

IDAHO ADMINISTRATIVE BULLETIN

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March 1, 2000

Volume 00-3

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Preface

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

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

CITATION TO THE IDAHO ADMINISTRATIVE BULLETIN

The Bulletin is cited by year and issue number. For example, Bulletin 99-1 refers to the first Bulletin issued in calendar year 1999, Bulletin 00-1 refers to the first Bulletin issued in calendar year 2000, etc. Volume numbers, which proceed from 1 to 12 in a given year, correspond to the months of publication, i.e.; Volume No. 1 refers to January; Volume No. 2 refers to February; and so forth. Example: The Bulletin published in January of 1999 is cited as Volume 99-1, the December 1998 Bulletin is cited as Volume 98-12. The March 2000 Bulletin is cited as Volume 00-3.

RELATIONSHIP TO THE IDAHO ADMINISTRATIVE CODE

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

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

TYPES OF RULES PUBLISHED IN THE ADMINISTRATIVE BULLETIN

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

NEGOTIATED RULE

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

rulemaking to the temporary and/or proposed rule stage.

PROPOSED RULE

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

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

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

TEMPORARY RULE

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

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

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

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

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

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

PENDING RULE

A pending rule is a rule that has been adopted by an agency under the regular rulemaking process and remains subject to legislative review before it becomes a final, enforceable rule.

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

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

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

FINAL RULE

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

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

AVAILABILITY OF THE ADMINISTRATIVE CODE AND BULLETIN

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

SUBSCRIPTIONS AND DISTRIBUTION

For subscription information and costs of publications, please contact the Department of Administration, Office of the Administrative Rules Coordinator, 650 W. State Street, Room 100, Boise, Idaho 83720-0306, telephone (208) 332-1820.

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

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

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

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

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

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

HOW TO USE THE IDAHO ADMINISTRATIVE BULLETIN

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

IDAPA 38.05.01.060.02.c.ii.

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

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

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

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

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

"02." refers to Subsection 060.02.

"c." refers to Subsection 060.02.c.

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

DOCKET NUMBERING SYSTEM

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

"DOCKET NO. 38-0501-9901"

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

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

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

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

"(BREAK IN CONTINUITY OF SECTIONS)"

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

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

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

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

"...in accordance with IDAPA 38.05.01.201."

"38" denotes the IDAPA number of the agency.

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

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

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

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

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

BULLETIN PUBLICATION SCHEDULE FOR CALENDAR YEAR 2000

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

BULLETIN PUBLICATION SCHEDULE FOR CALENDAR YEAR 2001

Volume No.	Monthly Issue of Bulletin	Closing Date for Agency Filing	Publication Date
01-1	January, 2001	*November 15, 2000	January 3, 2001
01-2	February, 2001	December 20, 1999	February 7, 2001
01-3	March, 2001	January 24, 2001	March 7, 2001
01-4	April, 2001	February 21, 2001	April 4, 2001
01-5	May, 2001	March 21, 2001	May 2, 2001
01-6	June, 2001	April 18, 2001	June 6, 2001
01-7	July, 2001	May 23, 2001	July 4, 2001
01-8	August, 2001	June 20, 2001	August 1, 2001
01-9	September, 2001	July 18, 2001	September 5, 2001
01-10	October, 2001	**August 22, 2001	October 3, 2001
01-11	November, 2001	September 19, 2001	November 7, 2001
01-12	December, 2001	October 24, 2001	December 5, 2001

**Last day to submit proposed rulemaking before moratorium begins.*

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

ALPHABETICAL INDEX OF AGENCY IDAPA AND ADMINISTRATIVE CODE VOLUME NUMBERS

<u>IDAPA</u>	<u>AGENCY</u>
01	Accountancy, Board of - Administrative Code Volume 1
38	Administration, Department of - Administrative Code Volume 8
44	Administrative Rules Coordinator, Office of the - Administrative Code Volume 8
02	Agriculture, Idaho Department of - Administrative Code Volume 1
40	Arts, Idaho Commission on the - Administrative Code Volume 8
03	Athletic Commission - Administrative Code Volume 1
04	Attorney General, Office of the - Administrative Code Volume 1
53	Barley Commission, Idaho - Administrative Code Volume 8
51	Beef Council, Idaho - Administrative Code Volume 8
07	Building Safety, Division of - Administrative Code Volume 2
43	Canola and Rapeseed Commission, Idaho - Administrative Code Volume 8
48	Commerce, Idaho Department of - Administrative Code Volume 8
06	Correction, Board of
19	Dentistry, Board of - Administrative Code Volume 6
08	Education, Board of - Administrative Code Volume 1
12	Finance, Department of - Administrative Code Volume 2
13	Fish and Game, Department of - Administrative Code Volume 2
14	Geologists, Professional, Board of Registration, - Administrative Code Volume 2
15	Governor, Office of the - Administrative Code Volume 2
16	Health and Welfare, Department of - Administrative Code Volumes 3, 4, 5
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11	Law Enforcement, Department of - Administrative Code Volume 2
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23	Nursing, Board of - Administrative Code Volume 6
24	Occupational Licenses, Board of - Administrative Code Volume 6
25	Outfitters and Guides Licensing Board - Administrative Code Volume 7
50	Pardons and Parole, Commission for - Administrative Code Volume 8
26	Parks and Recreation, Department of - Administrative Code Volume 7
59	PERSI - Public Employees Retirement System of Idaho - Administrative Code Vol. 8
27	Pharmacy, Board of - Administrative Code Volume 7
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10	Professional Engineers & Land Surveyors, Board of - Administrative Code Volume 2
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31	Public Utilities Commission - Administrative Code Volume 7
41	Public Health Districts - Administrative Code Volume 8
33	Real Estate Commission - Administrative Code Volume 7
34	Secretary of State - Administrative Code Volume 7
49	Shorthand Reporters, Board of Certified, - Administrative Code Volume 8
36	Tax Appeals, Idaho Board of - Administrative Code Volume 8
35	Tax Commission, State - Administrative Code Volume 7
39	Transportation, Department of - Administrative Code Volume 8
54	Treasurer, Office of the State - Administrative Code Volume 8
46	Veterinary Medical Examiners, Board of - Administrative Code Volume 8
55	Vocational Education, Division of - Administrative Code Volume 8
47	Vocational Rehabilitation, Division of - Administrative Code Volume 8
37	Water Resources, Department of - Administrative Code Volumes 8
42	Wheat Commission, Idaho - Administrative Code Volume 8

