified during the investigation or inspection, the facility/home shall be sent a statement of deficiencies which requires a plan of correction. (7-1-96)

09. Plan of Correction. An acceptable plan of correction must include how the deficiency was corrected or how it shall be corrected, what steps have been taken to assure that the deficiency does not reoccur, and acceptable time frames for correction of the deficiency. (7-1-96)

10. Submit Plan of Correction. The facility/home shall be given a reasonable period of time to develop a plan of correction and to return the plan of correction to the licensing/certifying agency. (7-1-96)

11. Follow-up Surveys. Follow-up surveys may be conducted to ascertain if corrections to deficiencies are being made according to time frames established in the plan of correction. (7-1-96)

182. -- 190. (RESERVED).

191. LICENSED FACILITIES/CERTIFIED HOMES -- COMPLAINTS.

01. Filing a Complaint. A person who believes that any provision of these rules has been violated may file a complaint with the licensing/certifying agency. Complaints may also be filed with the regional office. (7-1-96)

02. Investigations. The licensing/certifying agency shall investigate, or cause to be investigated, any complaint alleging a violation of these rules. (7-1-96)

03. Complaints. A complaint filed with the licensing/certifying agency which is subsequently released to the violating facility/home or to any member of the public shall not disclose the name or identifying characteristics of the complainant unless:

a. The complainant consents in writing to the disclosure; (7-1-96)
b. The investigation results in a judicial proceeding and disclosure is ordered by the court; (7-1-96)

c. The disclosure is essential to the investigation. The complainant shall be given the opportunity to withdraw the complaint before disclosure. (7-1-96)

04. Method of Investigation. The nature of the complaint shall determine the method used to investigate the complaint. On-site investigations at the facility/home shall be unannounced. (7-1-96)

05. Exit Conference. The facility administrator/home sponsor shall be offered an exit conference where the findings of the investigation shall be discussed. (7-1-96)

06. Statement of Deficiency. If violation of these rules is identified, depending on the severity, the facility/home shall be sent a statement of deficiencies, shall be required to prepare a plan of correction, and return it to the licensing/certifying agency within a time frame designated by the licensing/certifying agency. (7-1-96)

07. Actions. The licensing/certifying agency shall inform the complainant or, if requested by the complainant, the complainant’s representative, of the results of the investigation, any action to be taken by the facility/home to resolve the problem. (7-1-96)

192. LICENSED FACILITIES/CERTIFIED HOMES -- PUBLIC DISCLOSURE.

01. Disclosure of Resident Identity. Information received by the licensing/certifying agency through filed reports, inspections, or as otherwise authorized under the law, shall not be disclosed publicly in such a manner as to identify individual residents except as necessary in a proceeding involving a question of licensure/certification. (7-1-96)

02. Public Availability of Deficiencies. A current list of deficiencies relating to a facility/home, including plans of correction, shall be available to the public upon written request to the regional office of the Department or to the licensing/certifying agency. (7-1-96)

03. Release of Information. Information regarding written deficiencies or complaint investigations shall not be disclosed until the facility/home has provided a plan of correction. (7-1-96)

193. -- 249. (RESERVED).

250. LICENSED FACILITIES/CERTIFIED HOMES -- RESIDENTS’ RIGHTS.
Each facility/home shall develop and implement a written residents’ rights policy which shall protect and promote the rights of each resident including, but not limited to, the following: (7-1-96)

01. Resident Records. Each facility/home must maintain and keep current a record of the following information on each resident:

a. A copy of the resident’s current negotiated service agreement and physician’s order; (7-1-96)

b. Written acknowledgment that the resident has received copies of the rights; (7-1-96)

c. A record of all personal property and funds which the resident has entrusted to the facility/home including copies of receipts for the property; (7-1-96)

d. Information about any specific health problems of the resident which may be useful in a medical emergency; (7-1-96)

e. The name, address, and telephone number of an individual identified by the resident who should be contacted in the event of an emergency or death of the resident; (7-1-96)

f. Any other health-related, emergency, or pertinent information which the resident or the resident’s legal guardian requests the facility/home to keep on record; (7-1-96)
g. The current admission agreement between the resident and the facility/home; and, (7-1-96)T

h. Upon request a resident shall be provided access to information in his medical record. (7-1-96)T

02. Privacy. Each resident must be assured the right to privacy with regard to accommodations, medical, and other treatment, written and telephone communications, and visits and meetings of family and resident groups. (7-1-96)T

03. Humane Care and Environment. Each resident shall have the right to humane care and a humane environment including the following: (7-1-96)T

a. The right to a diet which is consistent with any religious or health-related restrictions; (7-1-96)T

b. The right to refuse a restricted diet; and (7-1-96)T

c. The right to a safe and sanitary living environment. (7-1-96)T

04. Dignity and Respect. Each resident shall have the right to be treated with dignity and respect, including: (7-1-96)T

a. The right to be treated in a courteous manner by staff; and (7-1-96)T

b. The right to receive a response from the facility/home to any request of the resident within a reasonable time. (7-1-96)T

05. Behavior Management Programs. Each resident shall have the right to be free of unwarranted use of Behavior Management Programs and chemical and physical restraints. (7-1-96)T

06. Appropriate Habilitation/Training. The resident shall have the right to participate in a habilitation/training program if the resident qualifies for habilitation/training, as determined by an assessment, if he desires to participate, and if the program is available. (7-1-96)T

07. Participation in the Development of the Negotiated Service Agreement. Each resident shall have the opportunity to participate in his negotiated service agreement. Residents or their legal guardians must be advised of alternative courses of care and their consequences when such alternatives are available. The resident's preference about alternatives must be elicited and considered in the development of the negotiated service agreement. (7-1-96)T

08. Personal Possessions. Each resident shall have the right to: (7-1-96)T

a. Wear his own clothing; (7-1-96)T

b. Determine his own dress and hair style; (7-1-96)T

c. Retain and use his own personal property in his own living area so as to maintain individuality and personal dignity; and (7-1-96)T

d. Be provided a separate storage area in his own living area and at least one (1) locked cabinet or drawer, if the resident is capable of managing lock and key, for keeping personal property. (7-1-96)T

09. Personal Funds. Residents whose board and care is paid for by public assistance shall retain, for their personal use, the basic personal allowance. In addition, each publicly funded resident is to retain the disregard amount allowed by the Department. The resident may use the disregard amount allowed to pay the facility/home for personal laundry service or if the resident decides not use the facility's/home's laundry service, the resident would then retain the disregard amount allowed for their personal use. See Subsection 550.07 as it refers to charges and services provided in Subsection 423.01.a. (7-1-96)T
10. Management of Personal Funds. A facility/home shall not require a resident to deposit his personal funds with the facility/home. If resident funds are being managed the facility/home must manage and account for the personal funds of the resident deposited with the facility/home as follows: (7-1-96)
   a. The resident must give the facility/home written authorization to manage his funds; (7-1-96)
   b. The facility/home must assure a full and complete accounting of each resident's personal funds, maintain a written record of all financial transactions involving each resident's personal funds deposited with the facility/home, and afford the resident, or legal guardian/conservator of the resident, reasonable access to such record; (7-1-96)
   c. The facility/home must deposit any amount of a resident's personal funds in excess of one hundred dollars ($100) in an interest bearing account, or accounts, that is separate from any of the facility's/home's operating accounts and credit all interest earned on the separate account to the account; (7-1-96)
   d. The facility/home must maintain any other personal funds in a non-interest bearing account or petty cash fund; (7-1-96)
   e. The facility/home must assure that the resident has access to his personal funds during reasonable hours; (7-1-96)
   f. Upon the death of a non-state client with such an account, the facility/home must promptly convey the resident's personal funds, with a final accounting of such funds, to the individual administering the resident's estate; and (7-1-96)
   g. Upon the death of a state client, with such an account, the facility/home must promptly refund the remaining balance of the resident's personal funds, with a final accounting of such funds, to the Department. (7-1-96)

11. Access and Visitations Rights. Each facility/home must permit: (7-1-96)
   a. Immediate access to a resident, subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time, by any representative of the Department, by the state Ombudsman for the elderly or his designees, by Co-AD or their designees for individuals with a developmental disability or mental illness, by the Idaho Alliance For Mental Illness or their designee for individuals with a mental illness, or by the resident's individual physician; (7-1-96)
   b. Immediate access to a resident, subject to the resident's right to deny or withdraw consent at any time, by immediate family or other relatives; (7-1-96)
   c. Immediate access to a resident, subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time, by others who are visiting with the consent of the resident; and (7-1-96)
   d. Reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time. (7-1-96)

12. Access By Advocates And Representatives. A facility/home shall permit advocates and representatives of community legal services program, whose purposes include rendering assistance without charge to residents, to have access to the facility/home at reasonable times in order to: (7-1-96)
   a. Visit, talk with and make personal, social services programs, and legal services available to all residents; (7-1-96)
   b. Inform residents of their rights and entitlements, their corresponding obligations under state, federal, and local laws by distribution of educational materials or discussion in groups, or with individuals, or both; (7-1-96)
c. Assist residents in asserting their legal rights regarding claims for public assistance, medical assistance, and social security benefits, as well as in all other matters in which residents are aggrieved. This assistance may be provided individually, or in a group basis, and may include organizational activity, counseling, and litigation; (7-1-96)T

d. Engage in all other methods of assisting, advising, and representing residents so as to extend to them the full enjoyment of their rights; (7-1-96)T

e. Communicate privately and without restrictions with any resident who consents to the communication; and (7-1-96)T

f. Observe all common areas of the facility/home. (7-1-96)T

13. Posting Of Pertinent Advocacy Groups. The names, addresses, and telephone numbers of all pertinent advocacy groups shall be conspicuously posted in the facility/home for resident access. These groups shall include, but not be limited to:

a. The state licensing/certifying agency; (7-1-96)T

b. The state ombudsman program, for the elderly; (7-1-96)T

c. Co-AD, Inc., Idaho’s Protection and Advocacy System for individuals with a disability; (7-1-96)T

d. Idaho Alliance For Mental Illness for individuals with a mental illness; and (7-1-96)T

e. Adult Protection. (7-1-96)T

14. Employment. Each resident shall have the right to refuse to perform services for the facility/home except as contracted for by the resident and the administrator of the facility/sponsor of the home. If the resident is hired by the facility/home to perform services as an employee of the facility/home, the wage paid to the resident shall be consistent with state and federal law. (7-1-96)T

15. Confidentiality. Each resident shall have the right to confidentiality of personal and clinical records. (7-1-96)T

16. Freedom from Abuse. Each resident shall have the right to be free from physical, mental or sexual abuse, neglect, corporal punishment, involuntary seclusion, and any physical or chemical restraints imposed for purposes of discipline or convenience. (7-1-96)T

17. Freedom of Religion. Each resident shall have the right to practice the religion of his choice or to abstain from religious practice. Residents shall also be free from the imposition of the religious practices of others. (7-1-96)T

18. Control and Receipt of Health Related Services. Each resident shall have the right to control his receipt of health related services, including:

a. The right to retain the services of his own personal physician and dentist; (7-1-96)T

b. The right to select the pharmacy or pharmacist of his choice; and (7-1-96)T

c. The right to confidentiality and privacy concerning his medical condition, dental condition, and treatment. (7-1-96)T

19. Grievances. Each resident shall have the right to voice and file a grievance with respect to treatment or care that is furnished, without discrimination or reprisal for voicing the grievance and the right to prompt efforts by the facility/home to resolve grievances the resident may have, including those with respect to the behavior of other residents. (7-1-96)T
20. Participation in Resident and Family Groups. Each resident shall have the right to organize and participate in resident groups in the facility/home and the right of the resident’s family to meet in the facility/home with the families of other residents in the facility/home; (7-1-96)T

21. Participation in Other Activities. Each resident shall have the right to participate in social, religious, and community activities that do not interfere with the rights of other residents in the facility/home. (7-1-96)T

22. Examination of Survey Results. Each resident shall have the right to examine, upon reasonable request, the results of the most recent survey of the facility/home conducted by the Department with respect to the facility/home and any plan of correction in effect with respect to the facility/home; (7-1-96)T

23. Transfer or Discharge. Each resident shall have the right to be transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay and in non-emergency conditions is given at least fifteen (15) days advance written notice prior to the date of discharge or transfer. (7-1-96)T

24. Other Facilities/Home. Each resident has a right to review a list of other residential care facilities and adult foster care homes that may be available to meet his needs. (7-1-96)T

25. Citizenship Rights. Each resident has a right to be encouraged and assisted to exercise his rights as a resident and as a citizen, including the right to be informed and to vote. (7-1-96)T

26. Other Rights. Each resident shall have any other right established by law. (7-1-96)T

251. LICENSED FACILITIES/CERTIFIED HOMES -- NOTICE OF RIGHTS.

01. Notice of Rights. Each facility/home shall: (7-1-96)T

a. Inform each resident, orally and in writing, at the time of admission to the facility/home, of his legal rights during the stay at the facility/home; (7-1-96)T

b. During the resident’s stay at the facility/home, the facility/home shall periodically review with the resident, both orally and in writing, his legal rights. (7-1-96)T

c. Make available to each resident, upon reasonable request, a written statement of such rights. (7-1-96)T

d. The written description of legal rights in Section 250 shall include a description of the protection of personal funds and a statement that a resident may file a complaint with the licensing/certifying agency respecting resident abuse, neglect, and misappropriation of resident property in the facility/home; and (7-1-96)T

e. A copy of the list of resident rights shall be conspicuously posted in the facility/home at all times. (7-1-96)T

252. -- 374. (RESERVED).

375. LICENSED FACILITIES/CERTIFIED HOMES -- QUALIFICATIONS OF THE ADMINISTRATOR AND SPONSOR.

01. Qualifications of the Administrator/Sponsor. Each facility/home shall employ at least one (1) full-time administrator/sponsor who: (7-1-96)T

a. Is of good moral and responsible character and has not been convicted of any felony or defrauding of the federal government; (7-1-96)T

b. Has sufficient physical, emotional, and mental capacity to carry out the requirements of the rules as
verified by a licensed physician or nurse practitioner upon assuming duties and annually thereafter; (7-1-96)

c. The Department may conduct such investigations as it may deem necessary to determine the fitness of an administrator/spONSOR and may request an administrator/spONSOR to provide any additional information it deems necessary related to that person's character and qualifications; and (7-1-96)

d. The administrator/spONSOR, his relatives, or employees shall not act as or seek to become the legal guardian of, or have power of attorney for any resident, unless specifically adjudicated as such by appropriate legal order. (7-1-96)

376. LICENSED FACILITIES/CERTIFIED HOMES -- RESPONSIBILITIES OF THE ADMINISTRATOR/SPONSOR.

01. Supervision. The administrator/spONSOR shall provide supervision for all employees. (7-1-96)

02. Employee Background Check. The administrator/spONSOR shall ensure that, prior to or upon hire, a background check will be conducted upon each employee; (7-1-96)

03. Sufficient Staff. The administrator/spONSOR shall employ sufficient staff:

a. To assure the safety and proper care of the residents in the facility/home based upon the physical and mental condition of the residents; (7-1-96)

b. To assure the safety and proper care of the residents in the facility/home based on the size and layout of the building, or buildings, or both; (7-1-96)

c. To assure the safety and proper care of the residents in the facility/home based on the capabilities and training of the staff; (7-1-96)

d. To assure the implementation of emergency procedures, including evacuation of the residents, if required, in accordance with the facility's/home's disaster preparedness plan, in the event of fire, disaster, or other threats pertaining to the health, safety, and security of the residents; and (7-1-96)

e. To assure the safety and proper care of the residents in the facility/home based on compliance with this chapter. (7-1-96)

04. Employee Cleanliness and Hygiene. The administrator/spONSOR shall assure that each person employed by the facility/home maintains personal cleanliness and hygiene. (7-1-96)

05. Staff Job Descriptions for Personal Care to Residents. The administrator/spONSOR shall develop and provide written job descriptions to staff who are responsible for providing personal care to residents. (7-1-96)

06. Minimum Age of Staff. The administrator/spONSOR shall assure that no employee providing hands on care or supervision services shall be under eighteen (18) years of age. (7-1-96)

07. Assignment of Duties to Staff. The administrator/spONSOR shall assign to each staff member duties consistent with his level of education, preparation, and experience. (7-1-96)

08. First Aid Certification for Staff on Duty. The administrator/spONSOR shall assure that there is at least one (1) staff member within the facility/home at all times who has a certification in an approved first aid course which includes training about bleeding and seizure control, and the care for abrasions, scratches, cuts and insect bites. (7-1-96)

09. Sufficient Trained Staff. The administrator/spONSOR shall assure that the facility/home employs sufficient trained staff to fully meet the needs of the residents. (7-1-96)

10. Availability of Staff. The administrator/spONSOR shall assure that at all times there is at least one (1)
staff person immediately available to the residents. When a resident is present in the facility/home there shall be at least one (1) staff person also present in the facility/home. (7-1-96)T

11. Emergency Contact. The administrator/sponsor shall assure that when no residents are present at the facility/home, a means whereby emergency contact can be made with the administrator/sponsor or his designee is provided. (7-1-96)T

12. Charge of Facility/Home. The administrator/sponsor shall assure that residents shall not be left in charge of other residents while the administrator/sponsor or his staff are absent from the facility/home. (7-1-96)T

13. Delegation of Authority. The administrator/sponsor shall not leave the premises without delegating necessary authority to a competent employee who is familiar with the residents and their needs, emergency procedures, the location and operation of emergency equipment, and how the administrator/sponsor can be reached in the event of an emergency. (7-1-96)T

14. Staff with Infections. The administrator/sponsor shall assure that personnel who have a communicable disease, infectious wound, or other transmittable condition and who provide care or services to residents shall be required to implement protective infection control techniques approved by the administrator/sponsor and not be required to work until the infectious stage is corrected or reassigned to a work area where contact with others is not expected and likelihood of transmission of infection is absent or seek other remedies to avoid spreading the employee's infection. (7-1-96)T

15. Staff Training in Infection Control for Blood and other Body Fluids. The administrator/sponsor shall assure that each person employed by the facility/home including housekeeping personnel, or contract personnel, or both who may come into contact with potentially infectious material is trained in infection control procedures for blood and other body fluids, Universal Precautions. (7-1-96)T

16. Relief Personnel. The administrator/sponsor shall provide for trained relief personnel to substitute for staff during vacation, illness, or other absences from the facility/home. (7-1-96)T

17. Notification of Change in Administrator/sponsor. Facility/home owners shall notify the licensing/certifying agency of a change in a facility's administrator/home's sponsor. The notifications shall be sent to the licensing/certifying agency in writing. (7-1-96)T

18. Responsibility for Reports and Records. The administrator/sponsor shall be responsible for the completion, keeping, and submission of such reports and records as may be required by the licensing/certifying agency. (7-1-96)T

19. Responsibility for Compliance with Rules. The administrator/sponsor shall be responsible for compliance with the rules. (7-1-96)T

377. -- 399. (RESERVED).

400. LICENSED FACILITIES/CERTIFIED HOMES -- STAFFING STANDARDS AND REQUIREMENTS.

01. Sufficient Staff. The facility/home shall have sufficient staff to provide care, during all hours, required in each resident's negotiated service plan. The facility/home retains the full responsibility of assuring that sufficient staff is available in the facility/home at all times to assure residents' health, safety, comfort, and supervision. (7-1-96)T

02. Availability of Staff. There shall be at least one (1) staff person immediately available to the residents at all times. When a resident is present in the facility/home, there shall be at least one (1) staff person, designated in charge, present in the facility/home. Residents shall not be left in charge of other residents. (7-1-96)T

03. Resident's Sleeping Hours. There must be at least one (1) staff person immediately available, at the facility/home, during residents' sleeping hours. (7-1-96)T
04. Level III Residents. In facilities/homes admitting or retaining any Level III clients or a combination of Level I, II, or III, there shall be a minimum of one (1) staff person, in the same building, up and awake during the residents' sleeping hours. (7-1-96)

05. Level III Resident Waiver. In facilities/homes admitting or retaining any Level III clients or a combination of Level I, II, or III, the supervision requirement that staff be up and awake on a twenty-four (24) hour basis may be the subject of a request for a waiver or variance pursuant to Section 005. In facilities of fifteen (15) beds or less, and homes of four (4) beds or less, if the supervision requirement in each resident's negotiated service agreement states that during residents' sleeping hours staff up and awake is unnecessary, a request for variance of this requirement will be considered by the Department. (7-1-96)

06. Two (2) or More Buildings. In facilities/homes where residents are housed in two (2) or more detached buildings, staff shall monitor each building on a regular basis. During the residents' sleeping hours, a staff person shall monitor each building at least once an hour. (7-1-96)

07. Additional Staffing. Additional staffing may be required based on the following: (7-1-96)
   a. The physical and mental condition of the residents; (7-1-96)
   b. The configuration and design of the building; and (7-1-96)
   c. The location of the facility/home, both in terms of time and distance, and its proximity to emergency and supportive services. (7-1-96)

401. -- 419. (RESERVED).

420. LICENSED FACILITIES/CERTIFIED HOMES -- OPERATIONAL STANDARDS AND PROCEDURES.

01. Operational Policies. Each facility/home shall develop and implement a written set of operational policies which shall be available at all times and shall include, but not be limited to: (7-1-96)
   a. Appropriate transfer to other facilities for acute medical or other care to include timely transfer when needed; (7-1-96)
   b. Signed release by the resident or legal guardian/conservator for transfer of pertinent information to the receiving facility; (7-1-96)
   c. Arrangements made for emergency medical, dental, or other services; (7-1-96)
   d. Temporary detention of a resident against his will to protect him or others from harm, which shall include how this is to be accomplished, and persons to be notified including the resident's legal guardian/conservator or family, the Department and local law enforcement; (7-1-96)
   e. Maintenance of a daily log to include documentation indicating any significant change in a resident's physical or mental status and the facility's/home's action or response. A twelve month record of daily logs shall be maintained in the facility/home; (7-1-96)
   f. Notification of significant changes in physical or mental condition to the family, legal guardian/conservator, or should there be none, the Department; (7-1-96)
   g. Conditions under which transfer of a resident can be made without prior notification to, or consent of, the family or legal guardian/conservator; (7-1-96)
   h. Assurance that, in the case of a minor injury or illness of residents, physician's orders are carried out; (7-1-96)
i. Death of a resident while in the facility/home; (7-1-96)T

j. Provision and maintenance of a system of identifying each resident's personal property and methods for safekeeping of his valuables. Each resident's clothing and other property shall be reserved for his own use; (7-1-96)T

k. Provision for the return of the resident's valuables and personal purchases at the time of his transfer, discharge, or death; (7-1-96)T

l. Provisions for smoking and non-smoking; (7-1-96)T

m. Provisions for alerting or calling an operator or attendant during the night and permitting any resident to secure the attention of an employee at any time; (7-1-96)T

n. Plans and procedures for the operation of the physical plant, which include, but are not limited to, utilities, fire safety, and plant maintenance; (7-1-96)T

o. Investigations and review of written reports by the administrator/sponsor of every incident/accident involving a resident; and (7-1-96)T

p. Notification of the resident's family or legal guardian/conservator, or in the case of Department clients, the regional office of the Department, of any unusual happenings to a resident such as accidents, sudden illness, disease, or unexplained absence. (7-1-96)T

02. Resident Medications. There shall be a policy describing the facility's/home's system for handling resident medications. (7-1-96)T

03. Behavior Management Programs. If appropriate, there shall be a policy describing the facility's/home's behavior management program which is:
   a. Designed and closely monitored to assure that the interventions of the program are positive; (7-1-96)T
   b. The least restrictive and least aversive means of obtaining the desired result; and (7-1-96)T
   c. Must be approved by an individual qualified in resident behavior management. (7-1-96)T

04. Habilitation/Training. If appropriate, there shall be a policy describing the facility's/home's habilitation/training program which is:
   a. Designed to promote optimal independence; (7-1-96)T
   b. Maximize the developmental or independence potential of the resident; and (7-1-96)T
   c. Must be provided in the setting that is the least restrictive of the resident's personal liberties. (7-1-96)T

05. New Services. When a facility/home arranges for provisions of services that are not provided by the facility/home, but conducted within the physical environment of the facility/home a written policy shall be developed and implemented by the facility/home. (7-1-96)T

421. LICENSED FACILITIES/CERTIFIED HOMES -- INCIDENTS AND COMPLAINTS.

01. Facility/home Response to Incidents and Complaints. Each facility/home shall develop and implement a written incident and complaint policy and procedure which shall include, but not be limited to, the following: (7-1-96)T
a. A method of assuring that the owner, administrator/sponsor or person designated by the administrator/sponsor is notified of all incidents or complaints; (7-1-96)

b. That the owner, administrator/sponsor or person designated by the owner or administrator/sponsor has personally investigated and prepared a written report of finding for each incident or complaint; (7-1-96)

c. That the person making the complaint or reporting the incident has received a response of action taken to resolve the matter or a reason why no action needs to be taken; and (7-1-96)

d. In the case of an anonymous complaint, the administrator/sponsor shall document the action taken or a reason why no action needs to be taken. (7-1-96)