THE OFFICE OF THE GOVERNOR

EXECUTIVE DEPARTMENT
STATE OF IDAHO
BOISE

EXECUTIVE ORDER NO. 2000-01

**ESTABLISHMENT OF NON-SMOKING POLICY IN STATE BUILDINGS
REPEALING AND REPLACING EXECUTIVE ORDER NO. 96-02**

WHEREAS, it is in the best interest of Idaho citizens for the state to promote public health by increasing the awareness of the dangers and consequences of smoking; and

WHEREAS, it is the state's duty, as an employer, to provide a healthy work environment, and to protect public buildings against fire damage and other related property damage; and

WHEREAS, a uniform state policy relating to smoking in state-owned and state-leased buildings will promote these goals.

NOW, THEREFORE, I, DIRK KEMPTHORNE, Governor of the State of Idaho, have determined that a non-smoking policy in public buildings is a prudent one; therefore, I hereby direct that the following policy shall continue to govern officers and employees of the State of Idaho:

All state-owned or state-leased buildings, facilities, or areas occupied by state employees shall be designated as "non-smoking" except for custodial care and full-time residential facilities. The policy governing custodial care and full-time residential facilities may be determined by the directors of such facilities.

FURTHER, I hereby encourage all employees in the State of Idaho to promote a non-smoking policy in all buildings occupied by state employees.

This Executive Order repeals and replaces Executive Order 96-02.



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Idaho, at Boise the Capital, the second day of February, in the year of our Lord two-thousand, and of the Independence of the United States of America the two hundred twenty fourth, and of the Statehood of Idaho the one hundred eleventh.

DIRK KEMPTHORNE
GOVERNOR

PETE T. CENARRUSA
SECRETARY OF STATE

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE
16.03.09 - RULES GOVERNING MEDICAL ASSISTANCE
DOCKET NO. 16-0309-9911

NOTICE OF PENDING RULE AND AMENDMENT TO TEMPORARY RULE

EFFECTIVE DATE: The amendments to the temporary rule are effective October 1, 1999. These rules have been adopted by the agency and are now pending review by the 2001 Idaho State Legislature for final adoption. The pending rule becomes final and effective upon adjournment of the legislature, 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: In Section 451 verbiage was added and in Section 452 text was added to be consistent with clinic and case management rules. Changes were made to allow for different types of agencies to be reimbursed for staffing an individual. In Section 455 text was removed, and indicating no contradiction to the service plan. In Section 466 language was added to be consistent with PSR and case management rules. In Section 468 language was added to support previous agreement with the industry. In Section 470 language removed as clinic services are not prior authorized. In Section 476 removed the requirement for physician's order. Section 477 was clarified by adding new language and obsolete rule citations were removed. In Section 484 language was added to be consistent with PSR and clinic rules. The proposed rules have been amended in response to public comment and to make transcriptional corrections to the rules, and are being amended pursuant to Section 67-5227, Idaho Code.

Only the sections that have changes are printed in this bulletin. The original text of the proposed rules was published in the [October 6, 1999 Administrative Bulletin, Volume 99-10, pages 268 through 286](#).

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the pending rule, contact Mary Lou Forbes at (208) 334-5795.

DATED this 10th day of January, 2000.

Sherri Kovach
Administrative Procedures Coordinator
DHW - Legal Services Division
450 West State Street - 10th Floor
P.O. Box 83720
Boise, Idaho 83720-0036
(208) 334-5564 phone; (208) 332-7347 fax

IDAPA 16
TITLE 03
Chapter 09

RULES GOVERNING MEDICAL ASSISTANCE

There are substantive changes from the proposed rule text.

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

The text of the proposed rule was published in the Idaho Administrative Bulletin, Volume 99-10, October 6, 1999, pages 268 through 286.

This rule has been adopted as Final by the Agency and is now pending review by the 2001 Idaho State Legislature for final adoption.

THE FOLLOWING IS THE TEXT OF DOCKET NO. 16-0309-9911

451. RESPONSIBILITIES OF REGIONS.

Each region shall enter into a provider agreement with the Division of Medicaid for PSR services and shall be responsible for the following: (10-1-99)T

01. Service System. Develop, maintain and coordinate a region-wide, comprehensive and integrated service system of department and other providers. (10-1-99)T

02. Service Provision. Provide PSR services directly, or through provider and supplemental service agreements with private providers. ~~(10-1-99)T~~(10-1-99)T

03. Service Availability. Assure provision of PSR services to recipients on a twenty-four (24) hour basis. (10-1-99)T

04. Intake Assessment. Assure completion of an intake assessment and service plan for each recipient. (10-1-99)T

05. Service Authorizations. Provide service authorizations and functions required to administer this section. (10-1-99)T

06. Quality Of Services. Monitor the quality of services provided in this section in coordination with the Divisions of Medicaid and Family and Community Services. (10-1-99)T

452. SERVICE DESCRIPTIONS.

A PSR shall consist of the following services: (10-1-99)T

01. Comprehensive Assessment. A comprehensive assessment shall be completed for each recipient of PSR services which addresses the recipient's assets, deficits and needs directed towards formulation of a written diagnosis and treatment plan. Assessment is an interactive process with the maximum feasible involvement of the recipient and is directly related to individual's mental illness. The assessment, with supplemental psychiatric, psychological, or specialty evaluations and tests, must be in written form, dated and signed. They must be retained in the recipient's file for documentation purposes. Should the assessment reveal that the person does not need rehabilitative services, appropriate referrals shall be made to meet other needs of the recipient. The assessment is reimbursable if conducted by a qualified provider, in accordance with Section 454. All the following areas must be evaluated and addressed: (10-1-99)T

a. Psychiatric history and current mental status which includes at a minimum, age at onset, childhood history of physical or sexual abuse, number of hospitalizations, precursors of hospitalizations, symptoms of

decompensation that the recipient manifests, the recipient's ability to identify his symptoms, medication history, substance abuse history, history of mental illness in the family, current mental status observation, any other information that contributes to the recipient's current psychiatric status and must contain the diagnosis documented by a licensed physician or other licensed practitioner of the healing arts within the scope of his practice under state law; and
(10-1-99)T(10-1-99)T

b. Medical history and current medical status which includes at a minimum, history of any major non-psychiatric illnesses, surgeries, hospitalizations, dates of last physical, dental, or eye examinations, pertinent family history of medical illness, current health problems/needs, current medications, name of current physician; and
(7-1-94)

c. Vocational/Educational status which includes at a minimum, current and past job status, level of satisfaction with the vocation, educational level, military status, strengths and barriers to employment; and
(7-1-94)

d. Financial status which includes at a minimum, adequacy and stability of the recipient's financial status, difficulties the recipient perceives with it, resources available, recipient's ability to manage personal finances; and
(7-1-94)

e. Social relationships/support which includes, at a minimum, recipient's ability to establish/maintain personal support systems or relationships and recipient's ability to acquire leisure, recreational, or social interests; and
(7-1-94)

f. Family status which includes, at a minimum, the recipient's ability or desire to carry out family roles, recipient's perception of the support he receives from his family, and the role the family plays in the recipient's mental illness; and
(7-1-94)

g. Basic living skills which includes at a minimum, recipient's ability to meet basic living needs, what the recipient wants to accomplish in this area; and
(7-1-94)

h. Housing which includes at a minimum, current living situation and level of satisfaction with the arrangement, present situation as appropriate to the recipient's needs; and
(7-1-94)

i. Community/Legal status which includes at a minimum, legal history with law enforcement, transportation needs, supports the recipient has in the community, daily living skills necessary for community living.
(7-1-94)

02. Written Service Plan. A written service plan shall be developed and implemented for each recipient of PSR services as a vehicle to address the rehabilitative needs of the recipient. To the maximum extent possible, the development of a service plan shall be a collaborative process involving the recipient, his family and other support systems. The written service plan shall be developed within thirty (30) calendar days from the date of application and be signed by a licensed physician. Service planning is reimbursable if conducted by a qualified provider, in accordance with Subsections 454.01 through 454.09. Task planning may be done by a qualified provider in accordance with Section 454. The service plan must include, at a minimum:
(10-1-99)T

a. A list of focus problems identified during the assessment; and
(7-1-94)

b. Concrete, measurable goals to be achieved, including time frames for achievement; and
(7-1-94)

c. Specific objectives directed toward the achievement of each one of the goals; and
(7-1-94)

d. Documentation of participants in the service planning; the recipient, if possible, must be a participant. The recipient or the recipient's legal guardian must sign the service plan or documentation must be provided why this was not possible. A copy of the plan must be given to the recipient; and
(7-1-94)

e. Reference to any formal services arranged, including specific providers where applicable; and
(7-1-94)

- f. Planned frequency of services initiated. (7-1-94)

03. Psychotherapy. Individual, group and family psychotherapy shall be provided in accordance with the objectives specified in the written service plan. (10-1-99)T

a. These services are reimbursable if provided by a qualified professional ~~in accordance with Subsections 454.01 through 454.08, who must have, at a minimum, one (1) or more of the following degrees:~~ (10-1-99)T(10-1-99)T

- i. Psychiatrist, M.D.; or (10-1-99)T

- ii. Physician, M.D.; or (10-1-99)T

- iii. Licensed Psychologist; or (10-1-99)T

- iv. Psychologist extender, registered with the Bureau of Occupational Licenses; or (10-1-99)T

- v. Licensed Certified Social Worker or Licensed Certified Social Worker - Private practice; or (10-1-99)T

- vi. Licensed Professional Counselor - Private Practice Licensure; or (10-1-99)T

- vii. A licensed social worker who was employed by the clinic prior to February 27, 1998; or (10-1-99)T

- viii. Certified Psychiatric Nurse, R.N.; or (10-1-99)T

- ix. A Registered Nurse, R.N., who was employed by the clinic prior to February 27, 1998. (10-1-99)T

b. Family psychotherapy must include the recipient and at least one (1) family member at any given time and must be delivered in accordance with objectives as specified in the written service plan. (7-1-94)

04. Pharmacologic Management. Pharmacologic management services shall be provided in accordance with the service plan. The telephoning of prescriptions to the pharmacy is not a billable service. Medication prescription must be done by a licensed physician or licensed nurse practitioner in direct contact with the recipient. (10-1-99)T

05. Administration Of Medication. Licensed and qualified nursing personnel can supervise, monitor, or administer medications within the limits of the Nurse Practice Act, Section 54-1402 (d), Idaho Code. Other PSR providers, included in Section 454, may assist in "self" administration by verbal prompts and must include assessment of current mental status. (10-1-99)T

06. Individual Psychosocial Rehabilitation. Individual Psychosocial Rehabilitation shall be provided in accordance with the objectives specified in the service plan. The service plan goal is to aid recipients in work, school or other problems related to their mental illness, in obtaining skills to live independently or in preventing movement to a more restrictive living situation. Individual psychosocial rehabilitation is reimbursable if provided by personnel of the region or an agency contracting with the region for PSR services and if the employee is a qualified provider, in accordance with Section 454. This service includes one (1) or more of the following: (10-1-99)T

a. Assistance in gaining and utilizing skills necessary to undertake school or employment. This includes helping the recipient learn personal hygiene and grooming, securing appropriate clothing, time management and other skills related to recipient's psychosocial condition. (7-1-94)

b. Ongoing, on-site assessment/evaluation/feedback sessions to identify symptoms or behaviors and to develop interventions with the recipient and employer or teacher. (7-1-94)