02. Administrator/sponsor Availability for Complaints. In order to assure the opportunity for complaints from the residents, the neighborhood, and the community to be made directly to the owner, administrator/sponsor, or person designated by the owner or administrator/sponsor, each facility/home shall establish a regular time when the owner, administrator/sponsor, or person designated by the owner, administrator/sponsor shall be present to personally respond to such incidents or complaints. (7-1-96)

03. Log of Complaints. Each facility/home shall establish and maintain a separate complaint log that includes a list of all complaints lodged, the name of the person lodging the complaint, the date and time the complaint was lodged, who investigated the complaint, and what actions were taken to resolve the complaint. The complaint log shall be made available for annual review during the survey. (7-1-96)

422. LICENSED FACILITIES/CERTIFIED HOMES -- ADMISSION POLICIES.

01. Admission Policies. Each facility/home shall develop and follow a written admission policy. This written description of services provided by the facility/home to the residents shall be on file and available to the public and shown to any potential resident, his legal guardian/conservator, or both. The written admission policy shall include as a minimum, but not be limited to, the following: (7-1-96)

a. The purpose, quantity and characteristics of the service; (7-1-96)

b. Any restrictions or conditions imposed as a result of religious beliefs or philosophy of the owner or administrator/sponsor; (7-1-96)

c. Any particular dietary beliefs if they are to be imposed on residents as part of care and services; (7-1-96)

d. Any unusual restriction, unusual practices or both imposed on a resident regardless of the reason for such restriction or practice; and (7-1-96)

e. Any limitations concerning delivery of routine personal care by persons of the opposite sex. (7-1-96)

02. Written Descriptions of Acceptance. Written descriptions of the conditions for accepting a resident to the facility/home shall be on file and available to the public. (7-1-96)

03. Review Prior to Admission. Services offered, charges, and information required of residents shall be reviewed with the potential resident or his legal guardian/conservator prior to admission. (7-1-96)

04. Fee Description. A written description of how fees shall be handled by the facility/home for a partial month's care shall be included. (7-1-96)

05. Notice of Increase of Monthly Fee. Resident or resident's legal guardian/conservator shall be notified in writing of an increase in the facility's/home's monthly rates at least fifteen (15) days prior to such a raise in monthly rates. (7-1-96)
06. Agreement to Handle Funds. A written agreement whether or not the facility/home shall accept responsibility for the residents' personal funds shall be available. (7-1-96)T

07. Signed Admission Agreement. The admission agreement must be signed by the resident or his legal guardian/conservator and a representative of the facility/home. (7-1-96)T

08. Policies Of Acceptable Admissions. Written policies shall be on file and implemented describing the kind or kinds of individuals who can be admitted to the facility/home. The policies shall include, but not be limited to, the following: (7-1-96)T

   a. No resident shall be admitted or retained for whom the facility/home does not have the capability or services to provide appropriate care, requires a level of service, or type of service for which the facility/home is not licensed/certified to provide or which the facility/home does not provide, or if the facility/home does not have the staff, appropriate in numbers and with appropriate skill to provide such services; (7-1-96)T

   b. No resident shall be admitted or retained who requires ongoing skilled nursing, intermediate care, or care not within the legally licensed/certified authority of the facility/home; (7-1-96)T

   c. No resident shall be admitted or retained who is unable to feed himself; (7-1-96)T

   d. No resident shall be admitted or retained who requires restraints including bed rails that the resident cannot let down himself; (7-1-96)T

   e. No resident shall be admitted or retained who is bedfast; (7-1-96)T

   f. No resident shall be admitted or retained who is in need of nursing judgment for an ongoing unstable health condition; (7-1-96)T

   g. No resident shall be admitted or retained person with decubitus ulcers/pressure sores or open wounds; (7-1-96)T

   h. No resident shall be admitted or retained with single or multiple health care needs that require the continuing involvement of technical or professional personnel to appropriately evaluate, plan, and deliver resident care; (7-1-96)T

   i. No resident shall be admitted or retained who is beyond the level of fire safety provided by the facility/home; (7-1-96)T

   j. No resident shall be admitted or retained whose physical, emotional, or social needs are not homogenous with the other residents in the facility/home; and (7-1-96)T

   k. No resident shall be admitted or retained that is violent or a danger to himself or others. (7-1-96)T

09. Categories of Residents. The facility/home shall identify a specific category or categories of residents who can be admitted, such as individuals with a developmental disability, mental illness, or elderly, or a mixed population. (7-1-96)T

10. Level Designation. The facility/home shall specify whether or not Level I or a combination of Levels I, II or III can be admitted to the facility/home. (7-1-96)T

11. Change of Levels or Categories. Whenever the facility/home changes the level or category of resident admitted to the facility/home, current residents must be notified in advance. (7-1-96)T

12. Admission of Department Clients. The facility/home shall not admit any client of the Department without a written statement from the Department that the resident requires residential care/foster home care based on an uniform assessment instrument. (7-1-96)T
13. Admission of Department Nonclients. The facility/home shall not admit any nonclient of the Department without a written order by the attending physician for admission to the facility/home which shall include orders for medication, diet, treatments, and activity level. (7-1-96)T

14. Adherence to Admission Policies. The facility/home shall strictly adhere to its admission policies. (7-1-96)T

15. Respite Care Admissions. Facilities/homes may provide respite care provided that potential residents meet regular admission requirements including current doctors' orders for medication or treatment, psychosocial/social history, and admission agreements. Respite care admissions shall not place the facility/home over their licensed/certified bed capacity. (7-1-96)T

423. LICENSED FACILITIES/CERTIFIED HOMES -- ADMISSION AGREEMENTS.

01. Admission Agreements. Prior to or on day of admission to the facility/home, the facility/home and the resident or the resident's legal guardian/conservator shall enter into an admission agreement. The agreement shall be in writing and shall be signed by both parties. The admission agreement may be integrated with the negotiated service agreement provided that all requirements for the negotiated service agreement and admission agreement are met. The admission agreement shall include at a minimum the following: (7-1-96)T

   a. Services that the facility/home shall provide including, but not limited to, daily activities, recreational activities, maintenance of self-help skills, assistance with activities of daily living, arrangements for medical and dental services, provisions for trips to social functions, special diets, and arrangements for payments; (7-1-96)T

   b. Whether or not the resident shall assume responsibility for his own medication including reporting missed medication or medication taken on a PRN basis; (7-1-96)T

   c. Whether or not the facility/home shall accept responsibility for the residents' personal funds; (7-1-96)T

   d. How a partial month's refund shall be handled; (7-1-96)T

   e. Responsibility for valuables belonging to the resident and provision for the return of residents' valuables should the resident leave the facility/home; (7-1-96)T

   f. The level and category of resident that shall be admitted to the facility/home; (7-1-96)T

   g. Fifteen (15) days' written notice prior to transfer or discharge on the part of either party; (7-1-96)T

   h. Conditions under which emergency transfers shall be made; (7-1-96)T

   i. Permission to transfer pertinent information from the resident's medical record to an acute care facility, nursing facility, residential care facility/adult foster care home; (7-1-96)T

   j. Resident responsibilities as appropriate; and (7-1-96)T

   k. Other information as may be appropriate. (7-1-96)T

02. Conditions of Termination of the Admission Agreement. The admission agreement shall not be terminated except under the following conditions: (7-1-96)T

   a. By written notification by either party giving the other party fifteen (15) days' written notice; (7-1-96)T

   b. The resident's mental or physical condition deteriorates to a level requiring evaluation, service, or
both that cannot be provided in a facility/home; (7-1-96)T

c. Nonpayment of the resident's bill; (7-1-96)T
d. In emergency conditions a resident may be transferred out of the facility/home without fifteen (15) days' written notice to protect the resident or other residents in the facility/home from harm; and (7-1-96)T
e. Other written conditions as may be mutually established between the resident, the resident's legal guardian/conservator and the administrator of the facility/sponsor of the home at the time of admission. (7-1-96)T

424. LICENSED FACILITIES/CERTIFIED HOMES -- UNIFORM ASSESSMENT CRITERIA.

01. Responsibility for Development. The Department shall develop uniform assessment criteria to assess function and cognitive disability. The conclusions shall be deemed the assessment and shall be used to provide appropriate placement and funding for service needs. The assessment shall also be used to ensure funding is cost-effective and appropriate when compared to other state programs relevant to the needs of the client being assessed. (7-1-96)T

02. Qualifications of Persons Making the Assessments. Persons making the assessments for placement into a facility/home shall:
   a. Be an individual trained in administering the identified Uniform Assessment Instrument; (7-1-96)T
   b. The administrator/sponsor shall be responsible for training facility/home staff members, who have been assigned the duty of administering the identified Uniform Assessment Instrument, on the appropriate methods of administering the assessment instrument for private pay residents; and
   c. The Department shall be responsible for training regional staff on the appropriate methods of administering the identified Uniform Assessment Instrument for clients of the Department. (7-1-96)T

03. Department's Responsibility for Clients of the Department. The Department shall assess the resident's level of care, functional level, and cognitive disability using the identified Uniform Assessment Instrument, to include but not be limited to:
   a. Assessing each Department client referred by a facility/home; (7-1-96)T
   b. Each resident assessment shall be reviewed by the Department as needed, not to exceed a twelve (12) month time period, from the completion date of the previous assessment or review; and
   c. Upon completion of the assessment, not to exceed ten (10) days after notification by the facility/home of a need for an assessment, a copy of the completed assessment instrument, clearly identifying medical diagnosis, health conditions, medications, past and current behavioral problems, cognitive level, functional status, and level of care shall be provided to the facility/home. (7-1-96)T

04. NonClients Of The Department. Nonclients of the Department shall be assessed by the facility/home using the identified Uniform Level of Care Assessment Tool. (7-1-96)T

05. Time Frames For Completing An Assessment. The Uniform Assessment Instrument shall be initiated, upon or prior to, the date of admission to the facility/home. The assessment shall be completed no later than fourteen (14) days from the resident's admission to the facility/home. (7-1-96)T

06. Information To Be Included In An Assessment. The Uniform Assessment Instrument shall include, but not be limited to:
   a. Identification/Background Information; (7-1-96)T
   b. Medical Diagnosis; (7-1-96)T
c. Medical and Health Problems; (7-1-96)T

d. Medications, both prescription and over the counter, (7-1-96)T

e. Behavior Patterns; (7-1-96)T

f. Cognitive Function; (7-1-96)T

g. Functional Status; and (7-1-96)T

h. Assessed Level Of Care. (7-1-96)T

07. Use of an Assessment in Developing the Negotiated Service Agreement. The Uniform Assessment Instrument, with uniform criteria, forms a comprehensive system of assessment, to include identification of strengths, problems, needs, and provides the foundation for the facility/home to initiate appropriate interventions through the negotiated service agreement. The completion of an accurate assessment allows an effective program of care and supervision to be constructed to promote the resident's highest practicable level of functioning. The negotiated service agreement shall be based on the needs identified by the assessment. (7-1-96)T

08. Use of Assessments in Determining Facility/Home Staffing Ratios. The facility/home shall have sufficient numbers and types of staff, on a twenty-four (24) hour basis, to provide care and supervision to all residents in accordance with their negotiated service agreement and as determined by their assessment. (7-1-96)T

09. Use of Assessment for Determining the Ability of Facility/Home to Meet Resident Needs. The assessment shall be used to determine the ability of an administrator/sponsor and facility/home to meet the identified residents' needs. The assessment shall also be used to determine the need for special training or licenses or certificates that may be required in caring for certain residents. (7-1-96)T

425. LICENSED FACILITIES/CERTIFIED HOMES -- NEGOTIATED SERVICE AGREEMENT.

01. Use of Negotiated Service Agreement. Each resident shall be provided a negotiated service agreement to provide for coordination of services and for guidance of the staff and management of the facility/home where the person resides. Upon completion, the agreement shall clearly identify the resident and describe the services to be provided to the resident and how such services are to be delivered. (7-1-96)T

02. Basis Of Negotiated Service Agreement. A resident's negotiated service agreement shall be based on the following, but not limited to:

a. Assessment; (7-1-96)T

b. Service needs for activities of daily living; (7-1-96)T

c. Need for limited nursing services; (7-1-96)T

d. Need for medication assistance; (7-1-96)T

e. Frequency of needed services; (7-1-96)T

f. Level of assistance; (7-1-96)T

g. Habilitation/Training needs, to specify the program being used; (7-1-96)T

h. Behavioral management needs, to include a specific plan which identifies situations that trigger inappropriate behavior; (7-1-96)T

i. Physician's signed and dated orders; (7-1-96)T
j. Admission records;  
(7-1-96)T

k. Community support systems;  
(7-1-96)T

l. Resident’s desires;  
(7-1-96)T

m. Transfer/discharge; and  
(7-1-96)T

n. Other identified needs.  
(7-1-96)T

03. Signature and Approval of Agreement. The administrator/sponsor and resident/resident's legal guardian/conservator, shall sign the negotiated service agreement upon its completion, not to exceed fourteen (14) days after the resident's admission.  
(7-1-96)T

04. Signing Date that the Plan was Approved. The administrator/sponsor and resident/resident's legal guardian/conservator shall date the negotiated service agreement upon its completion, not to exceed fourteen (14) days after the resident's admission.  
(7-1-96)T

05. Review Date. The negotiated service agreement shall document the next scheduled date of review.  
(7-1-96)T

06. Development of the Service Agreement. The facility administrator/home sponsor shall consult the resident, the resident's family, the resident's legal guardian/conservator, friends, case manager, targeted service coordinator, advocacy groups specific to resident type, consumer coordinator, if applicable, in the development of the resident's service agreement.  
(7-1-96)T

07. Provision of Copy of Agreement. Signed copies of the agreement shall be given to the resident, to the resident's legal guardian/conservator, to the Department for review, and a copy placed in the resident's records file, no later than fourteen (14) days from admission.  
(7-1-96)T

08. Resident Choice. A resident shall be given the choice and control of how and what services the facility/home will provide, or external vendors will provide to the extent the resident can make choices.  
(7-1-96)T

09. Record. A record shall be made of any changes or inability to provide services outlined in the negotiated service agreement.  
(7-1-96)T

10. External Services. The agreement shall include a statement regarding when there is no need for access to external services.  
(7-1-96)T

11. Periodic Review. The negotiated service agreement may be reviewed as necessary but must be reviewed at least every six (6) months.  
(7-1-96)T

426. LICENSED FACILITIES/CERTIFIED HOMES -- RESIDENT RECORDS.

01. Admission Records. Records required for admission to a facility/home shall be maintained and updated and shall be confidential. Their availability, subject to Idaho Department of Health and Welfare Rules, Title 05, Chapter 01, Rules Governing the Protection and Disclosure of Department Records shall be limited to administration, professional consultants, the resident's physician and representatives of the licensing/certifying agency. All entries shall be kept current, recorded legibly in ink, dated, signed, and shall include, but not be limited to, the following:  
(7-1-96)T

a. Name and Social Security number; and  
(7-1-96)T

b. Permanent address if other than the facility/home; and  
(7-1-96)T

c. Marital status and sex; and  
(7-1-96)T
d. Birth place and date of birth; and (7-1-96)

e. Name and addresses of responsible agent or agency with telephone numbers; and (7-1-96)

f. Personal physician and dentist; and (7-1-96)

g. Admission date and by whom admitted; and (7-1-96)

h. Results of a history and physical examination performed by a licensed physician or nurse practitioner within six (6) months prior to admission; and (7-1-96)

i. For nonclients of the Department, the history and physical should include a description of the functional abilities of the resident including his specific strengths and limitations and the specific needs for personal assistance and supervision indicating that the resident is appropriate for placement in a facility/home; and (7-1-96)

j. A list of medications, diet, and treatments prescribed for the resident which is signed and dated by the physician giving the order; and (7-1-96)

k. Religious affiliation if resident chooses to so state; and (7-1-96)

l. Interested relatives and friends other than those outlined in Subsection 426.01.e. to include, names, addresses, and telephone numbers of family members, legal guardian/conservator, or significant others, or all; and (7-1-96)

m. For clients of the department a psychosocial history, completed within six (6) months prior to admission, by a licensed social worker, psychologist, psychiatrist, or licensed physician; and (7-1-96)

n. Social information, obtained by the facility/home through interview with the resident, family, manager, targeted service coordinator, legal guardian/conservator, or all. The information shall include the resident's social history, hobbies, and interests; and (7-1-96)

o. Written admission agreement which is signed and dated by the administrator/sponsor and the resident/resident's legal guardian/conservator; and (7-1-96)

p. Releases or consents, completed and signed, to transfer pertinent information from the resident's record to an acute care facility, nursing facility, or other residential care facility/adult foster care home; and (7-1-96)

q. A signed copy of the resident's bill of rights, or documentation that the resident or resident's legal guardian/conservator has read and understands his rights as a resident of the facility/home; and (7-1-96)

r. A copy of the resident's admission Uniform Assessment Instrument for residential care/adult foster care; and (7-1-96)

s. A copy of the signed and dated admission negotiated service agreement between the resident/resident's legal guardian/conservator and the facility/home. (7-1-96)

02. Ongoing Resident Records. Records shall be kept current, to include but not be limited to:

a. Admission information as required in Section 351.01 of this Chapter; and (7-1-96)

b. A current list of medications, diet, and treatments prescribed for the resident which is signed and dated by the physician giving the order. Current orders may be a copy of the signed doctor's order from the pharmacy; and (7-1-96)

c. Any incident/accident occurring while the resident is in the facility/home; and (7-1-96)
d. Documentation of any medication refused by the resident, not given to the resident or not taken by the resident with the reason for the omission. All PRN medication shall be documented with the reason for taking the medication; and

(7-1-96) T

e. Notes from the contract nurse, home health, physical therapy, or other service providers, or all documenting the services provided at each visit; and

(7-1-96) T

f. Documentation of significant changes in the residents' physical, mental status, or both and the facility's/home's response; and

(7-1-96) T

g. If appropriate, the resident's financial trust fund accounting records; and

(7-1-96) T

h. The resident's Uniform Assessment Instruments, to include the admission assessment and all assessments for the past year, for residential care/adult foster care; and

(7-1-96) T

i. Signed and dated negotiated service agreements, to include the admission negotiated service agreement and all service agreements for the past year, between the resident/resident's legal guardian/conservator and the facility/home.

(7-1-96) T

03. Maintenance of Resident Records. Resident records shall be maintained at the facility/home for not less than one (1) year after the resident has left the facility/home.

(7-1-96) T

427. LICENSED FACILITIES/CERTIFIED HOMES -- RESIDENT CHARGES AND FINANCIAL RECORDS.

01. Resident Funds Policies. Each facility/home shall develop and implement a policy and procedure outlining how residents' funds shall be handled. This policy and procedure shall include, but not be limited to, the following:

(7-1-96) T

a. The facility/home policy and procedure shall state whether the facility/home shall or shall not handle residents' funds;

(7-1-96) T

b. This policy or procedure shall be clearly stated in the admission policy and in the admission agreement.

(7-1-96) T

02. Handling of Resident Funds. If the facility/home agrees to handle residents' funds, the following shall apply:

(7-1-96) T

a. A separate trust account must be established. There can be no commingling of trust funds with facility/home funds. Borrowing between resident accounts is prohibited;

(7-1-96) T

b. Each resident shall be notified that a trust fund is available for his use if he needs this service;

(7-1-96) T

c. If it is determined that a resident needs the use of a trust fund service, the facility/home shall be required to deposit the residents' entire check into the trust fund;

(7-1-96) T

d. Bill each resident for his residential care/foster home care charges on a monthly basis from the trust account;

(7-1-96) T

e. Document on a monthly or on a weekly basis any financial transactions in excess of five dollars ($5) between the resident and the facility/home or any of the facility's/home's personnel. A separate transaction record shall be maintained for each resident;

(7-1-96) T

f. The facility/home shall not require the resident to purchase goods or services from the facility/home for other than those designated in the admission policies, or the admission agreement, or both. See Section 423;
The facility/home shall afford the resident or the resident's legal guardian/conservator reasonable access to the resident's financial record;

The facility/home shall afford the resident reasonable access to his funds;

Upon the death of a nonclient of the Department, with a trust fund, the facility/home must convey the resident's personal funds and a final accounting of such funds to the individual administering the resident's estate; and

Upon the death of a client of the Department, with a trust fund, the facility/home must convey the resident's personal funds and a final accounting of such funds to the Department.

428. LICENSED FACILITIES/CERTIFIED HOMES -- MEDICATION STANDARDS AND REQUIREMENTS.

01. Medication Policy. Each facility/home shall develop and implement a written medication policy and procedure that outlines in detail the procedures to be followed regarding the handling of medications. The medication policy shall include, but not be limited to, the following:

a. When the facility/home assumes the responsibility for a resident's medication, the resident's prescribed medications shall be at a maintenance level and not require assessment and judgment by a licensed nurse for safe administration;

b. Injectable medications, including, but not limited to, vitamins and insulin, which cannot be self-administered by the resident must be administered by a licensed nurse;

c. If the resident is granted responsibility for his own medication, a written approval stating that the resident is capable of self-administration of medications, must be obtained from the resident's primary physician;

d. All medications, under the control of the facility/home, shall be kept in a locked area such as a locked box or locked room;

e. The facility/home shall take the necessary precautions to protect the cognitively impaired resident from obtaining medications that are being stored in individual resident rooms;

f. The facility administrator/home sponsor shall be responsible for providing the necessary assistance to the resident in taking his medication by reminding the resident to take medications;

g. The facility administrator/home sponsor shall be responsible for providing the necessary assistance to the resident in taking his medication by removing medication containers from storage;

h. The facility administrator/home sponsor shall be responsible for providing the necessary assistance to the resident in taking his medication by assisting with removal of cap from medication containers;

i. The facility administrator/home sponsor shall be responsible for providing the necessary assistance to the resident by assisting with the removal of a medication from the container for a resident with a disability which prevents independence in this act. Medications must be taken directly from the medi-sets, blister pack, multidose container by the resident or the person assisting the resident; and

j. The facility administrator/home sponsor shall be responsible for the providing necessary assistance to the resident by observing the resident taking the medication.

02. Medi-sets. If the facility/home is utilizing medi-sets, they must be filled and properly, in accordance with pharmacy standards, labeled by a pharmacist. Medi-sets shall not exceed a thirty (30) day supply. Residents,
families of residents and facility/home personnel such as administrators/sponsors, nurses, cooks, and aides shall not fill the medi-sets, since this action increases the possibility of error. (7-1-96)T

03. Assistance with Medication. The adult residential care provider/adult foster home care provider is responsible for providing necessary assistance, if required, to the resident in taking his medication, including, but not limited to, reminding the resident to take medication, removing medication containers from storage, assisting with the removal of a medication from a container for residents with a disability which prevents independence in this act and observing the resident taking the medication. The following procedures apply: (7-1-96)T

a. When assisting an individual resident, the medication may be placed in a souffle cup directly from the medi-set, blister pack, the PRN multidose container, or the temporary routine medication multidose container, in the presence of the resident when it is inconvenient or inappropriate to issue directly to the resident's hand from the original container, medi-set, or blister pack. One to one delivery pre-pouring is prohibited; and (7-1-96)T

b. Medications shall not be left at residents' bedside or on meal trays. Each medication must be given to the resident directly from the medi-set or blister pack or medication container. Assisting the resident in this way, the person helping the resident can determine whether or not the resident actually ingested the medications. (7-1-96)T

04. Resident Responsibilities. Facilities/homes which permit residents to handle and store their own medications shall require the resident to report any missed or PRN doses to the person in charge. (7-1-96)T

05. Emergency Dose of Medications. One (1) standard dose of emergency medication may be left with the resident if the resident is able to safely manage the medication. (7-1-96)T

06. Borrowed Medication. Medications shall not be borrowed between residents. (7-1-96)T

07. Independent Medication Management. If the facility/home provides training to residents for independent medication management, a detailed written plan must be developed and written approval of the plan must be obtained from the resident's primary physician before the plan is implemented. Documentation of a regular review of the plan and the training shall be maintained in the resident's medical record. (7-1-96)T

429. LICENSED FACILITIES/CERTIFIED HOMES -- PHARMACIST.

01. Development of Drug Distribution System. A pharmacist shall participate with the facility/home in the initial development of the drug distribution system. (7-1-96)T

02. Pharmacy Consultation. A pharmacist shall be available to the facility administrator/home sponsor for consultation as needed. (7-1-96)T

430. LICENSED FACILITIES/CERTIFIED HOMES -- ACTIVITIES.

01. Policy and Plan. Each Residential Care Facility/Adult Foster Care Home shall develop and implement a written activity policy and plan which shall assist, encourage and promote residents to maintain and develop their highest potential for independent living through their participation in recreational and other activities. (7-1-96)T

02. Activity Opportunities. The facility/home shall provide opportunities so the following activities are available to residents: (7-1-96)T

a. Socialization through group discussion, conversation, recreation, visiting, arts and crafts, music; (7-1-96)T

b. Daily living activities to foster and maintain independent functioning; (7-1-96)T

c. Physical activities such as games, sports, and exercises which develop and maintain strength, coordination, and range of motion; (7-1-96)T
d. Education through special classes or activities; and (7-1-96)
ed. Leisure time so residents may engage in activities of their own choosing. (7-1-96)

03. Community Resources for Activities. The facility/home shall utilize community resources to promote resident participation in activities both in and away from the facility/home. (7-1-96)

431. -- 449. (RESERVED).

450. LICENSED FACILITIES/CERTIFIED HOMES -- FOOD SERVICE.

01. Food Services Provided by Facility/home. When food services are provided by any facility/home, the following standards and requirements shall be met: (7-1-96)

a. Assure that all persons wear clean garments and an apron, smock, or other cover-up when working in the kitchen. Aprons, smocks or other cover-ups used in the kitchen shall be maintained clean and in good condition at all times. Long, shoulder length, hair shall be restrained; (7-1-96)

b. Assure that all persons keep their hands clean at all times while engaged in preparing and serving food and drink. Hands shall be rewashed each time the person returns to the kitchen from other activities in the facility/home; and (7-1-96)

c. Assure that no person having a communicable disease in the transmittable stage or who is suspected of being a carrier of organisms that may cause a communicable disease shall be employed in food preparation and service. (7-1-96)

451. LICENSED FACILITIES/CERTIFIED HOMES -- MENU PLANNING.

Residents' menus shall provide at least the minimum food and nutritional needs of the residents in accordance with the current Recommended Dietary Allowances established by the Food and Nutrition Board of the National Research Council, adjusted for age, sex and activity. (7-1-96)

01. Milk. One (1) pint or more daily, as a beverage or in cooking; (7-1-96)

a. Cheese or yogurt may be substituted for part of the milk; and (7-1-96)

b. Only Grade A pasteurized fluid milk or fluid milk products shall be served. Two (2) eight (8) ounce servings of milk shall be served to each resident daily. (7-1-96)

02. Meat. Four (4) to six (6) ounces (cooked meat without the bone) beef, pork, veal, lamb, fish, poultry, or equal substitutes. Acceptable substitutions include: (7-1-96)

a. One (1) egg = one (1) ounce of meat; (7-1-96)

b. One (1) ounce cheese = one (1) ounce of meat; (7-1-96)

c. One-half (1/2) cup cooked dry beans or peas = one (1) ounce of meat; (7-1-96)

d. Two (2) tablespoons of peanut butter = one (1) ounce of meat; and (7-1-96)

e. Limit use of meat substitutes to two (2) or three (3) times per week. (7-1-96)

03. Fruits And Vegetables. Four (4) servings to include a vitamin C fruit or vegetable daily and a vitamin A rich fruit or vegetable every other day. (7-1-96)

04. Breads And Cereals. Four (4) servings of enriched, restored, or whole grain breads or cereals. (7-1-96)
05. Other Foods. Fats and sugars shall be provided to round out the meal, satisfy appetites, and to provide sufficient calories. (7-1-96)

06. Additional Menu Items. Items on the menu shall include, but not be limited to:
   a. Include foods commonly served within the community and to which the residents are accustomed; (7-1-96)
   b. Reflect seasonal food selections as well as residents' food habits, preferences, and physical abilities; (7-1-96)
   c. Provide a sufficient variety of foods in adequate amounts at each meal; (7-1-96)
   d. Be varied for each day of the week, different for the same days from week to week; and (7-1-96)
   e. Not include restrictions of any kind based on dietary beliefs or practices of the owner and administrator/sponsor unless the facility's/home's admission policies clearly indicate. (7-1-96)

452. LICENSED FACILITIES/CERTIFIED HOMES -- MODIFIED OR THERAPEUTIC DIETS.

   a.Have on file, a physician's order for each diet; (7-1-96)
   b. Have a menu planned or approved, signed and dated by a dietitian prior to being served, which meets the nutritional standards to the extent that is possible; (7-1-96)
   c. The menu shall be planned as close to the regular diet as possible; (7-1-96)
   d. Have readily available, in the kitchen, the meal pattern, including types and amounts of food to be served; (7-1-96)
   e. Serve the menu as planned; (7-1-96)
   f. Keep the therapeutic menus on file for three (3) months; and (7-1-96)
   g. Residents for whom such diets cannot be supplied shall not be accepted or retained in the facility/home. (7-1-96)

453. LICENSED FACILITIES/CERTIFIED HOMES -- FOOD STORAGE.

   a. Food Storage Temperature. All potentially hazardous foods and beverages shall be kept at a safe temperature, forty-five (45) degrees Fahrenheit or below and at one hundred forty (140) degrees Fahrenheit or above, except during necessary periods of preparation and service. (7-1-96)
   b. Frozen Food Storage Temperatures. Frozen foods shall be maintained at zero (0) degrees or below except during necessary periods of preparation and service. (7-1-96)
   c. Refrigerator and Freezer Temperature. Each refrigerator and freezer used for storage of perishable food shall be provided with an accurate thermometer located in the warmest part toward the side front of the refrigerator and where the temperature can be easily and readily observed. (7-1-96)
   d. Thawing of Frozen Food. Frozen foods which are potentially hazardous if not properly handled shall be thawed for preparation in one (1) of the following ways: (7-1-96)
a. In refrigerated units at a temperature not exceeding forty-five (45) degrees Fahrenheit; (7-1-96)
b. Under potable running water, at a temperature of seventy (70) degrees Fahrenheit or below, with sufficient water velocity to agitate and float off loose particles into the overflow; (7-1-96)
c. In a microwave oven; or (7-1-96)
d. As part of a conventional cooking process. (7-1-96)

05. Safe Food. Food received or used in facilities/homes shall be clean, wholesome, free from spoilage, adulteration, misbranding, and safe for human consumption. Outdated products shall not be used. (7-1-96)

06. Food Storage. Stored food shall be placed in such a manner as to be kept from dust and splash contamination. All food shall be stored off the floor. (7-1-96)

07. Temperature. Food shall have been prepared, processed, kept at a proper temperature, packaged, transported, and stored in a sanitary manner so as to be protected from contamination and spoilage. (7-1-96)

08. Canned Food. Food contained in rusted, dented, or unlabeled cans shall not be used. (7-1-96)

09. Food Supply. The facility/home shall maintain a seven (7) day supply of nonperishable foods and a two (2) day supply of perishable foods. (7-1-96)

454. LICENSED FACILITIES/CERTIFIED HOMES -- FOOD PREPARATION AND SERVICE.

01. Food Preparation. Foods shall be prepared by methods that conserve nutritional value, flavor, and appearance. (7-1-96)

02. Raw Unprocessed Food. Raw unprocessed food, fruits, or vegetables shall be thoroughly washed before use. (7-1-96)

03. Home Canned Foods. Home canned foods shall not be served except home canned jams, jellies, fruits, pickles, and preserves; (7-1-96)

04. Dry Milk Products. Reconstituted dry milk and dry milk products; i.e., whey, may be used only in instant desserts, whipped products, or for cooking and baking purposes. (7-1-96)

05. Meal Spacing. For facilities/homes serving three (3) meals per day, not more than fourteen (14) hours shall elapse between the end of an evening meal and the beginning of the following morning meal containing a protein food. (7-1-96)

06. Meal Intervals. Intervals between breakfast and lunch and lunch and dinner shall not be less than four (4) hours nor more than six (6) hours. (7-1-96)

07. Main Meal. If the dinner, main meal, is served at noon; the evening meal shall include at least one (1) ounce of a protein food (meat, cheese, fish, or egg), vegetable or fruit, dessert, and beverage preferably milk. (7-1-96)

08. Temperature of Served Food. Foods shall be attractively served at proper temperatures. (7-1-96)

09. Form of Food Served. Foods shall be served in a form to meet individual resident's needs, to include but not be limited to:

a. Foods shall be cut, ground, or pureed only for those who require it; and (7-1-96)

b. Special attention shall be given to residents without dentures, with ill-fitting dentures, or with any affliction making mastication difficult. (7-1-96)
10. Boxed Lunch and Dinner Meal. If residents carry lunches, box or sack, at noon, the dinner meal shall be served in the evening. (7-1-96)

11. Box Lunch Nutrition. A box lunch shall be nutritionally adequate and include one (1) serving each of:

   a. A protein food, one (1) to two (2) ounces; (7-1-96)
   b. A fruit or vegetable or both; (7-1-96)
   c. Beverage, milk unless eight (8) ounces is served at breakfast and dinner; and (7-1-96)
   d. Bread. (7-1-96)

12. Food Temperatures in Box Lunch. When a box lunch is provided, insulated containers shall be provided to maintain hot foods hot and cold foods cold. (7-1-96)

455. LICENSED FACILITIES/CERTIFIED HOMES -- FOOD SERVICE SANITATION STANDARDS.

  01. Pots and Pans. Pots and pans shall be adequate in number and shall be maintained in a smooth, nonpitted, easily cleanable condition. (7-1-96)

  02. Cups, Dishes, and Utensils. Cups, dishes, and eating utensils that are stained, pitted, chipped, unglazed, or not easily cleanable shall not be used. (7-1-96)

  03. Food Service Walls. The walls of all food preparation, utensil washing, and hand washing rooms or areas shall have smooth, easily cleanable surfaces and shall be washable up to the highest level by splash or spray. (7-1-96)

  04. Water. Hot and cold running water under pressure shall be easily accessible to all rooms where food is prepared or utensils are washed. (7-1-96)

  05. Live Animals. No live animals or fowl shall be kept or allowed in the food service area. (7-1-96)

  06. Living Quarters. Food preparation, or service areas, or both shall not become living quarters for facility/home employees. (7-1-96)

  07. Garbage, Trash, and Rubbish. All garbage, trash, and rubbish shall be collected in a sanitary manner, to include but not be limited to:

     a. All garbage, trash, and rubbish shall be collected daily and taken to storage facilities; (7-1-96)
     b. Garbage shall be removed from storage facilities frequently enough to prevent a potential health hazard; (7-1-96)
     c. Wet garbage shall be collected and stored in impermeable, leak proof, fly tight containers pending disposal; and (7-1-96)
     d. All containers, storage areas, and surrounding premises shall be kept clean and free of vermin. (7-1-96)

  08. Availability of Public or Contract Garbage Collection. If public or contract garbage collection service is available, the facility/home shall subscribe to these services. (7-1-96)

456. -- 474. (RESERVED).
475. LICENSED FACILITIES/CERTIFIED HOMES -- ENVIRONMENTAL SANITATION STANDARDS.

01. Responsibility for Maintenance of Sanitary Conditions. The facility/home is responsible for the prevention of disease and for the maintenance of sanitary conditions. (7-1-96)

02. Water Supply. The water supply for the facility/home shall be adequate, of a safe, and sanitary quality, to include, but not be limited to:

   a. A Department approved private, public, or municipal water supply shall be used; (7-1-96)

   b. If water is from a private supply, water samples shall be submitted to the Department through the District Public Health Laboratory for bacteriological examination at least annually or more frequently if deemed necessary by the Department. Copies of the laboratory reports shall be kept on file at the facility/home; and (7-1-96)

   c. There shall be a sufficient amount of water under adequate pressure to meet the sanitary requirements of the facility/home at all times. (7-1-96)

03. Sewage Disposal. All sewage and liquid wastes shall be discharged, collected, treated, and disposed of in a manner approved by the Department. (7-1-96)

04. Garbage and Refuse Disposal. Garbage and refuse disposal shall be provided by the facility/home. The disposal method, shall include, but not be limited to:

   a. Garbage containers both inside and outside the facility/home, used for storage of garbage and refuse, shall be constructed of durable, non-absorbent materials and shall not leak or absorb liquids; (7-1-96)

   b. Garbage containers both inside and outside the facility/home, used for storage of garbage and refuse shall be provided with tight-fitting lids; (7-1-96)

   c. Garbage containers shall be maintained in good repair; (7-1-96)

   d. Sufficient garbage containers shall be afforded to hold all garbage and refuse which accumulates between periods of removal from the premises of the facility/home; and (7-1-96)

   e. Storage areas shall be kept clean and sanitary. (7-1-94)

05. Insect and Rodent Control. The facility/home shall be maintained free from infestations of insects, rodents, and other pests. Chemicals, pesticides, used in the control program shall be selected, stored, and used in the following manner:

   a. The chemical shall be selected on the basis of the pest involved and used only in the manner prescribed by the manufacturer; (7-1-96)

   b. All toxic chemicals shall be properly labeled and stored under lock and key; and (7-1-96)

   c. No toxic chemicals shall be stored in resident areas, with medications or in any area where food is stored, prepared, or served. (7-1-96)

06. Yards. The yards surrounding the facility/home shall be maintained at least at the standards of the surrounding neighborhood. See Section 700. (7-1-96)

07. Linen-Laundry Facilities and Services. Adequate facilities and procedures shall be provided for the proper and sanitary washing of linen and other washable goods laundered at the facility/home. The linen-laundry facility shall:

   a. Have available at all times a quantity of linen essential to the proper care and comfort of residents.
Two (2) complete changes of clean bed linen shall be on hand for each licensed/certified bed in the facility/home. The use of torn or unclean bed linen is prohibited; (7-1-96)

b. Be well-lighted, ventilation adequate in size for the needs of the facility/home, maintained in a sanitary manner, and kept in good repair; (7-1-96)

c. Be situated in an area where no food is stored, prepared, or served; and (7-1-96)

d. If linen and personal laundry are sent out, care shall be taken that soiled linen and clothing are properly handled before sending out, and that clean linen and clothing are received and stored in the proper manner. (7-1-96)

08. Soiled Linen Handling. Soiled linen shall be handled as follows: (7-1-96)

a. All soiled linen shall be collected and transported to the laundry in suitable bags or covered containers; (7-1-96)

b. Soiled linen shall not be sorted, processed, or stored in kitchens, food preparation areas, or food storage areas; (7-1-96)

c. Soiled linen shall be stored separately in suitable bags or covered containers; (7-1-96)

d. Containers used to collect, transport, and store soiled linen shall be stored in ventilated areas; and (7-1-96)

e. Soiled linen shall not be allowed to accumulate at the facility/home. (7-1-96)

09. Clean Linen Handling. Clean linen shall be handled as follows: (7-1-96)

a. Clean linen shall be handled, stored, dried, ironed, and sorted in a sanitary manner; (7-1-96)

b. Closets for the storage of clean linen shall be provided on each floor and in each building where residents sleep; and (7-1-96)

c. Residents' and employees' laundry shall be collected, transported, sorted, washed, and dried in a sanitary manner and shall not be washed with bed linens. (7-1-96)

10. Labeled Clothing. Residents' clothing laundered by the facility/home shall be labeled to ensure proper return to the owner. (7-1-96)

11. Housekeeping Services and Equipment. Sufficient housekeeping, maintenance personnel, and equipment shall be provided to maintain the interior and exterior of the facility/home in a clean, safe, and orderly manner, to include but not be limited to: (7-1-96)

a. Procedures for cleaning of surfaces and equipment shall be developed and explained to all persons engaged in housekeeping duties; (7-1-96)

b. All housekeeping equipment shall be in good repair and maintained in a clean and sanitary manner; (7-1-96)

c. Floors, walls, ceilings, other interior surfaces, equipment, and furnishing shall be cleaned in a sanitary manner and shall be kept clean; and (7-1-96)

d. Prior to occupancy of any sleeping room by a new resident, the room shall be thoroughly cleaned including the bed, bedding, and furnishings. (7-1-96)
500. LICENSED FACILITIES/CERTIFIED HOMES -- REQUIREMENTS FOR FIRE AND LIFE SAFETY STANDARDS.

01. Local and State Codes. Buildings on the premises used as facilities/homes must meet all requirements of local and state codes concerning fire and life safety that are applicable to residential care facilities/adult foster care homes.

02. Structure, Maintenance, Equipment to Assure Safety. The facility/home shall be structurally sound and shall be maintained and equipped to assure the safety of residents, employees and the public, to include, but not be limited to:

   a. Furnishings, decorations, or other objects shall not be placed so as to obstruct exit access or exits;
   
   b. All ramps, open porches, sidewalks, and open stairs shall be maintained free of snow and ice buildup;
   
   c. Wood stoves shall be provided with railings or other protection designed to prevent residents from coming into contact with the stove surfaces;
   
   d. All fireplaces shall be provided with heat tempered glass fireplace enclosures or equivalent;
   
   e. Boilers, hot water heaters, and unfired pressure vessels shall be equipped with automatic pressure relief valves;
   
   f. Portable comfort heating devices of any kind shall be prohibited; and
   
   g. Quantities of flammable and highly combustible materials deemed hazardous by the licensing/certifying agency shall not be stored in the facility/home unless the building is protected throughout by an approved automatic fire extinguishing system.

03. Natural or Man-Made Hazards. On the premises of all facilities/homes where natural or man-made hazards are present, suitable fences, guards, railing, or a combination shall be provided to protect the residents.

04. Weeds, Trash, and Rubbish. The premises and all buildings used as facilities/homes shall be maintained free from the accumulation of weeds, trash, and rubbish.

05. Exit Door Locks. Any locks on exit doors shall be single action easily operable from the inside without the use of keys or any special knowledge. Exception: Special locking arrangements as permitted under Section 5-2.1.6. of the Life Safety Code, 1988 Edition which is incorporated by reference and outlined in Section 008.

06. Admission of the Handicapped. Facilities/homes that accept any resident who requires the use of crutches, walkers, or braces shall provide suitable handrailings on both sides of all stairs leading into and out of a building.

07. Accessible with Ramp. Facilities/homes that accept any resident who requires the use of a wheelchair shall provide handicapped access to the building via a ramp(s) acceptable to the licensing/certifying agency.

08. Portable Fire Extinguishers. Portable fire extinguishers shall be installed throughout each building utilized as a facility/home. Each extinguisher shall be installed in accordance with requirements set forth in NFPA Std. #10, Standard for Portable Fire Extinguishers, 1988 Edition which is incorporated by reference and outlined in
Section 008. Extinguishers installed after July 1, 1992 shall be multipurpose ABC type. Single use non-refillable type extinguishers shall be prohibited. The rating of the extinguisher(s) shall be determined by the licensing/certifying agency. (7-1-96)

09. Electrical Installations and Equipment. Electrical installations and equipment shall comply with applicable local or state electrical requirements to include but not be limited to the following: (7-1-96)
   a. Equipment designed to be grounded shall be maintained in a grounded condition; and (7-1-96)
   b. Extension cords and multiple electrical adapters shall be prohibited. Exception: Listed grounded multiple electrical adapters with built-in breaker. (7-1-96)

10. Solid Fuel Heating Devices. Solid fuel heating devices shall be installed in accordance with NFPA Standards #211, Standard for Chimneys, Fireplaces, Vents and Solid Burning Appliances, 1988 Edition which is incorporated by reference and is outlined in Section 008. (7-1-96)

11. Medical Gases. Medical gas storage, handling, and use shall be in accordance with NFPA Standard 99, Standard for Health Care Facilities, 1990 Edition which is incorporated by reference and is outlined in Section 008. (7-1-96)

12. Telephone. There shall be a telephone available on the premises for use in the event of an emergency. Emergency telephone numbers shall be posted near the telephone. (7-1-96)

13. Smoking. Because smoking has been acknowledged to be a fire hazard, a continuous effort shall be made to reduce its presence in the facility/home. Written rules governing smoking shall be adopted, posted, and made known to all facility/home personnel, residents, and the public. These rules shall include at least the following: (7-1-96)
   a. Prohibiting smoking in any area where flammable liquids, gases, or oxidizers are in use or stored; (7-1-96)
   b. Prohibiting residents from smoking in bed; (7-1-96)
   c. Prohibiting unsupervised smoking by residents classified as not mentally or physically responsible. This includes residents so affected by medication; (7-1-96)
   d. Prohibiting smoking in areas where combustible supplies or materials are stored; (7-1-96)
   e. Designating areas for employee, resident, and public smoking; and (7-1-96)
   f. Nothing in this section requires that smoking be permitted in facilities/homes whose admission policies prohibit smoking. (7-1-96)

14. Disaster Preparedness. Each facility/home shall develop and implement a disaster preparedness plan to follow in the event of fire, explosion, flood, earthquake, high wind, or other disaster. The plan shall include, but not be limited to, the following: (7-1-96)
   a. Written procedure outlining steps to be taken in the event of a fire including who is to respond, each person's responsibilities, where residents are to be evacuated, and notification of the fire department; (7-1-96)
   b. Information as to where residents shall be taken in the event the building cannot be immediately reentered. A written agreement shall be developed between the facility/home and the location residents are to be relocated; and (7-1-96)
   c. Documentation shall be available in each facility/home indicating that the residents have been advised, upon admission, of actions required under emergency conditions. (7-1-96)
15. Report of Fire. A separate report on each fire incident occurring within the facility/home shall be submitted to the Department within thirty (30) days of the occurrence. The reporting form, "Facility Fire Incident Report," shall be issued by the Department to secure specific data concerning date, origin, extent of damage, method of extinguishment, and injuries, if any. (7-1-96)

501. LICENSED FACILITIES/CERTIFIED HOMES -- MAINTENANCE OF EQUIPMENT AND SYSTEMS FOR FIRE AND LIFE SAFETY.

01. Maintenance of Equipment and Systems. The facility/home shall assure that all equipment and systems are properly maintained to assure the safety of the residents. (7-1-96)

02. Fuel-fired Heating. Fuel-fired heating devices and systems, including wood stoves, shall be inspected/serviced/cleaned at least annually by a person professionally engaged in the business of servicing these devices or systems. The inspection record shall be maintained on file in the facility/home. (7-1-96)

03. Portable Fire Extinguishers. Portable fire extinguishers shall be serviced in accordance with NFPA Standard 10, Standard for Portable Fire Extinguishers, 1988 Edition. In addition, portable fire extinguishers shall be examined at least monthly by a designated employee to determine that:
   a. Each extinguisher is in its designated location;
   b. Each extinguisher seal or tamper indicator is not broken;
   c. Each extinguisher has not been physically damaged;
   d. Each extinguisher gauge, if provided, shows a charged condition; and
   e. The inspection tag attached to the extinguisher shall show at least the initials of the person making the monthly examination and the date of the examination. (7-1-96)

502. -- 524. (RESERVED).