- c. Individual interventions in social skill training to improve communication skills and facilitate

appropriate interpersonal behavior directly related to the individuals mental illness. (10-1-99)T

d. Problem solving, support, and supervision related to activities of daily living to assist recipients to gain and utilize skills including, but not limited to, personal hygiene, household tasks, transportation utilization, and money management. (7-1-94)

e. To assist the acquisition of necessary services when recipients are unable to obtain them by escorting them to Medicaid reimbursable appointments. (7-1-94)

f. Medication education may be provided by a licensed physician or licensed nurse focusing on educating the recipient about the role and effects of medications in treating symptoms of mental illness. (2-6-95)

07. Group Psychosocial Rehabilitation. Group psychosocial rehabilitation shall be provided in accordance with the objectives specified in the service plan. This is a service to two or more individuals, at least one of whom is a recipient. The service plan goal is to aid recipients in work, school or other problems related to their mental illness, in obtaining skills to live independently or in preventing movement to a more restrictive living situation. Group psychosocial rehabilitation is reimbursable if provided by personnel of the region or an agency contracting with the region for PSR services and if the employee is a qualified provider, in accordance with Section 454. This service includes one (1) or more of the following: (10-1-99)T

a. Medication education groups provided by a licensed physician or licensed nurse focusing on educating recipients about the role and effects of medications in treating symptoms of mental illness. These groups must not be used solely for the purpose of group prescription writing. (7-1-94)

b. Employment or school related groups to focus on symptom management on the job or in school, anxiety reduction, and education about appropriate job or school related behaviors. (7-1-94)

c. Groups in communication and interpersonal skills, the goals of which are to improve communication skill and facilitate appropriate interpersonal behavior. The client must be present. (10-1-99)T

d. Symptom management groups to identify symptoms of mental illnesses which are barriers to successful community integration, crisis prevention, identification and resolution, coping skills, developing support systems and planning interventions with teachers, employers, family members and other support persons. (7-1-94)

e. Groups on activities of daily living which help recipients learn skills related to, but not limited to, personal hygiene and grooming, household tasks, transportation utilization and money management. (7-1-94)

08. Community Crisis Support. Community crisis support which includes intervention for recipients in crisis situations to ensure the health and safety or to prevent hospitalization or incarceration of a recipient. (10-1-99)T

a. A crisis may be precipitated by loss of housing, employment or reduction of income, risk of incarceration, risk of physical harm, family altercation or other emergencies. (7-1-94)

b. Community crisis support may be provided prior to or after the completion of the assessment and service plan. Service is reimbursable if there is documentation that supports the need for the service, even if it is not in the service plan. (7-1-94)

c. Community crisis support is reimbursable if provided by personnel of the region or an agency contracting with the region for PSR services and if the employee is a qualified provider, in accordance with Section 454. (10-1-99)T

453. EXCLUDED SERVICES.

01. Inpatient. Treatment services rendered to recipients residing in inpatient medical facilities including nursing homes, hospitals or correctional facilities. (10-1-99)T

- 02. Recreational Therapy.** Recreational therapy which includes activities which are primarily social or recreational in nature. (10-1-99)T
- 03. Employment.** Job-specific interventions, job training and job placement services which includes helping the recipient develop a resume, applying for a job, and job training or coaching. (10-1-99)T
- 04. Staff Performance.** Staff performance of household tasks and chores. (10-1-99)T
- 05. Treatment Of Other Individuals.** Services for treatment of other individuals, such as family members. (10-1-99)T
- 06. Client Staffing Within The Same PSR Agency.** Client staffing within the same PSR agency. ~~(10-1-99)T~~(10-1-99)T
- 07. Services Not Listed.** Any other services not listed in Section 452. (10-1-99)T

(BREAK IN CONTINUITY OF SECTIONS)

455. RECORD REQUIREMENTS.

In addition to the development and maintenance of the treatment plan, the following documentation must be maintained by the provider: (7-1-94)

- 01. Name.** Name of recipient; and (10-1-99)T
- 02. Provider.** Name of the provider agency and person providing the service; and (10-1-99)T
- 03. Date, Time, Duration Of Service, And Justification.** Date, time, duration of service, and duration must be justified by documentation; and (10-1-99)T
- 04. Activity Record.** Activity record describing the recipient, the service provided, and the recipient's response to service; and (10-1-99)T
- 05. Review Of Progress.** Documented review of progress toward each service plan goal and assessment of recipient's need for services at least every one hundred twenty (120) days. (10-1-99)T
- 06. Physician's Signature.** Physician's signature assuring the need for the services ~~and indicating no contradiction to the service plan.~~ ~~(10-1-99)T~~(10-1-99)T
- 07. Service Provider's Signature.** The legible, dated signature, with degree credentials listed of the staff member performing the service. (10-1-99)T

(BREAK IN CONTINUITY OF SECTIONS)

466. CARE AND SERVICES PROVIDED.

- 01. Plan Of Care.** Services must be provided specifically in conjunction with a medically ordered plan of care signed by a physician when delivered by licensed, qualified professionals employed full or part-time within a clinic. (10-1-99)T
- 02. Assessment.** All treatment must be based on an individualized assessment of the patient's needs, and provided under the direction of a licensed physician. (10-1-99)T