525. LICENSED FACILITIES/CERTIFIED HOMES -- BUILDING CONSTRUCTION AND PHYSICAL STANDARDS.

01. Building Character. All buildings utilized as residential care facilities/adult foster care homes shall be of such character as to be suitable for such use. Facilities/homes shall be of such character as to enhance normalization and integration of residents into the community. (7-1-96)

02. Remodeling or Additions. Remodeling or additions to facilities/homes shall be consistent with and not detract from the residential use of the property. Remodeling which identifies the facility/home such as remodeling garages when this is not the general practice in the neighborhood or constructing large buildings which overwhelm the lot on which the facility/home is located is prohibited. (7-1-96)

03. Approval. All buildings/homes shall be subject to the approval of the licensing/certifying agency. (7-1-96)

04. Walls and Floor Surfaces. Walls and floors shall be of such character to permit frequent cleaning. Walls and ceilings in kitchens, bathrooms, and utility rooms shall have smooth enameled or equally washable surfaces. (7-1-96)

05. Toilet and Bathrooms. Each facility/home shall provide:
   a. A toilet and bathroom for resident use so arranged that it is not necessary for an individual to pass through another resident's room to reach the toilet or bath; and (7-1-96)
   b. Toilet and bathrooms separated from all adjoining rooms by solid walls or partitions; and (7-1-96)
c. Mechanical ventilation to the outside from all inside toilet and bathrooms: and (7-1-96)
d. Each tub, shower, and lavatory connected to hot and cold running water. (7-1-96)

06. Accessibility for the Handicapped. If the facility/home accepts physically handicapped residents, to include wheelchair residents, the facility/home shall provide: (7-1-96)
a. Suitable ramps for residents who require assistance with ambulation (see Subsection 500.07); and (7-1-96)
b. Bathrooms and doors large enough to allow the easy passage of a wheelchair; and (7-1-96)
c. Grab bars in resident toilet and bathrooms; and (7-1-96)
d. Raised toilet seats, if appropriate; and (7-1-96)
e. Non-retractable faucet handles. (7-1-96)

07. Lighting. The facility/home shall provide adequate lighting in all resident sleeping rooms, dining rooms, living rooms, recreation rooms, and hallways. (7-1-96)

08. Ventilation. The facility/home shall be ventilated, and precautions shall be taken to prevent offensive odors. (7-1-96)

09. Plumbing. All plumbing in the facility/home shall comply with local and state codes. All plumbing fixtures shall be easily cleanable and maintained in good repair. (7-1-96)

10. Heating. A heating system shall be provided for the facility/home that is capable of maintaining a minimum temperature of seventy (70) degrees Fahrenheit during the day and a minimum of sixty-two (62) degrees Fahrenheit during the night. Wood stoves shall not be permitted as the primary source of heat and the thermostat for the primary source of heat shall be remotely located away from any wood stove. (7-1-96)

11. Resident Sleeping Rooms. The facility/home shall assure that: (7-1-96)
   a. Each resident sleeping room is not in attics, stairs, halls, or any other room commonly used for other than bedroom purposes; (7-1-96)
   b. Each resident’s sleeping room square footage requirements for facilities licensed/homes certified on or after May 9, 1977, provide sleeping rooms which allow for not less than one hundred (100) square feet of floor space per resident in a single bed sleeping room and not less than eighty (80) square feet of floor space per resident in a multi-bed sleeping room (See Subsections 621.06.b. and 721.06.b. for square footage requirements for facilities continuously prior to May 9, 1977); (7-1-96)
   c. Each resident’s sleeping room shall be provided an with operable window. The window opening shall be not less than twenty-two (22) inches wide, twenty-four (24) inches in height, and five and seven-tenths (5.7) square feet in area; (7-1-96)
   d. The operable window sill height shall be not exceed thirty-six (36) inches above the floor in new construction, additions or remodeling; (7-1-96)
   e. The operable window sill height shall not exceed forty-four (44) inches above the floor in existing buildings being converted to facilities/homes; (7-1-96)
   f. Each resident sleeping room shall provide a total window space that equals at least ten percent (10%) of the rooms total square footage; (7-1-96)
g. Window screens shall be provided;  

h. Resident sleeping rooms shall be provided with walls that run from floor to ceiling and with doors that will stop the passage of smoke and provide the resident with adequate privacy;  

i. Ceiling heights in sleeping rooms shall be at least seven (7) feet six (6) inches; and  

j. Closet space in each resident sleeping room shall be provided at the rate of at least four (4) square feet per resident. Common closets utilized by two (2) or more residents shall be provided with substantial dividers for separation of each resident's clothing. All closets shall be equipped with doors. Free-standing closets shall be deducted from the square footage of the sleeping room.

12. Storage Areas. In addition to the storage area in the resident's room, general storage shall be provided at the rate of ten (10) square feet per licensed/certified bed.

13. Two-way Intercom. A two-way intercom shall be installed in the facility/home based upon the design of the building, needs of the residents, or staffing pattern. The intercom shall not be a substitute for supervision.

526. LICENSED FACILITIES/CERTIFIED HOMES -- REQUIREMENTS FOR EXISTING BUILDINGS TO BE CONVERTED TO A RESIDENTIAL CARE FACILITY/ADULT FOSTER CARE HOME.

In addition to requirements set forth in Section 525, buildings to be converted to facilities/homes shall comply with the following:

01. Site. The building/home location shall be:  

   a. In a lawfully constituted fire district; and  

   b. Served by an all-weather road kept open to motor vehicles at all times of the year; and  

   c. Accessible to physician or emergency medical services within thirty (30) minutes driving time; and  

   d. Accessible within thirty (30) minutes driving time to necessary social, medical, and rehabilitation services.

02. Occupancy Approval. Any building proposed for conversion to a facility/home shall be approved by the licensing/certifying agency prior to issuance of a license/certificate. Any items of noncompliance shall be corrected prior to issuance of the license/certificate.

03. Use of Mobile Homes. Mobile homes shall not be utilized as facilities/homes. In addition, manufactured homes not conforming to the Uniform Building Code shall not be used. The Uniform Building Code is incorporated by reference and is outlined in Section 008.

527. -- 549. (RESERVE).

550. LICENSED FACILITIES/CERTIFIED HOMES -- REQUIREMENTS FOR FURNISHING, EQUIPMENT, AND SUPPLIES.

Furnishing, Equipment, and Supplies. Each facility/home shall provide:

01. Living Room Furnishings. Reading lamps, tables, and comfortable chairs or sofas in each resident living room:

02. Resident Sleeping Room Furnishings. A comfortable chair and individual storage for personal items for each resident in each sleeping room;
03. Resident Bed. Each resident with his own bed which shall be at least thirty-six (36) inches wide, substantially constructed, and in good repair. Roll-away beds, cots, folding beds, or double bunks shall be prohibited. Each bed shall be provided with springs which are in good repair, a clean and comfortable mattress which is standard for the bed, and a pillow; (7-1-96)

04. Drinking Glasses. Clean drinking glasses for resident use. Common drinking glass shall be prohibited; (7-1-96)

05. Adequate and Satisfactory Equipment and Supplies. Adequate and satisfactory equipment and supplies to serve the residents. The amount and kind may vary according to the size of the facility/home and type of resident; (7-1-96)

06. Resident Telephone Privacy. A telephone in the facility/home which is accessible to all residents. The telephone shall be situated in such a manner so as to provide the resident adequate privacy while using the telephone; and (7-1-96)

07. Basic Services and Supplies. Room, board, activities of daily living services, supervision, assistance and monitoring of medications, linen, towels, washcloths, soap, shampoo, comb, hairbrush, toilet paper, sanitary napkins, first aid supplies, electric razors or other means of shaving, toothbrush, toothpaste, laundering of linens owned by the facility/home, emergency transportation, housekeeping services, maintenance, utilities, basic T.V. in common areas, and personal laundry services shall be included in the basic room and board charges and must be available at no extra charge. The facility/home shall have the option of charging up to twenty dollars ($20) per month per resident for personal laundry services. (7-1-96)

551. -- 599. (RESERVED).

600. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY.

The residential care facility caring for individuals with a mental illness, or developmental disability, or physical disability, or a combination of these types shall meet the requirements of Rules For Residential Care Facilities In Idaho, Section 000 through Subsection 550.07. (7-1-96)

01. Policy. The purpose of residential care facilities for individuals with mental illness, or developmental disability, or physical disability, or a combination of these types is to provide a humane, safe, and home-like living arrangement for individuals who need some assistance with activities of daily living and personal care but do not require the level of care provided by nursing facilities or other institutions. (7-1-96)

02. Services. Supervision, assistance with activities of daily living and instrumental activities of daily living, board and room, therapeutic recreational activities, behavior management, and habilitation/training services shall be provided to meet the needs of the residents according to their individualized negotiated service agreement. (7-1-96)

601. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY -- APPLICATIONS.

01. Licensed Administrator Requirements. If the owner/applicant is not the administrator, only the administrator is required to be licensed; (7-1-96)

02. Administrator's License. A copy of the administrator's license or evidence that the administrator is currently in the process of getting a license must be provided with the application; (7-1-96)

03. Facility Floor Plan. A rough sketch detailing the floor plan including measurement of all rooms shall be included; (7-1-96)

04. Building Evaluation Fee. A two hundred and fifty dollar ($250) initial building evaluation fee; (7-1-96)
05. Written Request for Building Evaluation. A written request for a building evaluation for existing buildings to include, but not be limited to:
   a. The name, address, and telephone number of the person who is to receive the building evaluation report;
   b. The address of the building that is to be evaluated; and
   c. The level of care of the residents for whom the building is being evaluated to serve.

06. Blueprints. A copy of professionally prepared blueprints for a proposed building for evaluation by the Department, see Section 622.

602. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY -- EXPIRATION AND RENEWAL OF LICENSE.

01. Application for License Renewal. The application for renewal of a license shall be submitted on a form prescribed by the licensing agency. The completed application shall be returned to the licensing agency at least sixty (60) days prior to the expiration of the existing license.

02. Existing License. The existing license, unless suspended or revoked, shall remain in force and effect until the Department has acted upon the application renewal, when such application for renewal is timely filed.

603. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY -- INSPECTIONS.

All inspections and investigations for residential care facilities shall be conducted at intervals determined by the licensing agency.

604. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY -- RESIDENTS' RIGHTS.

01. Resident Councils. Every facility for individuals with mental illness, or developmental disability, or physical disability, or a combination over fifteen (15) beds shall assist the residents in establishing and maintaining a resident council. The council shall be composed of residents of the facility and may include their family members. The council may extend membership to advocates, friends and others.

02. Council Duties. The council shall have the following duties:
   a. To assist the facility in developing a grievance procedure;
   b. To communicate resident opinions and concerns;
   c. To obtain information from the facility and disseminate the information to the residents;
   d. To identify problems and participate in the resolution of those problems; and
   e. To act as a liaison with the community.

03. Waiver for Resident Council. The requirement that every facility for individuals with mental illness, or developmental disability, or physical disability, or a combination over fifteen (15) beds shall assist the residents in establishing and maintaining a resident council may be waived provided the following conditions are met:

   a. The operator meets regularly with residents;
   b. Residents decline to participate in a formal council; and
c. Appropriate documentation exists to indicate the residents' decision. (7-1-96)T

605. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY -- ADMINISTRATION AND ADMINISTRATOR.

01. Governing Body. Each facility shall be organized and administered under one (1) authority. (7-1-96)T

02. Governing Board. If other than a single owner or partnership, the facility shall have a governing board which assumes full legal responsibility for the overall conduct of the facility and for compliance with these rules. (7-1-96)T

03. Valid License for Administrator. The administrator shall have a valid residential care administrator's license. (7-1-96)T

606. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY -- RESPONSIBILITIES OF THE ADMINISTRATOR.

01. Employment Policies. The administrator shall furnish each staff member with a copy of written policies governing conditions of employment including the work assignments of their position. (7-1-96)T

02. Licensed Nurse. The administrator shall assure that each licensed nurse employed by the facility, providing volunteer nursing services to the facility, or under contract to the facility, has a valid nursing license in accordance with Idaho state law. (7-1-96)T

03. Administration of Multiple Facilities. One (1) administrator may be allowed to administer over multiple facilities by the department based upon an approved written plan of operation. The Department shall base its decision, on but not limited to, the following: (7-1-96)T

   a. Distance between facilities; (7-1-96)T
   b. Type of residents being served; (7-1-96)T
   c. History of the facility/administrator; and (7-1-96)T
   d. Scope and severity of resident care and supervision deficiencies noted in the last survey. (7-1-96)T

607. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY -- STAFF ORIENTATION TRAINING.

01. Orientation Program. Each facility shall develop a structured written orientation training program designed to meet the training needs of new employees in relation to an employee's responsibilities in the facility. The program shall include, but not be limited to: (7-1-96)T

   a. Job responsibilities; (7-1-96)T
   b. Residents' rights; (7-1-96)T
   c. Operational procedures; (7-1-96)T
   d. Disaster preparedness; (7-1-96)T
   e. Fire safety, fire extinguisher and smoke alarms; (7-1-96)T
f. Assisting residents with medications;  
(7-1-96)T

g. First aid and CPR, Cardio-Pulmonary Resuscitation;  
(7-1-96)T

h. Policies and procedures;  
(7-1-96)T

i. Complaint investigations and survey procedures;  
(7-1-96)T

j. Emergency procedures;  
(7-1-96)T

k. Employee dress code;  
(7-1-96)T

l. House keeping and proper sanitation procedures;  
(7-1-96)T

m. Infection control;  
(7-1-96)T

n. Grievance procedures;  
(7-1-96)T

o. Work schedules, holidays and paydays;  
(7-1-96)T

p. Recognizing indications of illness, change in condition, and the need for professional help including facility documentation procedures;  
(7-1-96)T

q. Living skills training;  
(7-1-96)T

r. Death, Dying and the Grieving Process;  
(7-1-96)T

s. Risk Management;  
(7-1-96)T

t. Behavior Management Techniques and Documentation;  
(7-1-96)T

u. The aging process, facilities admitting elderly residents;  
(7-1-96)T

v. Mental Illness, facilities admitting residents with a mental illness;  
(7-1-96)T

w. Developmental Disability, facilities admitting residents with a developmental disability;  
(7-1-96)T

x. Habilitation/Training; and  
(7-1-96)T

y. Other topics as outlined by the administrator.  
(7-1-96)T

02. Staff Orientation Training Time Requirements. A minimum of eight (8) hours of job-related pre-service orientation training shall be provided to all new employees, upon being hired, who are to provide personal assistance to residents.  
(7-1-96)T

03. Orientation Training Documentation. Signed evidence of employee orientation training, indicating hours and topic, shall be retained at the facility in each employee's file indicating that this has been completed.  
(7-1-96)T

608. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY -- STAFF CONTINUING TRAINING.

01. Continuing Training. An ongoing, planned, and written continuing training program which maintains and upgrades the knowledge, skills, and abilities of the staff in relation to services provided and employee responsibilities shall be provided to employees at least every six (6) months, to include, but not be limited to, the orientation training program as required in Section 607 of this Chapter.  
(7-1-96)T
02. Staff Continuing Training Time Requirements. Each employee, providing personal assistance to residents, shall receive a minimum of sixteen (16) hours of job related continuing training per year. (7-1-96)

03. Continuing Training Documentation. Signed evidence of employee continuing training, indicating hours and topic, shall be retained at the facility in each employee's file indicating that this has been completed. (7-1-96)

609. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY -- PERSONNEL.

01. Policies. Written personnel policies shall be on file and provided to employees which describe the employee's rights, responsibilities, and employer's expectations. The policies shall include, but are not limited to, the following: (7-1-96)
   a. Hours of work, payday, overtime, salary, and qualifications; (7-1-96)
   b. Grievance procedures; (7-1-96)
   c. Organizational structure clearly outlining lines of authority; (7-1-96)
   d. Orientation requirements for all new employees; (7-1-96)
   e. Continued training requirements; (7-1-96)
   f. Age limitations; (7-1-96)
   g. Employee health; and (7-1-96)
   h. Other related personnel matters. (7-1-96)

02. Job Descriptions. Each employee shall be provided with a job description outlining authority, responsibilities, and duties. (7-1-96)

03. Employee Health. Each employee shall be in good health and free of communicable diseases or infected skin lesions while on duty. (7-1-96)
   a. The facility shall require that all employees report immediately to their supervisor any sign or symptom of personal illness; and (7-1-96)
   b. The facility administrator or supervisor is responsible for taking appropriate action in case of employee illness. (7-1-96)

04. Personnel Records. A record for each employee shall be maintained and shall include at least the following: (7-1-96)
   a. Name, current address, and telephone number of employee; (7-1-96)
   b. Social Security number; (7-1-96)
   c. Education; (7-1-96)
   d. Experience; (7-1-96)
   e. Other qualifications, if licensed in Idaho, the original license number and date the current registration expires shall be included; (7-1-96)
   f. Date of employment; (7-1-96)
g. Position in the facility, type of work;  
(7-1-96)T
h. Date of termination of employment and reason for termination;  
(7-1-96)T
i. Documentation of initial orientation hours and topics and continuing training hours and topics;  
(7-1-96)T
j. Evidence of a physical examination completed by a licensed physician or licensed nurse practitioner;  
(7-1-96)T
k. Evidence that the employee has received a job description and understands his duties; and  
(7-1-96)T
l. Employee records shall be maintained at the facility for not less than one (1) year after the employee is no longer employed by the facility.  
(7-1-96)T

610. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY -- STAFFING STANDARDS AND REQUIREMENTS.

01. Staffing for Thirty Residents. When a facility, with thirty (30) or more residents, admits and retains Level II residents or a combination of Level I and Level II, one (1) staff person shall be up and awake during residents sleeping hours.  
(7-1-96)T

02. Level III Resident Waiver. Staff up and awake at night shall be required and a waiver or variance will not be granted when a facility has ten (10) or more Level III clients.  
(7-1-96)T

03. Work Schedules. Daily work schedules shall be maintained in writing which reflect:  
(7-1-96)T
a. Personnel on duty, at any given time, for the previous twelve (12) months;  
(7-1-96)T
b. The first and last names, of each employee, and their position; and  
(7-1-96)T
c. Any adjustments made to the schedule.  
(7-1-96)T

611. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY -- ADMISSION AND DISCHARGE REGISTER.

01. Admission and Discharge Register. Each facility shall maintain an admission and discharge register listing names of each resident, date admitted, the place from which the resident was admitted, date discharged, reason for discharge, and adequate identification of the facility to which the resident is discharged or future home address.  
(7-1-96)T

02. Maintaining the Admission and Discharge Register. The admission and discharge register shall be maintained as a separate document, apart from individual resident files, and shall be kept current.  
(7-1-96)T

612. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY -- MEDICATION STANDARDS AND REQUIREMENTS.

01. Additional Medication Policy Requirements. Each facility shall develop and implement a written medication policy and procedure that outlines in detail the procedures to be followed regarding the handling of medications. The medication policy shall include, but not be limited to, the following additional requirements:  
(7-1-96)T
a. All facilities shall utilize the medi-set distributions system, or the blister pack distributions system, or other system as approved by the Department, for routine medications; (7-1-96)T

b. PRN medications may be maintained in multidose containers; (7-1-96)T

c. Temporary routine medications of fourteen (14) days or less may be maintained in multidose containers; (7-1-96)T

d. Staff assisting residents with medications shall be trained by a registered nurse or pharmacist regarding the relevant procedures and shall have completed the required medication certification course, prior to assisting residents with medications; (7-1-96)T

e. For residents on a self-administration medication plan, the facility licensed nurse shall assess the residents' ability to safely continue the plan every month, not to exceed a forty (40) day time period; and (7-1-96)T

f. Monitoring of each resident's medication regimen shall occur by a licensed nurse every month, not to exceed a forty (40) day time period to determine if the medication is being taken properly, resident's reaction to medication, need for other medications, physician orders match medications being taken by the resident, and adverse consequences of resident's use of over-the-counter-medications. (7-1-96)T

02. Assistance With Medications. Residential care facilities attached to nursing homes may have the nursing home nurse distribute the medications; provided, the time required to do so does not interfere with his nursing home duties. (7-1-96)T

03. Unused Medication. Unused or discontinued medications shall not accumulate at the facility for longer than thirty (30) days, unless there is reason to believe that the medication will be reordered by the attending physician within a reasonable length of time. The unused medication shall be disposed of in a manner that assures that it can not be retrieved. A written record of all disposal of drugs shall be maintained in the facility and shall include:

a. A description of the drug, including the amount; (7-1-96)T

b. The resident for whom the medication was prescribed; (7-1-96)T

c. The reason for disposal; (7-1-96)T

d. The method of disposal; and (7-1-96)T

e. Signatures of responsible facility staff and a witness, resident's family or facility nurse. (7-1-96)T

613. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY -- NURSING SERVICES.

A licensed nurse shall visit the facility at least once every month, not to exceed a forty (40) day time period to:

01. Resident Response to Medications. Conduct a nursing assessment of each resident's response to medications; and (7-1-96)T

02. Current Medication Orders. Assure that the residents' medication orders are current by verifying that the medication listed by the pharmacist on the mediset, blister pak, or medication container, to include over-the-counter-medications as appropriate, is current with physician orders; and (7-1-96)T

03. Resident Health Status. Conduct a nursing assessment, in accordance with the resident's uniform assessment and negotiated service agreement, of the health status of each resident by identifying symptoms of illness, or changes, or both in mental and physical health status; and (7-1-96)T

04. Recommendations. Make recommendations to the administrator regarding any medication needs or
other health need requiring follow up; and

05. Progress of Previous Recommendations. Conduct a nursing assessment of the progress on previous recommendations made to the administrator regarding any medication needs or other health needs that had required follow up; and

06. Self Mediator. Conduct a nursing assessment on each resident, participating in a self administration medication regime, for the resident's ability to safely continue the self administration medication regime for the next month; and

07. Medication Interactions and Usage. Conduct a review of residents' use of over-the-counter medications for side effects, interactions, abuse or a combination of these adverse effects. If side effects are determined the nurse shall notify the residents' physician and make the appropriate counseling available to the resident; and

08. Date and Time. Document the nursing assessments with the date and time of each visit.

614. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY -- MENTAL HEALTH CONTRACT BEDS.

Residential care facilities may enter into agreements with the Department to provide short-term care to certain clients designated by the mental health program of the Department. These clients are temporarily distressed and unable to fully meet their basic needs. They require strong support, supervision, and while nonviolent or a danger to self or others, could regress without these supports. The following conditions must be met by the facility:

01. License and Staff. The facility is on a full license and is staffed with at least one (1) person up and awake at night to assure the safety of all residents;

02. Written Contract. The facility has a written contract with the Department outlining the responsibilities of both parties and lists the names and telephone numbers of individuals who may be contacted if questions arise regarding the residents' care;

03. Resident Assessment. The facility has on file the results of an assessment which clearly assures that the resident is not a danger to himself or others;

04. Physician Orders. The residents must have on file the results of a physical examination with signed and dated doctor's orders for medications;

05. Supervision Requirements. Each client of the mental health program has a negotiated service agreement which outlines the specific nonmedical services that the client shall require including requirements for supervision; and

06. Staff Orientation and Training. Staff providing direct resident care shall have documented evidence on file at the facility of appropriate orientation and training in providing care for clients in the mental health program.

615. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY -- MENU PLANNING.

01. Additional Menu Planning Requirements. Menus must:

a. Be reviewed, signed and dated by a dietitian, nutritionist or home economist ensuring that the menus meet the current RDAs before being implemented;

b. Be reviewed at least annually thereafter to assure that changes/substitutions made to the menu were appropriate;
c. Be posted where it can be easily viewed by residents; (7-1-96)T

d. Be corrected to reflect substitutions that were made and snacks provided; and (7-1-96)T

e. Be kept on file in the facility for three (3) months. (7-1-96)T

02. Facilities With Sixteen Beds Or Less. In facilities of sixteen (16) beds or less, menus shall be planned, in writing at least three (3) weeks in advance for regular and therapeutic diets. (7-1-96)T

03. More Than Sixteen Beds. Residential care facilities serving sixteen (16) or more residents shall develop and implement a cycle menu which covers a minimum of two (2) seasons and is six (6) to nine (9) weeks in length. (7-1-96)T

616. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY -- FOOD SERVICE.

01. Supervision And Personnel. The administrator or a person designated by the administrator shall be responsible for the total food services and day-to-day supervision of food service staff and shall be responsible for:

a. Coordinating food services with other services; (7-1-96)T

b. Developing work assignments; (7-1-96)T

c. Purchasing food; and (7-1-96)T

d. Orienting, training and supervising food service employees. (7-1-96)T

02. Additional Duties. The person designated by the administrator shall also:

a. Perform his duties in a safe and sanitary manner; (7-1-96)T

b. Plan nutritious menus for regular diet needs; (7-1-96)T

c. Participate in continuing in-service education to increase knowledge and improve skills in the food service area, at a minimum of eight (8) contact hours per year; (7-1-96)T

d. Post duty assignments for food service staff, in facilities having five (5) or more staff; and (7-1-96)T

e. Have available in the kitchen a current diet manual approved by the licensing agency. A diet manual other than the Idaho Diet Manual shall be submitted to the licensing agency for approval. (7-1-96)T

03. Food Service Personnel. There shall be sufficient numbers of food service personnel employed, and their hours shall be scheduled to meet the dietary needs of the residents. (7-1-96)T

04. Policies of Nutritional Care. Residential care facilities with a licensed bed capacity of sixteen (16) or more residents shall have written policies and procedures for providing proper nutritional care of its residents whether provided by the facility or a third party. Policies shall include at least the following:

a. Job descriptions; (7-1-96)T

b. Staff responsibilities; (7-1-96)T

c. Procedures to follow if a resident refuses food; and (7-1-96)T

d. Food handling and sanitation procedures. (7-1-96)T
617. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY -- FOOD SERVICE SANITATION STANDARDS.

01. UNICODE. The acquisition, preparation, including freezing, canning, storage and serving of all food and drink and the washing of dishes in a facility shall comply with Idaho Department of Health and Welfare Rules, Title 02, Chapter 19, Rules Governing Food Sanitation Standards for Food Establishments (UNICODE), February 1, 1990 is incorporated herein by reference and outlined in Section 008. (7-1-96)

02. Sanitation of Dining Utensils. All multi-use eating and dining utensils shall be subjected to one (1) of the following approved sanitization processes after each use:

   a. Washing with detergent, clear water rinsing and sanitization either in water in excess of one hundred and sixty (160) degrees Fahrenheit for ten (10) seconds; or

   b. Washing with detergent, clear water rinsing and sanitization in a chlorine solution of not less than fifty (50) parts per million for not less than ten (10) seconds. (7-1-96)

618. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY -- FOOD PREPARATION AND SERVICE.