- 03. Care Plans.** All medical care plans must: (10-1-99)T
- a. Be dated and fully signed with title identification by both the prime therapist(s) and licensed physician; and (11-10-81)
 - b. Contain the diagnosis documented by an examination and by a licensed physician or other licensed practitioner of the healing arts within the scope of his practice under state law; including physician's signature, problem list, type, frequency, and duration of treatment; and ~~(10-1-99)T~~ (10-1-99)T
 - c. Be reviewed and authorized and signed within thirty (30) days of implementation; and (11-10-81)
 - d. Be reviewed within one hundred twenty (120) days and every one hundred twenty (120) days thereafter; and (11-10-81)
 - e. Be completely rewritten and authorized annually. (11-10-81)
- 04. Provider Qualifications.** Licensed, qualified professionals providing clinic services to eligible MA recipients must have, at a minimum, one (1) or more of the following qualifications: (10-1-99)T
- a. Psychiatrist, M.D.; or (11-10-81)
 - b. Physician, M.D.; or (11-10-81)
 - c. Licensed Psychologist; or (7-1-99)
 - d. Psychologist extender, registered with the Bureau of Occupational Licenses; or (7-1-99)
 - e. Licensed Certified Social Workers, or Licensed Certified Social Workers, Private/Independent Practice; or (7-1-99)
 - f. Licensed Professional Counselor - Private Practice Licensure (LPC-P); or (7-1-99)
 - g. Certified Psychiatric Nurse, R.N., as described in Subsection 454.02; or (10-1-99)T
 - h. Licensed Social Workers; or (1-1-99)T
 - i. Licensed Registered Nurse, R.N.; or (1-1-99)T
 - j. Registered Occupational Therapist, O.T.R. (7-1-99)

(BREAK IN CONTINUITY OF SECTIONS)

468. EVALUATION AND DIAGNOSTIC SERVICES.

- 01. Medical Psychosocial Histories.** Medical psychosocial intake histories must be contained in all case files. (10-1-99)T
- 02. Diagnosis And Treatment Plan.** Information gathered will be used for establishing a recipient data base used in part to formulate the diagnosis and treatment plan. (10-1-99)T
- 03. Qualified Therapist.** The medical psychosocial intake and plan development is reimbursable if conducted by a primary therapist who, at a minimum, has one (1) or more of the following qualifications: (10-1-99)T
- a. Licensed Psychologist; or (7-1-99)

- b. Psychologist extender, registered with the Bureau of Occupational Licenses; or (7-1-99)
- c. Licensed Certified Social Worker, or Licensed Certified Social Worker, Private/Independent Practice; Licensed Social Worker; or (7-1-99)
- d. Certified Psychiatric Nurse, R.N.; or (7-1-99)
- e. Licensed Professional Counselor - Private Practice Licensure (LPC-P); or (7-1-99)
- f. Licensed Physician, M.D., or Psychiatrist, M.D.; or (7-1-99)
- g. Licensed Social Worker (not to include plan development, unless employed by the clinic prior to February 27, 1998); or ~~(7-1-99)~~(10-1-99)T
- h. Registered Nurse (not to include plan development, unless employed by the clinic prior to February 27, 1998). ~~(7-1-99)~~(10-1-99)T

04. Intake Assessment. If an individual who is not eligible for MA receives intake services from any staff not having the required degree(s) as provided in Subsection 468.03, and later becomes eligible for MA, a new intake assessment and treatment plan will be required which must be developed by a qualified staff person and authorized prior to any reimbursement. (10-1-99)T

05. Non-Qualified Providers. Any provider of evaluation, diagnostic service, or treatment designed by any person other than a person designated as qualified by these rules, is not eligible for reimbursement under the MA Program. (10-1-99)T

06. Psychiatric Or Psychological Testing. Psychiatric or psychological testing may be provided in conjunction with the medical psychosocial intake history as a reimbursable service when provided by those persons with qualifications listed in Subsections 469.06.a. through 469.06.d. (10-1-99)T

07. Evaluations Performed By Occupational Therapists. Evaluations performed by qualified registered occupational therapists, O.T.R., performed in conjunction with the development of a medical care treatment plan are reimbursable. (10-1-99)T

08. Documentation. All intake histories, psychiatric evaluations, psychological testing, or specialty evaluations must be in written form, dated, and fully signed to certify when completed and by whom, and retained in the recipient's file for documentation purposes. (10-1-99)T

09. Data. All data gathered must be directed towards formulation of a written diagnosis, problem list, and treatment plan which specifies the type, frequency, and anticipated duration of treatment. (10-1-99)T

10. Limitations. A total of twelve (12) hours is the maximum time allowed for a combination of any evaluative or diagnostic services and care plan development provided to an eligible recipient in a calendar year. (10-1-99)T

(BREAK IN CONTINUITY OF SECTIONS)

470. RECORD KEEPING REQUIREMENTS.

01. Maintenance. Each clinic will be required to maintain records on all services provided to MA recipients. (10-1-99)T

02. Record Contents. The records must contain a current treatment plan ordered by a physician and

must meet the requirements as set forth in Subsection 466.03. (10-1-99)T

03. Requirements. The records must: (10-1-99)T

a. Specify the exact type of treatment provided; and (11-10-81)

b. Who the treatment was provided by; and (11-10-81)

c. Specify the duration of the treatment; and (11-10-81)

d. Contain detailed records which outline exactly what occurred during the therapy session or recipient contact; and (11-10-81)

e. Contain the legible, dated signature, with degree credentials listed, of the staff member performing the service. (11-10-81)

04. Non-Reimbursable. Any service not adequately documented in the recipient's record by the signature of the therapist providing the therapy or recipient contact, the length of the therapy session, and the date of the contact, will not be reimbursed by the Department. (10-1-99)T

05. Non-Eligible Providers. Any treatment or contact provided as a result of a treatment plan performed by any staff other than as set forth herein will not be eligible for reimbursement by the Department. (10-1-99)T

06. Recoupment. If a record is determined not to meet minimum requirements as set forth herein any payments made on behalf of the recipient are subject to recoupment ~~regardless of prior authorization.~~ (10-1-99)T(10-1-99)T

(BREAK IN CONTINUITY OF SECTIONS)