01. Standardized Recipes. For facilities serving sixteen (16) or more individuals, standardized recipes shall be required. (7-1-96)

02. Standard Portion Control Guidelines. Standard portion control guidelines shall be posted in the kitchen or included on the menus. (7-1-96)

619. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY -- REQUIREMENTS FOR FIRE AND LIFE SAFETY STANDARDS.

01. Life Safety Code Requirements. Residential care facilities for individuals with mental illness, developmental disability, or physical disability shall meet the provisions of the Life Safety Code of the National Fire Protection Association, 1988 Edition, which are applicable to residential care facilities as specified below and outlined in Section 008. (7-1-96)

02. Housing of Ten (10) or More Residents. Buildings housing ten (10) or more residents or any building housing residents on stories other than the first story shall comply with the Limited Care Section of the Life Safety Code, 1988 Edition. Exception: Facilities licensed prior to July 1, 1992 may continue to comply with the Residential Custodial Care Section of the Life Safety Code, 1981 Edition as outlined in Section 008. Existing licensed facilities shall be in compliance by July 1, 1994. (7-1-96)

03. Existing Facilities Housing Nine (9) or Less Residents. Existing facilities licensed prior to July 1, 1992 and housing nine (9) or less residents on the first story only shall comply with the requirements of Chapter 21, Residential Board and Care Section of the Life Safety Code, 1988 Edition for Prompt Evacuation Capability except that the requirement for door closures on sleeping room doors shall not apply. Facilities may elect to comply with the fire safety evaluation system for Residential Board and Care, Prompt Evacuation Capability as outlined in Chapter 6 of NFPA Manual 101M, 1988 Edition which is incorporated by reference and outlined in Section 008. (7-1-96)

04. New Buildings. Newly constructed buildings or buildings being converted to a facility, or both, after July 1, 1992 and who house nine (9) or less residents on the first story only shall comply with the requirements of Chapter 21, Residential Board and Care Section of the Life Safety Code, 1988 Edition for Impractical Evacuation Capability. Exception:

   a. Any newly constructed building or building being converted to a facility and who house only
residents classified as Level I or Level II need only comply with the requirements for Prompt Evacuation Capability as outlined in Subsection 619.03.

b. In any newly constructed building or building being converted to a facility, the minimum water supply for residential sprinkler systems shall be equal to the water demand rate times ten (10) minutes.

c. A facility may elect to comply with the fire safety evaluation system for Residential Board and Care, Impractical Evacuation Capability, as outlined in Chapter 6 of NFPA Manual 101M, 1988 Edition which is incorporated by reference and outlined in Section 008.

05. Fire Alarm/Smoke Detection System. An electrically supervised, manually operated fire alarm/smoke detection system shall be installed throughout each building housing residents. The system shall include a control panel, manual pull stations, smoke detectors, sounding devices, power backup and any sprinkler flow/alarm devices that may be present and must be compatible with any future sprinkler system add on. The system, including devices, their location and installation shall be approved by the licensing agency prior to installation. Buildings licensed prior to July 1, 1992 shall be given until July 1, 1995 to install the system. Exception: Facilities that comply with the requirements of Chapter 21, Residential Board and Care Section of the Life Safety Code, 1988 Edition for Impractical Evacuation Capability.

06. Corridors or Hallways. Dead-end corridors or dead-end hallways shall not exceed thirty (30) feet in length.

07. Resident Placement. Any resident requiring assistance in ambulation shall reside on the first story unless the facility complies with Subsection 619.02.

08. Fire Drills. All employees and residents shall participate in a minimum of one (1) fire drill per shift per quarter. Fire drills shall be unannounced and shall be conducted at irregular intervals during the day and night. Written documentation of each drill shall be maintained on file at the facility and shall contain at least the following:

a. A written record describing each drill, the date and time of the drill, response of the employees and residents, problems encountered and recommendations for improvement; and

b. The name of each employee in attendance during the drill.

620. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY -- MAINTENANCE OF EQUIPMENT AND SYSTEMS FOR FIRE AND LIFE SAFETY.

01. Fire Alarm/Smoke Detection System Professional Service/Testing. The facility's fire alarm/smoke detection system shall be inspected/tested/serviced at least annually by a person or business professionally engaged in the servicing of such systems. Results of the inspection/test shall be maintained on file.

02. Fire Alarm/Smoke Detection System Facility Service/Testing. The fire alarm/smoke detection system shall be inspected/tested at least monthly by a designated facility employee. Results of the inspection/test shall be maintained on file.

03. Automatic Fire Extinguishing System - Inspection. All automatic fire extinguishing systems shall be inspected/tested/serviced at least annually by an appropriate contractor licensed by the Idaho State Fire Marshall's office. A report, prepared by the contractor shall be maintained on file in the facility documenting the results of the annual inspection/testing/service.

621. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY -- BUILDING CONSTRUCTION AND PHYSICAL STANDARDS FOR A FACILITY.

01. Principle of Normalization. In order to promote the basic principles of normalization and achieve
acceptance of single family dwelling licensed as residential care facilities into the community, residentially-zoned neighborhoods, subdivisions, etc., the location of a facility shall be physically separate from any other residential care facility including intermediate care facilities for the mentally retarded by not less than five hundred (500) feet distance measured in a straight line, to preclude the adjacent or nearby location of two (2) or more facilities. Exception: The five hundred (500) foot distance restriction does not apply to commercially-zoned areas; i.e. "continuum of care" complexes, "life care" centers, etc. or existing licensed facilities if change of ownership should occur.

02. Dining/Recreation/Living Space. For facilities licensed after July 1, 1991, the total area set aside for these purposes shall be not less than thirty (30) square feet per resident. A hall or entry shall not be included as living or recreation space.

03. Residents Required to go Outside. Residents requiring the use of wheelchairs, walkers or assistance with ambulation shall not be admitted to facilities that require residents to go outside to go back and forth from the dining room/shower/bath/recreation areas.

04. Covered Cement Walks. For facilities licensed after July 1, 1991, where residents are required to leave their rooms to go to dining or recreation, covered cement walks are required.

05. Toilet and Bathrooms. Each facility shall provide.
   a. At least one (1) flush toilet for every six (6) persons, residents, or employees;
   b. At least one (1) tub or shower for every eight (8) persons, residents, or employees;
   c. At least one (1) lavatory with a mirror for each toilet; and
   d. At least one (1) toilet, tub or shower, and lavatory in each building in which residents sleep, with additional units if required by the number of persons. Residents shall not be required to go outside to get to the toilet, tub or shower, or lavatory.

06. Resident Sleeping Rooms. The facility shall assure that:
   a. Not more than four (4) residents shall be housed in any multi-bed sleeping room in facilities licensed prior to July 1, 1991. New facilities or conversions licensed after July 1, 1992 shall not have more than two (2) residents in any multi-bed sleeping room. The sale of a facility licensed prior to July 1, 1992 shall not be considered a new facility or conversion;
   b. Square footage requirements for existing facilities that have been continuously licensed since before May 9, 1977, shall provide sleeping rooms which allow for not less than seventy-five (75) square feet of floor space per resident in a single bed sleeping room and not less than sixty (60) square feet of floor space per resident in a multi-bed sleeping room with a minimum of three (3) feet between beds;
   c. A room with a window that opens into an exterior window well shall not be used for a resident sleeping room; and

07. Dietary Standards. The facility shall assure that:
   a. Newly constructed facilities, admitting or planning to admit ten (10) or more residents, shall submit professionally prepared drawings or plans of the kitchen for review prior to construction; and
   b. Carpentry is prohibited in the food preparation area, and where existing, shall be replaced with an easily cleanable surface when worn out or becomes heavily soiled.
622. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR
DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY -- NEW CONSTRUCTION, ADDITIONS
ALTERATIONS.

01. Requirements. In addition to the requirements set forth in Section 525, new construction, additions
and remodeling or alterations other than minor repairs shall comply with the following: (7-1-96)T

02. Site. See Section 526 as it relates to the requirements of a building site; (7-1-96)T

03. Construction. Facilities whose construction commences after July 1, 1991 or buildings being
converted to a facility after July 1, 1991 shall conform to the requirements of the Life Safety Code, 1988 Edition,
Chapter 12, for a Limited Care Facility. However, buildings of nine (9) beds or less where all sleeping rooms are
located on the first story, shall comply with the requirements of the Life Safety Code, 1988 Edition, Chapter 21,
Residential Board and Care which is incorporated by reference and is outlined in Section 008. See Section 500;
(7-1-96)T

04. Plans and Specifications. Plans and specifications on any new facility or any addition/remodeling
are governed by the following: (7-1-96)T

a. Plans shall be prepared by an architect or engineer licensed in the state of Idaho. A variance of this
requirement may be granted by the licensing agency when the size of the project does not necessitate involvement
of an architect or engineer; (7-1-96)T

b. Prior to commencing work, plans and specifications shall be submitted to, and approved by, the
licensing agency to assure compliance with applicable construction standards, codes, and regulations; (7-1-96)T

c. Preliminary plans, to be submitted, shall include the assignment of all spaces, size of areas and
rooms; (7-1-96)T

d. Preliminary plans, to be submitted, shall include drawings of each floor including, but not limited
to, the basement, approach or site plan, roads, parking areas and sidewalks; (7-1-96)T

e. Preliminary plans, to be submitted, shall include outline specifications describing the general
construction, including interior finishes, acoustical material, heating, electrical and ventilation systems; (7-1-96)T

f. Preliminary plans, to be submitted, shall be drawn to scale of sufficient size to clearly present the
proposed design, but not less than a scale of one-eighth (1/8) inch to the foot; (7-1-96)T

g. Working drawings shall be developed in close cooperation and with approval of the licensing
agency and other appropriate agencies prior to construction; (7-1-96)T

h. Working drawings shall be of accurate dimensions and shall include all necessary explanatory
notes, schedules and legends. The drawings shall be stamped/signed by the architect or engineer; and
(7-1-96)T

i. Working drawings shall be complete and adequate for contract purposes. (7-1-96)T

05. Inspections. Prior to occupancy, the building shall be inspected and approved by the licensing
agency. The agency shall be given at least three (3) weeks notice prior to completion in order to schedule a final
inspection; and (7-1-96)T

06. Coordination of Code. Construction shall meet all local and state codes applicable to a facility. In
the event of a conflict in requirements between codes, the most restrictive shall apply. (7-1-96)T

623. -- 674. RESERVED).
675. RESIDENTIAL CARE FACILITIES FOR INDIVIDUALS WITH A MENTAL ILLNESS, OR DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY -- HOURLY ADULT CARE.

01. Policies. Policies governing the acceptance of individuals to the hourly adult care program shall be developed and implemented and shall provide at least the following:
   a. Types of individuals who may not be accepted;
   b. Health and other pertinent information regarding the individual's needs;
   c. Emergency telephone numbers for contact with family members or physician and other identification information; and
   d. Written policies shall be available to participants, families and general public.

02. Hourly Adult Care Operation. Policies shall be developed and implemented governing the operation of the hourly adult care program and shall include at least the following:
   a. Time periods of program not to exceed fourteen (14) consecutive hours in a twenty-four (24) hour period;
   b. Cost of program to resident;
   c. A description of services offered, including, but not limited to meals, activities, transportation services, if offered, and supervision; and
   d. Records required.

03. Medications.
   a. The facility shall not admit residents to the hourly adult care program who cannot administer their own medications. See Subsection 010.73;
   b. Each hourly adult care resident shall be responsible for bringing his own supply of medications for the stay; and
   c. The facility shall be responsible for the safeguarding of the hourly adult care resident's medications while he is at the facility.

04. Records.
   a. The facility shall maintain a record for each hourly adult care resident which includes at least admission identification information including responsible party and physician;
   b. The facility shall maintain a record for each hourly adult care resident which includes at least pertinent health and social information relevant to the supervision of the resident; and
   c. A log of hourly adult care participants shall be maintained for at least the previous year.

05. Restrictions.
   a. Hourly adult care services may be provided to such number of individuals that the facility can handle without interference with the normal activities of the residential care facility;
   b. Provision of time appropriate accommodations shall be made available for the participant, to include, but not be limited to, napping furniture for day time hours, 6:00 am through 10:00 pm, such as lounge chairs, recliners, and couches;
The facility shall have the ability to space napping furniture at least three (3) feet apart if needed or requested; (7-1-96)T

Beds and bedrooms shall be available for the sleeping hours, 10:00 pm through 6:00 am; (7-1-96)T

Beds, and bedrooms of residential care residents shall not be utilized; and (7-1-96)T

No individual shall be admitted to the hourly adult care program who requires skilled nursing or intermediate care or for whom the facility cannot adequately provide services and supervision. (7-1-96)T

The residential care facility caring for elderly residents shall meet the requirements of Rules For Residential Care Facilities In Idaho, Section 000 through Subsection 550.07. (7-1-96)T

The purpose of a residential care facility for the elderly in Idaho is to provide a humane, safe, and homelike housing and living arrangement for persons who are elderly who need some assistance with activities of daily living and personal care and to delay the need for a more expensive nursing facility or other institutional care as long as possible. Occupancy in a residential care facility for the elderly will be considered the person's primary residence. It is the intent of the legislature that residential care facilities for the elderly be available to meet the needs of those residing in these facilities by recognizing the capabilities of individuals to direct their care and self-medication or to use supervised self-medication techniques when ordered and approved by an individual licensed to prescribe medication. (7-1-96)T

Supervision, assistance with activities of daily living and instrumental activities of daily living, board and room, therapeutic recreational activities, behavior management, and habilitation services shall be provided to meet the needs of the residents according to their individualized negotiated service agreement. (7-1-96)T

Policy. The purpose of a residential care facility for the elderly in Idaho is to provide a humane, safe, and homelike housing and living arrangement for persons who are elderly who need some assistance with activities of daily living and personal care and to delay the need for a more expensive nursing facility or other institutional care as long as possible. Occupancy in a residential care facility for the elderly will be considered the person's primary residence. It is the intent of the legislature that residential care facilities for the elderly be available to meet the needs of those residing in these facilities by recognizing the capabilities of individuals to direct their care and self-medication or to use supervised self-medication techniques when ordered and approved by an individual licensed to prescribe medication. (7-1-96)T

Services. Supervision, assistance with activities of daily living and instrumental activities of daily living, board and room, therapeutic recreational activities, behavior management, and habilitation services shall be provided to meet the needs of the residents according to their individualized negotiated service agreement. (7-1-96)T

01. Licensed Administrator Requirements. If the owner/applicant is not the administrator, only the administrator is required to be licensed. (7-1-96)T

Administrator's License. A copy of the administrator's license or evidence that the administrator is currently in the process of getting a license must be provided with the application. (7-1-96)T

Facility Floor Plan. A rough sketch detailing the floor plan including measurement of all rooms shall be included. (7-1-96)T

Building Evaluation Fee. A two hundred and fifty dollar ($250) initial building evaluation fee. (7-1-96)T

Written Request for Building Evaluation. A written request for a building evaluation for existing buildings to include, but not be limited to:

a. The name, address, and telephone number of the person who is to receive the building evaluation report; (7-1-96)T

b. The address of the building that is to be evaluated; and (7-1-96)T

c. The level of care of the residents for whom the building is being evaluated to serve. (7-1-96)T

Blueprints. A copy of professionally prepared blueprints for a proposed building for evaluation by the Department, see Section 722. (7-1-96)T
702. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY -- EXPIRATION AND RENEWAL OF LICENSE.

01. Application for License Renewal. The application for renewal of a license shall be submitted on a form prescribed by the licensing agency. The completed application shall be returned to the licensing agency at least sixty (60) days prior to the expiration of the existing license. (7-1-96)T

02. Existing License. The existing license, unless suspended or revoked, shall remain in force and effect until the Department has acted upon the application renewal, when such application for renewal is timely filed. (7-1-96)T

703. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY -- INSPECTIONS.
All inspections and investigations for residential care facilities shall be conducted at intervals determined by the licensing agency. (7-1-96)T

704. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY -- RESIDENTS' RIGHTS.

01. Advanced Directives. Residents of facilities/homes for the elderly shall have the right to be informed, in writing, regarding the formulation of an advanced directive to include applicable State law. (7-1-96)T

02. Resident Councils. Every facility over fifteen (15) beds shall assist the residents in establishing and maintaining a resident council. The council shall be composed of residents of the facility and may include their family members. The council may extend membership to advocates, friends and others. (7-1-96)T

03. Council Duties. The council shall have the following duties: (7-1-96)T
   a. To assist the facility in developing a grievance procedure; (7-1-96)T
   b. To communicate resident opinions and concerns; (7-1-96)T
   c. To obtain information from the facility and disseminate the information to the residents; (7-1-96)T
   d. To identify problems and participate in the resolution of those problems; and (7-1-96)T
   e. To act as a liaison with the community. (7-1-96)T

04. Waiver for Resident Council. The requirement that every facility over fifteen (15) beds shall assist the residents in establishing and maintaining a resident council may be waived provided the following conditions are met: (7-1-96)T
   a. The operator meets regularly with residents; (7-1-96)T
   b. Residents decline to participate in a formal council; and (7-1-96)T
   c. Appropriate documentation exists to indicate the residents' decision. (7-1-96)T

705. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY -- ADMINISTRATION AND ADMINISTRATOR.

01. Governing Body. Each facility shall be organized and administered under one (1) authority. (7-1-96)T

02. Governing Board. If other than a single owner or partnership, the facility shall have a governing board which assumes full legal responsibility for the overall conduct of the facility and for compliance with these rules. (7-1-96)T

03. Valid Administrator License. The administrator shall have a valid residential care administrator's
license. (7-1-96)

706. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY -- RESPONSIBILITIES OF THE ADMINISTRATOR.

01. Employment Policies. The administrator shall furnish each staff member with a copy of written policies governing conditions of employment including the work assignments of their position; (7-1-96)

02. Licensed Nurse. The administrator shall assure that each licensed nurse employed by the facility, providing volunteer nursing services to the facility, or under contract to the facility, has a valid nursing license in accordance with Idaho state law. (7-1-96)

03. Administration of Multiple Facilities. One (1) administrator may be allowed to administer over multiple facilities by the department based upon an approved written plan of operation. The Department shall base its decision, on but not limited to, the following: (7-1-96)

   a. Distance between facilities; (7-1-96)
   b. Type of residents being served; (7-1-96)
   c. History of the facility/administrator; and (7-1-96)
   d. Scope and severity of resident care and supervision deficiencies noted in the last survey. (7-1-96)

707. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY -- STAFF ORIENTATION TRAINING.

01. Orientation Program. Each facility shall develop a structured written orientation training program designed to meet the training needs of new employees in relation to an employee's responsibilities in the facility. The program shall include, but not be limited to: (7-1-96)

   a. Job responsibilities; (7-1-96)
   b. Residents' rights; (7-1-96)
   c. Operational procedures; (7-1-96)
   d. Disaster preparedness; (7-1-96)
   e. Fire safety, fire extinguisher and smoke alarms; (7-1-96)
   f. Assisting residents with medications; (7-1-96)
   g. First aid and CPR, Cardio - Pulmonary Resuscitation; (7-1-96)
   h. Policies and procedures; (7-1-96)
   i. Complaint investigations and survey procedures; (7-1-96)
   j. Emergency procedures; (7-1-96)
   k. Employee dress code; (7-1-96)
   l. House keeping and proper sanitation procedures; (7-1-96)
   m. Infection control; (7-1-96)
   n. Grievance procedures; (7-1-96)
o. Work schedules, holidays and paydays; (7-1-96)

p. Recognizing indications of illness, change in condition, and the need for professional help including facility documentation procedures; (7-1-96)

q. Living skills training; (7-1-96)

r. Death, Dying and the Grieving Process; (7-1-96)

s. Risk Management; (7-1-96)

t. Behavior Management Techniques and Documentation; (7-1-96)

u. The aging process, facilities admitting elderly residents; (7-1-96)

v. Mental Illness, facilities admitting residents with a mental illness; (7-1-96)

w. Developmental Disability, facilities admitting residents with a developmental disability; (7-1-96)

x. Habilitation/Training; and (7-1-96)

y. Other topics as outlined by the administrator. (7-1-96)

02. Staff Orientation Training Time Requirements. A minimum of eight (8) hours of job-related pre-service orientation training shall be provided to all new employees, upon being hired, who are to provide personal assistance to residents. (7-1-96)

03. Orientation Training Documentation. Signed evidence of employee orientation training, indicating hours and topic, shall be retained at the facility in each employee's file indicating that this has been completed. (7-1-96)

708. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY -- STAFF CONTINUING TRAINING.

01. Continuing Training. An ongoing, planned, and written continuing training program which maintains and upgrades the knowledge, skills, and abilities of the staff in relation to services provided and employee responsibilities shall be provided to employees at least every six (6) months, to include, but not be limited to, the orientation training program as required in Section 707 of this Chapter. (7-1-96)

02. Staff Continuing Training Time Requirements. Each employee, providing personal assistance to residents, shall receive a minimum of sixteen (16) hours of job related continuing training per year. (7-1-96)

03. Continuing Training Documentation. Signed evidence of employee continuing training, indicating hours and topic, shall be retained at the facility in each employee's file indicating that this has been completed. (7-1-96)

709. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY -- PERSONNEL.

01. Policies. Written personnel policies shall be on file and provided to employees which describe the employee's rights, responsibilities, and employer's expectations. The policies shall include, but are not limited to, the following: (7-1-96)

a. Hours of work, payday, overtime, salary, and qualifications; (7-1-96)

b. Grievance procedures; (7-1-96)

c. Organizational structure clearly outlining lines of authority; (7-1-96)
d. Orientation requirements for all new employees; (7-1-96)T

e. Continued training requirements; (7-1-96)T

f. Age limitations; (7-1-96)T

g. Employee health; and (7-1-96)T

h. Other related personnel matters. (7-1-96)T

02. Job Descriptions. Each employee shall be provided with a job description outlining authority, responsibilities, and duties. (7-1-96)T

03. Employee Health. Each employee shall be in good health and free of communicable diseases or infected skin lesions while on duty. (7-1-96)T

a. The facility shall require that all employees report immediately to their supervisor any sign or symptom of personal illness; and (7-1-96)T

b. The facility administrator or supervisor is responsible for taking appropriate action in case of employee illness. (7-1-96)T

04. Personnel Records. A record for each employee shall be maintained and shall include at least the following: (7-1-96)T

a. Name, current address, and telephone number of employee; (7-1-96)T

b. Social Security number; (7-1-96)T

c. Education; (7-1-96)T

d. Experience; (7-1-96)T

e. Other qualifications, if licensed in Idaho, the original license number and date the current registration expires shall be included; (7-1-96)T

f. Date of employment; (7-1-96)T

g. Position in the facility, type of work; (7-1-96)T

h. Date of termination of employment and reason for termination; (7-1-96)T

i. Documentation of initial orientation hours and topics and continuing training hours and topics; (7-1-96)T

j. Evidence of a physical examination completed by a licensed physician or licensed nurse practitioner; (7-1-96)T

k. Evidence that the employee has received a job description and understands his duties; and (7-1-96)T

l. Employee records shall be maintained at the facility for not less than one (1) year after the employee is no longer employed by the facility. (7-1-96)T
710. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY -- STAFFING STANDARDS AND REQUIREMENTS.

01. Staffing for Thirty Residents. When a facility, with thirty (30) or more residents, admits and retains Level II residents or a combination of Level I and Level II, one (1) staff person shall be up and awake during residents sleeping hours. (7-1-96)T

02. Level III Resident Waiver. Staff up and awake at night shall be required and a waiver or variance will not be granted when a facility has ten (10) or more Level III clients. (7-1-96)T

03. Work Schedules. Daily work schedules shall be maintained in writing which reflect: (7-1-96)T
   a. Personnel on duty, at any given time, for the previous twelve (12) months; (7-1-96)T
   b. The first and last names, of each employee, and their position; and (7-1-96)T
   c. Any adjustments made to the schedule. (7-1-96)T

711. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY -- ADMISSION AND DISCHARGE REGISTER.

01. Admission and Discharge Register. Each facility shall maintain an admission and discharge register listing names of each resident, date admitted, the place from which the resident was admitted, date discharged, reason for discharge, and adequate identification of the facility to which the resident is discharged or future home address. (7-1-96)T

02. Maintaining the Admission and Discharge Register. The admission and discharge register shall be maintained as a separate document, apart from individual resident files, and shall be kept current. (7-1-96)T

712. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY -- RESIDENT RECORDS.

Records required for admission to a facility shall be maintained and updated and shall be confidential. Their availability, subject to Idaho Department of Health and Welfare Rules, Title 05, Chapter 01, Rules Governing the Protection and Disclosure of Department Records shall be limited to administration, professional consultants, the resident's physician and representatives of the licensing/certifying agency. All entries shall be kept current, recorded legibly in ink, dated, signed, and shall include, written documentation of the resident's, preference regarding the formulation of an Advanced Directive in accordance with Idaho state law. If applicable a copy of the resident's Advanced Directive shall be available. (7-1-96)T

713. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY -- MEDICATION STANDARDS AND REQUIREMENTS.