476. TARGETED CASE MANAGEMENT FOR THE MENTALLY ILL.

The Department will purchase case management (CM) services for adult Medicaid recipients with severe disabling mental illness. Services will be provided by an organized provider agency which has entered into a provider agreement with the Department. The purpose of these services is to assist eligible individuals to gain access to needed medical, social, educational, mental health and other services. ~~These services must be ordered by a licensed physician.~~ (10-1-99)T(10-1-99)T

477. ELIGIBLE TARGET GROUP.

Only those individuals who are mentally ill and eighteen (18) years of age or older who are using or has a history of using high cost medical services associated with ~~frequent~~ exacerbations of mental illness are eligible for CM services. (10-1-99)T(10-1-99)T

01. Diagnostic And Functional Criteria. The following diagnostic and functional criteria will be applied to determine membership in this target population: (10-1-99)T

a. Diagnosis: A condition of severe and persistent mental illness determined by a licensed physician or other licensed practitioner of the healing arts within the scope of his practice under state law, and be a diagnosis listed in the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM_IV) within one (1) of the following classification codes for: (10-1-99)T(10-1-99)T

i. Schizophrenia and Other Psychotic Disorders; (10-1-99)T

ii. Organic mental disorders associated with Axis III physical disorders or conditions, or whose etiology is unknown; (10-1-99)T

- iii. Mood disorders - bipolar and depressive; ~~(10-1-99)F~~(10-1-99)T
- iv. Schizoid, Schizotypal, Paranoid, and Borderline Personality disorders ~~301.00, 301.22, 301.83.~~
~~(8-1-92)~~(10-1-99)T
- v. If the only diagnosis is one (1) or more of the following, the person is not included in the target population for CM services: (8-1-92)
- (1) Mental retardation; or (8-1-92)
- (2) Alcoholism; or (8-1-92)
- (3) Drug abuse. (8-1-92)
- b. Functional limitations: The psychiatric disorder must be of sufficient severity to cause a disturbance in the role performance or coping skills in at least two (2) of the following areas, on either a continuous (more than once per year) or an intermittent (at least once per year) basis: (8-1-92)
- i. Vocational or academic: Is unemployed, unable to work or attend school, is employed in a sheltered setting or supportive work situation, or has markedly limited skills and a poor work history. (8-1-92)
- ii. Financial: Requires public financial assistance for out-of-hospital maintenance and may be unable to procure such assistance without help, or the person is unable to support him or manage his finances without assistance. (8-1-92)
- iii. Social/interpersonal: Has difficulty in establishing or maintaining a personal social support system, has become isolated, has no friends or peer group and may have lost or failed to acquire the capacity to pursue recreational or social interests. (8-1-92)
- iv. Family: Is unable to carry out usual roles and functions in a family, such as spouse, parent, or child, or faces gross familial disruption or imminent exclusion from the family. (8-1-92)
- v. Basic living skills: Requires help in basic living skills, such as hygiene, food preparation, or other activities of daily living, or is gravely disabled and unable to meet daily living requirements. (8-1-92)
- vi. Housing: Has lost or is at risk of losing his current residence. (8-1-92)
- vii. Community: Exhibits inappropriate social behavior or otherwise causes a public disturbance due to poor judgment, bizarre, or intrusive behavior which results in intervention by law enforcement and/or the judicial system. (8-1-92)
- viii. Health: Requires substantial assistance in maintaining physical health or in adhering to medically rigid prescribed treatment regimens, e.g. brittle diabetic. (10-1-99)T
- 02. Recipient's Residence.** Recipients may reside in adult foster care, residential care, semi-independent living, room and board or their own homes. (10-1-99)T
- 03. Other Services.** Recipients may be receiving homemaker, personal care, home health, respite or other services. (10-1-99)T
- 04. Hospice Services.** Recipients who elect hospice services as found in Section 104, or are receiving case management services through another program are excluded from CM services. (10-1-99)T

(BREAK IN CONTINUITY OF SECTIONS)

484. RECORD REQUIREMENTS.

In addition to the development and maintenance of the service plan, the following documentation must be maintained by the provider: (8-1-92)

- 01. Name.** Name of recipient. (10-1-99)T
- 02. Provider.** Name of the provider agency and person providing the service. (10-1-99)T
- 03. Diagnosis.** Diagnosis, contained in Subsection 477.01.a., documented by a qualified physician or other licensed practitioner of the healing arts within the scope of his practice under state law, prior to assessment. ~~(10-1-99)T~~(10-1-99)T
- 04. Date.** Date, time, and duration of service. (10-1-99)T
- 05. Place Of Service.** Place of service. (10-1-99)T
- 06. Activity Record.** Activity record describing the recipient and the service provided. (10-1-99)T
- 07. Documentation.** Documented review of progress toward each CM service plan goal, and assessment of the recipient's need for CM and other services at least every one hundred twenty (120) days. (10-1-99)T
- 08. Justification.** Documentation justifying the provision of crisis assistance to the recipient. (10-1-99)T
- 09. Informed Consent.** An informed consent form signed by the recipient or legal guardian clearly explaining the purpose of case management. (10-1-99)T

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

DOCKET NO. 16-0309-0001

NOTICE OF TEMPORARY RULE

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

AUTHORITY: In compliance with Sections 67-5226, Idaho Code, notice is hereby given this agency has adopted temporary rules. The action is authorized pursuant to Section(s) 56-202(b) and 56-203(g), Idaho Code.

DESCRIPTIVE SUMMARY: Current rules are not specific enough to cover all of the reimbursement issues. Further clarification is needed that will inform the vendor that documentation is required when an item or service can not be paid off of the pricing file.

The change to the rule makes a clarification that if the services or items do not have a specific price on file, the vendor must submit documentation to the Department and reimbursement will be based on the documentation.

TEMPORARY RULE JUSTIFICATION: Temporary rules have been adopted in accordance with Section 67-5226, Idaho Code and are necessary in order to confer a benefit.