01. Additional Medication Policy Requirements. Each facility shall develop and implement a written medication policy and procedure that outlines in detail the procedures to be followed regarding the handling of medications. The medication policy shall include, but not be limited to, the following additional requirements: (7-1-96)T
   a. All facilities shall utilize the medi-set distributions system, or the blister pack distributions system, or other system as approved by the Department, for routine medications; (7-1-96)T
   b. PRN medications may be maintained in multidose containers; (7-1-96)T
   c. Temporary routine medications of fourteen (14) days or less may be maintained in multidose containers; (7-1-96)T
   d. Staff assisting residents with medications shall be trained by a registered nurse or pharmacist regarding the relevant procedures and shall have completed the required medication certification course, prior to assisting residents with medications; (7-1-96)T
e. For residents on a self-administration medication plan, the facility licensed nurse shall assess the residents' ability to safely continue the plan every month, not to exceed a forty (40) day time period; and

f. Monitoring of each resident's medication regimen shall occur by a licensed nurse every month, not to exceed a forty (40) day time period to determine if the medication is being taken properly, resident's reaction to medication, need for other medications, physician orders match medications being taken by the resident, and adverse consequences of resident's use of over-the-counter-medications.

02. Assistance With Medications. Residential care facilities attached to nursing homes may have the nursing home nurse distribute the medications; provided, the time required to do so does not interfere with his nursing home duties.

03. Unused Medication. Unused or discontinued medications shall not accumulate at the facility for longer than thirty (30) days, unless there is reason to believe that the medication will be reordered by the attending physician within a reasonable length of time. The unused medication shall be disposed of in a manner that assures that it can not be retrieved. A written record of all disposal of drugs shall be maintained in the facility and shall include:

a. A description of the drug, including the amount;

b. The resident for whom the medication was prescribed;

c. The reason for disposal;

d. The method of disposal; and

e. Signatures of responsible facility staff and a witness, resident's family or facility nurse.

714. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY -- NURSING SERVICES.
A licensed nurse shall visit the facility at least once every month, not to exceed a forty (40) day time period to:

01. Resident Response to Medications. Conduct a nursing assessment of each resident's response to medications; and

02. Current Medication Orders. Assure that the residents' medication orders are current by verifying that the medication listed by the pharmacist on the mediset, blister pak, or medication container, to include over-the-counter-medication as appropriate, is current with physician orders; and

03. Resident Health Status. Conduct a nursing assessment, in accordance with the resident's uniform assessment and negotiated service agreement, of the health status of each resident by identifying symptoms of illness, or changes, or both in mental and physical health status; and

04. Recommendations. Make recommendations to the administrator regarding any medication needs or other health needs requiring follow up; and

05. Progress of Previous Recommendations. Conduct a nursing assessment of the progress on previous recommendations made to the administrator regarding any medication needs or other health needs that had required follow up; and

06. Self Medicator. Conduct a nursing assessment on each resident, participating in a self administration medication regime, for the resident's ability to safely continue the self administration medication regime for the next month; and

07. Medications Interactions and Usage. Conduct a review of residents' use of over-the-counter medications for side effects, interactions, abuse or a combination of these adverse effects. If side effects are
determined the nurse shall notify the residents' physician and make the appropriate counseling available to the resident; and

08. Date and Time. Document the nursing assessments with the date and time of each visit. (7-1-96)

715. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY -- MENU PLANNING.

01. Additional Menu Planning Requirements. Menus must:

a. Be reviewed, signed and dated by a dietitian, nutritionist or home economist ensuring that the menus meet the current RDAs before being implemented; (7-1-96)

b. Be reviewed at least annually thereafter to assure that changes/substitutions made to the menu were appropriate; (7-1-96)

c. Be posted where it can be easily viewed by residents; (7-1-96)

d. Be corrected to reflect substitutions that were made and snacks provided; and (7-1-96)

e. Be kept on file in the facility for three (3) months. (7-1-96)

02. Facilities With Sixteen Beds Or Less. In facilities of sixteen (16) beds or less, menus shall be planned, in writing at least three (3) weeks in advance for regular and therapeutic diets. (7-1-96)

03. More Than Sixteen Beds. Residential care facilities serving sixteen (16) or more residents shall develop and implement a cycle menu which covers a minimum of two (2) seasons and is six (6) to nine (9) weeks in length. (7-1-96)

716. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY -- FOOD SERVICE.

01. Supervision And Personnel. The administrator or a person designated by the administrator shall be responsible for the total food services and day-to-day supervision of food service staff and shall be responsible for:

a. Coordinating food services with other services; (7-1-96)

b. Developing work assignments; (7-1-96)

c. Purchasing food; and (7-1-96)

d. Orienting, training and supervising food service employees. (7-1-96)

02. Additional Duties. The person designated by the administrator shall also:

a. Perform his duties in a safe and sanitary manner; (7-1-96)

b. Plan nutritious menus for regular diet needs; (7-1-96)

c. Participate in continuing in-service education to increase knowledge and improve skills in the food service area, at a minimum of eight (8) contact hours per year; (7-1-96)

d. Post duty assignments for food service staff, in facilities having five (5) or more staff; and (7-1-96)

e. Have available in the kitchen a current diet manual approved by the licensing agency. A diet manual other than the Idaho Diet Manual shall be submitted to the licensing agency for approval. (7-1-96)
03. Food Service Personnel. There shall be sufficient numbers of food service personnel employed, and their hours shall be scheduled to meet the dietary needs of the residents. (7-1-96)

04. Policies of Nutritional Care. Residential care facilities with a licensed bed capacity of sixteen (16) or more residents shall have written policies and procedures for providing proper nutritional care of its residents whether provided by the facility or a third party. Policies shall include at least the following: (7-1-96)
   a. Job descriptions; (7-1-96)
   b. Staff responsibilities; (7-1-96)
   c. Procedures to follow if a resident refuses food; and (7-1-96)
   d. Food handling and sanitation procedures. (7-1-96)

717. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY -- FOOD SERVICE SANITATION STANDARDS.

01. UNICODE. The acquisition, preparation, including freezing, canning, storage and serving of all food and drink and the washing of dishes in a facility shall comply with Idaho Department of Health and Welfare Rules, Title 02, Chapter 19, Rules Governing Food Sanitation Standards for Food Establishments (UNICODE), February 1, 1990 is incorporated herein by reference and outlined in Section 008. (7-1-96)

02. Sanitation of Dining Utensils. All multi-use eating and dining utensils shall be subjected to one (1) of the following approved sanitization processes after each use: (7-1-96)
   a. Washing with detergent, clear water rinsing and sanitization either in water in excess of one hundred and sixty (160) degrees Fahrenheit for ten (10) seconds; or (7-1-96)
   b. Washing with detergent, clear water rinsing and sanitization in a chlorine solution of not less than fifty (50) parts per million for not less than ten (10) seconds. (7-1-96)

718. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY -- FOOD PREPARATION AND SERVICE.

01. Standardized Recipes. For facilities serving sixteen (16) or more individuals, standardized recipes shall be required. (7-1-96)

02. Standard Portion Control Guidelines. Standard portion control guidelines shall be posted in the kitchen or included on the menus. (7-1-96)

719. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY -- REQUIREMENTS FOR FIRE AND LIFE SAFETY STANDARDS.

01. Life Safety Code Requirements. Residential care facilities for the elderly shall meet the provisions of the Life Safety Code of the National Fire Protection Association, 1988 Edition, which are applicable to residential care facilities as specified below and outlined in Section 008. (7-1-96)

02. Housing of Ten (10) or More Residents. Buildings housing ten (10) or more residents or any building housing residents on stories other than the first story shall comply with the Limited Care Section of the Life Safety Code, 1988 Edition. Exception: Facilities licensed prior to July 1, 1992 may continue to comply with the Residential Custodial Care Section of the Life Safety Code, 1981 Edition as outlined in Section 008. Existing licensed facilities shall be in compliance by July 1, 1994. (7-1-96)

03. Existing Facilities Housing Nine (9) or Less Residents. Existing facilities licensed prior to July 1, 1992 and housing nine (9) or less residents on the first story only shall comply with the requirements of Chapter 21, Residential Board and Care Section of the Life Safety Code, 1988 Edition for Prompt Evacuation Capability except
that the requirement for door closures on sleeping room doors shall not apply. Facilities may elect to comply with the fire safety evaluation system for Residential Board and Care, Prompt Evacuation Capability as outlined in Chapter 6 of NFPA Manual 101M, 1988 Edition which is incorporated by reference and outlined in Section 008. (7-1-96)T

04. New Buildings. Newly constructed buildings or buildings being converted to a facility, or both, after July 1, 1992 and who house nine (9) or less residents on the first story only shall comply with the requirements of Chapter 21, Residential Board and Care Section of the Life Safety Code, 1988 Edition for Impractical Evacuation Capability. Exception: (7-1-96)T

   a. Any newly constructed building or building being converted to a facility and who house only residents classified as Level I or Level II need only comply with the requirements for Prompt Evacuation Capability as outlined in Subsection 719.03. (7-1-96)T

   b. In any newly constructed building or building being converted to a facility, the minimum water supply for residential sprinkler systems shall be equal to the water demand rate times ten (10) minutes. (7-1-96)T

   c. A facility may elect to comply with the fire safety evaluation system for Residential Board and Care, Impractical Evacuation Capability, as outlined in Chapter 6 of NFPA Manual 101M, 1988 Edition which is incorporated by reference and outlined in Section 008. (7-1-96)T

05. Fire Alarm/Smoke Detection System. An electrically supervised, manually operated fire alarm/smoke detection system shall be installed throughout each building housing residents. The system shall include a control panel, manual pull stations, smoke detectors, sounding devices, power backup and any sprinkler flow/alarm devices that may be present and must be compatible with any future sprinkler system add on. The system, including devices, their location and installation shall be approved by the licensing agency prior to installation. Buildings licensed prior to July 1, 1992 shall be given until July 1, 1995 to install the system. Exception: Facilities that comply with the requirements of Chapter 21, Residential Board and Care Section of the Life Safety Code, 1988 Edition for Impractical Evacuation Capability. (7-1-96)T

06. Corridors or Hallways. Dead-end corridors or dead-end hallways shall not exceed thirty (30) feet in length. (7-1-96)T

07. Resident Placement. Any resident requiring assistance in ambulation shall reside on the first story unless the facility complies with Subsection 719.02. (7-1-96)T

08. Fire Drills. All employees and residents shall participate in a minimum of one (1) fire drill per shift per quarter. Fire drills shall be unannounced and shall be conducted at irregular intervals during the day and night. Written documentation of each drill shall be maintained on file at the facility and shall contain at least the following: (7-1-96)T

   a. A written record describing each drill, the date and time of the drill, response of the employees and residents, problems encountered and recommendations for improvement; and (7-1-96)T

   b. The name of each employee in attendance during the drill. (7-1-96)T

720. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY -- MAINTENANCE OF EQUIPMENT AND SYSTEMS FOR FIRE AND LIFE SAFETY.

01. Fire Alarm/Smoke Detection System Professional Service/Testing. The facility's fire alarm/smoke detection system shall be inspected/tested/serviced at least annually by a person or business professionally engaged in the servicing of such systems. Results of the inspection/test shall be maintained on file. (7-1-96)T

02. Fire Alarm/Smoke Detection System Facility Service/Testing. The fire alarm/smoke detection system shall be inspected/tested at least monthly by a designated facility employee. Results of the inspection/test shall be maintained on file. (7-1-96)T

03. Automatic Fire Extinguishing System - Inspection. All automatic fire extinguishing systems shall
be inspected/tested/serviced at least annually by an appropriate contractor licensed by the Idaho State Fire Marshall's office. A report, prepared by the contractor shall be maintained on file in the facility documenting the results of the annual inspection/testing/service.

721. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY -- BUILDING CONSTRUCTION AND PHYSICAL STANDARDS FOR A FACILITY.

01. Principle of Normalization. In order to promote the basic principles of normalization and achieve acceptance of single family dwelling licensed as residential care facilities into the community, residentially-zoned neighborhoods, subdivisions, etc., the location of a facility shall be physically separate from any other residential care facility including intermediate care facilities for the mentally retarded by not less than five hundred (500) feet distance measured in a straight line, to preclude the adjacent or nearby location of two (2) or more facilities. Exception: The five hundred (500) foot distance restriction does not apply to commercially-zoned areas; i.e. "continuum of care" complexes, "life care" centers, etc. or existing licensed facilities if change of ownership should occur.

02. Dining/Recreation/Living Space. For facilities licensed after July 1, 1991, the total area set aside for these purposes shall be not less than thirty (30) square feet per resident. A hall or entry shall not be included as living or recreation space.

03. Residents Required to go Outside. Elderly residents or residents requiring the use of wheelchairs, walkers or assistance with ambulation shall not be admitted to facilities that require residents to go outside to go back and forth from the dining room/shower/bath/recreation areas.

04. Covered Cement Walks. For facilities licensed after July 1, 1991, where residents are required to leave their rooms to go to dining or recreation, covered cement walks are required.

05. Toilet and Bathrooms. Each facility shall provide:
   a. At least one (1) flush toilet for every six (6) persons, residents, or employees;
   b. At least one (1) tub or shower for every eight (8) persons, residents, or employees;
   c. At least one (1) lavatory with a mirror for each toilet; and
   d. At least one (1) toilet, tub or shower, and lavatory in each building in which residents sleep, with additional units if required by the number of persons. Residents shall not be required to go outside to get to the toilet, tub or shower, or lavatory.

06. Resident Sleeping Rooms. The facility shall assure that:
   a. Not more than four (4) residents shall be housed in any multi-bed sleeping room in facilities licensed prior to July 1, 1991. New facilities or conversions licensed after July 1, 1992 shall not have more than two (2) residents in any multi-bed sleeping room. The sale of a facility licensed prior to July 1, 1992 shall not be considered a new facility or conversion;
   b. Square footage requirements for existing facilities that have been continuously licensed since before May 9, 1977, shall provide sleeping rooms which allow for not less than seventy-five (75) square feet of floor space per resident in a single bed sleeping room and not less than sixty (60) square feet of floor space per resident in a multi-bed sleeping room with a minimum of three (3) feet between beds;
   c. A room with a window that opens into an exterior window well shall not be used for a resident sleeping room; and

07. Dietary Standards. The facility shall assure that:
   a. Newly constructed facilities, admitting or planning to admit ten (10) or more residents, shall submit
professionally prepared drawings or plans of the kitchen for review prior to construction; and

b. Carpeting is prohibited in the food preparation area, and where existing, shall be replaced with an easily cleanable surface when worn out or becomes heavily soiled.

722. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY -- NEW CONSTRUCTION, ADDITIONS ALTERATIONS.

01. Requirements. In addition to the requirements set forth in Section 525, new construction, additions and remodeling or alterations other than minor repairs shall comply with the following:

02. Site. See Section 526 as it relates to the requirements of a building site;

03. Construction. Facilities whose construction commences after July 1, 1991 or buildings being converted to a facility after July 1, 1991 shall conform to the requirements of the Life Safety Code, 1988 Edition, Chapter 12, for a Limited Care Facility. However, buildings of nine (9) beds or less where all sleeping rooms are located on the first story, shall comply with the requirements of the Life Safety Code, 1988 Edition, Chapter 21, Residential Board and Care which is incorporated by reference and is outlined in Section 008. See Subsection 600.01;

04. Plans and Specifications. Plans and specifications on any new facility or any addition/remodeling are governed by the following:

a. Plans shall be prepared by an architect or engineer licensed in the state of Idaho. A variance of this requirement may be granted by the licensing agency when the size of the project does not necessitate involvement of an architect or engineer;

b. Prior to commencing work, plans and specifications shall be submitted to, and approved by, the licensing agency to assure compliance with applicable construction standards, codes, and regulations;

c. Preliminary plans, to be submitted, shall include the assignment of all spaces, size of areas and rooms;

d. Preliminary plans, to be submitted, shall include drawings of each floor including, but not limited to, the basement, approach or site plan, roads, parking areas and sidewalks;

e. Preliminary plans, to be submitted, shall include outline specifications describing the general construction, including interior finishes, acoustical material, heating, electrical and ventilation systems;

f. Preliminary plans, to be submitted, shall be drawn to scale of sufficient size to clearly present the proposed design, but not less than a scale of one-eighth (1/8) inch to the foot;

g. Working drawings shall be developed in close cooperation and with approval of the licensing agency and other appropriate agencies prior to construction;

h. Working drawings shall be of accurate dimensions and shall include all necessary explanatory notes, schedules and legends. The drawings shall be stamped/signed by the architect or engineer; and

i. Working drawings shall be complete and adequate for contract purposes.

05. Inspections. Prior to occupancy, the building shall be inspected and approved by the licensing agency. The agency shall be given at least three (3) weeks notice prior to completion in order to schedule a final inspection; and

06. Coordination of Code. Construction shall meet all local and state codes applicable to a facility. In the event of a conflict in requirements between codes, the most restrictive shall apply.
RESIDENTIAL CARE FACILITIES FOR THE ELDERLY -- SPECIALIZED CARE UNITS/FACILITIES FOR ALZHEIMERS/DEMENTIA RESIDENTS.

The facility/unit caring for Alzheimers/Dementia residents shall meet the requirements of Rules For Residential Care Facilities For The Elderly In Idaho, Section 700 through Subsection 722.06.

01. Type of Facility Required to Meet Specialized Requirements. All facilities, who have a Level III resident with a diagnosis of Alzheimers or an equivalent dementing illness shall meet the requirements for the Specialized Care Units/Facilities For Alzheimers/Dementia Residents, Section 750.

02. Policy. Specialized residential care units/facilities for the elderly are specifically designed, dedicated, and operated to provide the elderly individual with chronic confusion, or dementing illness, or both, with the maximum potential to reside in an unrestrictive environment through the provision of a supervised life-style which is safe, secure, structured but flexible, stress free, and encourages physical activity through a well developed activity and recreational program. The program constantly strives to enable residents to maintain the highest practicable physical, mental or psychosocial well-being.

03. Services. Habilitation services, activity program, and behavior management shall be provided to meet the needs of the resident according to their individualized negotiated service agreement.

04. Additional Licensure Requirements. A synopsis of the program of care to be offered by the special care unit/facility for the elderly shall be submitted to the Department for approval before a Specialized Residential Care Facility For The Elderly License is issued. The synopsis shall include, but not be limited to:

a. A description of the population to be served;

b. A statement of philosophy, objectives, and beliefs upon which decisions will be made regarding the special care unit/facility and the expected results;

c. A description of the admission and discharge criteria;

d. A copy of the floor plan;

e. Policies and procedures developed for the specialized unit/facility;

f. A proposed staffing pattern;

g. A plan for specialized staff training; and

h. A description of programs for activities and social services.

05. Staff Orientation. Each specialized residential care facility for the elderly offering specialized care units/facilities for Alzheimers/Dementia residents shall develop an orientation training program, for staff providing care and supervision to these residents, to include, but not be limited to, the following:

a. Alzheimers and Dementia;

b. Symptoms and behaviors of memory impaired people;

c. Communication with memory impaired people;

d. The resident's adjustment to residency in the special care unit/facility;

e. Inappropriate and problem behavior of special care unit/facility residents and appropriate staff interventions.
f. Activities of daily living for special care unit/facility residents; and

(7-1-96)T

g. Stress reduction for special care unit/facility staff and resident.

(7-1-96)T

06. Orientation Training. Staff shall have at least six (6) additional hours of orientation training prior to service to include, but not be limited to Section 707.

(7-1-96)T

07. Continuing Training. Four (4) hours of the required sixteen (16) hours per year of continuing training shall be in the provision of services to resident's with Alzheimer's disease or dementia disorders.

(7-1-96)T

08. Admission Policy. Each residential care facility for the elderly offering special care units/facilities for Alzheimers/Dementias shall develop and implement a written admission policy governing the acceptance of individuals into the unit/facility. The written policy shall include, but not be limited to the following:

(7-1-96)T

a. All residents shall be evaluated by the their primary physician for the resident's appropriateness for placement into the unlocked special care unit/facility prior to admission. The facility shall obtain a written statement from the physician stating that the resident is appropriate for admission prior to the resident's admission;

(7-1-96)T

b. Clients of the Department shall also have an assessment from the Department, for the resident's appropriateness for placement into the unlocked special care unit/facility prior to admission. The facility shall obtain from the Department a written statement that the resident is appropriate for admission prior to the resident's admission;

(7-1-96)T

c. The facility shall not admit any resident without a written statement from the resident's primary physician for non clients of the Department and from the Department for clients of the Department that the resident's degree/stage of confusion/dementia is appropriate for the level of services that the facility is licensed to provide;

(7-1-96)T

d. No resident shall be admitted that requires physical restraints, chemical restraints which is defined as a psychopharmacological drug that is used for discipline for convenience and not required to treat medical symptoms, locked doors, and locked gates to ensure his safety;

(7-1-96)T

e. Residents shall be at a stage of their disease such that only periodic professional observation and evaluation are required; and

(7-1-96)T

f. The facility administrator/staff shall report to the resident's attending physician for non clients of the Department and to the Department for Department clients any sudden or significant change in orientation and behavior, especially wandering, which may indicate the need for a more secure environment. The resident shall be re-evaluated by their primary physician for non clients of the Department and by the Department for Department clients for progression of the resident's dementia requiring transfer to a facility with greater supervision and security.

(7-1-96)T

09. Medications.

(7-1-96)T

a. Psychotropic/behavioral modifying medication intervention shall be used as a last recourse only and at the lowest possible dosage. Prior to the facility obtaining physician orders for psychotropic/behavioral modifying medication the facility shall implement a less restrictive systematic non medication, behavioral management, approach to assist the resident to control his inappropriate behavior.

(7-1-96)T

b. The facility shall ensure that physician orders for psychotropic/behavioral modifying medications are ordered for a specific condition as diagnosed and documented in the medical record, at the lowest possible dosage and for a duration not to exceed a six (6) month period. At the end of the six (6) month period, the need for the medication and the current dosage shall be reassessed by the resident's physician for possible dose reduction and discontinuation of the medication. The facility shall have written documentation, signed and dated by the physician regarding his reassessment and determinations, in the resident's medical record.

(7-1-96)T

10. Behavioral Management. The resident with inappropriate behaviors shall be evaluated with
appropriate documentation for each incident of inappropriate behavior to determine the following:

a. Baseline to determine the intensity, duration, and frequency of the inappropriate behavior; (7-1-96)
b. Study of antecedent behaviors and activities; (7-1-96)
c. Identification of recent changes or additional risk factors in the resident's life; (7-1-96)
d. Environment factors such as time of day, staff members involved, noise, levels; (7-1-96)
e. Medical status; (7-1-96)
f. Staffing patterns at times of inappropriate behavior; (7-1-96)
g. Alternative, structured activities or behaviors that have been successful or unsuccessful for the resident in the past; and (7-1-96)
h. Effectiveness of behavioral management approaches. (7-1-96)

11. Safety. (7-1-96)
   a. The unit/facility shall have available an outside area or yard that assures the safety of the residents. Areas are to be fenced/walled, gates are not to be locked, plants are to be non toxic for human contact and consumption and adequate staff will be present. (7-1-96)
   b. Procedures shall be written and implemented outlining the steps to be taken by staff when a resident is discovered to be missing from the unit/facility. (7-1-96)
   c. Procedures shall be written and implemented outlining precautions to be taken when hazardous cleaning materials or potentially dangerous mechanical equipment is being used in the unit/facility. (7-1-96)
   d. Procedures shall be written and implemented outlining the steps to be taken by staff when a resident's behavior becomes uncontrollable. (7-1-96)

751. -- 774. (RESERVED).

775. RESIDENTIAL CARE FACILITIES FOR THE ELDERLY -- HOURLY ADULT CARE.

01. Policies. Policies governing the acceptance of individuals to the hourly adult care program shall be developed and implemented and shall provide at least the following: (7-1-96)
   a. Types of individuals who may not be accepted; (7-1-96)
   b. Health and other pertinent information regarding the individual's needs; (7-1-96)
   c. Emergency telephone numbers for contact with family members or physician and other identification information; and (7-1-96)
   d. Written policies shall be available to participants, families and general public. (7-1-96)

02. Hourly Adult Care Operation. Policies shall be developed and implemented governing the operation of the hourly adult care program and shall include at least the following: (7-1-96)
   a. Time periods of program not to exceed fourteen (14) consecutive hours in a twenty-four (24) hour period; (7-1-96)
b. Cost of program to resident; (7-1-96)

c. A description of services offered, including, but not limited to meals, activities, transportation services, if offered, and supervision; and (7-1-96)

d. Records required. (7-1-96)

03. Medications. (7-1-96)

a. The facility shall not admit residents to the hourly adult care program who cannot administer their own medications. See Subsection 010.73; (7-1-96)

b. Each hourly adult care resident shall be responsible for bringing his own supply of medications for the stay; and (7-1-96)

c. The facility shall be responsible for the safeguarding of the hourly adult care resident's medications while he is at the facility. (7-1-96)

04. Records. (7-1-96)

a. The facility shall maintain a record for each hourly adult care resident which includes at least admission identification information including responsible party and physician; (7-1-96)

b. The facility shall maintain a record for each hourly adult care resident which includes at least pertinent health and social information relevant to the supervision of the resident; and (7-1-96)

c. A log of hourly adult care participants shall be maintained for at least the previous year. (7-1-96)

05. Restrictions. (7-1-96)

a. Hourly adult care services may be provided to such number of individuals that the facility can handle without interference with the normal activities of the residential care facility; (7-1-96)

b. Provision of time appropriate accommodations shall be made available for the participant, to include, but not be limited to, napping furniture for day time hours, 6:00 am through 10:00 pm, such as lounge chairs, recliners, and couches; (7-1-96)

c. The facility shall have the ability to space napping furniture at least three (3) feet apart if needed or requested; (7-1-96)

d. Beds and bedrooms shall be available for the sleeping hours, 10:00 pm through 6:00 am; (7-1-96)

e. Beds, and bedrooms of residential care residents shall not be utilized; and (7-1-96)

f. No individual shall be admitted to the hourly adult care program who requires skilled nursing or intermediate care or for whom the facility cannot adequately provide services and supervision. (7-1-96)

776. -- 799. (RESERVED).

800. ADULT FOSTER CARE HOMES FOR INDIVIDUALS WITH A MENTAL ILLNESS, DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY.

01. Requirements. The adult foster care home for individuals with mental illness, developmental disability, or physical disability or a combination of resident types shall meet the requirements of Rules For Residential Care Facilities In Idaho, Section 000 through Subsection 550.07 as they apply to certified homes. (7-1-96)
02. Policy. Adult foster care homes in Idaho provide a residential alternative designed to allow individuals to remain in a more normal family style living arrangement, usually within their own communities. Families who provide adult foster care share their homes with adults who need assistance in daily living. Persons who live in adult foster care homes are those who are unable to live alone and whose mental, emotional, developmental, and physical conditions are such that the care given by the foster care provider shall meet the person's needs. Individuals requiring nursing home care or who are unable to self-administer their own medication are not suitable for adult foster care. The adult foster care program seeks to provide community-based living and is an essential element to bridge the gap from total independent living to more restrictive levels of care.

801. ADULT FOSTER CARE HOMES FOR INDIVIDUALS WITH A MENTAL ILLNESS, DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY. ADDITIONAL APPLICATION GUIDELINES.

01. Age Restrictions. The adult foster care home sponsor shall be at least eighteen (18) years of age.

02. Criminal Record Clearance. All adult, eighteen (18) years of age or older, foster home family members living in the home shall complete a criminal record clearance as provided in Idaho Department of Health and Welfare Rules Title 05, Chapter 06, Rules Governing Mandatory Criminal History Checks. If they are unable to obtain an acceptable criminal record clearance, the certifying agency shall deny the application.

03. Number of Providers Per Home. An adult foster care provider may be a couple or a single individual.

04. Health Status. The health status of the adult foster care family and the resident shall be considered in evaluating the appropriateness of a placement.

05. Role of Relatives in the Provision of Care. Relatives other than natural or adoptive parents or children of the resident may provide adult foster care.

06. Number of Residents. Homes shall not be certified for more than two (2) adults, except those meeting the qualifications for 1501 homes.

07. Placement to Meet the Needs of the Resident. The number, age, and sex of children or other adults in the home shall be taken into account in evaluating the appropriateness of a placement for meeting the needs of an adult.

08. Service Agreement. The adult foster home shall enter into a signed service plan with the Department, which shall outline specific responsibilities of the applicant and the Department for clients of the Department.

09. Provider Orientation. The certifying agency shall assure that all adult foster care providers have the opportunity to receive eight (8) hours of orientation training in the following areas:

   a. Training in residents' rights;

   b. Training in a basic understanding of the psychosocial and physical needs of the residents;

   c. Training in developmentally disabled, mentally ill, and elderly care commensurate with the category of residents admitted;

   d. Training in appropriate methods of supervision;

   e. A review of the specific services that the resident shall require; and

   f. Certification for first aid training including Cardio- Pulmonary Resuscitation (CPR) shall be
required prior to accepting residents. Certification shall be kept current. (7-1-96)

10. Certification Study. Following receipt of an acceptable application and other required signed documents, the certifying agency shall initiate a certification study. The study shall include a complete review of all material submitted. The certification study, along with the application and other required material, shall serve as the basis upon which an approval certificate is issued or denied. The certifying agency shall schedule an on-site interview with the proposed adult foster care provider and the provider's family to review the certification study, verify that the home meets environmental sanitation, fire and life safety, physical home standards, and to determine the following:

   a. That the adult foster care family is physically and emotionally capable of fostering wholesome relationships within the home and to assure a family-like atmosphere for residents. A medical or psychological examination may be required if indicated by the Department; and

   b. That the home is in compliance with these rules. (7-1-96)

802. ADULT FOSTER CARE HOMES FOR INDIVIDUALS WITH MENTAL ILLNESS, DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY -- EXPIRATION AND RENEWAL OF CERTIFICATES.

01. Application for a Certificate. The application for renewal of a certificate shall be submitted on a form prescribed by the certifying agency. The completed application shall be returned to the certifying agency at least thirty (30) days prior to the expiration of the existing certificate. (7-1-96)

02. Existing Certificate. The existing certificate, unless suspended or revoked, shall remain in force and effect until the Department has acted upon the application renewal when such application for renewal is timely filed. (7-1-96)

803. ADULT FOSTER CARE HOMES FOR INDIVIDUALS WITH MENTAL ILLNESS, DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY -- ANNUAL AGREEMENT.

01. Annual Written Agreement. Homes desiring to accept clients of the Department shall negotiate a written agreement annually with the Department. (7-1-96)

02. Agreement Requirements. The purpose of the agreement shall be to ensure that the clients receive services and treatment necessary to maintain them at the highest level of independence. The agreement is to establish a basis for coordination and communication between the homes and the Department's regional programs. The agreement shall, in itself or by reference to the resident's negotiated service agreement, clearly define the Department's roles and provider roles in meeting the needs and providing care to Department clients. The agreement shall include at least the following:

   a. Services, consultation and approved training to be provided by the Department to adult foster care providers;

   b. The person responsible for obtaining resident data base information;

   c. How coordination of services for residents shall be accomplished;

   d. Identification of Department staff liaisons for services to adult foster care residents;

   e. Provision for handling emergency and crisis situations or both pertaining to adult foster care;

   f. Procedures to be used in medical emergencies;

   g. The person responsible for transportation to sheltered workshops and Department service programs.
h. The person responsible for financial or medical assistance applications and reporting of changes in resources;  

i. Conditions for renewal or termination of the agreement;  

j. A paragraph to comply with civil rights requirements; and  
k. Signatures of responsible Department personnel and the adult foster care home sponsor.

804. ADULT FOSTER CARE HOMES FOR INDIVIDUALS WITH MENTAL ILLNESS, DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY -- INSPECTIONS.

Adult foster care home inspections and investigations shall be conducted as deemed necessary by the certifying agency but at intervals not to exceed six (6) months.

805. ADULT FOSTER CARE HOMES FOR INDIVIDUALS WITH MENTAL ILLNESS, DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY -- SPONSOR.

01. Age Restrictions. The sponsor shall be at least eighteen (18) years of age. 

02. Physical and Emotional Status. The sponsor and his family shall be physically and emotional capable of fostering wholesome relationships within the home to assure a family-like atmosphere for residents. 

03. Good Judgement. The sponsor shall be capable of exercising good judgement in caring for dependent adults.

806. ADULT FOSTER CARE HOMES FOR INDIVIDUALS WITH MENTAL ILLNESS, DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY -- PROVIDER ORIENTATION TRAINING.

Provider Orientation. The certifying agency shall assure that all adult foster care providers receive eight (8) hours of orientation training in the following areas:

01. Resident Rights. Training in residents' rights. 

02. Resident Needs. Training in a basic understanding of the psychosocial and physical needs of the residents; 

03. Category of Residents. Training in developmentally disabled, mentally ill, and elderly care commensurate with the category of residents admitted; 

04. Appropriate Supervision. Training in appropriate methods of supervision; 

05. Resident Services. A review of the specific services that the resident shall require; 

06. First Aid and CPR. Certification in first aid training and CPR, Cardio-Pulmonary Resuscitation, to include training about bleeding and seizure control, and the care for abrasions, scratches, cuts, and insect bites; 

07. Assistance with Medications. Assisting residents with medications; 

08. Emergency. Emergency procedures; 

09. Disaster. Disaster preparedness; 

10. Fire Safety. Fire safety, fire extinguisher and smoke alarms;
11. Complaints and Surveys. Complaint investigations and survey procedures; (7-1-96)T
12. Housekeeping and Sanitation. Housekeeping and proper sanitation procedures; and (7-1-96)T
13. Other Topics. Other topics as identified by the sponsors. (7-1-96)T

807. ADULT FOSTER CARE HOMES FOR INDIVIDUALS WITH MENTAL ILLNESS, DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY -- PROVIDER CONTINUING TRAINING.
The Department shall assure that all home providers receive a minimum of eight (8) hours per year of ongoing training in the provision of supervision, services, and care, to include but not be limited to the orientation training program as required in Section 806 of this Chapter. (7-1-96)T

808. ADULT FOSTER CARE HOMES FOR INDIVIDUALS WITH MENTAL ILLNESS, DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY -- FIRE AND LIFE SAFETY STANDARDS FOR HOMES.

01. Smoke Detection. Electrically interconnected smoke detectors shall be installed throughout the home. The detectors shall be such that if one activates they all sound. The location and number of detectors shall be determined by the certifying agency. (7-1-96)T

02. Door Openings. No door in the path of travel to an exit and no exit door shall be less than twenty-eight (28) inches wide. (7-1-96)T

03. Bathroom Doors. Every bathroom door shall be designed to permit the opening of the locked door from the outside in case of an emergency. (7-1-96)T

04. Fire Drills. Fire drills shall be conducted at least monthly. Drills shall be held at irregular times during the day and night. A record of each drill including resident response shall be maintained on file. (7-1-96)T

809. ADULT FOSTER CARE HOMES FOR INDIVIDUALS WITH MENTAL ILLNESS, DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY -- MAINTENANCE OF EQUIPMENT AND SYSTEMS FOR FIRE AND LIFE SAFETY.
Smoke detectors shall be tested at least monthly by a designated employee and a written record of the test results maintained on file. (7-1-96)T

810. ADULT FOSTER CARE HOMES FOR INDIVIDUALS WITH MENTAL ILLNESS, DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY -- REQUIREMENTS FOR EXISTING BUILDINGS TO BE CONVERTED TO AN ADULT FOSTER CARE HOME.
Use Of Mobile Homes Or Manufactured Homes. Mobile homes or manufactured homes approved for use as a home prior to July 1, 1991, may continue to be certified when evaluated on a case-by-case basis for fire and life safety issues. (7-1-96)T

811. ADULT FOSTER CARE HOMES FOR INDIVIDUALS WITH MENTAL ILLNESS, DEVELOPMENTAL DISABILITY, OR PHYSICAL DISABILITY -- BUILDING CONSTRUCTION AND PHYSICAL STANDARDS FOR A HOME.

01. Building. The home shall not be in a building intended for other than residential use and shall be suitable for use as a home. (7-1-96)T

02. Toilet and Bathroom. The home shall have at least one (1) flush toilet, one (1) tub or shower, and one (1) sink with a mirror accessible to residents. (7-1-96)T

03. Resident Sleeping Rooms in Basements. If resident sleeping rooms are in basements, the following shall apply:
   a. The sleeping room window shall not open into a window well that can not be exited and does not
provide an adequate view;

b. The floors, ceilings, and walls of the basement must be finished to the standard of the rest of the home; and

c. The resident must be capable of evacuating from the basement without assistance.

812. -- 849. (RESERVED).

850. ADULT FOSTER CARE HOMES FOR THE ELDERLY.

01. Requirements. The adult foster care home for the elderly shall meet the requirements of Rules For Residential Care Facilities In Idaho, Sections 000 through Subsection 550.07 as they apply to certified homes.

02. Policy. Adult foster care homes in Idaho provide a residential alternative designed to allow individuals to remain in a more normal family style living arrangement, usually within their own communities. Families who provide adult foster care share their homes with adults who need assistance in daily living. Individuals who live in adult foster care homes are those who are unable to live alone and whose mental, emotional, developmental, and physical conditions are such that the care given by the foster care provider shall meet the person’s needs. Individuals requiring nursing home care or who are unable to self-administer their own medication are not suitable for adult foster care. The adult foster care program seeks to provide community-based living and is an essential element to bridge the gap from total independent living to more restrictive levels of care.

851. ADULT FOSTER CARE HOMES FOR THE ELDERLY -- ADDITIONAL APPLICATION GUIDELINES.

01. Age Restrictions. The adult foster care home sponsor shall be at least eighteen (18) years of age.

02. Criminal Record Clearance. All adult, eighteen (18) years of age or older, foster home family members living in the home shall complete a criminal record clearance as provided in Idaho Department of Health and Welfare Rules Title 05, Chapter 06, Rules Governing Mandatory Criminal History Checks. If they are unable to obtain an acceptable criminal record clearance, the certifying agency shall deny the application.

03. Number of Providers per Home. An adult foster care provider may be a couple or a single individual.

04. Health Status. The health status of the adult foster care family and the resident shall be considered in evaluating the appropriateness of a placement.

05. Role of Relatives in the Provision of Care. Relatives other than natural or adoptive parents or children of the resident may provide adult foster care.

06. Number of Residents. Homes shall not be certified for more than two (2) adults, except those meeting the qualifications for 1501 homes.

07. Placement to Meet the Needs of the Resident. The number, age, and sex of children or other adults in the home shall be taken into account in evaluating the appropriateness of a placement for meeting the needs of an adult.

08. Service Agreement. The adult foster home shall enter into a signed service plan with the Department, which shall outline specific responsibilities of the applicant and the Department for clients of the Department.

09. Provider Orientation. The certifying agency shall assure that all adult foster care providers have the opportunity to receive eight (8) hours of orientation training in the following areas:
a. Training in residents' rights; (7-1-96)

b. Training in a basic understanding of the psychosocial and physical needs of the residents; (7-1-96)

c. Training in developmentally disabled, mentally ill, and elderly care commensurate with the category of residents admitted; (7-1-96)

d. Training in appropriate methods of supervision; (7-1-96)

e. A review of the specific services that the resident shall require; and (7-1-96)

f. Certification in first aid training including Cardio- Pulmonary Resuscitation (CPR) shall be required initially prior to accepting residents. These certifications shall be kept current. (7-1-96)

10. Certification Study. Following receipt of an acceptable application and other required signed documents, the certifying agency shall initiate a certification study. The study shall include a complete review of all material submitted. The certification study, along with the application and other required material, shall serve as the basis upon which an approval certificate is issued or denied. The certifying agency shall schedule an on-site interview with the proposed adult foster care provider and the provider's family to review the certification study, verify that the home meets environmental sanitation, fire and life safety, physical home standards, and to determine the following:

a. That the adult foster care family is physically and emotionally capable of fostering wholesome relationships within the home and to assure a family-like atmosphere for residents. A medical or psychological examination may be required if indicated by the Department; and (7-1-96)

b. That the home is in compliance with these rules. (7-1-96)

852. ADULT FOSTER CARE HOMES FOR THE ELDERLY -- EXPIRATION AND RENEWAL OF CERTIFICATES.

01. Application for a Certificate. The application for renewal of a certificate shall be submitted on a form prescribed by the certifying agency. The completed application shall be returned to the certifying agency at least thirty (30) days prior to the expiration of the existing certificate. (7-1-96)

02. Existing Certificate. The existing certificate, unless suspended or revoked, shall remain in force and effect until the Department has acted upon the application renewal when such application for renewal is timely filed. (7-1-96)

853. ADULT FOSTER CARE HOMES FOR THE ELDERLY -- ANNUAL AGREEMENT.

01. Annual Written Agreement. Homes desiring to accept clients of the Department shall negotiate a written agreement annually with the Department. (7-1-96)

02. Agreement Requirements. The purpose of the agreement shall be to ensure that the clients receive services and treatment necessary to maintain them at the highest level of independence. The agreement is to establish a basis for coordination and communication between the homes and the Department's regional programs. The agreement shall, in itself or by reference to the resident's negotiated service agreement, clearly define the Department's roles and provider roles in meeting the needs and providing care to Department clients. The agreement shall include at least the following:

a. Services, consultation and approved training to be provided by the Department to adult foster care providers; (7-1-96)

b. The person responsible for obtaining resident data base information; (7-1-96)
c. How coordination of services for residents shall be accomplished; (7-1-96)T

d. Identification of Department staff liaisons for services to adult foster care residents; (7-1-96)T

e. Provision for handling emergency and crisis situations or both pertaining to adult foster care; (7-1-96)T

f. Procedures to be used in medical emergencies; (7-1-96)T

g. The person responsible for transportation to sheltered workshops and Department service programs; (7-1-96)T

h. The person responsible for financial or medical assistance applications and reporting of changes in resources; (7-1-96)T

i. Conditions for renewal or termination of the agreement; (7-1-96)T

j. A paragraph to comply with civil rights requirements; and (7-1-96)T

k. Signatures of responsible Department personnel and the adult foster care home sponsor. (7-1-96)T

854. ADULT FOSTER CARE HOMES FOR THE ELDERLY -- INSPECTIONS.
Adult foster care home inspections and investigations shall be conducted as deemed necessary by the certifying agency but at intervals not to exceed six (6) months. (7-1-96)T

855. ADULT FOSTER CARE HOMES FOR THE ELDERLY -- SPONSOR.

01. Age Restrictions. The sponsor shall be at least eighteen (18) years of age. (7-1-96)T

02. Physical and Emotional Status. The sponsor and his family shall be physically and emotionally capable of fostering wholesome relationships within the home to assure a family-like atmosphere for residents. (7-1-96)T

03. Good Judgement. The sponsor shall be capable of exercising good judgement in caring for dependent adults. (7-1-96)T

856. ADULT FOSTER CARE HOMES FOR THE ELDERLY -- PROVIDER ORIENTATION TRAINING.
Provider Orientation. The certifying agency shall assure that all adult foster care providers receive eight (8) hours of orientation training in the following areas: (7-1-96)T

01. Resident Rights. Training in residents' rights. (7-1-96)T

02. Resident Needs. Training in a basic understanding of the psychosocial and physical needs of the residents; (7-1-96)T

03. Category of Residents. Training in developmentally disabled, mentally ill, and elderly care commensurate with the category of residents admitted; (7-1-96)T

04. Appropriate Supervision. Training in appropriate methods of supervision; (7-1-96)T

05. Resident Services. A review of the specific services that the resident shall require; (7-1-96)T

06. First Aid and CPR. Certification in first aid training and CPR, Cardio-Pulmonary Resuscitation, to include training about bleeding and seizure control, and the care for abrasions, scratches, cuts, and insect bites; (7-1-96)T
07. Assistance with Medications. Assisting residents with medications; (7-1-96)T
08. Emergency. Emergency procedures; (7-1-96)T
09. Disaster. Disaster preparedness; (7-1-96)T
10. Fire Safety. Fire safety, fire extinguisher and smoke alarms; (7-1-96)T
11. Complaints and Surveys. Complaint investigations and survey procedures; (7-1-96)T
12. Housekeeping and Sanitation. House keeping and proper sanitation procedures; and (7-1-96)T
13. Other Topics. Other topics as identified by the sponsors. (7-1-96)T

857. ADULT FOSTER CARE HOMES FOR THE ELDERLY -- PROVIDER CONTINUING TRAINING.
The Department shall assure that all home providers receive a minimum of eight (8) hours per year of ongoing training in the provision of supervision, services, and care, to include but not be limited to the orientation training program as required in Section 856 of this Chapter. (7-1-96)T

858. ADULT FOSTER CARE HOMES FOR THE ELDERLY -- FIRE AND LIFE SAFETY STANDARDS FOR HOMES.

01. Smoke Detection. Electrically interconnected smoke detectors shall be installed throughout the home. The detectors shall be such that if one activates they all sound. The location and number of detectors shall be determined by the certifying agency. (7-1-96)T
02. Door Openings. No door in the path of travel to an exit and no exit door shall be less than twenty-eight (28) inches wide. (7-1-96)T
03. Bathroom Doors. Every bathroom door shall be designed to permit the opening of the locked door from the outside in case of an emergency. (7-1-96)T
04. Fire Drills. Fire drills shall be conducted at least monthly. Drills shall be held at irregular times during the day and night. A record of each drill including resident response shall be maintained on file. (7-1-96)T

859. ADULT FOSTER CARE HOMES FOR THE ELDERLY -- MAINTENANCE OF EQUIPMENT AND SYSTEMS FOR FIRE AND LIFE SAFETY.
Smoke detectors shall be tested at least monthly by a designated employee and a written record of the test results maintained on file. (7-1-96)T

860. ADULT FOSTER CARE HOMES FOR THE ELDERLY -- REQUIREMENTS FOR EXISTING BUILDINGS TO BE CONVERTED TO AN ADULT FOSTER CARE HOME.
Use Of Mobile Homes Or Manufactured Homes. Mobile homes or manufactured homes approved for use as a home prior to July 1, 1991, may continue to be certified when evaluated on a case-by-case basis for fire and life safety issues. (7-1-96)T

861. ADULT FOSTER CARE HOMES FOR THE ELDERLY -- BUILDING CONSTRUCTION AND PHYSICAL STANDARDS FOR A HOME.

01. Building. The home shall not be in a building intended for other than residential use and shall be suitable for use as a home. (7-1-96)T
02. Toilet and Bathroom. The home shall have at least one (1) flush toilet, one (1) tub or shower, and one (1) sink with a mirror accessible to residents. (7-1-96)T
03. Resident Sleeping Rooms in Basements. If resident sleeping rooms are in basements, the following
shall apply:

a. The sleeping room window shall not open into a window well that cannot be exited and does not
provide an adequate view;

b. The floors, ceilings, and walls of the basement must be finished to the standard of the rest of the
home; and

c. The resident must be capable of evacuating from the basement without assistance.

862. -- 874. (RESERVED).

875. PERSONAL CARE SERVICE HOMES.

01. Policy. Personal care service homes are to help maintain eligible Medicaid recipients in their own
homes in order to provide for the greatest degree of independence possible. These services are an integral component
of the long-term care service delivery system and they are to be designed to provide a range of services for persons
who are elderly and for persons with disabilities. These services are to help individuals compensate for functional
limitations and are to be delivered over a sustained period of time to persons who lost or never acquired some degree
of functional capacity. Personal care services will be viewed as services which enhance the quality of life, individual
choice, independence and community integration. Community centered, in-home, medically related services shall be
provided, for as long as possible, that will maintain the privacy, and dignity of the individual in the least restrictive
setting. The family of the recipient, if available, and the recipient shall be involved in the development of the
negotiated service agreement to insure the agreement will enhance the existing base of support provided by the
family.

02. Services. Case management, habilitation/rehabilitation services, personal care services, medically
related services, and nursing supervision shall be provided to meet the needs of the recipient according to their
individualized negotiated service agreement.

03. Minimum Requirements. At a minimum, personal care service homes shall meet the requirements
for adult foster care homes as set forth in this Chapter.

876. -- 899. (RESERVED).

900. LICENSED FACILITIES/CERTIFIED HOMES -- IMPOSITION OF ENFORCEMENT
REMEDIES.

01. Recommendation Of Remedy. In determining which remedy to recommend, the state survey
agency shall consider the facility's/home's compliance history, change of ownership, the number of deficiencies,
scope and severity of the deficiencies. Subject to these considerations, the Department may impose any of the
remedies described in Subsections 150.01.a through 150.01.g.

02. Immediate Jeopardy. If the state survey agency finds that the facility's/home's deficiency or
deficiencies immediately jeopardize the health or safety of its residents, the Department shall:

a. Appoint temporary management and impose one (1) or more of the remaining remedies specified in
Subsections 150.01.a through 150.01.g; and

b. Summarily suspend the facility's license/home's certification.