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the temporary rule, contact Colleen Osborn at (208) 364-1923.

DATED this 7th day of January, 2000.

Sherri Kovach
Administrative Procedures Coordinator
DHW - Division of Legal Services
450 West State Street, 10th Floor
P.O. Box 83720
Boise, Idaho 83720-0036
(208) 334-5564 phone; (208) 332-7347 fax

THE FOLLOWING IS THE TEXT OF DOCKET NO. 16-0309-0001

060. FEES AND UPPER LIMITS.

01. Inpatient Hospital Fees. In reimbursing licensed hospitals, the Department will pay the lesser of customary charges or the reasonable cost of semi-private rates for inpatient hospital care in accordance with Idaho Department of Health and Welfare Rules, IDAPA 16, Title 03, Chapter 10, "Rules Governing Medicaid Provider Reimbursement in Idaho". Inpatient payments shall not exceed the Upper Payment limit set forth in the Code of Federal Regulations. (7-1-97)

02. Outpatient Hospital Fees. The Department will not pay more than the combined payments the provider is allowed to receive from the beneficiaries and carriers or intermediaries for providing comparable services under comparable circumstances under Medicare. Outpatient hospital services identified below that are not listed in the Department's fee schedules will be reimbursed reasonable costs based on a year end cost settlement. (7-1-97)

a. Maximum payment for hospital outpatient diagnostic laboratory services will be limited to the Department's established fee schedule. (5-25-93)

b. Maximum payment for outpatient hospital diagnostic radiology procedures will be limited to the blended rate of costs and the Department's established fee schedule specified in IDAPA 16, Title 03, Chapter 10, Subsection 457.02, at the time of cost settlement. (7-1-97)

c. Maximum payment for hospital outpatient partial care services will be limited to the Department's established fee schedule. (5-5-93)

d. Maximum payment for hospital out-patient surgical procedures will be limited to the blended rate of costs and the Department's fee schedule for ambulatory surgical centers specified in IDAPA 16.03.10, Subsection 457.01, at the time of cost settlement. (7-1-97)

e. Hospital based ambulance services will be reimbursed according to Medicare cost reimbursement principles. All other ambulance providers will be reimbursed according to the Department's established fee schedule for medical transportation. (7-1-97)

03. Long-Term Care Facility Fees. Long-term care facilities will be reimbursed the lower of their customary charges, their actual reasonable costs, or the standard costs for their class as set forth in the Provider Reimbursement Manual, but the upper limits for payment must not exceed the payment which would be determined as reasonable costs using the Title XVIII Medicare standards and principles. (11-10-81)

04. Individual Provider Fees. The Department will not pay the individual provider more than the lowest of: (11-10-81)

a. The provider's actual charge for service; or (11-10-81)

b. The maximum allowable charge for the service as established by the Department on its pricing file, if the service or item does not have a specific price on file, the provider must submit documentation to the Department and reimbursement will be based on the documentation; or ~~(11-10-81)~~(10-1-99)T

c. The Medicare upper limitation of payment on those services where a beneficiary is eligible under both programs and Medicaid is responsible only for the deductible and co-insurance payment. (11-10-81)

05. Fees For Other Noninstitutional Services. The Department will reimburse for all noninstitutional services which are not included in other Idaho Department of Health and Welfare Rules, but allowed under Idaho's Medical Assistance Program according to the provisions of 42 CFR Section 447.325 and 42 CFR Section 447.352 and Section 1902(a)(13)(E) of the Social Security Act. (7-1-97)

06. Fees For Speech, Occupational And Physical Therapy Services. The fees for physical, occupational, and speech therapy include the use of therapeutic equipment to provide the modality or therapy. No additional charge may be made to either the Medicaid program or the client for the use of such equipment. (7-1-99)

IDAPA 18 - DEPARTMENT OF INSURANCE
18.01.44 - SCHEDULE OF FEES, LICENSES AND MISCELLANEOUS CHARGES
DOCKET NO. 18-0144-9901

NOTICE OF CORRECTION TO PENDING RULE

CORRECTION: This Notice of Correction is being printed to correct an error made by the Office of Administrative Rules. The error was made in the January 5, 2000 Idaho Administrative Bulletin, Volume 00-1. The correction changes the final effective date of the pending rule to July 1, 2000.

EFFECTIVE DATE: These rules have been adopted by the agency and are now pending review by the 2000 Idaho State Legislature for final adoption. The pending rule becomes final and effective on July 1, 2000, 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 67-5228, Idaho Code, notice is hereby given that this agency and the Office of the Administrative Rules Coordinator, is making a correction to a pending rule. This action is authorized pursuant to Section 67-5228, Idaho Code.

DESCRIPTIVE SUMMARY: The original notice of pending rule submitted by the Department of Insurance to the Office of Administrative Rules stated that the pending rule, repealing this chapter, shall be final and effective on July 1, 2000. The Office of Administrative Rules inadvertently removed the effective date which would have made the rule effective upon adjournment of the legislature. This notice corrects that error and makes the pending repeal effective on July 1, 2000. The original text of the pending rule was published in the [January 5, 2000 Administrative Bulletin, Volume 00-1, page 275](#).

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the pending rule, contact Robert Murphy at (208) 334-4250. For assistance on questions concerning this correction notice, contact Karen Gustafson at 332-1821.

DATED this 1st day of February, 2000.

Mary L. Hartung, Director
Idaho Department of Insurance
700 West State Street - 3rd Floor
PO Box 83720
Boise, ID 83720-0043
Telephone No. (208) 334-4250

IDAPA 18 - DEPARTMENT OF INSURANCE
18.01.44 - SCHEDULE OF FEES, LICENSES AND MISCELLANEOUS CHARGES
DOCKET NO. 18-0144-9902
NOTICE OF CORRECTION TO PENDING FEE RULE

CORRECTION: This Notice of Correction is being printed to correct an error made by the Office of Administrative Rules. The error was made in the January 5, 2000 Idaho Administrative Bulletin, Volume 00-1. The correction changes the final effective date of the pending fee rule to July 1, 2000.