03. No Immediate Jeopardy. If the state survey agency finds that the facility's/home's deficiency or
deficiencies do not immediately jeopardize resident health or safety, the Department may impose one (1) or more of
the remedies specified in Subsection 150.01.a. through 150.01.g. and 150.01.f. and 150.01.g.;

04. Repeated Noncompliance. If the state survey agency makes a determination of repeated
noncompliance with respect to a facility/home, the state survey agency may impose any of the remedies listed in
Subsections 150.01.a. through 150.01.g. The state survey agency shall monitor the facility/home on-site on and as needed basis, until the facility/home has demonstrated to the state survey agency's satisfaction that it is in compliance with all program requirements governing facilities/homes and that it will remain in compliance; (7-1-96)T

05. Failure To Comply. If a facility/home has not complied with any program requirement within three (3) months of the date the facility/home is found to have been out of compliance with such requirement, or as stated in the facility's/home's accepted plan of correction and the Department has verified, via on-site resurveys, that the facility/home has made little or no progress in correcting deficiencies then the Department shall institute a revocation action against the facility/home. (7-1-96)T

901. -- 924. (RESERVED).

925. LICENSED FACILITIES/CERTIFIED HOMES -- ENFORCEMENT REMEDY OF BAN ON ALL ADMISSIONS.
The licensing/certifying agency shall notify the facility/home via certified mail banning all admissions to the facility/home pending satisfactory correction of all deficiencies. Such bans to the facility/home or to any part thereof shall remain in effect until the state survey agency determines that the facility/home has achieved full compliance with all program requirements, or until a substitute remedy is imposed. (7-1-96)T

926. LICENSED FACILITIES/CERTIFIED HOMES -- ENFORCEMENT REMEDY OF BAN ON ADMISSIONS OF RESIDENTS WITH SPECIFIC DIAGNOSIS.
The licensing/certifying agency shall notify the facility/home via certified mail banning admission of all residents with a specific diagnosis. Such bans may be imposed for all prospective residents both state and private, and shall prevent the facility/home from admitting the kinds of resident it has shown an inability to provide adequate care for. (7-1-96)T

927. LICENSED FACILITIES/CERTIFIED HOMES -- ENFORCEMENT REMEDY OF CIVIL MONETARY PENALTIES.

01. Civil Monetary Penalties. Civil monetary penalties shall be based upon one (1) or more findings of noncompliance. Actual harm to a resident or residents need not be shown. Nothing shall prevent the Department from imposing this remedy for deficiencies which existed prior to the survey or complaint investigation through which they are identified. A single act, omission or incident shall not give rise to imposition of multiple penalties, even though such act, omission or incident may violate more than one (1) rule. In such cases, the single highest class of deficiency shall be the basis for penalty. Compliance by the facility/home at a later date shall not result in the reduction of the penalty amount. The three (3) classes of deficiencies upon which civil monetary penalties shall be based are as follows: (7-1-96)T

a. Class A: A deficiency or combination of deficiencies which places one (1) or more residents at substantial risk of serious physical or mental harm; (7-1-96)T

b. Class B: A deficiency or combination of deficiencies, other than Class A deficiencies, which have a direct adverse affect on the health, safety, welfare, or rights of residents; (7-1-96)T

c. Class C: A deficiency, or combination of deficiencies other than A or B deficiencies, which indirectly over a period of thirty (30) days are likely to have an adverse affect on the health, safety, welfare, or rights of residents. (7-1-96)T

02. Amount Assessment Of Civil Monetary Penalty. When civil monetary penalties are imposed, such penalties shall be assessed for each day the facility/home is or was out of compliance. The amounts below shall be multiplied by the total number of beds according to the records of the state licensing/certifying agency at the time of the survey. Penalties shall be imposed for each class of deficiencies identified in a survey or complaint investigation. (7-1-96)T

a. Class A Initial Deficiency is five dollars ($5.00); Class A Subsequent Deficiency is seven dollars and fifty cents ($7.50); Class A Repeat Deficiency is ten dollars ($10.00). Class B Initial Deficiency is two dollars and fifty ($2.50); Class B Subsequent Deficiency is three dollars and seventy five cents ($3.75); Class B Repeat
Deficiency is five dollars ($5.00). Class C Initial Deficiency is fifty cents ($0.50); Class C Subsequent Deficiency is seventy five cents ($0.75); Class C Repeat Deficiency is one dollar and fifty cents ($1.50). (7-1-96)T

b. In any ninety (90) day period, the penalty amounts may not exceed the applicable ceiling as described immediately below. The ceiling, initial, subsequent, or repeat, shall be determined by the category which has the largest percentage of the deficiencies cited in the survey or complaint investigation; (7-1-96)T

c. Ceiling amounts for homes 0 - 4 bed size are nine hundred dollars ($900) for an Initial Deficiency; one thousand two hundred dollars ($1,200) for a Subsequent Deficiency one thousand eight hundred dollars ($1,800) for a Repeat Deficiency. For facilities from 0 - 50 bed size the ceiling amounts are two thousand dollars ($2,000) for an Initial Deficiency; three thousand dollars ($3,000) for a Subsequent Deficiency; and four thousand dollars ($4,000) for a Repeat Deficiency. For facilities from 51 - 100 bed size the ceiling amount for an Initial Deficiency is three thousand ($3,000); four thousand five hundred dollars ($4,500) for a Subsequent Deficiency; and six thousand dollars ($6,000) for a Repeat Deficiency. For facilities from 101 - 150 bed size the ceiling amount for an Initial Deficiency is four thousand dollars ($4,000); six thousand dollars ($6,000) for a Subsequent Deficiency; and eight thousand dollars ($8,000) for a Repeat Deficiency. For facilities from 151 or more bed size the ceiling amount is five thousand ($5,000) for an Initial Deficiency; seven thousand five hundred dollars ($7,500) for a Subsequent Deficiency; and ten thousand dollars ($10,000) for a Repeat Deficiency. (7-1-96)T

03. Imposing Civil Monetary Penalties. Civil monetary penalties shall be imposed as follows: (7-1-96)T

a. Upon its discovery of a deficiency, the state survey agency shall deliver to the Department, within a period, not to exceed thirty (30) calendar days, its recommendation for assessment of a penalty as a result of such deficiency; and (7-1-96)T

b. The penalty shall be assessed by the Director. (7-1-96)T

04. Notice of Civil Monetary Penalties. The Department shall give written notice to the facility/home of its imposition of any such penalty within a period not to exceed thirty (30) days of its receipt of a recommendation by the state licensing/certifying agency for the assessment of a penalty. The notice shall inform the facility/home of the amount of the penalty, the basis for its assessment and the facility's/home's appeal rights. (7-1-96)T

05. Payment Of Penalties. Within thirty (30) calendar days from the date the notice is received by the facility/home, the facility/home shall pay the full amount of the penalties unless the facility/home requests administrative review of the decision to assess the penalty or penalties. The amount of a civil monetary penalty determined through administrative review shall be paid within thirty (30) calendar days of the facility's/home's receipt of the administrative review decision unless the facility/home requests an administrative hearing. The amount of the civil monetary penalty determined through a hearing shall be paid within thirty (30) calendar days of the facility's/home's receipt of the hearing decision unless the facility/home files a petition for judicial review. Interest shall be assessed and collected on all unpaid penalties at the legal rate of interest for judgments, as set forth herein. Such assessments shall begin one (1) calendar day after: (7-1-96)T

a. The date of the initial assessment of the penalty; or (7-1-96)T

b. The date of issuance of the administrative review, administrative hearing or the final judicial review. (7-1-96)T

06. Collection Of Civil Penalties. If a facility/home fails or refuses to pay a penalty within the time required, the Department may impose other penalties or institute a revocation action against the facility/home. Nothing herein shall prohibit the Department from obtaining judicial enforcement of its right to collect penalties and interest thereon. (7-1-96)T

07. Failure To Pay. Failure of a facility/home to pay the entire penalty, together with interest, as specified in Subsection 927.05, shall result in an automatic final decision and no further administrative or judicial review or hearing shall be available to the facility/home. (7-1-96)T
08. Use Of Civil Monetary Penalties. The Department shall use civil monetary penalties’ receipts to protect the health and property of the residents including:

a. Maintenance or operation of a facility/home pending correction of deficiencies or closure; or

b. Paying costs of relocating residents; or

c. Reimbursing residents for personal funds lost which reimbursement shall not adversely affect a person’s Medicaid eligibility.

928. LICENSED FACILITIES/CERTIFIED HOMES -- ENFORCEMENT REMEDY OF TEMPORARY MANAGEMENT.

01. Need for Temporary Management. The Department shall impose the remedy of temporary management in situations where the state survey agency finds that there is a need to oversee operation of the facility/home and to assure the health and safety of the facility/home’s residents while there is an orderly transfer of residents of the facility/home to other facilities/homes or while improvements are made in order to bring the facility/home into compliance with all program requirements.

02. Recommendation for Temporary Management. Within five (5) calendar days of its completion of a survey or complaint investigation, the state licensing/certifying agency shall deliver to the Director its written recommendation for appointment of temporary management if, in the agency's judgment, such appointment is necessary. The recommendation shall provide the basis for the decision, including the assessment of the capability of the facility/home's current management to achieve and maintain compliance with all rules.

03. Appointment Of Temporary Management. The Director shall appoint temporary management.

04. Notice Of Temporary Management. The Department shall give written notice to the facility/home of its appointment of temporary management within seven (7) calendar days of its receipt of a recommendation for appointment from the state licensing/certifying agency, unless the Department determines that temporary management is not necessary. When the state licensing/certifying agency and Department have determined that the facility/home's deficiency or deficiencies immediately jeopardize the health or safety of its residents, no administrative review shall be required prior to appointment of temporary management and the provisions of Section 951 shall apply.

05. Who May Serve as Temporary Manager. The Director may appoint any person or organization which meets the following qualifications:

a. The temporary manager shall not have any pecuniary interest in or preexisting fiduciary duty to the facility/home to be managed;

b. The temporary manager must not be related, within the first degree of kinship, to the facility/home's owner, manager, administrator/sponsor or other management principal;

c. The temporary manager must possess sufficient training, expertise and experience in the operation of a facility/home as would be necessary to achieve the objectives of temporary management. If the temporary manager is to serve in a residential care facility, the manager must possess an Idaho Residential Care Administrator's license;

d. The temporary manager must not be an existing competitor of the facility/home who would gain an unfair competitive advantage by being appointed as temporary manager of the facility/home.

06. Powers And Duties Of The Temporary Manager. The temporary manager shall have the authority to direct and oversee the management, hiring and discharge of any consultant or employee, including the administrator of the facility/sponsor of the home. The temporary manager shall have the authority to direct the expenditure of the
revenues of the facility/home in a reasonable, prudent manner, to oversee the continuation of the business and the care of the residents, to oversee and direct those acts necessary to accomplish the goals of the program requirements and to direct and oversee regular accounting, and the making of periodic reports to the state survey agency. The temporary manager shall provide reports no less frequently than monthly showing the facility's/home's compliance status. Should the facility/home fail or refuse to carry out the directions of the temporary manager, the Department may, at its discretion, impose any other remedies described herein. (7-1-96)

a. The temporary manager shall observe the confidentiality of the operating policies, procedures, employment practices, financial information, and all similar business information of the facility/home, except that the temporary manager shall make reports to the state licensing/certifying agency as provided in this section; (7-1-96)

b. The temporary manager shall be liable for gross, willful or wanton negligence, intentional acts of omissions, unexplained shortfalls in the facility's/home's fund, and breaches of fiduciary duty. (7-1-96)

c. The temporary manager shall be bonded in an amount equal to the facility's/home's revenues for the month preceding the appointment of the temporary manager; (7-1-96)

d. The temporary manager shall not have authority to cause or direct the facility/home or its owner, administrator/sponsor to incur debt or to enter into any contract with a duration beyond the term of the temporary management of the facility/home; (7-1-96)

e. The temporary manager shall not have authority to incur, without the permission of the owner, administrator/sponsor or the Department, capital expenditures in excess of two thousand dollars ($2,000), unless the capital expenditures are directly related to correcting the identified deficiencies; (7-1-96)

f. The temporary manager shall not have authority to cause or direct the facility/home to encumber its assets or receivables, or the premises on which it is located, with any lien or other encumbrances; (7-1-96)

g. The temporary manager shall not have authority to cause or direct the facility/home to cancel or reduce its liability or casualty insurance coverage; (7-1-96)

h. The temporary manager shall not have authority to cause or direct the sale of the facility/home, its assets or the premises on which it is located; (7-1-96)

07. Responsibility for Payment of the Temporary Manager. All compensation and per diem costs of the temporary manager shall be paid by the facility/home. The Department shall bill the facility/home for the costs of the temporary manager after termination of temporary management. The costs of the temporary manager for any thirty (30) day period shall not exceed one-sixth (1/6) of the maximum allowable administrator/sponsor's annual salary for the largest facility/home. Within fifteen (15) calendar days of receipt of the bill, the facility/home shall pay the bill or request administrative review to contest the costs for which it was billed. (7-1-96)

08. Termination Of Temporary Management. A temporary manager may be replaced under the following conditions:

a. The Department may replace any temporary manager whose performance is deemed unsatisfactory by the Department. No formal procedure is required for such removal or replacement but written notice of any action shall be given to the facility/home, including the name of any replacement manager. (7-1-96)

b. The Department shall not terminate temporary management until it has reasonable assurances that the facility/home has management capability to ensure continued compliance with all rules; (7-1-96)

c. A facility/home subject to temporary management may petition the Department for replacement of a temporary manager whose performance it considers unsatisfactory. The petition shall include why the replacement of a temporary manager is necessary or appropriate. The Department shall respond to a petition for replacement within five (5) calendar days after receipt of said petition. (7-1-96)
929. LICENSED FACILITIES/CERTIFIED HOMES -- ENFORCEMENT REMEDY OF SUMMARY SUSPENSION AND TRANSFER OF RESIDENTS.

01. Summarily Suspend the Facility's License/Home's Certificate and Transfer Residents. The licensing/certifying agency may summarily suspend a facility's license/home's certificate and transfer residents when convinced by a preponderance of the evidence that residents' health and safety are in immediate jeopardy. See Sections 111, 929.02 and 971. (7-1-96)T

02. Emergency Powers of the Director. In the event of an emergency endangering the life or safety of a resident, the Director may summarily suspend or revoke any facility license/certificate. As soon thereafter as practicable, the Director shall provide an opportunity for a hearing. (7-1-96)T

930. LICENSED FACILITIES/CERTIFIED HOMES -- ENFORCEMENT REMEDY OF PROVISIONAL LICENSE/CERTIFICATE.

Facilities/homes found to be in substantial compliance with this chapter but failing to comply in every detail may be issued a provisional license/certificate. See Subsection 126.03.a. through 126.03.c. (7-1-96)T

931. LICENSED FACILITIES/CERTIFIED HOMES -- ENFORCEMENT REMEDY OF REVOCA TION OF LICENSE/CERTIFICATE.

01. Revoke the Facility's License/Home's Certificate. The Department may institute a revocation action when persuaded by a preponderance of the evidence that the facility/home is not in substantial compliance with this chapter. (7-1-96)T

02. Causes For Revocation. The licensing/certifying agency may revoke any license/certificate to include the following causes, but not be limited to:

a. The license holder/certificate holder has willfully misrepresented or omitted information on the application or other documents pertinent to obtaining a license/certificate; (7-1-96)T

b. The facility/home is not in substantial compliance with these rules; (7-1-96)T

c. When persuaded by a preponderance of the evidence that such conditions exist which endanger the health or safety of any resident; (7-1-96)T

d. Any act adversely affecting the welfare of residents is being permitted, aided, performed, or abetted by the person or persons in charge of the facility/home. Such acts may include, but are not limited to, neglect, physical abuse, mental abuse, emotional abuse, violation of civil rights, or exploitation; (7-1-96)T

e. The applicant has demonstrated or exhibited a lack of sound judgment essential to the operation and management of a facility/home; (7-1-96)T

f. The applicant has violated any of the conditions of a provisional license/certificate; (7-1-96)T

g. The facility/home has one (1) or more major deficiencies. A major deficiency is a deficiency that endangers the health or safety of any resident; (7-1-96)T

h. An accumulation of minor violations that, taken as a whole would constitute a major deficiency as noted in Subsection 151.02.b.; (7-1-96)T

i. Repeat violations of any requirement of these rules or of the Idaho Code; (7-1-96)T

j. The facility/home lacks adequate staff, as required by these rules or as directed by the Department, to properly care for the number and type of residents residing at the facility/home; and (7-1-96)T

k. Substantial Compliance. The facility/home is not in substantial compliance with the provisions for services or residents' rights outlined in Subsections 101.04.d., 250 through 251.01.e., 607, and 704. (7-1-96)T
932. LICENSED FACILITIES/CERTIFIED HOMES -- ENFORCEMENT REMEDY OF INJUNCTION.
Notwithstanding any other remedy at law, the Director may seek an injunction in the name of the state against any
person or governmental unit to enjoin the establishment, conduct, management, or operation of a residential care
facility/adult foster care home in violation of the provisions of this chapter. See Sections 39-3358, 39-3558, 39-3380,
and 39-3570, Idaho Code. (7-1-96)

933. -- 949. (RESERVED).

950. LICENSED FACILITIES/CERTIFIED HOMES -- RIGHT TO SELL.
Facility/home. Nothing contained in Section 175 shall limit the right of any facility/home owner to sell, lease,
mortgage, or close any facility/home in accordance with all applicable laws. (7-1-96)

951. LICENSED FACILITIES/CERTIFIED HOMES -- NOTICE OF ENFORCEMENT REMEDY.
The Department shall give notice of the imposition of any remedy described in this chapter after the facility/home is
afforded any allowable reviews or hearings as follows: (7-1-96)

01. Notice to Facility/Home. The Department shall give notice to the facility/home in writing, transmitted in a manner which shall reasonably ensure timely receipt by the facility/home such as certified mail or
personal carrier; and (7-1-96)

02. Notice to Public. The Department shall give notice to the public by transmitting printed notices to
the facility/home. The facility/home shall post all notices reasonably expected to be readable by the facility's/home's
residents or their representatives, including, but not limited to, exits and common areas. The notices shall remain in
place until all remedies are officially removed by the state survey agency. Failure of a facility/home to comply with
notice posting requirements shall constitute a Class B deficiency; and (7-1-96)

03. Notice to the Ombudsman. The Department shall give notice to the state Ombudsman for the
elderly; and (7-1-96)

04. Notice to the Resident's Attending Physicians. The Department shall give notice to the attending
physician of each resident affected by a finding of substandard quality of care; and (7-1-96)

05. Notice to the Professional Licensing Boards. The Department shall give notice to professional
licensing boards, as appropriate; and (7-1-96)

06. Failure to Effect Notice. Failure of the Department to effect notice as required in Sections 951
through 951.06 shall not be grounds for the facility/home to contest any action taken under this chapter. (7-1-96)

952. -- 969. (RESERVED).

970. LICENSED FACILITIES/CERTIFIED HOMES -- PROCEDURE FOR HEARINGS FOR
ENFORCEMENT ACTIONS AGAINST A LICENSE/CERTIFICATE.

01. Facility/home Notification. Immediately upon the decision to implement an enforcement action to
include denial of license/certificate, the licensing/certifying agency shall notify the applicant or administrator/sponsor
in writing by certified mail or by personal service of its decision to implement an enforcement action against the
license/certificate and the reason for the enforcement action. (7-1-96)

02. Administrative Review. The notification of denial or revocation shall also offer the applicant or the
administrator/sponsor the opportunity to request an administrative review. Should the facility/home wish to contest
imposition of a remedy, other than a plan of correction and except as provided in Subsections 927.05 and 928.04, a
written request for administrative review must be received by the state survey agency within fourteen (14) days of the
facility's/home's receipt of notice of imposition of the remedy. The request shall state the grounds for its contention
that the imposition of a remedy is in error. (7-1-96)

a. During this conference, the position of the Department and the facility/home may be discussed and
if possible an alternative to revocation or denial developed. 

b. The Department shall transmit printed notice of administrative review. Such notices shall set forth date, time and location whenever the facility/home has requested and been granted a review on imposition of a remedy. The facility/home shall post all notices so provided. The notices shall be placed in areas readily accessible and visible to residents and their representatives.

c. The Department shall issue a written decision within fourteen (14) calendar days of the completion of the facility's/home's receipt of the administrative review. The review shall be made solely on the basis of the state survey agency recommendation, the survey report, the statement of deficiencies, any documentation the facility/home submits to the Department at the time of its request, and information received as a result of the administrative review process. For the purposes of such review, a hearing shall not be held and oral testimony shall not be taken.

d. If the facility/home fails to file a timely request, the decision to impose a remedy or remedies shall become final and no further hearing or judicial review shall be available.

03. Administrative Hearing. Should the facility/home wish to appeal the administrative review decision for remedies described in Section 150 through 150.01.g. subject to the limitations therein, it may request an administrative hearing in accordance with the provisions of Idaho Department of Health and Welfare Rules, Title 05, Chapter 03, Section 301, et seq., Rules Governing Contested Cases and Declaratory Rulings. The scope of the administrative hearing shall be limited to issues raised and meaningfully addressed in the administrative review.

a. If the Department has imposed temporary management pursuant to the provisions of Section 928 or imposed either of the remedies specified in Subsection 150.01.e., the facility/home shall be entitled to a hearing which shall commence not less than five (5) nor more than ten (10) calendar days after the facility's/home's receipt of notice of imposition of said remedy or remedies. No administrative review shall be conducted in such cases and no request for hearing shall be required. A facility/home may waive its right to a hearing by written notice to the state survey agency.

b. Except in the cases of appointment of a temporary manager, unless the Department has determined that immediate jeopardy to the health or safety of a facility's/home's residents exists, transfer of residents of a facility/home or payment of civil monetary penalties, the imposition of remedies shall not be stayed during the pendency of any hearing.

971. LICENSED FACILITIES/CERTIFIED HOMES -- TRANSFER OF RESIDENTS.
The Department may transfer residents from a facility/home to an alternative placement on the following grounds:

01. Violation of Rules. As a result of a violation of a provision of the rules or standards, the facility/home is unable or unwilling to provide an adequate level of meals, lodging, personal assistance, or supervision to persons residing in the facility/home at the time of the violation;


03. Exceed Licensed/Certified Bed Capacity. The number of residents currently in the facility/home exceeds the number of residents the facility/home is licensed/certified to serve;

04. Unlicensed/Uncertified. The facility/home is operating without a license/certificate;

05. Imminent Danger. A violation of a provision of this chapter or applicable rules or standards results in conditions that present an imminent danger.

972. -- 995. (RESERVED).
996. **ADMINISTRATIVE PROVISIONS.**
Contested case appeals are governed by Idaho Department of Health and Welfare Rules, Section 05.03.301 et seq., Rules Governing Contested Cases and Declaratory Rulings. (7-1-96)

997. **CONFIDENTIALITY OF RECORDS.**
Any disclosure of information obtained by the Department is subject to the restrictions contained in Idaho Department of Health and Welfare Rules, Title 05, Chapter 01, Rules Governing the Protection and Disclosure of Department Records. (7-1-96)

998. **INCLUSIVE GENDER AND NUMBER.**
For the purposes of these rules, words used in the masculine gender include the feminine, or vice versa, where appropriate. (7-1-96)

999. **SEVERABILITY.**
Idaho Department of Health and Welfare Rules, Title 03, Chapter 22, are severable. If any rule, or part thereof, or the application of such rule to any person or circumstance, is declared invalid, that invalidity does not affect the validity of any remaining portion of this chapter. (7-1-96)
**EFFECTIVE DATE:** These rules have been adopted by the agency and are now pending review by the 1997 Idaho State Legislature for final adoption. The pending rule becomes final and effective on July 1, 1997, unless the rule is approved, rejected, amended or modified by concurrent resolution in accordance with Section 67-5442 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) 56-201 through 56-233, Idaho Code.

**DESCRIPTIVE SUMMARY:** The pending rules are being adopted as proposed. The original text of the proposed rules was published in the October 4, 1995 Administrative Bulletin, Volume 95-10, pages 130 through 132.

**ASSISTANCE ON TECHNICAL QUESTIONS:** For assistance on technical questions concerning the pending rule, contact Ellen Welch at (208) 334-0661.

DATED this 3rd day of July, 1996.

Staci Welsh
Administrative Procedures Coordinator
DHW - Legal Services Division
450 West State Street - 10th Floor
PO Box 83720
Boise, Idaho  83720-0036
(208) 334-5564 phone; (208) 334-5548 fax

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**RULES GOVERNING FAMILY SELF SUPPORT**

There are no substantive changes from the proposed rule text.

The original text was published in the Idaho Administrative Bulletin, Volume 95-10, October 4, 1995 Pages 130 through 132.

This rule has been adopted as Final by the Agency and is now pending review by the 1997 Idaho State Legislature for final adoption.
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