EFFECTIVE DATE: These rules have been adopted by the agency and are now pending review by the 2000 Idaho State Legislature for final adoption. The pending rule becomes final and effective on July 1, 2000, 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 67-5228, Idaho Code, notice is hereby given that this agency and the Office of the Administrative Rules Coordinator, is making a correction to a pending fee rule. This action is authorized pursuant to Section 67-5228, Idaho Code.

DESCRIPTIVE SUMMARY: The original notice of pending rule submitted by the Department of Insurance to the Office of Administrative Rules stated that the pending fee rule should be final and effective on July 1, 2000. The Office of Administrative Rules inadvertently removed the effective date which would have made the rule effective upon adjournment of the legislature. This notice corrects that error and makes the pending fee rule effective on July 1, 2000. The original text of the pending fee rule was published in the [January 5, 2000 Administrative Bulletin, Volume 00-1, pages 276 through 281](#).

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the pending rule, contact Robert Murphy at (208) 334-4250. For assistance on questions concerning this correction notice, contact Karen Gustafson at 332-1821.

DATED this 1st day of February, 2000.

Mary L. Hartung, Director
Idaho Department of Insurance
700 West State Street - 3rd Floor
PO Box 83720
Boise, ID 83720-0043
Telephone No. (208) 334-4250

IDAPA 47 - DIVISION OF VOCATIONAL REHABILITATION

47.01.03 - MANAGEMENT SERVICES

DOCKET NO. 47-0103-9901

NOTICE OF CORRECTION TO PENDING RULE

CORRECTION: The following docket is being partially reprinted to correct an error. The error was made in the January 5, 2000 Idaho Administrative Bulletin, Volume 00-1 in the pending rule. The correction changes the use of the word “fee” to, “allowable costs for services” found in Subsection 100.05.c. and clarifies that this is a reimbursement of Ophthalmologist/Optomtrist. The Section has been promulgated as a pending rule.

EFFECTIVE DATE: These rules have been adopted by the agency and are now pending review by the 2000 Idaho State Legislature for final adoption. The pending rule becomes final and effective upon adjournment of the legislature, 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 67-5228, Idaho Code, notice is hereby given that this agency has amended the pending rule. The action is authorized pursuant to Section 33-2301, Idaho Code, and the 1998 Amendments of the Rehabilitation Act of 1973.

DESCRIPTIVE SUMMARY: The word “Fee” is inappropriate. Allowable costs for services are the costs we allow for vendor services.

The original text of the pending rules was published in the [October 6, 1999 Administrative Bulletin, Volume 99-10, page 568](#). The original text of the temporary and proposed rule was published in the [July 7, 1999 Idaho Administrative Bulletin, Volume No. 99-7, pages 247 through 250](#).

ASSISTANCE ON TECHNICAL QUESTIONS: For assistance on technical questions concerning the pending rule, contact Barry J. Thompson at (208) 334-3390.

DATED this 1st day of February, 2000.

F. Pat Young
Administrator
Idaho Division of Vocational Rehabilitation
650 West State Street, Room 150
PO Box 83720
Boise, ID 83720-0096
(208) 334-3390, Fax: (208) 334-5305

**IDAPA 47
TITLE 01
Chapter 03**

MANAGEMENT SERVICES

There are substantive changes from the proposed and pending rule text.

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

The complete text of the proposed rule was published in the Idaho Administrative Bulletin, **Volume 99-7, July 7, 1999, pages 247 through 250.**

The text of the pending rule was published in the Idaho Administrative Bulletin, **Volume 99-10, October 6, 1999, page 568.**

This rule has been adopted as Final by the Agency and is now pending review by the 2000 Idaho State Legislature for final adoption.

THE FOLLOWING IS THE TEXT OF DOCKET NO. 47-0103-9901

100. RATES OF PAYMENT.

05. Medical Exams And Written Report. (7-1-93)

a. Specialist Exams (those addressing a specialty area and provided by an M.D. or licensed psychologist) - one hundred fifty dollars (\$150) maximum plus actual cost of related procedures (e.g., x-rays). (7-1-93)

b. Psychological. ~~Usual and customary up to one hundred forty five dollars (\$145) based upon maximum plus the actual cost of tests needed conducted.~~ ~~(7-1-93)~~ ~~(7-1-99)T~~

c. Ophthalmologist/Optomestrist - Table. The following allowable costs will be the maximums for general visual exam and accompanying test for ophthalmologist/optometrist. The fee maximum also includes frames and glasses. Tinted glasses require a prescription for IDVR payment. The specialist fee allowable cost for the ophthalmologist will be authorized when diseases of the eye are prevalent and cannot be dealt with by an optometrist.

PROPOSED FEE SCHEDULE ALLOWABLE COSTS FOR SERVICES		
Procedure	Code	Fee Costs
Visual Exam	92004	\$70
Tonometry	92120	\$25
Visual Fields	92082	\$48
Fundus Photos	92250	\$40
Spectacle Frames	92020	\$60
Single Vision Lenses (per pair)	92100	\$60
Bifocals (per pair)	92200	\$85

~~(7-1-98)~~ ~~(7-1-99)T~~

d. Audiologist. Seventy-five dollars (\$75) maximum. (7-1-98)

e. General Basic Medical. Fifty-five dollars (\$55) maximum. (7-1-93)

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16.03.09 - RULES GOVERNING MEDICAL ASSISTANCE

Docket No. **16-0309-9911**

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Bulletin Summary of Proposed Rulemakings

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

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

There are no proposed rules being promulgated or published in this issue of the Bulletin.

Please refer to the Idaho Administrative Bulletin, **March 1, 2000, Volume 00-3** for notices and text of all rulemakings, public hearing schedules, governor's executives orders, and agency contact names.

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

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

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

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